

APA GUIDELINES on Race and Ethnicity in Psychology

APA TASK FORCE ON RACE AND ETHNICITY GUIDELINES IN PSYCHOLOGY

APPROVED BY APA COUNCIL OF REPRESENTATIVES
AUGUST 2019



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

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INTRODUCTION

These guidelines provide aspirational guidance for the development of racial and ethnocultural responsiveness for psychological practice. *Psychological practice* is broadly defined to include education and training, clinical practice, consultation, research, organizational service, and leadership applied to the advancement of the public interest. *Racial and ethno-cultural responsiveness* means the continual development of knowledge, awareness, reflective practice, and skills needed to promote health, well-being, and equity for racially and ethnically diverse individuals and communities. Such responsiveness is central to psychologists' ethical engagement in professional actions, as described in the American Psychological Association (APA; 2017a) Ethical Principles of Psychologists and Code of Conduct, including providing benefit and avoiding harm, establishing trust, maintaining integrity, ensuring justice, and respecting people's rights and dignity.

APA's (n.d.) mission is "to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives" (Our Work section, para. 1). As part of its vision, APA strives to be "an effective champion of the application of psychology to promote human rights, health, well-being and dignity," and defines "social justice, diversity, and inclusion" as one of its five core value areas.

The acknowledged influence of race and ethnicity on psychological development and on the professional activities of psychologists led to the original development of the 2002 *Guidelines for Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* (also known as the *Multicultural Guidelines*; APA, 2003). Those guidelines defined *multicultural* as "interactions between individuals from minority ethnic and racial groups in the United States and the dominant European-American culture" (p. 378). The 2002 guidelines focused on the need to prepare psychologists to work with racially and ethnically diverse populations, particularly given the increasing diversity of the U.S. population. Those 2002 guidelines became a referent for researchers, practitioners, and educators who were seeking to understand how to be more racially and culturally sensitive.

In the intervening years, the meaning of *multicultural* expanded beyond race and ethnicity, even as the recognition of the importance of race and ethnicity in psychological development and professional activities simultaneously grew. Therefore, when considering updating the *Multicultural Guidelines*, the Board for the Advancement of Psychology in the Public Interest (BAPPI), in collaboration with the Committee on Ethnic Minority Affairs (CEMA), commissioned two separate sets of guidelines, stating,

BAPPI has determined that the wealth of scholarship specific to race/ethnicity as well as the scholarship focused on other identity groups warrants splitting the 2002 *Multi-*

cultural Guidelines into two sets of guidelines going forward: one focused on “pan” or “umbrella” multicultural guidelines that capture universal concepts based on the scholarly literature across a broad cross section of identity groups (e.g., age, disability, ethnicity, gender, religion/spirituality, sexual orientation and gender diversity, social class), and the other focused specifically on the race/ethnicity related scholarly developments since the 2002 *Multicultural Guidelines* were adopted. (American Psychological Association, 2015)

The umbrella *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality* was passed by the APA Council of Representatives in August 2017. The *Race and Ethnicity Guidelines* are a more focused set of guidelines, which are the updated version in content of the 2002 *Multicultural Guidelines*. These *Race and Ethnicity Guidelines* are similar in scope to the multiple other guidelines developed in the past decade focused on specific diverse cultural or marginalized groups (e.g., *Guidelines for Psychotherapy With Lesbian, Gay and Bisexual Clients*; *Guidelines for Psychological Practice With Transgender and Gender Nonconforming People*; *Guidelines for Assessment of and Intervention With Persons With Disability*). These guidelines have provided much needed guidance to psychologists working with disenfranchised groups.

Need for Guidelines on Race and Ethnicity

The need for psychologists to develop ethnocultural and racial responsiveness continues to expand with the increasing diversity of the United States and the continued racial and ethnic health disparities (U.S. Department of Health and Human Services, 2011). The most recent population estimates from the U.S. Census Bureau (2016) indicate that U.S. racial composition continues to diversify, with estimates that the U.S. population of non-Hispanic Whites will shrink to about 47% in 2050 (U.S. Census Bureau, 2012). The number and the nature of the population is changing – for example, there has been an increase in biracial and multiracial children and in transnational migrations, and the internet and social media now influence identity and community formation transnationally. These factors have further contributed to complex patterns of acculturation and enculturation, resettlement, identity formation, and interpersonal interactions related to different ways of understanding race and ethnicity (Mattar & Pestana, 2015).

Notions of race and ethnicity continue both to frame and shape the psychology of all people in U.S. society. More specific guidelines on race and ethnicity are needed to address the explosion of recent research on and increased conceptual complexity of race and ethnicity and their effects on individual and social experiences. Psychologists need to have the knowledge, awareness, and skills to work with and for growing racial and ethnocultural minority communities, such as Asian Americans, Black and African Americans, Indigenous Peoples, Latinx, and Middle Eastern and North African (MENA) people, including addressing the diversity within these communities, such as multiracial backgrounds and intersectional statuses of gender, sexuality, social class, religion, and ability.

Scope and Nature of the Guidelines

These guidelines aim to provide aspirational guidance for psychologists working within the context of the United States and its related territories (as members of APA also live in these territories). Because the meanings of race and ethnicity are cultural, political, and socio-historical, it is necessary to have a relative contextual focus (U.S.). However, the task force approached these guidelines with a transnational lens, understanding that the experiences of people within the United States are shaped, for example, by immigration, emigration, global meanings, and solidarity of indigeneity. Racial and ethnic minorities in the United States therefore have robust transnational connections and interactions that affect world views.

Although the guidelines aim to be comprehensive, it is beyond the scope of any single document to provide an exhaustive review of all areas related to race and ethnicity. Instead, these guidelines are a starting point reflecting the current knowledge base and context. We aimed to address the charge to “review the abundant literature published since 2002 on race and ethnicity and determine a new framework of guideline statements that organizes the totality of scholarship both within psychology and from other disciplines about race/ethnicity” (APA, 2015). In most instances, we placed a relative emphasis on more recent literature.

Furthermore, while psychology is the disciplinary foundation of these guidelines, we also used a multidisciplinary approach that included literature from anthropology, social work, philosophy, critical race theory, legal scholarship, and ethnic studies. This approach reflects the increasing recognition of the importance of multidisciplinary approaches in ensuring comprehensive understanding and increasing relevance; psychological practice is best served and most relevant when it is informed by the best available scholarship from disciplines and perspectives that focus on race and ethnicity.

As Professional Practice Guidelines (in contrast to Standards), the *Race and Ethnicity Guidelines* are statements that recommend specific professional behavior, endeavor, or conduct for psychologists. Professional Guidelines differ from Standards (APA, 2002). Standards are mandatory and may be accompanied by an enforcement mechanism. APA policy is that Professional Guidelines are not mandatory but are instead aspirational. Guidelines aim to facilitate the continued development of psychologists and the profession, and to promote a high level of professional practice in all psychological activities. Professional Guidelines are not intended to take precedence over the professional judgments of psychologists that are based on the scientific and professional knowledge of the field (see Ethics Code 2.04) or over federal or state laws. Professional Practice Guidelines are also distinct from Clinical Treatment Guidelines. Professional Practice Guidelines are focused on the practitioner and may provide guidance for psychological practice generally, whereas clinical practice or treatment guidelines are patient focused and provide specific recommendations for the treatment of specific disorders.

Terms Used

A challenge of developing these guidelines was the complexity and contested nature of central concepts such as race and ethnicity and other key terms related to this topic. *Race* is the social construction and categorization of people based on perceived shared physical traits that result in the maintenance of a sociopolitical hierarchy, while *ethnicity* is a particular type of culture (e.g., language, food, music, values, and beliefs) related to common ancestry and shared history (e.g., Markus, 2008; A. Smedley & Smedley, 2005; see Appendix A for a more extensive discussion). Our use of *ethnocultural* in these guidelines refers to the influence of the culture shared among an ethnic group with common ancestry and history, which is broader than the ethnic categorization or ethnic identity per se (see Appendix A). For these guidelines, we use the following common group nomenclature, recognizing that these terms are admittedly imperfect, sometimes contested, and continually evolving: *White* and *White American*, *people of color*, *racial and ethnic minorities*, *Asian American*, *Black*, *Indigenous*, *Latinx*, *Middle Eastern and North African (MENA)*, *multiracial*, *minority* (e.g., racial and ethnic minorities).

We present a more complete discussion of the meanings of race and ethnicity in Appendix A, including definitions for *culture*, *ethnicity* and *ethnocultural*, *ethnocentrism* and *ethnic bias*, *race*, and *racism*. We provide definitions for related concepts in Appendix B, including the following terms with which readers may have less familiarity and that are not defined in the central text: *acculturation*, *enculturation*, *ethnocentrism* and *ethnic bias*, *Indigenous Peoples*, *intersectionality*, *Middle Eastern and North African (MENA)*, *minority*, *oppression*, *people of color*, *positionality*, *privilege*, *racial colorblind*, *racial justice*, *racial privilege*, *racism*, and *White privilege/White racial privilege*. In addition, there are several dictionaries or encyclopedias of multicultural psychology that define or describe concepts related to those here and basic definitions for many terms may also be found in the glossary of multicultural psychology texts..

Organization

We first present the central foundations and principles upon which these guidelines were developed. We then present guidelines, rationales, and applications organized into four sections: (a) fundamental guidelines that serve as the basis for developing racial and ethnocultural responsiveness within all aspects of psychology, (b) education and training guidelines, (c) practice and consultation guidelines, and (d) research guidelines. Each guideline includes a review of current theoretical and empirical scholarship in the areas of race and ethnicity to better inform the role of these processes in research and the practice of psychology, followed by more specific examples of applications. Each section includes at least one guideline with a specific focus on organizational change and advocacy.

Conceptual Foundations

These guidelines are conceptually grounded in the tripartite model of multicultural responsiveness developed in the 2002 *Multicultural [Race and Ethnicity] Guidelines*:

- Awareness and deep exploration of one's cultural values, biases, and assumptions.
- Knowledge about the ways in which race and ethnoculture influence the lived experiences of individuals and communities, including an understanding of the range and variability of the norms, values, and behaviors affected by ethnicity and race between and within groups.
- Effective skills to engage in culturally relevant interventions at all levels (individual, group, organizational) (APA, 2002; D. W. Sue, Arredondo & McDavis, 1992).

The guidelines also rest upon the ecological context model and emphasis on intersectionality described in the umbrella *Multicultural Guidelines* (APA, 2017b). The *Race and Ethnicity Guidelines* reflect two additional grounding principles that relate to the complexity of race and ethnicity (see also Appendix A):

- The ubiquitous influence of ethnicity, race, and related issues of power and privilege.
- Social justice is inherent to racial and ethnocultural responsiveness.

Ethnicity, race, and related issues of power and privilege are embedded in U.S. culture, transmitted through familial and societal socialization, and enacted in our relationships and organizational systems. The research on these variables indicates that they influence worldviews and behaviors, often regardless of basic conscious intent. These aspirational guidelines are therefore developed on a foundational understanding of the ubiquitous influence and importance of ethnicity, race, and related issues of power and privilege for psychological health, and the relation of these influences to equity and social justice.

Given that human behavior is socially shaped, learned, and transmitted by other people, it is inherently embedded within social cultural systems that define what is normative, acceptable, positive, or not (Adams, Bell, & Griffin, 2007). Ethnocultural systems define the meanings of behaviors and even the range of behaviors available to us. Ethnicity becomes particularly salient when one's ethnocultural experiences vary from what is dominant in a given context; this contributes to the greater emphasis on ethnicity for ethnic minorities and more recent migrants.

The influence of ethnocultural context may be less evident to individuals from the dominant group (e.g., European Americans in the United States) because their ethnocultural practices may be seen as inherently "normal" or unquestioned, contributing to a relative lack of claimed ethnic identity (e.g., identity as American or European American) or to symbolic ethnicity (ethnicity primarily in name; Gans, 1979). However, although ethnicity, ethnic identity, and ethnoculture are most often investigated in U.S. psychology in relation to ethnic and racial minority people, all people are affected by ethnic culture. Research that contrasts ethnic minorities with European Americans simultaneously reveals the dominant norms in the United

States, which have been primarily shaped by White European American culture.

An increasing body of research supports that ethnocultural socialization affects a wide range of variables central to psychological development, whether or not one claims a particular ethnic identity. Some examples of variables that have been demonstrated to influence behaviors, attitudes, and emotions and that vary among ethnocultural groups include:

- Understanding one's own place in relationships and the environment, such as individualism–collectivism, relative power and privilege, masculinity–femininity, time orientation, or the nature of self-definition (being, being in becoming, doing; independent self-construal or interdependent self-construal; e.g., Boucher & Maslach, 2009; Gao, 2016; Taras, Kirkman, & Steel, 2010).
- Action, motivation, and achievement (e.g., uncertainty avoidance, locus of control, achievement motivation; e.g., Kang, Chang, Chen, & Greenberger, 2015; J.-I. Kim, 2015; Pang & Schultheiss, 2005; Taras et al., 2010).
- The nature or process of building relationships (e.g., the nature of relationships as individual, collateral, or lineal; competitive or cooperative; hierarchical vs. egalitarian; parenting styles; the nature or expectation of social reciprocity in relationships; the basis of credibility and trustworthiness; e.g., Greening, Stoppelbein, & Luebbe, 2010; Krockow, Takezawa, Pulford, Colman, & Kita, 2017).
- Communication (e.g., languages used, norms for kinesics and paralinguistics, the relative importance of verbal or nonverbal behavior, the nature of communication as high context or low context, the nature and meaning of silence, deception, emotionality in communication; e.g., Merkin, Taras, & Steel, 2014).

These cultural practices in turn are related to one's psychological well-being. For example, meta-analyses suggest both direct and complex relations between ethnocultural acculturation–enculturation and mental health for a variety of ethnocultural groups (e.g., Kwon et al., 2013).

In addition to these specific ethnocultural variables, a primary socialized cultural concept in American society is a racial worldview (Smedley, 1999; see Appendix A). Despite the research establishing the scientific inaccuracy of racial beliefs (A. Smedley & Smedley, 2005), people in the United States, including psychologists, are socialized to this racial worldview, which then affects their behaviors. The racial worldview is ingrained in U.S. society and culture to such a degree that even individuals who consciously hold or claim to hold egalitarian racial beliefs demonstrate unconscious endorsement of negative attitudes and stereotypes toward members of an out-group (Dasgupta & Rivera, 2006; Dovidio, Gaertner, Kawakami, & Hodson, 2002; Gaertner & Dovidio, 2005; Greenwald & Banaji, 1995).

Implicit bias research, for example, indicates that psychology trainees and mental health professionals hold these unconscious negative endorsements despite their high self-reported multicultural competency (Boysen, 2009; Boysen & Vogel, 2008). Thus, psychologists who describe themselves as holding egalitarian values and who consciously promote social justice may also unconsciously hold negative attitudes or stereotypes toward others.

Racial bias not only characterizes relations of the dominant group towards minorities but is also enacted within and between minority groups (e.g. colorism – the preference for lighter skin), and research indicates that racial minorities may endorse discriminatory bias toward their own or other racial minority groups, as well (M. Hughes, Kiecolt, Keith, & Demo, 2015; Jost, 2004; Tawa, Suyemoto, & Tauriac, 2013). Discriminatory bias and all forms of racism have significant effects on health and well-being (U.S. Department of Health and Human Services, 2011). On the macro level, historical legacies and current practices create racial inequities in education, income, career advancement, the application of laws and penalties within the justice system, and many other areas (e.g., Alexander, 2012; Ancheta, 2006; Segal, Kilty, & Kim, 2002).

On the interpersonal and individual levels, race and racism affect relationships between people, reflected in such variables as social distance, prejudice, implicit attitudes or aversive racism (racism that is unintentional and perpetrated by those who see themselves as against racism, and that is therefore aversive to both the perpetrator and the target), expressed or experienced microaggressions, and internalized racism (e.g., Dovidio et al., 2002; Neville, Gallardo, & Sue, 2016; Tawa et al., 2013). Being the target of interpersonal discrimination affects mental and physical health outcomes (Krieger, 2014; Pascoe & Richman, 2009), including physiological arousal (Harrell, Hall, & Taliaferro, 2003) and specific psychiatric symptoms such as depression and anxiety (D. L. Lee & Ahn, 2011, 2012; Pieterse, Todd, Neville, & Carter, 2012).

Ethnicity and racialization have particular influence on human behavior in the United States because of the ways in which they are embedded in our cultural worldviews and in systemic access or lack of access to power. This relation means that variability in race and ethnicity are not simply individual status differences, but are also determinants of experiences of oppression (for people of color in the United States) and privilege (for White people in the United States). At the individual level, power as “the ability to produce desired effects” related to mastery or influence (Pinderhughes, 1989, p. 109) is necessary to mental health and is inherently neither positive nor negative, liberatory nor oppressive. However, power also permeates all aspects of society at a structural level, affecting all human interactions, understandings, creations, and artifacts, including mental health (e.g., see Felluga, 2015; Foucault, 2006).

Privilege, as unearned power that is systemically afforded to some but not to others on the basis of status rather than earned merit, may come in the form of rights, benefits, social comfort, opportunities, or the ability to define what is normative or valued (Bailey, 1998; McIntosh, 1997; Pinderhughes, 1989). Privilege arises in relation to oppression, and the systemic relation of these variables undermines social justice. In the United States, racial and ethnic minority individuals and groups are less privileged. They not only have less access to resources, but also less access to the power to influence the meanings of race, including defining the boundaries or meanings of their own racialized groups and the implications of those meanings to related privilege and oppression (Markus, 2008). Within psychology, the lack of privilege for racial and ethnic minority individuals is reflected, for example, in disparities in access and diagnosis, lack of representation in curricula, or bias in service provision or research methodology as described below.

Social structures such as mental health services, research, education, and the discipline of psychology itself are cultured and therefore reflect, create, maintain, or resist ethnocultural hierarchies, racialization, and related systems and hierarchies of privilege and oppression. An understanding of the ubiquitous influences of ethnicity, racialization, power, privilege, and oppression for individuals and communities (Prilleltensky, 2012; Vera & Speight, 2003) is therefore a cornerstone of ethical responsiveness as a psychologist.

Social justice means equitable access to resources, social participation, and influence (Hammack, 2017). Resources, broadly defined, includes goods, opportunities, and all other kinds of “capital,” including natural and environmental capital, knowledge capital, social and relational capital, as well as participatory opportunities. Thus, social justice includes procedural justice reflected in “fair, transparent, informative, respectful, and . . . participatory decision-making processes” (Prilleltensky, 2012, p. 7) as well as relational justice, which is focused on extending respect and dignity with awareness of developmental maturity (Prilleltensky, 2012).

A social justice aspiration extends beyond multiculturalism, diversity, or inclusion to actively recognize and address issues of inequity and oppression as they influence day-to-day experiences, including psychological well being. In relation to race and ethnicity, these issues include intrapsychic issues such as internalized racism; interpersonal issues such as pejorative name calling, stereotyping racial or ethnic minorities as less intelligent or worthy, or enacting aversive racism; institutional issues such as disparities in infant mortality rates, racial and ethnic profiling by police, or discrimination in housing and employment; and societal or cultural issues such as ignoring or misrepresenting racial and ethnic minorities in media or denigrating the cultures, languages, and histories of people of color (Hardiman & Jackson, 1997).

Racial and ethnocultural responsiveness thus includes applying psychological theory and science to promote changes to address the root cause of distress (Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006; Vera & Speight, 2003), disrupting discrimination and oppression in various forms, whether at an individual level (e.g., challenging an offensive or discriminatory comments from a colleague) or using the best available science and local knowledge to challenge policies and social practices that systematically create racial and ethnic inequality (e.g., policies that disproportionately punish American Indian, Black, and Latinx youth in schools).

In sum, racial and ethnocultural responsiveness within an ecological model means not only having awareness of, knowledge about, and engagement with ethnocultural and diversity in direct interpersonal aspects of professional activities (e.g., therapy, research) but also addressing racial and ethnocultural inequity in professional relationships, activities, institutions, and systems that are detrimentally affecting the health and well-being of people of color.

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**Race and Ethnicity
Guidelines in Psychology:
Promoting Responsiveness
and Equity**

THE GUIDELINES

Overview of the Guidelines

FUNDAMENTAL GUIDELINES

- Guideline 1: Psychologists strive to recognize and engage the influence of race and ethnicity in all aspects of professional activities as an ongoing process.
- Guideline 2: Psychologists are encouraged to maintain updated knowledge of the scholarship pertaining to race and ethnicity, including interdisciplinary and global perspectives.
- Guideline 3: Psychologists strive for awareness of their own positionality in relation to ethnicity and race.
- Guideline 4: Psychologists strive to address organizational and social inequities and injustices related to race and ethnicity in organizational structures within and outside of psychology.

EDUCATION AND TRAINING

- Guideline 5: Psychologists strive to create an inclusive curriculum and educational environment that promotes racial and ethnocultural responsiveness, equity, and justice.
- Guideline 6: Psychologists strive to promote self-awareness, critical thinking, and reflexive practice regarding race and ethnicity in their students, trainees, and colleagues.
- Guideline 7: Psychologists strive to develop knowledge and skills in students and trainees for community engagement with racially and ethnically diverse populations.
- Guideline 8: Psychologists strive to promote educational systems that address the negative effects of racial and ethnocultural biases and foster health, well-being, and justice.

PRACTICE

- Guideline 9: Psychologists strive to provide assessment, intervention, and consultation free from the negative effects of racial and ethnocultural bias.
- Guideline 10: Psychologists strive to engage in reflective practice by exploring how their worldviews and positionalities may affect the quality and range of psychological services they provide.
- Guideline 11: Psychologists aim to understand and encourage Indigenous/ethnocultural sources of healing within professional practice.
- Guideline 12: Psychologists aim to promote health and well-being by challenging negative racial and ethnic biases that perpetuate oppression in practice settings, systems, and methods.

RESEARCH

- Guideline 13: Psychologists are encouraged to be aware of the critical role of science in informing practice and policy and therefore strive to conduct and disseminate research that promotes the well-being of racial and ethnic minorities.
- Guideline 14: Psychologists strive to identify and reduce the negative effects of racial and ethnocultural bias in research methods, analysis, and interpretation of findings.
- Guideline 15: Psychologists aim to explicitly operationalize ethnicity, race, and related constructs in research.
- Guideline 16: Psychologists aim to maintain racially and ethnoculturally responsive ethical standards in conducting research.
- Guideline 17: Psychologists strive to promote practices that ensure racial and ethnic equity in research systems.

FUNDAMENTAL GUIDELINES

GUIDELINE 1

Psychologists strive to recognize and engage the influence of race and ethnicity in all aspects of professional activities as an ongoing process.

Rationale

As the scientific study of the mind, the discipline of psychology seeks to understand all influences of human behavior. However, psychology has historically been reluctant to view race and ethnicity as having major influences on health and human behavior because of the aim to conduct research that is generalizable and scientific. The assumption that basic psychological processes examined in research or described in theories are universal and apply to all people is, however, illusory.

Gone (2011) characterized the history of psychological science as disinterested in, dismissive of, or denigrating in regard to issues of race and ethnicity in the context of psychological experience. Henrich, Heine, and Norenzayan (2010) stated that most of the claims made by psychologists and published in top journals are based on samples drawn from “Western, Educated, Industrialized, Rich, and Democratic (WEIRD)” societies. Arnett (2008) indicated that the majority of psychological research is based on U.S. samples that comprise less than 5% of the world’s population. Additional shortcomings are that the United States is viewed as a singular, coherent culture, and most samples in psychological research are disproportionately White and European American (Hall, Yip, & Zárate, 2016; T. B. Smith & Trimble, 2015). Furthermore, when race and ethnicity are addressed, they have often been treated as nuisance variables by psychologists (Hall, Ibaraki, et al., 2016).

The assumption of universality can result in psychologists being less responsive to racial and ethnocultural influences, unless they strive continually to develop, deepen, and expand their understanding, awareness, and skills in relation to racial and ethnocultural influences across the lifespan. Cultural responsiveness and racial equity are there-

fore rooted in an active and ongoing process of learning and reflective practice directed toward ensuring that psychological activities promote equity and social justice and resist an oppressive status quo, as reflected in the concept of cultural humility (see Guideline 3).

All subfields of psychology are impacted by race and ethnicity, and most researchers have explored related concepts in the research. For example:

- Developmental psychologists have addressed the role of race and ethnicity in occupational stereotyping (e.g., Bigler, Averhart, & Liben, 2003), socialization practices (e.g., García Coll et al., 1996; D. Hughes et al., 2006) and the impact of racial discrimination, and racial and ethnic identity on adolescent adjustment (e.g., Chavous, Rivas-Drake, Smalls, Griffin, & Cogburn, 2008; Seaton, Upton, Gilber, & Volpe, 2014; Tynes, Umaña-Taylor, Rose, Lin, & Anderson, 2012; Yip, Gee, & Takeuchi, 2008).
- Community psychologists have explored the role of race and ethnicity in community life and community-based settings (W. Y. Chan & Birman, 2009; Marín, 1993).
- Social psychologists have studied implicit biases, cognitive processing of crime-related objects, and predicting capital sentences (e.g., Baron & Banaji, 2006; Eberhardt, Davies, Purdie-Vaughns, & Johnson, 2006; Eberhardt, Goff, Purdie, & Davies, 2004).
- Cognitive psychologists have examined the recognition and discrimination of own versus other race faces (e.g., Walker & Hewstone, 2006) and the role of race in eyewitness misidentifications (Knuycky, Kleider, & Cavrak, 2014).
- In applied psychology, clinical and counseling psychologists have addressed the impact of race, racial/ethnic matching of therapist and client, and racial identity on therapy (e.g., Cabral & Smith, 2011; D. F. Chang & Yoon, 2011; Goode-Cross, 2011; Pope-Davis et al., 2002; Thompson & Alexander, 2006).
- School psychologists have studied disproportionality in school discipline (e.g., Skiba et al., 2011), corporal punishment (e.g., Shaw & Braden, 1990), and academic achievement (e.g., Fantuzzo, LeBoeuf, Rouse, & Chen, 2012), as well as the relation of language, acculturation, enculturation, and acculturative stress to variables such as youth social support, discrimination, academic achievement, and positive experiences (e.g., Lorenzo-Blanco, Unger, Oshri, Baezconde-Garbanati, & Soto, 2016; Roche, Ghazarian, & Fernandez-Esquer, 2012; Santiago, Gudiño, Baweja, & Nadeem, 2014).
- Neuropsychologists have examined the role of race norms in neuropsychological testing (e.g., Gasquoine, 2009; Manly, 2005) and cultural differences in visual information processing (e.g., Goto, Ando, Huang, Yee, & Lewis, 2010).

As psychology has increasingly recognized the influence of racial and ethnocultural identities and the intersectionality of race and ethnoculturalism, there have been sweeping changes in training and licensure requirements, ethics requirements, and expectations for knowledge and skills related to ethnocultural sensitivity and racial equity (M. C. Roberts, Borden, Christiansen, & Lopez, 2005).

However, while race and ethnicity impact all areas of psychological experience, they are not adequately reflected in all subfields of psychology. For example, although there has been more attention paid to race and ethnicity in clinical settings, there is variability within applied subfields. For example, counseling and community psychology center issues of ethnocultural responsiveness and racial equity as part of their core mission (Toporek & Suyemoto, 2014). Race and ethnicity have also received less than substantial attention in basic research in areas such as cognitive and behavioral neuroscience.

Increasingly, psychological scholarship has considered the ways in which therapists and researchers also engage in a developmental process of understanding racial and

ethnocultural influences on their own identities and professional activities, from initially learning as a trainee to continuing the development of responsiveness as an advanced practitioner, educator, supervisor, or researcher (Arredondo & Rosen, 2007; Crockett & Hays, 2015; Hatcher et al., 2013; Inman & DeBoer Kreider, 2013; Pope-Davis, Coleman, Liu, & Toporek, 2003). Models of racial and ethnic identity development and associated concepts such as racial socialization and racial consciousness reflect the process of continual growth in people's awareness and understanding of the meanings and effects of race and ethnicity for themselves and others.

For many people of color, their racial and ethnic identities are a central aspect of who they are (Cross, 1991; Phinney, 1996; Sellers, Smith, Shelton, Rowley, & Chavous, 1998; Umaña-Taylor & Alfaró, 2006). Racial identity theories for people of color focus most strongly on the development of racial understanding and positive self-regard in relation to one's own status, identity, or group (Chae & Larres, 2010; Choi-Misailidis, 2010; Dixon & Portman, 2010; McCubbin & Dang, 2010; Miville, 2010; Renn, 2008; T. Q. Richardson, Bethea, Hayling, & Williamson-Taylor, 2010). These models contribute to understanding how people of color can negotiate the perceived discrimination and racism that have been shown to negatively impact their mental health (Clark, Anderson, Clark, & Williams, 1999; Hwang & Goto, 2008; Moradi & Risco, 2006; D. R. Williams & Williams-Morris, 2000). It is also important to note that racially and ethnically diverse groups are not exempt from participating in discrimination against each other (e.g., see Halualani, Chitgopekar, Morrison, & Dodge, 2004; Tawa et al., 2013). An understanding of racial identity models and theories can also help psychologists better understand within-group prejudice among racially and ethnically diverse groups.

Although racial and ethnic identity may not be considered central concerns for some White people, scholars have challenged the notion that there is little effect of race and ethnicity on White people (Helms, 1990; McDermott & Samson, 2005; Rowe, Bennett, & Atkinson, 1994). For White Americans, identity theories focus on racial attitudes and the development of understanding what it means to be White (see review of models in Sue, Sue, Neville, & Smith, 2019). Beyond the recognition of

effects and identity development, there is an increasing literature on the identity development and process of *White allies*, defined as individuals who seek to address racial oppression from their privileged racial position; these models describe a process of understanding the systemic nature of racism and the hierarchy of privilege, understanding the effects of such hierarchy on one's personal experiences, and moving into a process of taking action to address inequities through interpersonal and organizational action (see, e.g., Case, 2012; D. Goodman, 2011; Spanierman, Poteat, Whittaker, Schlosser, & Arévalo Avalos, 2017; Spanierman & Soble, 2010). White racial identity models contribute to understanding how White people can negotiate the negative psychosocial costs of racism such as White guilt and White fear (Spanierman & Heppner, 2004) and address the ways in which racism has a deleterious impact on White counselors in terms of lower multicultural competence (Spanierman, Poteat, Wang, & Oh, 2008).

Application

There is no area of professional activity within psychology that is not potentially influenced by race and ethnicity, and racial and ethnocultural responsiveness will change over time in response to both changing contexts and psychologists' own personal and professional development and trajectories. Thus, the development of racial and ethnocultural responsiveness is a life-long journey. Accordingly, there are several ways psychologists can be responsive to the influences of race and ethnicity.

Psychologists are encouraged to continually apply understanding and awareness of the influences of race, ethnicity, and their intersecting identities to their professional activities and relationships. For example, psychologists may consciously and consistently consider the ways in which ethnocultural norms may be shaping their responses and behaviors, integrating their growing knowledge and awareness. In their research and/or applied work, psychologists could ask critical questions such as: In what ways might race, ethnicity, gender, class (or other social identity) and their intersection influence a given phenomenon (e.g., practice of mindfulness, the aging process, acquisition of a new language, hiring practices, interpersonal interactions, learning, and so forth)?

Psychologists may also consistently examine ethnocultural differences and similarities within racial groups such as Chinese American, Filipino American, and Korean American within the pan-ethnic group "Asian American" or African American, Jamaican, or Nigerian within the racial group "Black."

Psychologists are encouraged to actively consider power differentials related to race in their professional interactions and relationships to minimize the enactment and detrimental effects of unconscious bias.

Psychologists are also encouraged to understand that race and ethnicity affect psychological development and behavior and can be sources of meaning in the lives of racial and ethnic minority clients as well as racial majority clients. Racial and ethnic identity models can provide structured frameworks for psychologists' ongoing personal development and understanding of others. These models provide a way to understand how people of color and White people can become aware of racial inequity and ethnocultural influence and use understanding and awareness to resist the detrimental effects of inequity. Psychologists are encouraged to explore their own racial and ethnic identities as an ongoing process and to understand how their identities impact their professional activities, including interactions with clients' identities.

Further, psychologists are encouraged to develop means and initiatives to ensure the ongoing integration of race and ethnicity in their professional activities. These actions aim to create structural initiatives that remind psychologists to attend continually to these variables. Examples include (a) changing intake or demographic forms to inquire about more complex meanings of race, ethnicity, and intersectional variables; (b) adapting syllabi to explicitly include material related to race and ethnicity; (c) engaging in regular evaluation of racial and ethnic climate or education; (d) including ethnocultural responsiveness and addressing power differentials related to race in feedback sought from clients; and (e) developing procedures for the creation of policies that explicitly ensure continuous consideration of racial and ethnocultural influences, such as a standard query about the effects of new policies on racial and ethnocultural minority populations.

GUIDELINE 2

Psychologists are encouraged to maintain updated knowledge of the scholarship pertaining to race and ethnicity, including interdisciplinary and global perspectives.

Rationale

Twenty-five years ago, there was no diversity training requirement for APA accreditation, and most states licensed psychologists without such training. As psychology has increasingly recognized the influence of race and ethnicity, there have been sweeping changes in training and licensure requirements, ethics requirements, and expectations for knowledge and skills related to ethnocultural and racial responsiveness (M. C. Roberts et al., 2005). These changes reflect the discipline's recognition that the lack of such training threatened ethical practice, a conclusion related to the developing research on the potential for harm from culturally insensitive services (D. W. Sue, 2001).

Research continues to indicate that race and ethnicity play a role in opportunities people encounter in life, including access to gainful employment (Akee, Jones, & Porter, 2017; Emeka, 2018), educational chances (e.g., Roderick, Nagaoka, & Coca, 2009), and health outcomes (e.g., National Center for Health Statistics, 2016; Penman-Aguilar et al., 2016). Recent consideration of intersectionality calls attention to the range of personal and social factors that complicate the notion of "race matters" (e.g., Beck et al., 2014; G. R. Brown & Jones, 2014; T. H. Brown, Richardson, Hargrove, & Thomas, 2016; Piccolo, Duncan, Pearce, & McKinlay, 2015; Thorton et al., 2016). Gonzalez and Ortiz (2015), for example, examined disparities in access to health insurance using data from the U.S. Census Bureau's American Community Survey. They found that race, ethnicity, and sexual orientation mattered. More White adults in heterosexual relationships reported having employee-sponsored health insurance than did American Indian, Black, and Latinx gay or lesbian adults; this disparity was also present for underrepresented minority lesbian women compared to White gay and lesbian adults.

A growing body of empirical research has also documented the harmful effects of

denying the existence of race and racism (e.g., Mazzocco, 2017; Neville, Awad, Brooks, Flores, & Bluemel, 2013). For example, Holoien and Shelton (2012) found that White college students who were primed to accept a racial color-blind perspective engaged in more prejudicial behavior than their White peers primed with a multicultural perspective when interacting with Black and Asian American peers, and these prejudicial behaviors in turn played a negative role in the students' performance on a cognitive task. Recent research also documents the link between greater awareness of race-ethnicity and higher levels of multicultural competencies and practices among therapists (Chao, Wei, Good, & Flores, 2011). Chao and colleagues (2011) found a significant association between lower levels of racial color-blindness and higher levels of multicultural counseling knowledge among a racially diverse sample of applied psychology trainees. All of this research has been published in the past 10 years.

The psychology related to race and ethnicity includes both well-established and emerging scholarship. This scholarship is dynamic, increasing, and can include major reconceptualizations. At a very basic level, psychologists need to understand that race as a biological construct has long been debunked (Yudell, Roberts, DeSalle, & Tishkoff, 2016; see Appendix A). Scientists have joined with humanists in conceptualizing race as a detrimental social construct, recognizing that racial categorizations are context dependent and change depending on geographical location and historical period (A. Smedley & Smedley, 2005). As such, race does not determine beliefs or behaviors; rather, race relations and the ways in which one has been racialized account for much of the racial group differences.

Psychologists also aim to understand the distinction between race (as a social construct related to hierarchy) and ethnicity (as a cultural and ancestral construct; Helms & Cook, 1999; Markus, 2008; A. Smedley & Smedley, 2005). Cross's (1971) early Nigrescence model helps illustrate this point; his theory of Black racial identity, or the process of coming to understand the meaning of race, more accurately reflects both race (Black) and ethnic culture (e.g., African American, Haitian, Jamaican, etc.;

Cross & Cross, 2009). Ethnicity or one's ethnocultural background is often reflected in beliefs, values, and traditions, including worldview, language, spiritual or religious traditions, rather than the process of racialization. For example, a young Arab woman from Syria immigrates to the United States as a teenager; she moved from a context in which she was considered part of the dominant group to a new environment in which she is now racialized as "Middle Eastern." Although others have racialized her, she very much identifies with her Syrian cultural heritage; she speaks Arabic at home and engages in the worship practices of her homeland.

Knowledge of process-related constructs and social structures are essential to understand the roles of race and ethnicity at a deeper level. These are the variables that help explain interpersonal interactions, well-being, and health. Although too numerous to review here, commonly researched process-related variables include racial and ethnic identity, acculturation, enculturation, historical trauma, controlling images, racial beliefs, cultural mistrust, stereotype threat, resilience, spirituality, and neighborhood and school context, along with racism and other forms of discrimination.

Application

Application of this guideline involves acquiring and maintaining a broad understanding of the theoretical and empirical advancements in race and ethnicity, a critical endeavor due to the ubiquitousness of these concepts and their influence on all aspects of psychology. Established and emerging scholarship informs clinical assessment and treatment plans as well as research design and interpretation; psychological knowledge contributes to what we teach, how we teach, and the training of future psychologists. There are a number of ways psychologists can deepen their understanding of and adopt a lifelong curiosity about these critical concepts.

Psychologists of all racial and ethnocultural backgrounds are encouraged to broaden their knowledge of the constructs of ethnicity, race, ethnic identity, and racial identity and their influence on the worldviews and behaviors of clients, research participants, trainees, and colleagues in

organizational service and leadership. Because attention to race and ethnicity within psychology is more recent and the body of research is growing, psychologists are encouraged to continually update their knowledge of these constructs.

Psychologists are also encouraged to include interdisciplinary perspectives in developing their understanding of race and ethnicity. Such sources (e.g., anthropology, history, sociology, ethnic studies) offer different perspectives on the influences of variables such as race and ethnicity, contributing to continual growth and updated knowledge and engagement. For example, psychologists could broaden their understanding by reading interdisciplinary theoretical and empirical research on the general concepts of race and ethnicity and on specific racial-ethnic-cultural groups in their area of expertise. To better understand the nuances of race and ethnicity, psychologists could seek opportunities to collaborate or consult with interdisciplinary professionals who have expertise in research and/or clinical work. The goal is to encourage mutual exchange of perspectives for the purpose of promoting more complex, data-informed practice.

Applied psychologists are responsible for maintaining updated knowledge about racial and ethnic groups that they serve. As such, psychologists are encouraged to regularly seek out information about the socio-cultural and historical experiences of diverse racial and ethnic groups in a proactive, self-directed approach rather than asking clients to educate psychologists about clients' ethnocultural group which places an undue burden on those seeking services.

Furthermore, psychologists could create initiatives for continued education and exploration around race and ethnicity. For example, psychologists could develop and sponsor regular reading groups, lecture series, or lunch-time colloquia on the topic to provide professionals and trainees with opportunities to discuss advances in the literature. Reading the emerging research could provide applied psychologists with a deeper theoretical lens and data to address the complexities of the lives of the clients they serve. The rise in intersectionality research offers an opportunity to conceptualize the ways in which multiple "marginal" identities impact the lives of people of color. Psychologists could also work to establish

mechanisms to set and evaluate learning goals for staff and trainees around race and ethnicity. Additionally, psychologists could seek opportunities that expose staff and trainees to current research and best practices regarding race and ethnicity. Such opportunities may include attending conferences that focus on issues pertaining to race and ethnicity and/or attending lectures by experts whose work focuses on those areas.

GUIDELINE 3

Psychologists strive for awareness of their own positionality in relation to ethnicity and race.

Rationale

Positionality is one's own position or place in relation to race, ethnicity, and other statuses, reflecting the ways in which our statuses reflect power dynamics related to privilege and oppression. Awareness of positionality requires not only understanding the influence of race and ethnoculture and associated privilege and oppression on worldviews and behaviors for people generally but also applying this understanding to oneself in relationships. This requires (a) awareness of oneself as cultured and racialized, which requires reflective processing and cultural humility; and (b) the ability to combine knowledge about race and ethnicity generally and as applied to specific people with self-awareness to develop an understanding of oneself in relation to others at multiple ecological levels through the microsocial level (interpersonal, group) through the macrosocial level (cultural, institutional).

Awareness of one's own ethnocultural experience is more than identification of the ethnic group to which one belongs. The awareness necessary for responsiveness requires a deeper understanding of the ways in which ethnicity has shaped one's own worldview and the specific values, norms, practices, communication patterns, and so forth that characterize this worldview (see Conceptual Foundations). Similarly, awareness of one's own racial positionality involves more than racial categorization; it includes exploring one's own experience of racial inequities or privilege within the societal context

and within the discipline of psychology (see T. Israel, 2012). This type of awareness is characterized by cultural humility, which involves an attitude of open curiosity and recognition that people have expert knowledge of their own ethnocultural and racial experience; an ongoing engagement in self-evaluation and self-critique; and a commitment to act to redress power imbalances in relationships and systems (Gallardo, 2014; Hook, Davis, Owen, & DeBlare, 2017; Hook, Davis, Owen, Worthington, & Utsey, 2013).

The development of cultural humility and the related awareness associated with reflective practice argue against a racial color-blind approach. Research on color-blind racial beliefs indicates that greater endorsement of racial color-blindness is related to less multicultural knowledge and awareness (Neville, Spanierman, & Doan, 2006; Spanierman et al., 2008) and greater levels of racial and gender prejudice (Neville, Lilly, Duran, Lee, & Browne, 2000). Awareness of one's own positionality is also related to the development of perspective-taking and ethnocultural empathy, which may also emerge emotionally and relationally (Dyche & Zayas, 2001; Spanierman et al., 2017; Thomann & Suyemoto, 2017; Wang et al., 2003).

People from the dominant ethnic and racial group (e.g., White European American in the United States) may find developing this awareness more challenging because they may be less aware of the ways in which their own experience and worldview are shaped by racial and ethnocultural meanings (Kim-Ju & Liem, 2003; McDermott & Samson, 2005; Quintana, 2008). Research on racial awareness and bias indicates that White European American families generally avoid discussions of race or discrimination and socialize children to be racially color-blind (Katz, 2003; Pahlke, Bigler, & Suizzo, 2012). Research also indicates that discrimination against racial minorities emerges in White children quite early, with implicit bias rather than explicit bias increasing over time (Katz, 2003; McGillicuddy-De Lisi, Daly, & Neal, 2006; McGlothlin, Killen, & Edmonds, 2005) and that developing White racial awareness or identity is often a challenging process of unlearning and addressing the privilege of ignorance about race (Case, 2012; Kernahan & Davis, 2007; Thomann & Suyemoto, 2017; Utsey & Gernat, 2002).

In contrast, research indicates that minority individuals are more aware of race

and ethnicity because they are continually negotiating racial and ethnocultural differences and discrimination, not only in the United States but also internationally (e.g., see Carter, 2005; Leong, Comas-Díaz, Nagayama Hall, McLoyd, & Trimble, 2014; Santos & Umaña-Taylor, 2015; Yoon, Langrehr, & Ong, 2011). Simultaneously, people of color may internalize dominant biased attitudes toward their own or other minority racial or ethnocultural group(s), contributing to internalized racism, cultural authenticity testing, or ethnocultural nativity bias within one's own group (David & Derthick, 2013; Graham, West, Martinez, & Roemer, 2016; Pyke, 2010; Speight, 2007; Suyemoto & Donovan, 2015) or to interminority group stereotyping (e.g., Halualani et al., 2004; Tawa et al., 2013).

Furthermore, recent scholars have called attention to the need for reflective awareness that is intersectional as applied to identity development, minority status, stigma, oppression, and so forth (e.g., Chavez-Dueñas, & Adames, in press; Lewis, Mendenhall, Harwood, & Browne Hunt, 2016; Nettles & Balter, 2012). For example, gendered racism means that women of color and men of color will have different experiences, not only in relation to other groups but also to each other, as the privilege related to sexism plays out between men, women, and trans people within the same race (Lewis & Grzanka, 2016; Lewis & Neville, 2015; Mukkamala & Suyemoto, 2018). Often, one is more aware and reflective of one's oppressed statuses than one's privileged statuses, requiring more focused attention on the latter in order to foster intersectional awareness for responsiveness (T. Israel, 2012; Suyemoto & Donovan, 2015; H. Vasquez & McGraw, 2005).

Application

Because unconscious and conscious biases affect behavior, psychologists of all ethnocultural and racial backgrounds are encouraged to engage in active reflective practice to understand the ways in which their own ethnocultural and racial positionalities affect interactions with clients, research participants, trainees, colleagues, or others from their own and other groups. There are several ways in which psychologists can apply this guideline.

Psychologists could increase their awareness of specific values, beliefs, norms,

and behaviors associated with their own racial and ethnic self-categorizations or identities through a focused and active process of exploration. For example, psychologists with a White European American background could explore ways in which they do or do not embrace or enact the individualistic orientation and associated independent self-construal that correspond with their racial and ethnic group (e.g., Markus & Kitayama, 2010); they could also explore the ways they do or do not enact aspects of White privilege (T. Israel, 2012), consciously or unconsciously. Such exploration might occur through journaling, attending conferences or trainings focused on racial and ethnocultural awareness, and/or participating in diversity initiatives at worksites or professional organizations that encourage reflective practice and provide training in the process of developing a reflective stance. Psychologists might also examine and apply models of racial and ethnic awareness and identity development to their own experiences, and participate in the many exercises emerging to advance training for ethnocultural and racial responsiveness (e.g., Hays's, 2016, ADDRESSING model) that address the process of developing a reflective stance (e.g., Korn, 2015; Miller & Garran, 2017; Okun & Suyemoto, 2012).

Psychologists could foster greater racial and ethnocultural awareness of positionality through exposure to ethnocultural and racial experiences different from their own, accompanied by reflection on these differences and their implications for power, privilege, and oppression. Such experiences may include movies, fiction, poetry, community events, or interpersonal relationships with individuals from diverse backgrounds.

Psychologists could also foster greater racial and ethnocultural awareness of their own positionality and its effects through interpersonal interactions and reflection. Participating in groups or activities that explicitly focus on race and ethnicity encourages attention and offers opportunities to practice difficult dialogues. Examples of such groups include special interest groups or sections within psychological associations, APA divisions, and the ethnic minority psychological associations such as the Asian American Psychological Association (AAPA); Association for Black Psychologists (ABPsi); American Arab, Middle East-

ern, and North African Psychological Association (AMENA-Psy), the National Latinx Psychological Association (NLPA) and the Society of Indian Psychologists (SIP).

Participating in affinity groups that offer opportunities specifically related to exploring the meaning of shared racial and ethnic experiences may also contribute to reflective awareness (Michael & Conger, 2009; Watts-Jones, 2002). Examples include White ally groups or workshops (e.g., the White Privilege Conference), both national and regional, and ethnic minority psychological associations and conferences.

GUIDELINE 4

Psychologists strive to address organizational and social inequities and injustices related to race and ethnicity in organizational structures within and outside of psychology.

Rationale

Psychologists' ethical goals of beneficence and nonmaleficence, justice, and respect for people's rights and dignity mean that psychologists strive to resist racial and ethnocultural bias and inequity and promote resource, procedural, and relational justice (Prilleltensky, 2012). They do so not only in their interactions with individuals but also in their actions and interactions in organizations and the discipline overall.

Psychological and interdisciplinary research indicates that organizational models, structures, cultures, and practices reflect ethnocultural and racial biases that are evident in the larger social milieu. The work conditions, experience, and career advancement of people of color are affected by bias in hiring and selection (e.g., for mentoring, graduate school entrance, awards, committees), representation, workplace treatment, evaluation, advancement, and leadership (e.g., Burriss, Ayman, Che, & Min, 2013; Jean-Marie, Williams, & Sherman, 2009; Milkman, Akinola, & Chugh, 2015; Rosette, Leonardelli, & Phillips, 2008). For example, the literature on psychological attitudes and bias toward minority leaders indicates that

racial and ethnic minority leaders are often held to different standards than White leaders, are judged as less competent, and/or are directly or indirectly undermined (Eagly & Chin, 2010; Knight, Hebl, Foster, & Mannix, 2003; Lowe, 2013; Rosette et al., 2008). Traditional leadership and organizational models have failed to challenge these inequities, leading to calls for new models and approaches (Byrd, 2009; Jean-Marie et al., 2009; Kawahara, Esnil, & Hsu, 2007; Kawahara, Pal, & Chin, 2013; Neilson & Suyemoto, 2009; W. Vasquez, 2012; Yoder, 2001).

The organizational systems in which psychologists' work, such as mental health clinics, hospitals, academic departments, research institutes, businesses, and governmental offices, are not immune to the biases described previously (e.g., Fouad & Arredondo, 2007; Ginther et al., 2011; Gutiérrez y Muhs, Niemann, González, & Harris, 2012; Milkman & Akinola, 2015). The history of psychology clearly demonstrates racial and ethnocultural bias in the field; some of the more egregious examples include psychologists' participation in the eugenics movement, promotion of White or Aryan supremacy and purity, and support of segregation (e.g., see Tucker, 2004). Although these more extreme views have fallen from favor, many researchers have pointed to concerns about ethnocentrism within the discipline and its organizational practices, including (a) racial bias in the awarding of grants (Ginther et al., 2011); (b) marginalization of research on racial and ethnic minority issues within psychology, reflected, for example, in the relative lack of publications focused on these issues (e.g., only 3,851 out of 262,763, or 1.5% of articles in APA journals address race and ethnicity¹); (c) lack of attention to ethnocultural differences and racial bias in the development of ethics standards (García & Tehee, 2014); and (d) underrepresentation of racial and ethnic minorities within psychology and psychological organizations' membership and leadership (e.g., APA [2018a], estimates that 84% of "active psychologists" are White compared to 61% of the U.S. population and 80.5% of the APA Council of Representatives in 2016 were White psychologists [APA, 2018b]).

An inclusive organization ensures equitable pay and access to advancement, participation opportunities, information networks, and human resource investments and promotes the movement of power, authority, information, and decision-making to include "lower" levels of the organization (and its governance structure), often through use of cross-departmental, multilevel, knowledge-centered groups (Mor Barak, 2011). Multicultural organizational models and research provide a foundation for understanding bias, working effectively toward inclusive and just environments, and addressing resistance to the promotion of organizational inclusivity and equity (e.g., Davidson & Proudford, 2008; Dreachslin, 2007; Fouad & Arredondo, 2007; Leiter, Solebello, & Tschirhart, 2011a, 2011b; Maytree Foundation, 2011; Wasserman, Gallegos, & Ferdman, 2008). There is also a large body of research on multicultural leadership and best practices (e.g., Ayman & Korabik, 2010; Chin & Trimble, 2014; Eagly & Chin, 2010; Kawahara et al., 2007, 2013; Parker & Ogilvie, 1996; A. Richardson & Loubier, 2008; Sanchez-Hucles & Davis, 2010; Suyemoto & Ballou, 2007; M. T. Vasquez, 2017). Finally, the increasing body of research on "allies" or "accomplices" (see, e.g., Case, 2012; Mio & Rodes, 2003; Reason, Millar, & Scales, 2005; L. Smith & Redington, 2010; H. Vasquez & McGraw, 2005) provides guidance on how psychologists might take interpersonal action for the promotion of racial and ethnocultural justice.

In sum, psychologists can use their understanding of psychological processes related to ethnicity and race to promote organizational equity and well-being within organizations and communities inside the discipline, as well as outside of the discipline through organizational consultation and advocacy.

Application

Psychologists are encouraged to use insights from psychological and social science to inform actions to promote greater racial and ethnocultural equity in the discipline of psychology and in organizational settings within and outside the discipline. There are a number of ways in which psychologists can apply this guideline.

Psychologists are encouraged to familiarize themselves with the literature on multicultural leadership, including models and methods for multicultural organizational development and for addressing systemic bias, both direct and indirect. Psychologists may then apply their understanding of that literature to organizational contexts within psychology and more broadly. For example, psychologists might (a) evaluate the cultural and racial climate of organizations, resisting a de facto color-blind approach; (b) assess leadership norms and associated cultural barriers for people of color within organizations and promote diverse leadership styles; (c) initiate discussions about diversity and inequity within organizations; this might include creating, leading, supporting, or participating in organizational diversity committees; (d) participate in and promote equity hiring (e.g., Canada Research Chairs, 2017); and (e) advocate for training and development to increase racial and ethnocultural equity (e.g., see Curtis & Dreachslin's 2008 review of diversity management training and interventions).

Psychologists could promote ethnocultural and racial equity in their participation in organizational or disciplinary service and leadership. For example, in developing criteria for reviewing journal submissions, psychologist editors could consider racial and ethnocultural responsiveness as a central aspect of evaluating quality of research, actively considering how limitations relate to lack of inclusion or responsiveness, as well as how authors' emphasis on responsiveness may affect other aspects of their method (e.g., sample size, reliance on empirically supported treatments [ESTs] that do not consider broader evidence that would be more ethnoculturally and racially responsive, choices about comparison groups).

1. Based on a PsycArticles search conducted March 15, 2018, for articles with "race or ethnicity or racial or ethnic or racism or ethno* or White or Caucasian or "European American" or Black or "African American" or "Asian American" or Asian or Latino or Latina or Latinx or Hispanic or "Native American" or "American Indian" in the title or keywords.

In disciplinary organizations, psychologists could support and contribute to initiatives and offices that promote racial and ethnocultural equity within the discipline, such as CEMA, MFP, diversity committees on state psychological associations and within APA divisions, and the ethnic minority psychological associations (AAPA, ABPsi, AMENA-Psy, NLPA, SIP). Some examples of specific initiatives that psychologists might support within such associations, committees, or programs include:

- Psychologists could support pipeline issues for recruitment, retention, and the creation of a supportive, inclusive environment for racially and ethnically diverse students and professional psychologists, including mentoring programs and leadership development for ethnic and racial minority psychologists.

Psychologists could directly participate in such programs, contribute to their development, advocate for funding or resources, and/or refer trainees, mentees, and colleagues. Examples of leadership development groups include the Council of National Psychological Associations for the Advancement of Ethnic Minority Interests Leadership Development Institute (CNPAAEMI LDI, 2019) or the Asian American Psychological Association's early career leadership fellowship (AAPA, 2019).

- Psychologists could advocate for creating more positive climates within associations, committees, or programs by drawing from the research on allies/accomplices to support their participation in advocacy for organizational equity and for resource, procedural, and relational justice. This literature is particularly

useful for supporting psychologists' ability to (a) work collaboratively and successfully across differences in power and privilege in leadership groups such as boards and committees and (b) offer guidance to others for effective relationships within organizations.

- The American Psychological Association could continue to work towards addressing inequities within the organization related to representation and inclusion, leadership, organizational culture, development and implementation of policy, and professional activities by more fully implementing recommendations from prior Task Forces or Workgroups (e.g., see the report of the APA Presidential Task Force on Enhancing Diversity [APA, 2005] and recommendations from the APA Council of Representatives Council Diversity Workgroup [APA, 2017c]).

EDUCATION AND TRAINING

GUIDELINE 5

Psychologists strive to create an inclusive curriculum and educational environment that promotes racial and ethnocultural responsiveness, equity, and justice. Rationale

Rationale

Changes in the diversity of the U.S. population and our social interactions, attitudes, and movement (e.g., globalization, immigration, post-colonial attitudes) have required an adjustment in the nature of how we teach psychology and what we teach (Danowitz & Tuitt, 2011) in high school through advanced, life-long learning in psychology. Scholars are increasingly recognizing the ways in which education is not only the conveyance of curricular information but also a process of shaping people's worldviews through socialization, calling for the application of critical race theory and culturally relevant pedagogy (Brown-Jeffy & Cooper, 2011; Gay, 2000; Ladson-Billings, 1992; Solórzano, Villalpando, & Oseguera, 2005).

Racially and ethnoculturally responsive education actively engages the influences of

race and ethnicity on psychological issues as well as the effects of power, privilege, and oppression in an educational context (e.g., through the creation of curriculum and classroom practices). Lott and Rogers (2011), in their survey of more than 1,800 undergraduate psychology majors, found that students of color perceived the discipline as representing their racial/ethnic group in a stereotypical manner, if at all; felt a lack of respect from their instructors; and believed that the discipline should pay more attention to diversity. Trainees of color have also described the ways in which race, racism, or racial identity have affected the supervisory relationship and its efficacy (Jernigan, Green, Helms, Perez-Gualdrón, & Henze, 2007; Nilsson & Duan, 2007).

Ongoing considerations of psychology educators are the racial and ethnocultural biases existing in psychological theories generally (Quintana, Chew, & Schell, 2012; D. W. Sue et al., 2019), in research (see Research Guidelines below), and in practice (see Practice Guidelines below). Also explored are issues related to the pedagogy and praxis of teaching about and to racially and ethnoculturally diverse students, such

as possible teacher and peer bias in the classroom or school (Ancis, Sedlacek, & Mohr, 2000; Greene, Way, & Pahl, 2006; Rosenbloom & Way, 2004) or the effects of stereotype threat on students of color (Steele & Aronson, 1995), including the diversity of these experiences due to heterogeneity and intersectional identities within the group. The possibility that teachers would racialize students of color and expect them to assimilate to their stereotyped racial statuses is also a consideration (Tran & Birman, 2017).

Racially and ethnoculturally responsive education involves being culturally aware in the teaching of psychology (D. W. Sue et al., 2019; Trimble, 2013;), understanding one's own personal beliefs and attitudes about racially diverse students and one's effectiveness as a teacher (Rogers-Sirin, 2008). A willingness to become vulnerable is central to this process (Danowitz & Tuitt, 2011), as well as mirroring this vulnerability to students. However, the act of making oneself vulnerable may vary depending on sociopolitical context and positionality (e.g., a White professor in a program that has a high percentage of stu-

dents of color vs. a woman of color professor in a program that is predominantly White).

Teaching about race and helping students feel comfortable talking about race is challenging (Cokley, 2009; D. W. Sue, 2016). Psychology educators and other faculty who teach about race are disproportionately subject to poor evaluations and complaints to administrators (Helms et al., 2003; Reid, 2010). D. W. Sue, Rivera, Capodilupo, Lin, and Torino (2010) described how White trainees tend to be reluctant to engage in discussions about race. Such reluctance or avoidance makes it difficult to develop the knowledge and reflective practice necessary for racial and ethnocultural responsiveness. It is essential that educators develop the skills to effectively facilitate such discussions and balance facilitating awareness for students at various levels with the needs of the whole class. One way to deal with White students' resistance is to frame ethnocultural and racial discussions and experiences as concrete learning opportunities, rather than as a set of policies or ideology; framing topics in ways that address how members of society can benefit and grow may enhance student engagement (Rios & Wynn, 2017).

Application

Students' racial and ethnocultural identities are often absent from the pedagogy in the classroom, the curriculum, or the general culture of the academy (Castellanos & Gloria, 2007), thereby perpetuating a sense of invisibility and feelings of powerlessness. Representation matters. A racially and ethnoculturally responsive curriculum and training make education relevant for all students in class, which is consistent with the social justice framework presented in these guidelines. Psychologists are thus encouraged to create inclusive learning environments, whether in the classroom or in training settings. Some of the ways in which to foster such environments include the following:

- Psychology educators are encouraged to actively acknowledge students' varying backgrounds; expose students to various perspectives, not just the dominant one; use a variety of instructional strategies; rely on teaching materials (e.g., videos, articles, textbooks) that reflect diversity and have been reviewed for bias

and prejudice; avoid reproducing societal power dynamics; present complete and accurate course content; and incorporate discussions of the history and consequences of privilege, bias, and inequality within the discipline (Gorski, 2015).

- Psychology educators can create supportive spaces for their students when teaching race-related material. In this sense, they not only pay attention to the inclusive content in their psychology curriculum but also to classroom, supervision, and mentoring processes (e.g., Suyemoto et al., 2009), including micro-aggressions directed at the students or trainees and teachers, faculty, and supervisors alike (D. W. Sue et al., 2010). For example, an inclusive pedagogical framework that addresses the racism and alienation that immigrants and refugees experience in the United States (Chavez-Dueñas, Adames, Perez-Chavez, & Salas, 2019; Suárez-Orozco, Suárez-Orozco, & Todorova, 2008), considers providing them with a sense of cultural agency to navigate the new culture effectively, and recognizes the complex racial and ethnic diversity among these groups as well as the political, economic, and cultural context of reception, among others issues (Fruja Amthor & Roxas, 2016).
- Psychologists can engage issues of racial and ethnocultural diversity in the classroom and training settings in ways that emphasize a strengths-based rather than a deficit-based focus. For example:
 - » Rather than focus on the relatively limited English language or grammar proficiency of a recent immigrant in comparison to native speakers, a psychology educator or supervisor could instead recognize the benefit of bilingual proficiency and the intellectual strengths and flexibility that bilingual proficiency might suggest.
 - » Psychologists are encouraged to recognize the ways in which they can use and apply the wealth of knowledge and experience with race and ethnicity that students themselves bring to the classroom. Especially given the relative lack of knowledge

related to race, ethnicity, and racial and ethnocultural minority populations within the field, the analyses and critiques that students might bring from their experiences are vital to understanding and developing psychological research and practice that is responsive to diverse communities.

GUIDELINE 6

Psychologists strive to promote self-awareness, critical thinking, and reflexive practice regarding race and ethnicity in their students, trainees, and colleagues.

Rationale

Traditional psychology education and training has encouraged students to maintain a neutral and detached stance from the populations they treat or study and to apply ethical standards regardless of context (D.W. Sue et al., 2019). In this sense, the discipline of psychology has perpetuated an oppressive view by decontextualizing and underrepresenting the lives of oppressed groups. However, this marginalization has been increasingly challenged. With the advent of the tripartite multicultural training model (Arredondo et al., 1996; Pederesen, 1994); D. W. Sue, Arredondo, & McDavis, 1992a) and the first *Multicultural Guidelines* (APA, 2003), there was a shift in the field toward encouraging a training focused on students' self-awareness of race and ethnicity, among other variables, to become racially and ethnoculturally responsive (Fouad & Arredondo, 2003). Similarly, the increased use of qualitative methods has influenced the field to consider more carefully the importance of reflexivity in research (e.g., Levitt, Pomerville, Surace, & Grabowski, 2017; E. N. Williams & Morrow, 2009).

A concept that exemplifies this position is cultural humility, which highlights the life-long commitment to learning and refining the skills of responsiveness, engaging in self-reflection, and challenging one's own stereotypes and assumptions about other races and ethnicities (Hook et al., 2013; Morse, García, & Trimble, 2017; see also discussion of this

concept in Guideline 3). Developing cultural humility adds affective and relational components to education and training, since it requires engaging in self-examination and self-challenge concerning long-held beliefs and ethnocentric attitudes. It also means “replacing the natural avoidance or denial of racial reality with an active understanding and acceptance of one’s participation in creating racial reality” (Collins & Pieterse, 2007, p. 16), which is a necessary component of racial and ethnocultural responsiveness. Psychologists are urged to recognize that increasing students’ and trainees’ self-awareness and self-reflection has long been connected to effective interventions and community advocacy (Brady-Amoon, Makhija, Dixit, & Dator, 2012; L. A. Goodman et al., 2004; R. D. Goodman, Calderon, & Tate, 2014; Odegard & Vereen, 2010). This awareness goes beyond exploring neutral cultural differences to include acknowledging unearned privilege and power in society or the ways in which systemic oppression affects mental health (Lord & Dufort, 1996).

However, this can be a challenging process, as research indicates that students may react with difficult emotions (D. W. Sue et al., 2010) and various kinds of resistance including diffusion (diluting the impact of race), silence (where students tune out of conversations), benevolent liberalism (not understanding the difference between equality and equity), and the fear of and frustration with the unknown, or not being knowledgeable about the topic, which can lead to a disengaged behavior (Gay & Kirkland, 2003; Zúñiga, Nagda, Chesler, & Cyton-Walker, 2007). Furthermore, while engaging White students on topics of multiculturalism, it may also be important to acknowledge potential conflicts between value systems. For instance, DeKoven (2011) suggests that the notion of meritocracy (see “racial color-blind” in Appendix B) can impede White students’ understanding of the important and complicated nature of the history of racism in the United States.

Sharing one’s own process of personal transformation around identity and power may help shift students’ consciousness, address defenses, and enable emotional engagement in the development of cultural humility (Freire, 1970; Torino, 2004); this can encourage students to understand and be able to address their own privileges and

oppression and their experiences as racial beings (Carter, 2005; Fu, 2015; Torino, 2004), including examining issues such as stereotype threat, internalized racism, and implicit biases (Cross et al., 2017). Relatedly, Coleman (1999) explained that the process of teaching about diversity requires the educator to engage an ongoing examination of one’s own biases, experiences, blind spots, feelings, and attitudes about race and ethnicity. This accords with research that shows educators encounter their own emotional challenges when teaching about race and ethnicity, such as fear of appearing racist, fear of confronting one’s racism, fear of acknowledging White privilege, and fear of taking responsibility for acknowledging racism (D. W. Sue, 2013).

Application

Application of this guideline involves the recognition that effective education in psychology inherently relates to encouraging constant self-reflection practices by educators and students. To address issues of bias and justice, psychology educators are encouraged to create learning environments in which students are able and willing to engage in uncomfortable dialogue. For example:

- As a way to promote reflective practice for racial and ethnocultural responsiveness, psychology educators can model appropriate levels of self-disclosure and self-awareness, including sharing their own process of personal transformation in relation to issues of identity, power, and their own biases to encourage reflective practice in trainees. For example:
 - » Psychology educators could share personal examples of the process of developing their understanding of culture and race, challenges in overcoming implicit attitudes, experiences with difficult dialogues, and/or case examples of successes and challenges posed by clients with positionalities different from their own.
 - » Approaches to encourage reflective practice in trainees could include structured discussions fostering difficult dialogues, case examples from therapy (e.g., see Gallardo & McNeill,

2009) and supervision (e.g., see Burnes & Manese, 2019), or written reflections for trainees focused on exploring their own identities, privileges, and experiences of oppression (Carter, 2005; Fu, 2015), including examining issues such as stereotype threat, internalized racism, and implicit biases (Cross et al., 2017).

- Psychology educators are encouraged to use pedagogical tools to encourage reflective practice in students. For example:
 - » Critical Incident Analysis Based Training (N. M. Collins & Pieterse, 2007) includes several components involving acknowledgment, confrontation, reflection, and commitment—useful tools to encourage students and trainees to reflect on race-related critical incidents in the education and training context.
 - » Storytelling through reflection journals enables psychology educators to engage in a dialogue with students while ensuring a sense of safety and confidentiality.
- Psychologists involved in education and training are urged to develop skills to facilitate difficult dialogues on race in the classroom and in supervision (D. W. Sue, 2013; Sue et al., 2019), which requires a strong understanding of group dynamics, race, ethnicity, oppression, power and privilege, and the dynamics of microaggressions and political correctness. For example:
 - » Psychologists may develop awareness of the interpersonal dynamics that transpire according to the educators’ and the students’ races and ethnicities and the different levels of development of race-ethnicity awareness in themselves and their students (cf. Helms, 1995). These dynamics may also vary in relation to other intersectional statuses such as gender, social class, nationality, immigrant status, or status as international students or faculty.
 - » Awareness that students may be at various developmental levels of understanding of these issues will

help educators facilitate dialogue by meeting students at their unique developmental levels and describing the developmental process in order to promote growth in increments that are unique to each student.

GUIDELINE 7

Psychologists strive to develop knowledge and skills in students and trainees for community engagement with racially and ethnically diverse populations.

Rationale

In general, predominant training paradigms favor an individual approach to recovery at the expense of more efficacious community interventions (Beer, Spanierman, Greene, & Todd, 2012;). Similarly, applied training often does not adequately prepare practitioners to understand the sociocultural community in which they practice and in which their clients live, neglecting the sociocultural and political context in research, intervention, and service. Such neglect in case formulations and interventions has been linked to mental health disparities and ineffective advocacy and community engagement (Plough et al., 2013). For example, there is little known about MENA groups compared to other racial and ethnocultural groups. This lack of information is especially important to address given the sociocultural and political context of discrimination that MENA groups face (Awad & Amayreh, 2016).

In education and training programs that do emphasize community engagement and advocacy, students might feel confused about the relevance of engaging in these while grappling with the idea of combatting societal oppression and barriers (A. Thompson, Kerr, Dowling, & Wagner, 2012). Psychologists endeavor to recognize the ethical importance of immersing students and trainees in racially and ethnically diverse contexts, exposing students and trainees to multiple ways of knowing and to marginalized voices, and teaching interdisciplinary and global perspectives in order to explore notions of race, culture, and ethnicity effec-

tively (Trimble, 2009; Trimble, Scharron-del Rio, & Hill, 2012).

Because of the increasing evidence of the effectiveness of community-based interventions in public health (e.g., recovery movement and empowerment models) and the increasing integration of aspects of community-based research in the study of diverse populations, it is more important than ever to train psychology students to understand how to interact at both the community and individual levels (Ali, Liu, Mahmood, & Arguello, 2008; Altmaier, Lohnberg, & Yamada, 2013; Fouad, Gerstein, & Toporek, 2006; L. A. Goodman et al., 2004; Green et al., 2008; Miville et al., 2009; Nilsson & Schmidt, 2005; Sowers & Marin, 2014; Toporek, Lewis, & Crethar, 2009).

Lessons from the public sector and community mental health practice have highlighted the importance of consumer buy-in of mental health treatments (Rogers, 2002). Consumer collaboration is based on a foundation of trust between consumer and provider, as well as on interventions that are grounded in local cultural beliefs and local systems (Wallerstein et al.,

2011). One aspect of consumer collaboration is a strength-based approach where clients are seen as the experts on their experiences, recognizing the ways that clients benefit from stories of strength and resilience rather than failure or weakness (Toporek & Worthington, 2014). Research indicates that some of the strategies to decrease mental health disparities and increase community resilience are directly linked to the development of community engagement, advocacy, and cultural competence (Betancourt, Green, Carrillo, & Park, 2005; Kirmayer, Sehdev, Whitley, Dandaneau, & Isaac, 2009).

Numerous scholars have called for an expanded role for students that goes beyond one-on-one intervention to include community social justice advocacy that addresses societal inequalities (Fouad et al., 2006; Hargons et al., 2017; Melton, 2018; Sowers & Marin, 2014; Vera & Speight, 2007). Learning about “others” in the classroom is far removed from the realities of communities in need.

Application

Psychologists are encouraged to expand their role and identity to include community-

based work (Vera & Speight, 2007) and to develop their knowledge and skills about community engagement. Teaching students skills such as community involvement, advocacy, and relevant interdisciplinary interventions helps to promote community recovery (Chu, Emmons, Wong, & Reiser, 2012; Fouad et al., 2006). Learning how to enter the community context and advocate for clients and consumers helps inform interventions and improve the quality of care for diverse populations (Sowers & Marin, 2013). This guideline can be applied in a number of ways. For examples:

- Psychologists are encouraged to develop educational and training experiences for their students and trainees that promote engagement with the actual lived experiences and personal voices of racial and ethnic minority people. For example:
 - » Psychology educators could provide readings or videos that include personal, contextualized voices; movies that present a range of experiences engaging heterogeneity and intersectional diversity within the group; YouTube videos or web resources with personal narratives (spoken word, community events, group interview films, contemporary oral histories); or interview and community event assignments.
 - » Assignments could be coupled with reflective components to help students and trainees consider the influences of race, ethnicity, privilege, and oppression on the depicted lived experiences of others and to encourage consideration of interpersonal positionality in relationships, not only within oneself.
 - » To help psychology students understand how to interact at the community level as well as at the individual level, psychology educators could discuss, for example, the cultural context of suicidal behaviors among African American, American Indian and Alaska Native, Asian American and Pacific Islander, and Latino adolescents and the importance of developing community-based interventions to address this issue (Goldston et al., 2008). Psychology educators could also explore ways in

which to develop mutually collaborative partnerships with communities whereby communities have a stake in the development of academic programs and goals, intern/trainee selection, and act as consultants in students' community projects and involvement (Strasser et al., 2015).

- Psychologists are encouraged to help students and trainees develop skills to engage directly with communities. This includes considering how the community's needs and self-determination are integrated into interactions with psychologists. For example:
 - » Students might be taught to evaluate community needs and experiences such as: (a) the community's cultural assets and history; (b) provision of cultural and language-appropriate services; (c) partnerships with faith-based communities in service delivery; (d) use of novel and nontraditional approaches, such as culturally adapting evidence-based practices; (e) the community's social capital (assets); and (f) knowledge of the history of oppression, struggles, past exploitations, and abuses of power in the community (Flores-Gonzalez, Aranda & Vaquera, 2014).
 - » Psychology educators could facilitate students' active engagement in community work; for example, Henderson (2017) described a community psychology class at a historically Black college in which students volunteered in a neighborhood revitalization project and prepared a historical analysis.
- Psychologists are encouraged to teach students to create community alliances and engage community members respectfully. For example:
 - » Trainees may be encouraged to seek out information from community members and consumers using a strengths-based perspective about what they experience as effective and therapeutic in clinical interventions given specific ethnocultural and racial backgrounds, experiences, and contexts.

- » Trainees may learn to address health disparities through community engagement and acquiring skills in translational research, such as bringing evidence-based practices into community settings, incorporating practice-based evidence, and including Indigenous approaches to care and community empowerment; Chu et al., 2012; Trimble, King, Norman, BigFoot, & LaFromboise, 2014).
- » Educators could teach clinical interventions at a macro-level, such as how to engage in community partnerships with diverse communities, and train students to develop culturally competent skills to gain the trust of these communities, to meet clients where they are, and to advocate effectively with them.
- » Educators could make curricular changes to help students become social change agents and engage in advocacy (Brady-Amoon et al., 2012; Pieterse, Evans, Risner-Butner, Collins, & Mason, 2009).

GUIDELINE 8

Psychologists strive to promote educational systems to address the negative effects of racial and ethnocultural biases and foster health, well-being, and justice.

Rationale

Education is a primary means of development and socialization. Although the system of education itself reflects cultured norms and understandings of race and ethnicity, psychology educators can make choices within their own teaching that either reify or challenge biases. Chomsky (2012) differentiated education that aims to indoctrinate from education that aims to enlighten. The former aims to teach students the prevailing social order, fitting students within established roles and teaching them to accept the status quo without question, whereas the latter teaches students to learn from the past and to question, explore, and create in their own way for the future.

Education for enlightenment is akin to

critical pedagogy. Critical pedagogy in general, and specifically, aims to educate students to promote equity and social justice as an integral part of health and well-being in order to transform the world, not just to understand the world.

Critical pedagogy aims to develop conscientization, (insight into the sociopolitical environment), which leads to praxis, "reflection and action upon the world to transform it" (Friere, 1990, p. 33). Within psychological education, this critical consciousness is a foundation for racial and ethnocultural responsiveness, enabling psychology students and trainees to analyze the social conditions and policies that contribute to and maintain inequities that affect the mental health and well-being of racial and ethnic minorities. By questioning and deconstructing assumptions within the field, educators strengthen students' ability to clarify their own values and the values they aspire to implement within psychology (Prilleltensky & Nelson, 2003). Such conscientization may be applied to education in a single classroom, education as a system, or education as a means to affect the larger society through shaping public discourse, attitudes, and policy.

Ideally, issues of diversity are incorporated throughout the psychology curriculum; one class on multiculturalism is not sufficient. Thus, regardless of the subject matter, psychology educators have a responsibility to prepare students to be global citizens who understand the socio-cultural context. To achieve this aim, psychology educators strive not only to create inclusive and equitable curriculum and learning environments for their own students and classes but also to influence the system of education and training. Psychologists can advocate for changes within the system of psychological education that will promote a greater attention to ethnic and racial equity and responsiveness. Psychologists can also educate the public and policymakers, providing psychological knowledge as a means to promote human welfare (Miller, 1969) and address bias and injustice. Psychology educators have a key role to play in the elimination of inequities and the promotion of social justice.

Application

To apply this guideline, psychologists recognize their tremendous opportunity to influence others through educational systems. Psychology educators can help students develop the ability to think critically about psychology's theories, methods, and practice, which will allow for an exploration of the values, assumptions, and power relations underlying the field (Prilleltensky & Nelson, 2003). There are many ways to enable educators to facilitate in learners and educational systems the ability to examine bias and oppression and promote health and well-being for individuals and communities. For example:

- Psychology educators are encouraged to help their students develop critical consciousness and analytical skills that foster students' ability to consider and apply issues related to race, ethnicity, and intersectional statuses to their understanding of psychological knowledge and to critically analyze potential biases in the discipline itself and the education offered through the discipline. For example:
 - » When teaching an undergraduate developmental psychology class or a doctoral seminar in research methods, a psychology educator could explore why certain theories or research methods are prominent in the field and others are not. For instance, what is it about the history of Western psychology that contributes to the valuing of individualism over collectivism and quantitative research methods over qualitative methods? What are the consequences for people of color of the biases that the field of psychology holds about autonomy and the type of knowledge that is privileged (etic vs. emic)?
- Psychologists are encouraged to promote educational policies and practices concerning curriculum and pedagogy that consider ethnocultural and racial issues and bias. For example:
 - o Psychology educators could support inclusion of diversity language in accreditation standards (see Standards of Accreditation).
 - » Psychology educators could promote standards for psychology textbooks to ensure the inclusion of ethnocultural and racial issues and heterogeneity and acknowledge the limitations of empirical knowledge when it is primarily based on White European American samples.
 - » Directors and chairs of educational programs could work to develop accountability for addressing ethnocultural and racial responsiveness through including evaluation of these priorities and encouraging program initiatives, curricular development, and teacher training (e.g. on facilitating difficult dialogues) to enable their successful enactment.
 - » Psychologists serving as directors and chairs of educational programs, or in administrative roles (e.g. deans) could work to ensure that the faculty and academic administration reflect the diversity of the student body and general population, that faculty of color are available to mentor students of color, which is considered a crucial factor in attracting and retaining these students (Evans & Cokley, 2008), and that faculty of color are credited for the additional work they may do in relation to fostering ethnocultural and racial responsiveness within educational systems.
- Psychologists are encouraged to provide psychological knowledge to the public as a way to promote human welfare. For example:
 - » Psychologists can promote health and well-being by applying psychological knowledge to social problems, essentially "giving psychology away" (Miller, 1969, p. 1071). Parents, police, nurses, elementary school teachers, and clergy, among others, can benefit from our discipline-specific knowledge.
 - » Psychologists can provide public education that affects legal cases and policy through expert testimony, policy consultation, advocacy (e.g., Chicco, Esparza, Lykes, Balcazar, & Ferreira, 2016; U.S. Department of Health and Human Services, 2001), and amicus curiae statements. For instance, APA has provided psychological education to U.S. policymakers on a variety of issues related to race and ethnicity, including affirmative action in education, eyewitness testimony, and support of immigrant communities, comprehensive immigration reform, and immigration policies affecting children and youth (APA, 2017a; APA, 2017b).

PRACTICE

GUIDELINE 9

Psychologists strive to provide assessment, intervention, and consultation free from the negative effects of racial and ethnocultural bias.

Rationale

Race, ethnic culture, and language can affect the experience and efficacy of psychological interventions and assessment (T. B. Smith, Domenech-Rodriguez, & Bernal, 2011; Valencia & Suzuki, 2001). Furthermore, culture influences how people understand their illness, how they express and manifest symptoms, their ways of coping, pathways toward seeking help, the type of help sought, and the therapeutic experience (Kleinman, Eisenberg, & Good, 1978; U.S. Department of Health and Human Services, 2001).

The critical importance of nonbiased assessment has been summarized in several key APA (1990, 2002) documents and has been discussed in some form since the publication of the first version of the *Standards for Educational and Psychological Testing* in 1954 (Worrell & Roberson, 2016). The importance of fair assessment is also codified in the most recent edition of the *Standards for Educational and Psychological Testing* (American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 2014).

Fair assessment, reliability, and validity are not properties of tests or assessments; rather, they are properties of scores in samples. However, both validity and reliability are often not established for racial and ethnic minority populations; scores that are reliable in White European Americans may or may not be reliable in Latinx or African Americans, and evidence supporting the interpretation of scores for White European Americans does not mean that the scores can be interpreted similarly in Asian Americans or American Indians and Alaska Natives. This makes it difficult to determine

if an assessment can be used with groups that are not well represented in an instrument's normative sample, particularly when evidence has supported ethnocultural or racial differences between groups that relate to the construct being assessed (e.g., differences between groups in academic or intelligence testing due to impoverished educational environments, stereotype threat, or differences between groups in parenting style related to ethnocultural norms of collectivism).

In the past two decades, there has been growing attention to the need to consider racial and ethnic disparities in all areas of practice, including individual therapy, group therapy, community interventions, and organizational consultation (e.g., Amer & Awad, 2016; Carter, 2005; CNPAAEMI, 2003; Gallardo & McNeill, 2009; Leong et al., 2014; Pope-Davis et al., 2003). For example:

- One study that analyzed data from the 1997 National Hospital Ambulatory Medical Care Survey found that African Americans were less likely than Whites to receive mental health counseling and psychotherapy but more likely than Whites to receive pharmacotherapy (J. Richardson, Anderson, Flaherty, & Bell, 2003).
- A 2014 review of the empirical literature on race bias and psychotic disorder diagnosis across a 24-year period reported a clear pattern in which African American clients received a diagnosis of schizophrenia at a rate four times higher than that of White clients, and Latinx clients received a diagnosis of schizophrenia at a rate three times higher than that of White clients (R. C. Schwartz & Blankenship, 2014).
- In another study, the overdiagnosis of schizophrenia among African Americans was present even when standardized diagnostic criteria and interviewing procedures were applied (Neighbors, Trierweiler, Ford, & Muroff, 2003), suggesting that clinicians perceived symptoms differently based on the client's race resulting in an inaccurate diagnosis.

- Sibrava et al. (2019) longitudinally explored the relationship between discrimination and PTSD in a sample of African Americans and Latinx clients, finding that discrimination experiences were a risk factor in the development of PTSD. This finding emphasizes the ways that diagnoses such as PTSD need to consider structural factors such as discrimination.

Racial, ethnic, and cultural bias affect the intervention process by shaping treatment decision making as well as the treatment engagement process. There have been many calls in the field for clinicians to culturally adapt interventions to address and include clients' racial and ethnocultural experiences (e.g., Benish, Quintana, & Wampold, 2011). A number of recent meta-analyses have pointed to the effectiveness of culturally adapted psychological interventions, especially for racial and ethnic minorities (Benish et al., 2011; Griner & Smith, 2006; Hall, Ibaraki, et al., 2016; T. B. Smith & Trimble, 2015). Benish and colleagues' (2011) meta-analysis further found that ensuring that the nature, etiology, and expected course of treatment were culturally informed was related to improved psychological health for racial and ethnic minority clients in the United States.

In spite of increasing research on the effectiveness of culturally adapted assessments and interventions, most have not been developed or adapted for ethnocultural and racial minorities. We do, however, have an increasing body of research on the experiences of racial and ethnoculturally diverse populations, including racial trauma, Indigenous historical trauma and intergenerational trauma (e.g., Hartmann, et al., 2019; Nagata, Kim, & Wu, 2019).

Application

Application of this guideline involves recognition that psychologists cannot engage and work effectively or ethically with ethnic, racial, or Indigenous groups without considering the sociohistorical forces that affect these groups. In order for psychotherapeutic intervention, consultations, and psychological assessments to be free from negative

bias, psychologists are obliged to be ethnoculturally and racially sensitive and responsive. There are numerous ways in which to apply this guideline.

Psychologists are encouraged to consider culture and racial oppression in any assessment, consultation, or intervention. Whether consulting with a physician about a patient with traumatic brain injury, designing an anti-bullying program for middle schoolers, conducting a suicide risk assessment, providing clinical supervision to a postdoctoral trainee, conducting an educational assessment, or working with a company to address high turnover, psychologists are obliged to think broadly and critically about issues of race and ethnicity to eliminate bias in their work.

Psychologists are urged to keep abreast of best practices for specific racial and ethnic groups. Such best practices and evidence-based treatments are likely to expand beyond empirically supported treatments (given the research bias noted below—see Research Guidelines section) and require considerations of a broader range of research, theory, and community perspectives related to the ways in which ethnocultural and racial issues affect mental health and psychotherapy best practices.

Psychologists are encouraged to consider racial and cultural influences and variation not only in the conduct of assessment and interventions but also in structural aspects of the therapeutic or assessment process. For example, racial and ethnocultural minority communities may have different meanings or approaches to informed consent or to boundaries and dual relationships (Gallardo & McNeill, 2009; Speight, 2012). Psychologists are encouraged to seek out and familiarize themselves with the cultural meanings and understandings of central procedural aspects of the assessment and therapy process and work to privilege clients' meanings whenever ethically possible. This person centered approach may entail a more contextualized consideration of the application of ethical standards and boundaries, especially in relation to advocating for clients. Racism, ethnocultural norms, and ethnocentrism may affect the existence, prevalence, presentation, or disclosure of symptoms. Psychologists need to explicitly consider these structural variables, and the research

regarding bias, when assessing clients.

Optimally, test users are able to demonstrate that the test scores are not affected by variables other than the construct being measured (i.e., construct-irrelevant variance) or will need to address this limitation when using and ultimately interpreting such tests. For example, if using an assessment of mathematics calculation that requires strong reading comprehension skills that will disadvantage English language learners and result in scores that do not reflect their actual ability to calculate, psychologists could demonstrate cultural responsiveness by explicitly including a description of such potential bias and its meaning for interpretive validity. Psychologists using psychological assessments with immigrant populations could also consider the subject's acculturation level (Van de Vijver & Phalet, 2004) in addition to language.

GUIDELINE 10

Psychologists strive to engage in reflective practice by exploring how their worldviews and positionalities may affect the quality and range of psychological services they provide.

Rationale

Given that ethnocultural and racial barriers affect the underutilization of, premature dropout from, and lack of relative efficacy of mental health services for ethnocultural and racial minorities (Peris, Teachman, & Nosek, 2008; T. B. Smith & Trimble, 2015), health service psychologists are encouraged to consider context and influences of race and ethnicity more fully through reflective practice (Kirmayer et al., 2012; Layne et al., 2011). Reflective practice, which involves *knowing-in-action* or *reflection-in-action*, requires psychologists to be open and questioning of themselves, their racial and ethnocultural identities, and the helping process (Schön, 1983).

Principle D of the APA Ethics Code urges that “psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the

limitations of their expertise do not lead to or condone unjust practices” (pp. 4–5). Bias, prejudice, ignorance, or lack of awareness in the clinical encounter has been shown to contribute to disparities in diagnosis and care that adversely affect racial/ethnic minority patients and other minority populations (B. Smedley, Stith, & Nelson, 2003). One example is the overdiagnosis of schizophrenia in Black populations mentioned above, as well as research exploring clinician factors that influence this disparity that are related to race, ethnicity, and related bias (e.g., see Olbert, Nagendra & Buck, 2018; Eack et al., 2012). Lewis-Fernández et al. (2014) found that the use of key cultural information along with consultation with cultural brokers (individuals who are familiar with the culture, who are able to describe or educate about cultural norms and practices, and who may help others enter a cultural understanding or space), interpreters, and other cultural experts, resulted in the rediagnosis of 49% of patients with a referral diagnosis of psychotic disorder as non-psychotic (Lewis-Fernández et al., 2014). The new more nuanced and accurate diagnoses contributed to better treatment plans and improved client outcomes.

Being aware of what we represent, based on our ethnocultural background and history, allows us to be more effective allies and creates the space necessary for trustful exploration (Brown, 2008). This entails developing familiarity with racial and ethnic identity models for people of color and for White people (e.g., Chae & Larres, 2010; Choi-Misailidis, 2010; Dixon & Portman, 2010; McCubbin & Dang, 2010; Miville, 2010; Renn, 2008; T. Q. Richardson, Bethea, Hayling, & Williamson-Taylor, 2010; Spanierman & Soble, 2010).

Understanding one's worldview is particularly important because beliefs and attitudes have been found to relate to a range of professional actions, including multicultural competencies broadly (Chao et al., 2011; Penn & Post, 2012; Spanierman et al., 2008), case conceptualization ability (Burkard & Knox, 2004; Constantine, 2001), therapeutic alliance building with people of color (C. E. Thompson & Jenal, 1994), supervision (Burkard, Edwards, & Adams, 2017), and a willingness to engage in activities to promote fairness and justice in the profession (Beer et al., 2012) and in society more

generally (Theoharis, 2010). Cultural humility acknowledges that the lived experience of clients informs the application of psychological science and interventions.

Psychologists are therefore also encouraged to engage the ethnocultural and racial expertise of their clients. This does not mean that psychologists should look primarily to their clients to educate them about the modal nature of diverse ethnocultural and racial experiences, but rather that psychologists aim to be aware of the limitations of their knowledge related to applicability of interventions to racially and ethnoculturally diverse peoples. Reflective practice focused on increased understanding of the impact of race and ethnicity on one's own development and the impact of racial oppression (i.e., sociocultural stressors) will allow psychologists to provide more racially and ethnoculturally responsive professional services to people of color.

Application

Application of this guideline involves engaging in reflective practice, which requires psychologists to be open and questioning of themselves and the helping process by developing awareness of their racial and ethnic biases and an understanding of their own positionalities. Reflective practice increases awareness of the effects of one's biases on the clinical judgment process and, ultimately, on the provision of psychological services. Psychologists are encouraged to think critically about what they are doing, why they are doing, and how they are doing. There are numerous ways in which to apply this guideline.

To reduce racial, ethnic, and cultural biases, clinicians are encouraged to develop awareness of their racial, ethnic, and other culturally based stereotypes and their effects on the clinical judgment process and all aspects of psychological services. For example, practitioners might consider their personal history with a client's ethnocultural group, the client's personal history with the clinician's ethnocultural group, the associated groups' collective histories with one another, as well as personal, intergenerational, and collective trauma histories.

Psychologists are encouraged to develop familiarity with racial and ethnic identity models for people of color and for White people, which will provide context for

consideration of their own racial identity development and how their identity statuses may interact with the identity development of clients. For example, psychologists could explore the interaction of the therapist's (or supervisor's) racial identity developmental status and the client's (or supervisee's) racial identity developmental status and how they affect the process of and engagement in therapy or supervision (see Jernigan et al., 2010; Kohl, 2006).

To approach conceptualization, diagnosis, and treatment planning in a more reflective and deliberate manner, psychologists might use the specific diagnostic interviewing and case formulation strategies in the Cultural Formulation Interview (CFI) in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013). The CFI is a semi-structured interview designed to elicit information to develop a culturally grounded case formulation.

GUIDELINE 11

Psychologists aim to understand and encourage Indigenous/ethnocultural sources of healing within professional practice.

Rationale

Cultures from around the globe have practiced Indigenous methods to conceptualize and heal the mind, body, and spirit for millennia (Gielen, Fish, & Draguns, 2004; Moodley & West, 2005). However, many of the current psychotherapy practices in the United States and abroad reflect Western European methods and have neglected forms of healing from other ethnocultural perspectives. Professionals operating from the dominant Western paradigm often view "alternative" forms of healing, such as ritual healing practices, as inferior to the interventions consistent with the training they received (Moodley & West, 2005).

Current standards of practice may impose and employ: (a) diagnostic and treatment systems that do not account for ethnocultural belief systems or worldviews, but instead tend to pathologize Indigenous and ethnocultural practices (Mooradian,

Cross, & Stutzky, 2007; Reynolds, Quevillon, Boyd, & Mackey, 2006) and (b) the development and application of interventions and treatments that ignore Indigenous approaches to healing and that have, both implicitly and explicitly, dismissed the importance of ethnoculture in understanding and promoting social and emotional well-being (Kunnie & Goduka, 2006; Samson, 2008; Kirmayer, & Valaskakis, 2008).

There is not a universal concept of healing; instead, the understanding of the source of the injury or ailment, the type of intervention to address the identified concern, and the desired outcome are culturally embedded (Gone, 2010; Logo, 2006). Limited attention to these beliefs may result in low service utilization. For example, in Daoist and Buddhist beliefs, karma and reincarnation frame mental illness as being, in part, the result of one's previous negative actions. Buddhist thought also allows for beliefs in the influence of spirits and demons that can affect daily life, whether by indirectly causing misfortune or directly through spiritual possession (Nguyen, Yamada, & Dinh, 2012; Ting, 2012). People who hold such religious-spiritual beliefs about the etiology of mental illness may seek guidance from spiritual leaders (Fung & Wong, 2007; Mathews, 2011; Nguyen et al., 2012) and not mental health service providers.

Interventions designed to alleviate pain and promote wellness are more numerous than those commonly practiced within psychology and are often rooted in traditional or ethnocultural practices. Healing modalities may incorporate practices that are sociopsychological (e.g., counseling, psychotherapy), related to natural bodily functioning (behavior, movement, action), medical-psychological (e.g., medicine, herbs, lotions), religious-spiritual (e.g., faith-healing, rituals, ceremonies, prayer; Trimble, 2010; Tseng & Hsu, 1979), related to the community or environment (e.g., laws, policies, community rituals; Duran, Firehammer, & Gonzalez, 2008; Prilleltensky, 2003), or any combination thereof. Indigenous and ethnocultural models of healing are also more likely to consider complex interactions of race, ethnicity, nativity, and indigeneity, and to explicitly incorporate ways to address oppression and related racial and historical trauma, which may be

central to efficacy (e.g., Chavez-Dueñas et al, 2019; Kirmayer, & Valaskakis, 2008).

It is impractical, and may even be unethical, to recommend that psychologists incorporate into practice multiple forms of ethnocultural healing; by doing so, most psychologists would be working beyond the scope of their expertise by incorporating Indigenous healing practices for which they are not trained and within a cultural context outside of their intended use. However, a practitioner does not need to directly provide spiritual guidance or Indigenous healing but can assist the client by understanding and validating religious-spiritual beliefs and practices through accessing community resources. There are a number of practical implications of failing to incorporate Indigenous/ethnocultural sources of healing in treatment, including low service utilization rates, premature termination of services, poor outcomes, and low adherence to medication regimens (Chen et al., 2009; Uhm, 2014).

Although detailing the types and expressions of Indigenous/ethnocultural healing interventions are beyond the scope of the current guidelines, healers across modalities have identified shared common practices. Many of these shared practices center around healer training (i.e., credible healers receive rigorous training and are sanctioned by the culture in which they practice) and rituals within the healing context, such as forming a culturally relevant, shared understanding/naming of the problem, creating client expectations for change, and implementing culturally accepted healing techniques (e.g., Benish et al., 2011; Frank & Frank, 1993).

Indigenous knowledge and emerging data suggest that participation in traditional healing helps reduce distress and promote resiliency, particularly among American Indian populations (Hartmann & Gone, 2012). Originally conceived ethnocultural forms of healing such as acupuncture have also received growing support in reducing psychological distress including depression and posttraumatic stress symptoms (C. Lee et al., 2012; Z. J. Zhang, Chen, Yip, Ng, & Wong, 2010). Exploration of the effects of ethnocultural healing encourages a shift in Western psychology's focus on empirically supported treatments as the gold standard in practice; it necessitates a consideration of

Indigenous and non-Western ways of knowing into the scientific endeavor.

Application

Implementing this guideline may require an epistemological and power shift in which psychologists acknowledge that local Indigenous/ethnocultural epistemologies and systems of healing are viable approaches through which to address the mental health and wellness of individuals and communities (Gone, 2010). There are many applications of this guideline to the practice of training, therapy, and research.

Psychologists are encouraged to recognize the importance of understanding the limits of Western perspectives in interventions with clients and communities and actively consider Indigenous/ethnocultural perspectives. For example, practicing psychologists could incorporate a cultural assessment of healing. Such an assessment protocol might include: (a) the client's understanding of the presenting concern; (b) common understanding by people in the client's culture of the presenting concern; (c) past and current practices the person has engaged in to address the presenting concern; (d) the person's understanding of the helpfulness of these practices on their presenting concern; (e) desired healing outcomes; and (f) the person's familiarity with and affinity for Indigenous or ethnocultural sources of healing. Practitioners could assist the client through: (a) understanding and validating the salience of religious-spiritual beliefs in the manifestation of distress and their role in the healing process; and (b) working with the client to identify relevant religious-spiritual, ethnic/Indigenous healing resources to which the practitioner could refer the client and which could complement the counseling or other psychological services.

Psychologists are encouraged to actively educate themselves about diverse Indigenous/ethnocultural healing modalities, and training programs could incorporate Indigenous healing theories and practices throughout the curriculum. For example, modules on Indigenous healing could be incorporated into courses on history and systems, psychotherapy theories, helping skills, community outreach/prevention, ethics, and research methods. Psychologists and psychology training sites could

familiarize themselves with the Indigenous/ethnocultural healing services available in the communities in which they practice. Information about these resources could be made readily available to clients and community members.

Psychologists are encouraged to create long-standing, respectful partnerships with traditional healers in the communities in which they practice. For example, Western-trained psychologists/centers could begin to partner with Indigenous/ethnocultural healers to provide culturally relevant and coordinated care to individuals and communities. In such partnerships, psychologists/centers could begin to learn more about Indigenous knowledge underlying the healing practices and to remain open about alternative ways of knowing and evaluating and respectful of the ethics grounded in the context in which healing takes place (Gone, 2010).

GUIDELINE 12

Psychologists aim to promote health and well-being by challenging negative racial and ethnic biases that perpetuate oppression in practice settings, systems, and methods.

Rationale

Psychologists are called to use psychological knowledge to improve the conditions of individuals, organizations, and society (APA Ethics Code, 2017). Theorists such as Memmi (1965) and Freire (1990) have described the psychological dynamics underlying systems of oppression and researchers have documented the specific mental health outcomes associated with racial and ethnic oppression (Chou, Asnaani, & Hoffman, 2012; D. L. Lee & Ahn, 2011; Pascoe & Richman, 2009; Pieterse et al., 2012). However, psychology has subscribed to a medical model, which defines psychological problems as primarily intrapsychic and individually internal in nature, rather than to a more sociocultural approach to conceptualizing and addressing psychological distress (Albee, 2000; Greenleaf & Bry-

ant, 2012; Prilleltensky & Gonick, 1996). This view of psychological problems emphasizes individually-based, remedial interventions that begin after psychological distress has already manifested. Rather than preventing problems by challenging oppressive social conditions – the root cause of many stresses and psychological difficulties – psychologists often intervene much later in the process (Romano & Hage, 2000).

Prevention scientists have long criticized this approach and advocated for more cost-effective preventative interventions (e.g., Biglan, Flay, Embry, & Sandler, 2012). As Prilleltensky (1989) asserted, “social, economic, and political predicaments require solutions of a social, economic or political nature” (p. 799). Intervening with the sociocultural environment involves first recognizing the link between the environment and psychological distress and then designing macro-level interventions to impact the environment.

Locating the etiology of psychological distress in environmental factors might not be something in which many psychologists are trained. In fact, Mallinckrodt, Miles, and Levy (2014) most recently revived Melton’s (1977) and Fassinger and O’Brien’s (2000) suggestion to expand the Boulder scientist-practitioner model to a scientist-practitioner-advocate model that trains doctoral students to move beyond the traditional practitioner treatment setting and individually-based interventions to become advocates who facilitate larger organizational, systemic, and/or policy change. Fortunately, the field of community psychology provides a blueprint for moving to macro-level conceptualizations and interventions. To illustrate:

A school psychologist who spends most of her days conducting assessments and attending team meetings notices that a disproportionate number of out-of-school suspensions are given to African American students at her middle school. With a little investigating, she finds that African American and Latinx students are suspended in her school district at twice the rate of White students. In the next school psychologists’ meeting, she raises these disparities in discipline rates, shares information on the role of exclusionary disciplinary practices on the school-to-prison pipeline (Cramer, Gonzalez, & Pellegrini-LaFont, 2014), and suggests

that they develop a plan to address this issue and reduce the number of out-of-school suspensions with the principals, teachers, and school counselors.

This psychologist could have chosen to provide individual behavioral interventions to children who were suspended one by one by working on their impulsiveness and problem solving skills, locating the students’ problems internally. This micro-approach would have likely proven helpful to the children and families to whom she provided these behavioral intervention services. However, the disparities in suspension rates, likely related to unconscious bias, would continue with significant consequences for students of color. By recognizing the bias in the district’s disciplinary practices, the psychologist sought a macro-level intervention aimed at the institutional level that will potentially aid more students, challenge the status quo, and ultimately promote equity within the school system.

Increasing psychologists’ self-awareness and self-reflection has long been connected to effective interventions and community advocacy (Brady-Amoon et al., 2012; Odegard & Vereen, 2010). This awareness acknowledges unearned privilege and power in society and the ways in which systematized oppression affects mental health. By challenging racial and ethnic bias as a means to promoting health and well-being, psychologists strive toward beneficence (APA Ethics Code, Principle A, 2017a).

Application

To apply this guideline, psychologists are encouraged to frame problems within a larger sociocultural context accounting for racial and ethnocultural influences. Psychologists can be prepared to “address the structural factors that diminish the psychological health and well-being” of individuals, families, and communities (Psychologists for Social Responsibility, 2011, p. 1). Only by acknowledging and challenging institutional racial and ethnic bias within the field and the broader society will psychologists be able to provide competent psychological services including therapy, assessment, prevention, consultation, outreach, and advocacy.

In applying this guideline, psychologists are encouraged to develop an understanding of empowerment, as well as skills in advocacy (Lewis, Arnold, House, &

Toporek, 2002) and community-engaged support. Broad application of these skills might include social/political and systems advocacy; participation in and support of community-based efforts for healing; and addressing oppression and developing community collaboration that would be instructive for psychologists’ work in a range of settings.

To promote health and well-being, psychologists are encouraged to reconceptualize and expand their role to move beyond individual, remedial, office-based interventions to include more macro-level interventions and approaches. For example, psychologists could (a) design community outreach programming; (b) provide linkages to community and Indigenous resources; (c) consult on public policy, advocate on behalf of clients, and implement culturally congruent prevention initiatives (D. R. Atkinson, Thompson, & Grant, 1993; Vera & Speight, 2003); or (d) challenge institutional racial and ethnic biases when uncovered in their workplaces by interrupting these practices themselves through collaboration with community members who are addressing biased institutional policies and practices (Wijeyesinghe, Griffin, & Love, 1997).

Psychologists are also encouraged to advocate within practice settings for increased ethnocultural and racial responsiveness. Examples might include (a) advocating for better, more culturally specific, ongoing training of providers within practice contexts so that practitioners can engage the effects of social, cultural, and historical stressors; (b) advocating for racially and ethnoculturally responsive organizational consultation (e.g., see Arredondo & Reinoso, 2003); (c) engaging community members as practice and organizational advisors; or (d) advocating for prioritizing bringing psychological practice to underserved communities and recognizing and rewarding the efforts of practitioners who do so within given practice settings.

Psychologists may apply understanding and personal reflective practice for understanding positionality to systemic conceptualizations within organizations and communities in order to support effective interventions and community advocacy by (a) considering mistrust as a reason for lack of collaboration or resistance from the community; (b) understanding the sociohis-

torical-political context, history, and impact of past “interventions” on the community; (c) avoiding intellectual jargon that might distance practitioners from the community;

(d) acknowledging that practitioners might have great intentions but there could be unintended consequences that might be problematic; (e) being aware of one’s posi-

tion of power in the community; and (f) being socially and personally self-reflective and aware.

RESEARCH

GUIDELINE 13

Psychologists are encouraged to be aware of the critical role of science in informing practice and policy and therefore strive to conduct and disseminate research that promotes the well-being of racial and ethnic minorities.

Rationale

A core value of APA is social justice, diversity, and inclusion (APA, n.d.), and nearly all of the psychological associations in the United States and abroad have as one of their core goals the promotion of psychological knowledge to enhance individual and community well-being. However, this laudable goal is complicated by psychology’s long and complex history of supporting or colluding in racism within science and society at large (Hammack, 2018; Winston, 2004; Yakushko, Hoffman, Morgan Consoli, & Lee, 2016).

Psychologists along with biologists, anthropologists, philosophers, and other academics have contributed to the propagation of “research” designed to “prove” the superiority of those classified as White and the inferiority of other racial and ethnic groups, such as Black people, Indigenous Peoples, Mexican people, multiracial people, and Jewish people (de Gobineau, 1853; Guthrie, 1976; Richards, 1997; Tucker, 2004; Winston, 2004, 2011). Academics, including psychologists, operating from a eugenics approach at the turn of the 20th century developed theories, conducted studies, created curricula, and worked to inform policies that, by design, discriminated against the poor and racial and ethnic minority groups. Such theories and “science” informed immigration policies, sexual reproduction practices (e.g., forced sterilization), anti-miscegenation laws,

school segregation, and other discriminatory educational and social policies in the United States and across the globe, including the Holocaust of Jews in Germany (Guthrie, 1976; Kevles, 1999; Tucker, 2004).

Psychologists also have a long history of challenging scientized racism (Winston, 2011) through critiques of biased research and research methods and through their work in conducting studies designed to promote the well-being of racial-ethnic minority individuals and communities. For example, Black and Latinx scientists in the 1930s and beyond investigated the shortcomings of intelligence testing and explored potential ways to reduce score differences across racial and ethnic differences among children and adults (Guthrie, 1976).

Psychological research on bias and the effects of racism have contributed to positive changes in education and social policy. For example, Kenneth and Mamie Clark’s research on the racial identity of African American children was used in the landmark 1954 *Brown v. Board of Education* decision in which the Supreme Court ultimately ruled to end legal racial segregation in schools (Phillips, 2000). Psychologists during the height of the racial-ethnic power movements of the 1960s and 1970s developed culturally relevant theories and conducted empirical studies examining the strengths and resilience of racial-ethnic minority communities (Pickren, 2009). Psychological science more recently has been used to inform public policy on a range of issues affecting the well-being of racial-ethnic minority communities, including, for example, health disparities, racialized mascots, and false confessions (APA, 2005b; APA, 2011; APA, 2017b).

Although researchers have tried to argue psychological science is value neutral, values are inherent in psychological inquiry (Hammock, 2018; Winston, 2011). This is frequently applied by qualitative research-

ers (e.g., Denzin & Giardina, 2016; Finlay, 2002; Levitt et al., 2017; Morrow, 2005; Ponterotto, 2005), but less so within quantitative approaches. The type of questions researchers ask are influenced by personal, social, or organizational values (e.g., funding agency priorities), as are the research designs selected to answer the questions (including populations sampled, measures used, and analysis conducted) and the lens researchers use to interpret the findings (Cokley & Awad, 2013).

Psychologists therefore strive to consider the values systematically embedded in their research decisions, especially given the ubiquity and importance of race, ethnicity, power, and privilege and the discipline’s overall goals of social justice and producing and disseminating science to promote well-being. Psychologists are also encouraged to address the larger questions about how psychological science can reflect the stated values of the discipline of social justice and promotion of well-being for all people.

Application

To apply this guideline, psychologists are encouraged to proactively challenge racism and other forms of oppression to promote well-being of and equity for racial and ethnic minority communities through responsive and reflexive research. These actions counter psychology’s complicit role in perpetuating inequality through scientized racism and also build on the legacy of psychologists using psychological knowledge to promote health rather than oppression.

Psychologists are encouraged to apply psychological knowledge for the betterment of society by employing sound research methodology. Irrespective of the topic, scientists are encouraged to engage in reflexive practice specifically related to racial and

ethnocultural positionality as researchers by asking critical questions. For example:

- Why am I conducting this research?
- What roles do my values and worldview play in my selection of the topic or design of the study?
- Does the design or framing of my research reinforce negative stereotypes about racial and ethnic minority populations?
- What are the policy implications of my findings?
- Could my research be misinterpreted or misused to negatively affect underrepresented racial or ethnocultural groups? If so, what is my responsibility for addressing this issue?
 - » For example, in the current social and political climate, research on the relation of violence and religious extremism could be easily misused against already targeted Muslim and MENA communities, if such research does not consider the sociopolitical climate, the targeting of Muslims and MENA people and communities by other radicalized or extremist groups or individuals, or other complex intersectional experiences. Awareness and reflective practices are necessary to the conduct of less biased methodology (see Guideline 15).

Additionally, training programs are encouraged to incorporate (a) research modules that teach students about psychology's role in scientized racism; (b) psychological science that challenges racial inequality; (c) psychological theories and research that examine resilience and protective factors of underrepresented racial-ethnic groups; (d) inclusive research methods that incorporate community perspectives in all phases of the research process—from conceptualization of the research to dissemination of the findings; (e) best practices to disseminate research findings to the public and those who can benefit from science; (f) intersectional designs that address complexities of the lived experiences of underrepresented racial and ethnic groups; (g) development of partnerships with communities working to promote racial and ethnic justice to design

and conduct research that reflects community priorities; and (h) use of research findings to promote policy changes consistent with the prosocial values of psychology.

Psychologists are also encouraged to conduct and disseminate culturally informed research on prevention, intervention, and clinical applications with underrepresented racial and ethnic minority groups. It is important to document the effectiveness of psychological practice such as psychotherapy and prevention efforts with racially diverse samples and advocate that the results of such research directly affect practice so that diverse individuals may benefit from advances. In particular, psychologists can investigate which, if any, ethnocultural components of treatment promote health for whom and under what conditions.

Psychology journal editors are encouraged to institute review guidelines designed to actively promote psychological knowledge that contributes to the well-being of all communities. Such guidelines could include evaluating the degree to which studies incorporate racial and ethnocultural responsiveness; requiring authors to consider the implications of the findings for underrepresented racial and ethnic groups; and requesting reviewers to evaluate the degree to which research findings reinforce racial or ethnic stereotypes of superiority/inferiority and the possible contributions of bias in the research methods.

GUIDELINE 14

Psychologists strive to identify and reduce the negative effects of racial and ethnocultural bias in research methods, analysis, and interpretation of findings.

Rationale

Bias in psychological research has been well established. In his classic article, S. Sue (1999) argued that the selective enforcement of the principles of scientific psychology actually contribute to and perpetuate ethnic and racial bias. Specifically, while internal and external validity are both important principles of psychological science, Sue argued that psychology has

emphasized internal validity to the detriment of external validity. Furthermore, the emphasis on internal validity is more difficult to achieve in ethnic minority research because of the lack of cross-validation, cultural equivalence, or norming of many psychological measures and principles across diverse populations.

One of the major ways in which bias in psychological research occurs is the widespread use of the comparative research approach—the process of contrasting ethnic or racial groups by statistical significance tests with the purported goal of finding commonalities and differences in order to establish general (etic) principles of human behavior (Awad & Cokley, 2009; Azibo, 1988). While this goal on the surface seems to be congruent with the scientific method, unless the basis of the grouping is clearly operationalized, it can often simply reify problematic stereotypes (see Guideline 15) or gloss over important influences of race and ethnicity.

When researchers conduct studies on racial or ethnic minority populations or central issues, there is often an expectation that a racial or ethnic minority group will be compared to a White European American sample; the expectation of a White control group underscores the assumption that research involving racial or ethnic minorities can only be valid and rigorous when it includes a White European American sample or control group. In contrast, research involving only a White sample is considered valid and rigorous even when a racial-ethnic minority sample or control group is not included; there is often an assumption that findings from White European Americans generalize to other racial and ethnocultural populations, in spite of the body of research findings that indicates significant differences on a wide range of psychological experiences.

Thus, comparative research approaches are often problematic, contributing to, rather than challenging, bias. However, there are cases in which comparative research would be necessary or appropriate (Azibo, 1988), including (a) when racial or ethnocultural groups are equated on all relevant variables related to the outcome (e.g., for achievement comparisons this might include socioeconomic, parental education, environmental, and cultural variables); (b) when the purpose is to deconstruct or refute

negative “facts” about racial or ethnocultural minority groups (e.g., conducting research that challenges the belief in genetic inferiority in IQ); (c) when the research question is descriptive, simply inquiring about racial or ethnocultural differences on some variable with appropriately limited interpretation (e.g., descriptive studies of racial or ethnocultural differences for income, health status, or mortality statistics); and (d) when the expectation of racial or ethnocultural differences is inherent in the construct itself (e.g., research on perceived discrimination and ethnic identity where there are well-documented differences between racial and ethnocultural minority groups and the White majority).

Research in psychology also demonstrates a lack of ethnocultural and racial responsiveness when it treats race, ethnicity, or culture, as “nuisance variables” (Hall, Yip, & Zárate, 2016). Researchers may attempt to “control” for race or ethnicity or hold them constant, removing “extraneous” variability for the purpose of stringently defining the influence of a single variable on the phenomenon. Alternatively, researchers may aggregate across groups without considering heterogeneity. Both of these approaches lead to an oversimplification of experience.

Bias in research methods is often subtle and hidden in methodological issues related to the construction and use of scales and questionnaires. Some examples of methodological problems that arise when using conventional scaling procedures relate to researcher assumptions regarding equal numeric intervals on choice alternatives, and the number of choice alternatives (Johnson, 1998). In field research conducted with different ethnocultural groups over many years, Trimble (2005) found that certain groups (e.g., traditional Alaska Eskimos/Inuit, elderly from the Iroquois Nations in northern New York, first- and second-generation Korean Americans in southern California) had difficulty responding to items that were accompanied with multiple-choice alternatives set in fixed, ordered Likert-type formats.

There are many other examples of response-style bias inherent in the use of scales and questionnaires, including respondents (a) refusing to answer “yes” and “no” answers or (b) desiring to discuss their answers with others, including family mem-

bers. There are also limitations to using a paper-and-pencil or written approach, which may be inconsistent with the preferred emic styles of information sharing among certain groups (Trimble, Lonner, & Boucher,

1983). Linguistic bias may also be evident when a measure is simply translated into another language, as translation does not ensure conceptual equivalence in the meanings of the words.

Application

Racial, ethnic, and cultural issues are inherent within any diverse population of people. A lack of attention to these issues therefore leads to bias embedded in the methods of psychological research. Psychologists are encouraged to explore the possibility of differences related to racial and ethnic background while refraining from overinterpreting the existence of such differences if these are not the central operationalized variables under study.

Specifically, psychologists are encouraged to recognize the impact of emphasizing internal validity over external validity when generalizing research to racial and ethnocultural groups. Psychologists therefore aim to address external validity issues and clearly identify the populations to which their research findings are applicable (D. W. Sue, 2017; S. Sue, 1999). For example, psychologists are encouraged to consistently describe their human samples. If psychologists have samples that consist of predominantly White European American participants, they are encouraged to explicitly note this and describe limitations of generalizability to racial and ethnocultural groups. Additionally, psychologists are encouraged to diversify their research samples to enhance methodological rigor and better address external validity.

Psychological researchers are also encouraged to avoid simple racial or ethnic comparative studies (Cokley & Awad, 2013) and to strive to better understand the appropriate and inappropriate use of the comparative research approach. For example, when comparative designs are implemented and are intended to extend beyond simple description, researchers can include contextual and environmental factors that can help explain findings. Exploration of within-group differences is also encouraged by including

relevant process variables such as racial or ethnic identity attitudes, acculturation and enculturation, gender or LGB identity attitudes, historical trauma, racial-gender microaggressions, and resilience.

Psychologists are encouraged to consider the ways in which the body of research findings about the intersectional differences among diverse populations may inform findings. Psychologists are encouraged to avoid overgeneralization, overaggregation, and assumptions of homogeneity within racial and ethnic minority groups.

GUIDELINE 15

Psychologists aim to explicitly operationalize ethnicity, race, and related constructs in research.

Rationale

Psychological researchers conducting work on race or ethnicity need to provide clear operational definitions. Interpretation of research and the subsequent generation of knowledge are made more difficult when researchers have not explicitly operationalized the constructs that are central to their research. Additionally, the failure to identify specific racial or cultural variables when examining racial or ethnocultural differences has been noted by several researchers as contributing to the lack of racial and ethnocultural responsiveness in research methodology (Betancourt & López, 1993; Cokley & Awad, 2007; Helms, Jernigan, & Mascher, 2005; Phinney, 1996). For example, researchers often rely on distal factors such as race or ethnicity to explain differences in behavior, instead of using more proximal factors such as racial or ethnic identity. Distal factors such as race or ethnicity are weak proxies for proximal factors that more directly explain behavior (Cokley & Awad, 2007). Researchers will often use terms or variables of ethnicity and race without clearly defining or operationalizing them, assuming that there is a shared collective understanding and definition of the terms. However, even among prominent researchers in the field, one cannot assume that there is a shared understanding and definition of central terms.

As can be seen in Appendix A, varying assumptions underlie the different ways of conceptualizing and defining race and ethnicity. For example, ethnicity is defined by most researchers as including only cultural characteristics, but Phinney combines cultural characteristics and physical features. According to P. Atkinson (2004), these approaches can be characterized as broad (Phinney, 1996) and narrow (everyone else) interpretations of ethnicity that can influence the nature of research. Using a broad operationalization of ethnicity where cultural characteristics (i.e., ethnicity) are combined with perceived physical differences (i.e., race) can result in the interchangeable use of such terms as *Black* or *African American*, which may erroneously aggregate African Americans and Black immigrants (e.g., Caribbean or African) while ignoring important differences in experience. Similarly, the interchangeable use of *Asian* or *Asian American* may inadvertently reinforce the “perpetual foreigner” stereotype that is detrimental to Asian Americans (Huynh, Devos, & Smalarz, 2011).

The approach of confounding or combining race and ethnicity, while perhaps methodologically convenient at times, uses physical characteristics that homogenize pan-ethnic groups in ways that minimize within-group variability (Umaña-Taylor & Fine, 2001) and support the biologization of ethnicity. A narrower, more specific definition of ethnicity, however, avoids using physical characteristics to define ethnicity and focuses on cultural characteristics. This interpretation is more likely to lead to an approach that results in researchers looking for ethnocultural variables that actually explain between- or within-group differences.

Race, as well as ethnicity, needs to be more fully and operationally defined in psychological research. Traditionally psychologists have deferred to using the Census Bureau and Office of Management and Budget (OMB) categories to operationalize race. The racial categories adopted by the Census and OMB are partially a result of lobbying and other political efforts and may not accurately reflect how the majority of a group racially identifies or reflect current

disciplinary best practices that relate to central psychological issues under study.

For example, for many years the U.S. Census Bureau has defined Middle Eastern and North African (MENA) populations as White. As a result, MENA populations have not been recognized as a racial or ethnic minority group, in spite of the fact that many MENA populations, like other racial and ethnocultural groups, experience racism and discrimination (Awad, 2010) with significant effects on mental health (Awad, Kia-Keating, & Amer, 2019). Similarly, the OMB operationalization offers only an ethnic option for “Hispanic,” forcing Latinx individuals to choose another race category, which is related to missing data as well as miscategorization for Latinx populations (Eisenhower, Suyemoto, Lucchese, & Canenguez, 2014).

Application

Researchers are not always clear on the differences between culture, ethnicity, race, and related constructs, which raises serious questions about validity and generalizability. There are several ways in which psychologists can adapt this guideline when conducting research using these constructs.

Psychologists are encouraged to make explicit their assumptions about culture, race, ethnicity, and related constructs in all research. For example, psychologists are encouraged to explicitly operationalize ethnicity, race, and related constructs in research, whether used as demographic descriptors or as primary variables; indicate whether they are using a broad definition conflating race and ethnicity, or a narrow definition focused on ethnocultural affiliation and include the rationale for their operationalization; and provide the wording of measures or questions used to create ethnic or racial categorizations.

Psychologists are also encouraged to collect sufficient descriptive information to assist in the assessment of intersectional applicability and the interpretation of results using these constructs. For example, psychologists are encouraged to consistently collect and report information on variables such as socioeconomic status, language, generation status, and religion, among others, because these variables provide important contextual information when conducting research on culture, race, ethnicity, and

related constructs. Optimally, psychologists would collect samples large enough to enable the statistical exploration of differences between sub-samples based on intersectional variables. Although this is not always possible given the challenges of collecting data from people and communities of color, psychologists are encouraged to minimally consider the limitations of their samples in relation not only to race and ethnicity but also to their intersection and to the intersection of race and ethnicity with other identities, especially those related to oppression and privilege.

Additionally, psychologists are encouraged to include options on demographic forms that more accurately reflect the range of labels and identities adopted by individuals from diverse backgrounds in order to improve validity. For example, psychologists are encouraged to (a) include MENA racialized categorizations and Arab American ethnicity on demographic forms so that information about this group can be collected; and (b) include Latinx as a racial identification, not only as ethnicity, if categorizations are being used to consider racialization and related constructs of racism, disparity, or discrimination.

GUIDELINE 16

Psychologists aim to maintain racially and ethnoculturally responsive ethical standards in conducting research.

Rationale

Given the history of racism and exploitation in psychology and other science-based fields, researchers aim to employ the highest ethical standards for racial and cultural responsiveness in all aspects of the research process, from conceptualization to dissemination of findings (Trimble, 2009; Trimble, Scharron-del Rio, & Casillas, 2013). These racially and ethnoculturally responsive practices draw on and extend the five core ethical principles outlined in the APA Ethics Code (2017). The following principles are particularly related to race and ethnicity:

- *Beneficence and nonmaleficence*, in which scientists both minimize their own

biases in conducting research and ensure the research does not harm but rather benefits underrepresented racial and ethnic communities.

- *Fidelity and responsibility*, in which researchers establish a strong, collaborative working relationship built on trust and mutual respect with the communities they serve.
- *Integrity*, in which deception is sparingly used in research with underrepresented racial and ethnic communities, and when used, it is done in consultation with community stakeholders to minimize potential harm.
- *Justice*, or the insurance that all people have access to psychological research findings; these findings could be presented in multiple ways to optimize the reach to a broad range of underrepresented racial and ethnic communities.
- *Respect for the rights and dignity of all people*, particularly as it manifests in providing informed consent, without coercion.

Psychological research could be categorized on a continuum based on the degree to which the investigations incorporate racially and ethnoculturally responsive ethical practices throughout the research process. Studies high on the continuum consist of investigations that consider racially and ethnoculturally responsive ethical practices in (a) conceptualization and design, (b) recruitment and data collection, (c) data analysis and interpretation, (d) dissemination of findings, and (e) impact on the community.

By design, some research approaches are better able to incorporate high levels of racially and ethnoculturally responsive ethical practices, such as community-based participatory research (CBPR) or variants thereof. CBPR emphasizes the importance of the community's involvement in the creation of knowledge, as reflected in its key principles of (a) being participatory, (b)

being cooperative, (c) being a colearning process, (d) building local capacity, (e) being an empowering process, and (f) achieving a balance between research and action (B. A. Israel, Schulz, Parker, & Becker, 1998). CBPR has an advantage in that this approach typically fosters engaging com-

munity members and researchers in a joint process to which each contributes equally, and it helps benefit communities by building local capacity and promotes systems development (B. A. Israel et al., 1998).

However, even scientists conducting survey research or experimental studies in which the focus of the project does not center on the experiences of racial or ethnic minority populations have an obligation to consider racially and ethnoculturally responsive ethical practices; without such consideration, research can covertly or inadvertently harm people and communities of color by decontextualizing findings, thus producing biased results that can reinforce negative and harmful stereotypes, or inform detrimental policies and practices, leading to greater racial and ethnic disparities.

It is crucial that the epistemological assumptions underlying the ethical behaviors and methodological choices in research be examined in order to avoid replicating patterns of oppression and exploitation of racial and ethnic minority communities. Engagement in principled or ethical cultural sensitivity may promote high levels of racially and ethnoculturally responsive ethical research practices (Trickett & Birman, 1989; Trickett, Kelly, & Vincent, 1985). First introduced in the community psychology field, principled or ethical cultural sensitivity is akin to promoting community ownership of the entire research endeavor and, ultimately, to respecting the autonomy and right to self-determination of the community.

From the beginning of the research, responsible researchers aim to privilege and honor the communities' priorities in order to foster and repair the trust that has historically been betrayed by the itinerant approach (Alvidrez & Arean, 2002; Fine, 2015); this includes the ongoing monitoring of ethical and cultural issues during the identification of the issues to be studied throughout the recruitment process, the informed-consent procedures, the study implementation, and the interpretation and application of the results for the sustainable benefit of the community. Alvidrez and Arean (2002) advocated for having a presence in the community prior to the study and maintaining it after data collection to ensure a beneficial impact on the population. This presence is

marked by the building and nurturing of relationships with the community characterized by respect; recognition of the communities' values, needs, and priorities; and sustained involvement (Atallah, Shapiro, Al-Azraq, Qaisi, & Suyemoto, 2018; L. T. Smith, 2005).

A number of researchers have written about the importance of adopting racially and ethnoculturally responsive ways to recruit participants and to collect data, whether through surveys, intervention studies, experiments, school-based research, and so forth (Trimble & Fisher, 2006). Of particular importance is the informed-consent process, in which individuals provide consent (or assent for youth) to a study in which they understand the nature of participation, the purpose of the study, and the potential impact of the findings on them as individuals and the communities in which they belong. The consent process could include assurances that data will not be used to humiliate, shame, or disparage them as individuals or their larger communities. Cultural norms within one's communities about consent are considered as well as viewing consent as a process, which is revisited as needed providing people an opportunity to withdraw during any phase of the project.

Other critical ethical considerations include (a) ownership of the data (especially if the data were collected with community input and resources), (b) the role of target community members in helping to interpret findings, and (c) disseminating findings so that the communities most affected by the research can benefit from the new knowledge.

Application

Although psychological research with humans requires some form of approval from a review board external to the researchers (e.g., university, federal funding agency), these mechanisms often do not consider the broader ethical principles guiding research, particularly the relation of those principles to racial and ethnocultural responsiveness. Drawing on best practices in research studies with higher levels of racially and ethnoculturally responsive ethical practices, psychologists are encouraged to consider the following when conducting human subjects research.

Researchers have an obligation to consider racially and ethnoculturally responsive ethical practices in their work. For example, to assist in the conceptualization and design of a study, researchers can create racially and ethnically diverse research teams. To explore within-group differences (vs. exploring only the differences between racial-ethnic groups), researchers can include racial and ethnoculturally relevant variables. Researchers can also incorporate resilient and contextual factors to help with equity-based interpretation of their findings.

Researchers are encouraged to actively seek and respond to feedback from representatives of the groups from which they are recruiting participants. These accountability groups could assist in the reduction of racial and ethnocultural bias in the conceptualization, design, and interpretation of the findings. The feedback loop would continue throughout the research process and could take on many forms. For example, researchers can create diverse research labs or teams, inviting members to dialogue and interrogate ideas and assumptions and hosting frequent stakeholder meetings.

Researchers are also encouraged to develop a fluid and dynamic informed-consent process incorporating permission from community leaders or elders when appropriate, revisiting consent at multiple points in the data collection and/or study, and prioritizing participants' dignity throughout the process. The consent process aims to be consistent with the cultural norms and expectations of the groups from which researchers are recruiting participants (e.g., racially and ethnically diverse school, college campus, elder community).

Additionally, researchers are encouraged to evaluate the risk and benefits of investigations for the targeted communities, with consideration given to sociohistorical context, power, privilege, and oppression. Questions to consider include:

- Are there short- or long-term unintended consequences for a specific group(s)?
- Could participation or findings bring shame to individuals or communities?
- Could findings inform legislation to promote well-being in the targeted group?

- How can we work with communities to share psychological science and use the knowledge to promote well-being?

GUIDELINE 17

Psychologists strive to promote practices that ensure racial and ethnic equity in research systems.

Rationale

Psychologists promote scholarship and research practices that ensure the equity and well-being of disenfranchised racial and ethnic groups by challenging racial and ethnic bias in research practices and approaches within the discipline. To achieve equity and cultural parity, psychologists strive to address issues of racial and ethnocultural diversity in research systems (Kirmayer et al., 2012; D. W. Sue, 1999) and consider how the methodology and interpretations from research are a result of social and cultural contexts (Neblett, 2019; S. Sue, 1999; Trickett et al., 1985; Whitley, Rousseau, Carpenter-Song, & Kirmayer, 2011).

The systemic biases embedded in psychological research and the impact of structural inequalities in the research contribute to the significant health disparities, distrust, and unequal access to care prevalent in the health-care field (Breland-Noble, Bell, & Nicolas, 2006; U.S. Department of Health and Human Services, 2001). Psychologists therefore strive to understand the basis of what constitutes scientific evidence, what evidence and methods are privileged in psychological research, and how these judgments might detrimentally affect racial and ethnic minorities.

For example, the privileging of empirically supported treatments (ESTs) or randomized controlled trials often means that practice recommendations or guidelines are made based on populations that are mostly White European American, without consideration of the related research on racial and ethnocultural minorities or racial and ethnocultural variables that may be related to the psychological problem being treated, to treatment access, or to the process or efficacy of interventions for racial and ethno-

cultural minority populations (see debates described in Norcross, Beutler, & Levant, 2006). The confounding of ESTs with evidence-based practice (APA Presidential Task Force on Evidence-Based Practice, 2006) further complicates these issues and argues for a more considered differentiation and engagement with the strengths and limitations of both (Gallardo & McNeill, 2009; Norcross et al., 2006).

Power disparities at an organizational or systemic level also affect research systems, privileging some research methods or topics in ways that maintain inequities. Researchers have considered ways in which the peer review system might not be immune to the fallacy of objectivity (R. Smith, 2006) and how it might reflect socio-cultural and political biases, such as institutional affiliation, cultural, and reviewer nationality biases (C. Lee, Sugimoto, Zhang, & Cronin, 2012), as well as implicit bias (Dovidio & Fiske, 2012). In-group biases can also “enable discrimination” (Greenwald & Pettigrew, 2014), and in turn, affect impartiality. In addition, Ginther et al. (2011) explored the impact of a researcher's race and ethnicity on the probability of receiving a research award; researchers of color were less likely to receive a grant than were their White counterparts. “Adequate representation of diverse populations in scientific research is imperative as a matter of social justice, economics, and science” (Oh et al., 2015, p. 1).

Application

Psychologists are encouraged to take the steps necessary to address systemic power disparities and promote research practices that benefit and empower the communities they study. In order to address the research inequalities prevalent in the field and perform research in ethically sound ways, psychologists can consider the following practices.

Psychologists are encouraged to consider how dominant views about research in the field may reflect or maintain bias to examine the distinction between evidence based and empirically supported, and to conduct a systematized review of the effectiveness of the use of empirically supported treatments with different racial and ethnic groups.

Psychologists are encouraged to consider the ways in which scientific and sociopolitical notions of race impact their own research endeavors (Fisher et al., 2002; Trimble & Bhadra, 2014; Trimble & Fisher, 2006) and how these prevalent notions are embedded in the systems in which they work. This consideration includes reflection on the structural/organizational issues prevalent in the field that impede culturally appropriate research and methods, and a fair representation of racial and ethnic minority perspectives in psychological research.

To promote research that addresses different cultural realities and to contextualize these, psychologists are encouraged to expand their research paradigms. For example, psychologists could include Indigenous theories in the design of their research (Fouad & Arredondo, 2009). Psychologists could also incorporate qualitative methods that may be more sensitive to contextual factors or develop a critical ideological philosophy of research that centralizes social justice (e.g., see Ponterotto, 2005; S. Sue, 1999).

Psychologists are encouraged to promote the development of mentoring experiences with ethnic minorities in the field, using different strategies to advance their research careers (Byars-Winston, Branchaw, Pfund, Leverett, & Newton, 2015). For example, psychologists could (a) help ethnic minority individuals develop their professional skills in scientific report and grant writing and application; (b) encourage the involvement of ethnic minorities in peer review activities for major journals; (c) support the development of professional networks for advancing research careers; or (d) facilitate ethnic minority participation in professional conferences (R. Brown, Daly, & Leong, 2009).

Psychologists are also encouraged to help increase the racial and ethnic diversity among journal editors and panels that grant research awards. A double-blind peer review process for reviewers and editors might be instrumental to a more equitable publishing process. Psychologists could also recognize the need for editors to provide clear criteria to authors on how to report race and ethnicity in research (Fouad & Arredondo, 2009; Ibrahim & Cameron, 2005; Trimble & Bhadra, 2014).

Additionally, psychologists are encouraged to examine the tenure and promotion process more critically, in relation to addressing systemic bias in the production and evaluation of research. For example, psychologists are encouraged to consider racial and ethnic influences and bias in the research criteria used for granting academic tenure. Psychologists are also encouraged to value different research methodologies, modes of research inquiry, and community work as valid scholarly pursuits toward academic tenure. Furthermore, psychologists are encouraged to promote more inclusive standards for tenure and promotion (Turner, González, & Wood, 2008).

Conclusion

The publication of the 2002 *Multicultural Guidelines* focused on race and ethnicity represented a seminal moment in the history of psychology, as those guidelines (a) recognized the social, political, historical, and economic contexts that influence individuals' behavior and (b) recommended specific professional behavior for all psychologists. The 2002 *Multicultural Guidelines* were written to be responsive to the sociopolitical environment of the United States at that time. Since the publication of the 2002 *Multicultural Guidelines*, the sociopolitical environment of the United States has changed considerably. Many significant events have occurred in the United States and throughout the world that reflect the changing and significant roles race and ethnicity continue to play in the lived experiences of people of color (e.g., 9-11 and the oppression of MENA groups, debates about immigration, election of the first African American president, high profile law enforcement and community violence, protest and suppression of the Indigenous water protectors of Standing Rock). Psychology is not immune from this sociopolitical context, and many psychologists have increasingly used their knowledge and understanding of human behavior to advance the cause of social justice.

In these guidelines readers should note that demographic changes, shifting sociopolitical realities and increased visibility of groups previously rendered invisible through old paradigms of race have complicated traditional understandings of race and ethnocultural groups. An increase of biracial

and multiracial children and transnational migration also contribute to different ways psychologists now may understand race and ethnicity.

In addition to the changing sociopolitical environment, there have been many theoretical and empirical developments in psychology and other disciplines that have advanced our understanding of race and ethnicity. Concepts such as *intersectionality*, *ethnoculture* and *ethnocultural responsiveness*, and *cultural humility* have now entered the lexicon of many psychologists. Social media has become an important way for people of color to share information about race and ethnicity, while also serving as a catalyst for spreading racism. The work of psychologists has contributed to a better understanding of these concepts and how they can be applied in all areas of psychology. As is the case with previous guidelines, these guidelines will continue to evolve over time.

In conclusion, these *Guidelines on Race and Ethnicity* are meant to be aspirational and instructive to psychologists as they attend to issues pertaining to race and ethnicity in all aspects of their professional work. Grounded in the professional literature, these guidelines ask psychologists to recognize the impact of race and ethnicity on lived experience, including their own. Ongoing self-reflection of one's own positionality and biases along with maintaining one's knowledge-base with current research on race and ethnicity are key to psychologists' ability to practice, teach, consult, and conduct research competently.

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APPENDIX A

Defining Race, Ethnicity, and Ethnic and Racial Discrimination

Terms used for race, ethnicity, culture, and related constructs are often fraught with controversy regarding definitional clarity and overlap in content. While these terms are assumed to have a shared colloquial meaning, psychologists and other social scientists do not always agree on their definitions and meanings. There are many reasons for these disagreements. Meanings of these terms are continually refined, reflecting new understandings and critical analyses. Meanings may also vary in relation to the purpose for which the words are being used; a dictionary definition of “race” may reflect a more simplified social understanding, distinct from the more thorough definition used in social science research where interpretive power is important. Simultaneously, the meanings as used in legal, academic, critical, and scientific contexts then affect the predominant social meanings. Furthermore, the meanings of these terms shape and are shaped by social discourse related to history, oppression, and privilege. Thus, the definition of these words may or may not encompass the complexity of the meaning, particularly when the meanings may differ depending on one’s ethnocultural, racial, or intersectional positionality. We present here a discussion of the meanings of central concepts of culture, ethnicity and ethnocultural, ethnocentrism and ethnic bias, race, and racism, including where relevant a discussion of contested understandings and conceptual complexity.

CULTURE

These guidelines use a definition of culture consistent with Helms and Cook (1999), who offered a psychological definition of culture as “...the values, beliefs, language, rituals, traditions, and other behaviors that are passed from one generation to another within any social group...” (p. 24). This is similar to Geertz’s (1973) earlier definition of culture as “an historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions expressed in symbolic forms by means of which [people] communicate, perpetuate, and develop their knowledge about and attitudes towards life” (p. 89). However, in offering his definition, Geertz (2000) cautiously reminded readers that the “trouble is that no one is quite sure what culture is... it is fugitive, unsteady, encyclopedic, and normatively charged... [some] think it vacuous altogether, or even dangerous, and would ban it from the serious discourse of serious persons” (p. 11). Anthropologists Kroeber and Kluckhohn (1952) found 162 definitions of culture in the scholarly literature and Lonner and Malpass (1994) indicated there are about 175 definitions of culture that can be found in the social and behavioral science literature. Thus culture, is an “essentially contested concept” as defined by Gallie (1956).

One influence on variability in meaning is whether scholars are defining culture through anthropological, sociological, or psychological perspectives (Cokley & Awad, 2007). An external definition of culture usually focuses on artifacts and the human-made part of the environment (Herskovits, 1948) while an internal definition usually focuses on shared, learned behavior (Mead & Métraux, 1953), which is part of subjective culture. Subjective culture is usually the focus

within psychology: a group’s way of perceiving its social environment (Triandis, 1972).

Broad definitions of culture include any socially definable group with its own set of values, behaviors, and beliefs (Cokley & Awad, 2007). Accordingly, cultural groups could include groups based on shared identities such as ethnicity (e.g., German American, Blackfoot, Algerian American), gender (e.g., women, men, transgender, gender nonconforming), sexual orientation (e.g., gay, lesbian, bisexual), and socioeconomic class (e.g., poor, working class, middle class, wealthy class). Culture is sometimes used more narrowly to specifically mean “ethnoculture” or “ethnicity” as defined below. In this document, we use culture both as a broad and more specific construct.

ETHNICITY AND ETHNOCULTURAL

In these guidelines, ethnicity is defined as a characterization of people based on having a shared culture (e.g., language, food, music, dress, values, and beliefs) related to common ancestry and shared history. Similar to culture, ethnicity is a socially constructed term that is not easily defined and whose meaning has changed over time (Cokley, 2007; Trimble, 2007; Trimble & Dickson, 2005). Although all definitions include shared cultural characteristics, there is often inclusion of other, more contested aspects. Some scholars include physical traits or use the term interchangeably with race (Phinney, 1996), others relate ethnicity specifically to national origin (Betancourt & López, 1993), and still others believe that ethnicity is merely a euphemism for the more contested term of race (Helms & Talleyrand, 1997). However, the emerging consensus is that differentiating ethnicity from race and nationality is important for accurate operationalization.

The confounding of ethnicity with biophysical traits associated with race should not be used as part of the definition of ethnicity given that individuals can share similar physical traits yet be part of different ethnic groups (A. Smedley, 1999; A. Smedley & Smedley, 2005). For example, some African Americans, Puerto Ricans, Asian Indians, Pacific Islanders, and individuals of MENA descent may share a similar skin color but are obviously from different ethnocultural groups with diverse languages, traditions, foods, and so forth. African Americans, Nigerians, Cape Verdeans, Dominicans, and Jamaicans may also share similar physical traits and (in some cases) some shared history, but they may personally reference more recent ethnic cultures that they may see as distinct. In addition, one may have ethnic identity that differs from the ethnicity assumed based on perceived race: for example, a transracial adoptee may ethnically identify as American or European American, rejecting the racially expected ethnic identity as Korean or Asian (Godon-Decoteau, Ramsey, & Suyemoto, 2018; G. S. Kim, Suyemoto, & Turner, 2010). Omi and Winant (1994) argue that confounding ethnicity with race serves to obscure the power and privilege that is associated with race, thereby maintaining bias.

The lack of attention to the dominant culture may contribute to confounding race and ethnicity; ethnic identity has been reported to be more salient for Asians, Blacks, and Latinx individuals than White Americans (Phinney, 1992), presumably because many White Americans do not have a strong ethnic identification. The conflation of ethnicity with race often results in White Americans identifying *ethnically* as simply White, rather than as White European American. This then conflates American with White, which maintains exclusionary colloquial understandings of national membership.

The construct “ethnocultural” refers more specifically to the *culture* shared and transmitted amongst an ethnic group with common ancestry and history. Regardless of whether an individual claims or is aware of an active ethnic identity, they are affected by ethnocultural socialization. It is therefore useful to distinguish ethnocultural influence from ethnic categorization or identity. Although the term “ethnicity” has often been used to refer to both, Tsai, Chentsova-Dutton, and Wong (2002) state that ethnic identity requires conscious endorsement, whereas ethnocultural orientation does not. Furthermore, ethnic identification as a member of an ethnocultural (or racial) group does not necessarily mean adoption of, or even substantial socialization and exposure to, the group’s shared values. Ethnocultural orientation, affiliation, or influence therefore references more of the lived experience of having been socialized and participating in a cultural experience and encourages attention to the individual manifestation of ethnic culture rather than to the modal experience or possible ethnic gloss that may be implied by ethnicity (Trimble & Dickson, 2005). “Ethnocultural” may also reference a pan-ethnic shared culture (e.g., Asian American culture is pan-ethnic culture, as opposed to Chinese American culture or Korean American culture), shaped by common experiences of history; values, beliefs, or traditions that are more common with each other than with other comparative groups; or indigeneity and relation to the land, place, and political economy.

There is variability between an ethnic group’s modal culture (modal cultural values, norms, or behaviors) and individual members’ manifestation of that culture (whether or how much an individual endorses values or enacts behaviors); the latter may relate to how much ethnocultural socialization an individual has received (e.g. due to acculturation). An individual’s ethnocultural affiliation may also be influenced by a number of interacting variables including other group variables such as sexual orientation or socioeconomic class, as well as developmental or experiential variables such as living in an urban, rural, or reservation setting.

ETHNOCENTRISM AND ETHNIC BIAS

As early as 1906, ethnocentrism was conceptualized as consisting of in-group attachment and out-group hostility (Sumner, 2006), and these components were theorized to be positively correlated with each other, although research findings for this correlation were more complex and contextual than initially theorized (see review in Tajfel, 1982). Ethnocentrism has often referred more to having a preference for, and positive affect toward, one’s ethnic or racial group relative to all other ethnic and racial groups (Yinger, 1985). This definition emphasizes in-group attachment while giving little attention to out-group hostility. The lack of emphasis on including out-group hostility as a component of ethnocentrism has contributed to contradictory meanings of ethnocentrism and claims that conceptualization of ethnocentrism suffers “...from much conceptual confusion” (Bizumic & Duckitt, 2012, p. 888).

Particularly as currently conceptualized, ethnocentrism does not necessarily have a negative impact on intergroup relations; it is possible that preference for one’s own group can co-exist with having positive feelings toward another group (Aboud, 1988; Gaertner & Dovidio, 2005). For example, individuals can prefer to maintain their ethnic traditions while also appreciating the ethnic traditions of other groups. Additionally, ethnocentrism may have different expressions across ethnic groups. For example, one study found that ethnocentrism was

correlated with ethnic identity for White and Hispanic university students, but not for African American students (Negy, Shreve, Jensen, & Uddin, 2003).

Although the in-group preference associated with ethnocentrism is not inherently discriminatory, ethnocentrism can foster prejudice, outgroup hostility, and other negative attitudes and harmful behaviors (e.g., Bergh, Akrami, Sidanius, & Sibley, 2016; Bizumic & Duckitt, 2012; Huxley, Bizumic, & Kenny, 2015). In their study on implicit and explicit ethnocentrism, Cunningham, Nezelek, and Banaji (2004) concluded that “prejudices toward specific social groups are manifestations of a generalized ethnocentrism” (p. 1341), suggesting that those who feel prejudiced towards one disadvantaged group will probably feel the same way towards other disadvantaged groups.

Ethnocentrism intersected with power can turn into what D. W. Sue (2004) called “ethnocentric monoculturalism”: the “individual, institutional, and cultural expression of the superiority of one group’s cultural heritage over another combined with the possession of power to impose those standards broadly on the less powerful group” (Sue et al., 2019, p. 103), a construct related strongly to oppression. This sense of superiority is reflected in power structures in society, whereby individuals meeting the in-group’s characteristics are favored, and therefore have easier access to numerous afforded privileges (D. W. Sue, 2004). White nationalism represents an example of extreme ethnocentric monoculturalism because it is rooted in a belief of superiority over other racial and ethnic minority groups, while denying the rights of people belonging to these groups. This type of ethnocentrism could also be reflected in ideologies that equate patriotism with the White race (Devos, Gavin, & Quintana, 2010), and the implicit belief that the label “American” equals White race (Devos & Banaji, 2005; Devos, Gavin, & Quintana, 2010).

RACE

In these guidelines, race is defined as the social construction and categorization of people based on perceived shared physical traits that result in the maintenance of a sociopolitical hierarchy. Although some historical definitions include a biological or genetic basis, the current zeitgeist among social and behavioral scholars is that race is a social and political construction with no basis in a coherent biological reality (Helms, Jernigan, & Mascher, 2005; D. Roberts, 2011; A. Smedley & Smedley, 2005). In 1950, the United Nations Educational, Scientific and Cultural Organization (UNESCO) declared that race is a myth rather than a biological reality, and professional organizations such as the American Anthropological Association (1998) and the American Psychological Association (2003) have declared that there is no scientific basis for the concept of race.

The social construction of race is illustrated in the classification of individuals who have parental ancestry from more than one continent. In the United States, someone whose father is Black, and mother is White might be considered as Black by others and self-identify as biracial; the same person may be classified as another racial group all together in a different context. For example, such a person might be considered “Coloured” in South Africa. Ideology and socio-political influences have contributed to the changing meaning of race over time. For example, the racial categorization imposed on Jewish people has a complicated history in the United States.

Historically, many White Americans perceived Jewish people as a distinct not-White group (Goldstein, 2006) and anti-Semitism was prevalent in the United States in the late nineteenth century. After World War II, many Jewish people were subsequently perceived as model White middle-class suburban citizens (Brodin, 1998). MENA groups also have a complicated and contested history of racial categorization. For years, the Census has categorized MENA groups as White, in spite of the prejudice and discrimination experienced by many individuals from MENA groups. Given the inaccuracy of the White label for the majority of MENA individuals, the Census was planning on including a separate MENA pan-ethnic classification for the 2020 decennial census (Amer & Awad, 2016), which would have offered the opportunity for better validity. Unfortunately, recent policy changes within the current administration have resulted in the Census Bureau no longer planning to add a MENA category to the 2020 census.

Although race is often thought of as a characteristic of individuals, it is more accurately understood as a worldview (A. Smedley & Smedley, 2005). The racial worldview consists of the following beliefs: (a) racial groups are seen as biologically discrete and separate groups that are distinguished by certain physical characteristics; (b) races are naturally unequal and must be ranked hierarchically; (c) each race has distinctive cultural behaviors linked to their biology; (d) physical features and behavior are innate and inherited; and (e) differences among races are profound and unalterable. Meanings of race are embedded in histories of invasion, colonization, enslavement, exclusion, trauma, and exploitation (e.g., see David, Okazaki, & Giroux, 2014; Fredrickson, 2015; A. Smedley & Smedley, 2005; Takaki, 2008; Zinn, 2016). People of color are more likely to be aware of their own racialization, because of the detrimental effects of racism.

In contrast, awareness of Whiteness is often “invisible” to those in the dominant White European American group (D. W. Sue, 2004). Simultaneously, as demonstrated by research into discrimination, microaggressions, implicit bias, and aversive racism (Dasgupta & Rivera, 2006; Dovidio et al., 2002; Gaertner & Dovidio, 2005; Greenwald & Banaji, 1995), White people are strongly entrenched in a racialized world view, even if they do not apply racial categories to themselves.

Reasons for the endurance of a racial worldview and associated prejudices have received significant attention. For example, social categorization theory (Allport, 1954) asserts that people make sense of their social world by creating categories to group the individuals around them, which includes separating the categories into in-groups and out-groups (Brewer & Brown, 1998; Hornsey & Hogg, 2000; Turner, Brown, & Tajfel, 1979). This research indicates a tendency to exaggerate differences between groups and exaggerate similarities within one group, as well as a tendency to favor one’s in-group over the out-group (Foddy, Platow, & Yamagishi, 2009). In-groups are more highly valued, more trusted, and engender greater cooperation as opposed to competition (Brewer & Brown, 1998; Hewstone, Rubin, & Willis, 2002; Stanley, Sokol-Hessner, Banaji, & Phelps, 2011), and those with strongest in-group affiliation also show the most prejudice (Mallett et al., 2008). Although social categorization has a number of uses, including speed of processing and efficiency in use of cognitive resources, (Macrae, Milne, & Bodenhausen, 2005; Solso, MacLin, & MacLin, 2007), it is problematic when one group holds much more power than the other group or when resources among in-groups are

not distributed equitably, as is currently the case in the United States. Social categorization processes as described above have contributed to the creation and maintenance of racial and ethnocultural inequities.

These guidelines reflect the predominant social science view that race is a social construction rather than a biological reality; simultaneously, there is also recognition that the construct of race continues to have meaning and consequences for individuals, groups, and communities. This meaning in the United States is primarily related to creating a social hierarchy where people of color are systematically denied access to basic needs and human rights. The American Anthropological Association states: “The ‘racial’ worldview was invented to assign some groups to perpetual low status, while others were permitted access to privilege, power, and wealth. The tragedy in the United States has been that the policies and practices stemming from this worldview succeeded all too well...” (American Anthropological Association, 1998, final paragraph).

RACISM

J.M. Jones (1972) advanced a tripartite model of racism consisting of individual, institutional, and cultural elements. At its most basic level, racism is the belief in the superiority of one’s own race and the inferiority of another race and the power to take individual or collective action against the racial group(s) deemed as inferior (J. M. Jones, 1997). Like prejudice, racism includes negative attitudes, feelings, and beliefs toward an individual based on the individual’s perceived racial group membership. Racism builds on race prejudice and the belief in race as a biological concept, combining belief in racial superiority with a hierarchy of privilege to rationalize practices that formalize the domination of one racial group over another.

Individual racism involves the individual’s personal belief in the superiority of one’s race over another. Institutional racism involves the manipulation of institutions to maintain a racist advantage over others. Cultural racism is the individual and institutional expression of the superiority of one’s racial and cultural heritage over another (e.g., designing a curriculum which overwhelmingly features the accomplishments of people deemed “superior”).

Although social scientists disagree on whether members of non-dominant racial groups can be racist, for the purposes of these guidelines it is assumed that at the individual level all individuals can harbor racial prejudice. However, the position taken in these guidelines is that the power to enforce racist beliefs, attitudes, and practices at the institutional and cultural levels disproportionately harms people of color who are deemed as inferior in the United States. Furthermore, the experience of individual level racial prejudice has differential effects for individuals in the dominant racial group (White people) as compared to people of color, due to inequities in power and privilege. Historically, colonization is another type of racism, which involves establishing control over Indigenous People. American Indians, Mexicans, Filipinos, Africans, and Asian Indians among other groups, have been the victims of colonization by Europeans (David & Okazaki, 2006; Diamond, 1999).

APPENDIX B

Glossary of Related Terms

We present definitions of concepts below, with discussion of complexities of meaning and reference to related psychological processes. In Appendix A, we describe the complexity of core concepts of *culture*, *ethnicity*, *ethnocultural*, and *race* and associated *ethnocentrism* and *racism*. In Appendix B, we present briefer definitions of the following related concepts used in these guidelines: *acculturation*, *enculturation*, *ethnic bias*, *Indigenous Peoples*, *intersectionality*, *Middle Eastern and North African (MENA)*, *minority*, *oppression*, *people of color*, *positionality*, *privilege*, *racial color-blind*, *racial justice*, *racial privilege*, *social justice*, and *White privilege/White racial privilege*.

ACCULTURATION

Acculturation can be understood using both a cultural and a psychological lens. A cultural perspective of acculturation refers to: “those phenomena which result when groups of individuals sharing different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups” (Redfield, Linton, & Herskovits, 1936, p. 149). The concept also applies in cases of intercultural contact, such as globalization (Arnett, 2002). From a psychological perspective, acculturation refers to the changes in worldview “when culturally distinct groups are placed in continuous first-hand contact with... a dominant group” (Graves, 1967, p. 337).

Research on acculturation generally focuses on individuals living in countries or regions that are different from their native countries or regions (Berry, 2006). Formerly conceptualized as a unidimensional process whereby individuals enter in contact with the receiving culture and slowly discard their heritage culture (Gordon, 1964), the second wave of scholars articulated bidimensional models of acculturation that took into account not only the aspects of the receiving culture that immigrants chose to adopt but also those that were maintained from their native cultures (e.g., Berry, 1980; Phinney, 2003). Recently, scholars have developed more multidimensional models of acculturation (e.g., S. J. Schwartz, Unger, Zamboanga, & Szapocznik, 2010), considering how the paths of acculturation are influenced by complex interactions amongst influences, such as the circumstances of immigration (Steiner, 2009), the type of migrant (Berry, 2006), the migrant’s race and ethnicity (Berry & Sabatier, 2010), and the welcoming environment of the receiving country (Berry, 1997; Lopez, Morin & Taylor, 2010).

The acculturation process can be stressful as people adapt to new environments, this is especially true when the culture of origin’s norms is in conflict with dominant cultural norms (APA, 2012; Castillo, Conoley, & Brossart, 2004) and when the migration process involves high levels of trauma (Foster, 2001). Some of the factors faced by new immigrants are racism, perceived discrimination, having to learn a new language, social isolation, financial difficulties, and having to adapt to what could be a vastly different host culture (C. Kim, Scott, & Oh, 2005; Yeh & Inose, 2002). The trajectory this acculturative stress takes is closely related to the race and ethnicity of the acculturative group and the characteristics of the host culture (Phinney & Ong, 2007). For example, immigrants hailing from Africa, Latin America, the Caribbean,

and Asia are more vulnerable to discrimination in countries where they are a distinct visible minority (Berry & Sabatier, 2010).

ENCULTURATION

First introduced by anthropologist Herskovits (1948), the term enculturation is defined as “the process by which individuals learn and adopt the ways and manners of their culture” (Matsumoto, 2004, p. 156). Recent research within psychology emphasizes the distinction between acculturation and enculturation, while recognizing their connection. Enculturation emphasizes socialization to, or maintenance of, one’s culture of ethnic or familial ethnic origin (APA, 2012; B. S. Kim & Abreau, 2001; S. Zhang & Moradi, 2013). This process considers how, for example, U.S.-born or highly U.S.-acculturated individuals may be more actively learning their ethnic origin culture, rather than maintaining it. Enculturation may therefore be akin to reculturation, a term endorsed by Baden, Treweeke, and Ahluwalia (2012) in relation to transracial adoptees who are seeking to reclaim their birth culture and related ethnic identity to which they may not have been familiarly socialized.

INDIGENOUS PEOPLES

In these guidelines, Indigenous Peoples usually refers to people indigenous to the United States: American Indian, Alaska Native, and Native Hawaiian peoples. Indigenous Peoples are also a broader term referencing people with primary racial or ethnic identities related to their Indigenous status, but who may not be currently living in the place where they are indigenous. For example, a Sami person (indigenous to northern Sweden, Finland, Norway, and parts of Russia) living in the United States may identify as “Indigenous” and experience affinity with American Indians from the United States. According to the United Nations, Indigenous Peoples “have retained social, cultural, economic and political characteristics that are distinct from those of the dominant societies in which they live” (United Nations, n.d., paragraph 1).

INTERSECTIONALITY

Intersectionality proposes that all people are positioned within socially created categories of oppression and domination such as race, culture, gender, and class that are located within a historical context. Intersectionality considers the ways that identities related to multiple socially constructed categories create similar, additive, and unique intersections of experiences, which are qualitatively different than the sum of individual identities (Cole, 2009; Crenshaw, 1989, 1991; Steinbugler, Press, & Días, 2006). Understanding people in relation to social identities can therefore take a single-axis approach (similarity), a double/multiple jeopardy approach (additive/multiplicative), or an interactional approach (intersectionality; Crenshaw, 1989). Intersectionality is not, however, concerned only or primarily with identity, but with an examination of how systems of oppression and privilege interact.

In particular relation to race and ethnicity, intersectionality emphasizes the need to attend to heterogeneity within groups and avoid over-aggregation, including differentiating the modal experience of the specific ethnocultural groups (e.g., Lumbee Nation, Hungarian American, Mexican American) within the larger racialized group (e.g., Asian American, Black American), as well as considering the effects of privilege and oppression within the group related to other identities

such as social class, gender, sexuality, ability, or other social statuses (Cole, 2009; Ghavami & Peplau, 2013; Lang, 2016; Stewart & McDermott, 2004; Suyemoto & Donvoan, 2015; Trimble & Bhadra, 2014; Tran & Birman, 2010).

MIDDLE EASTERN AND NORTH AFRICAN (MENA)

Although there is no standard definition, the Middle Eastern racialized group includes people with ancestry from countries or territories such as Jordan, Iran, and Palestine; and North African includes people with ancestry from countries such as Algeria, Egypt, and Libya. People from MENA countries have been racialized in the United States, especially after 9/11, so much so that the U.S. Census Bureau has recommended the inclusion of MENA as a category in the 2020 census (Pew Research Center, 2014; U.S. Census, 2014). Unfortunately, recent policy changes within the current administration have resulted in the Census Bureau no longer planning to add a MENA category to the 2020 census.

MINORITY

People of color and racial and ethnic minorities are used interchangeably in this document to refer to Asian Americans, Black, Indigenous, Latinx, Middle Eastern and North African (MENA), and bi- or multiracial people. Minority as used here refers to those people belonging to groups with less power due to structural privilege. Minority is not a numerical term, but refers to the status of marginalization or oppression, as opposed to belonging to the dominant group, as first developed by Wirth (1945): “We may define a minority group as a group of people who, because of their physical or cultural characteristics, are singled out from the others in the society in which they live for differential and unequal treatment, and who therefore regard themselves as objects of collective discrimination” (p. 347). Although there are mixed viewpoints on the use of “minority” to categorize Indigenous People and people in the United States with ancestry from Africa, Asia, Central and South America, and the Middle East, we choose to use “racial and ethnic minorities” here to maintain the focus on non-dominance and the issues of power and privilege in relation to race and ethnicity; to recognize that not all groups prioritize race in such a way that “people of color” is appropriate across the groups we are referring to; and to simultaneously recognize that race and ethnicity also apply to White and European American people.

OPPRESSION

Oppression refers to harmful experiences or exclusion imposed on some but not others on the basis of status rather than lack of merit. It exists in contrast to privilege and social justice. Young (1990) identified five elements of oppression: Powerlessness, marginalization, exploitation, cultural imperialism (normalization of the dominant group’s experience), and violence (including psychological violence). Powerlessness relates to a systemically imposed social position that does not allow for development of one’s skill or capacities. Marginalization isolates a group of people from useful participation in the society, subjecting them to material deprivation or even extermination. Exploitation is the deliberate and systematic transfer of resources from the subordinate group to the dominant group, such as labor, wealth, knowledge, or land. Cultural imperialism involves the universalization and normalization of the dominant group’s experience, values, and

cultural products. Through its hegemony, the dominant group makes the subordinate group’s culture invisible while also stereotyping and deeming it “Other.” Finally, systems of oppression propagate violence against members of subordinate groups because of their group membership. Violence consists not only of direct victimization but also psychological victimization, in the daily knowledge shared by members of oppressed groups that they are susceptible to such violation due to their group identity. Power, self-determination, and sovereignty of person, group, culture, or nation (e.g., for Indigenous Americans) are constrained or undermined by oppression.

Oppression manifests variously within different racialized and ethnocultural minority groups, due to historical and political factors. For instance, the marginalization and violence that people of MENA descent experience due to stereotyping as “terrorists” post-9/11 is qualitatively different in nature than the marginalization and violence experienced by Latinx people in the United States due to stereotyping as “illegal.” Furthermore, among the subordinate groups, racialized groups may have relative privilege ascribed by the dominant group, resulting in hierarchies where some subordinate groups have more or less privilege in a given area (e.g., merit or nativity or recognition, see Tawa et al., 2013). Colorism, or the preference for lighter skin, is not only a form of within-group discrimination but is also deeply rooted in the U.S. culture more broadly (Chavez-Dueñas, Adames, & Organista, 2014). Intersectionality further creates privilege differences within racialized or ethnic groups (e.g., Purdie-Vaughns & Eibach, 2008; Suyemoto & Donovan, 2015).

PEOPLE OF COLOR

People of color and racial and ethnic minorities are used interchangeably in this document to refer to Asian Americans, Black people, Indigenous Peoples, Latinx, Middle Eastern and North African (MENA), and bi- or multiracial people.

POSITIONALITY

Positionality is one’s own position or place in relation to race, ethnicity, and other statuses. Positionality is not only one’s identities but also relates to the intersection of one’s personal identities and statuses with the systems of privilege and oppression that shape our psychological experiences, relationships, and access to resources (Muhammad, et al., 2015). Positionality therefore means actively understanding and negotiating the systemic processes and hierarchy of power and the ways that our statuses affect our relationships because of power dynamics related to privilege and oppression.

PRIVILEGE

Privilege is unearned power that is afforded to some but not others on the basis of status rather than earned merit; such power may come in the form of rights, benefits, social comfort, opportunities, or the ability to define what is normative or valued (Bailey, 1998; Johnson, 2018; McIntosh, 1997). Privilege arises in relation to systems of oppression. A person has privilege not because they desire to have privilege or promote inequity, but because they exist within a system where biased values, attitudes, and behaviors have become integrated and normalized (see definitions for race and racism and conceptual foundations section above). A system of oppression is comprised of interlocking

power relationships and hierarchical relations of both privilege and disadvantage (Bell, 1997), related to domination and control over the society's institutions and resources for the privileged and restrictions of opportunities for the oppressed.

RACIAL COLOR-BLIND

Racial color-blind beliefs refer to the denial or minimization of race or racism in society (Bonilla-Silva, 2010; Neville et al., 2013). The racial color-blind approach purportedly is based on the attempt to reduce social inequities and is related to a belief in meritocracy and equal opportunity, that individual effort and intention are the primary influences on outcomes of achievement, opportunity, relational and procedural justice, and health. Proponents of the racial color-blind approach suggest that focusing on group differences can result in inequity by promoting categorical thinking including preferences for in-groups and the use of stereotypes when perceiving out-groups. However, research indicates that equal opportunity and meritocracy are not actually available (Farkas, 2003; Gale, Molla, & Parker, 2017; Pearson, Dovidio, & Gaertner, 2009) and therefore that a color-blind approach does not lead to equitable treatment across groups (see Helms, 2008; Neville et al., 2016, 2000).

RACIAL AND ETHNOCULTURAL JUSTICE

Racial and ethnocultural justice applies social justice meanings (Prilleltensky, 2012) specifically to inequities affecting racial and ethnic minorities. Thus, it explicitly attends to the ways that race and ethnicity have affected the inequitable distribution of resources and opportunities for equitable participation, power, and influence (e.g. distributive, procedural, retributive, relational, and cultural justice: Prilleltensky, 2012). Racial and ethnocultural justice within psychology also attends to the ways that oppression and marginalization have shaped the psychological, relational, and practical experiences of racial and ethnic minorities; psychologists aspiring for racial and ethnocultural justice strive to apply this understanding to develop their professional activities in ways that address the negative effects of injustice and challenge the existence and maintenance of racial and ethnic oppression.

RACIAL PRIVILEGE

Privilege (see definition above) based on race. As White people are dominant in the U.S. racial hierarchy, racial privilege in the United States is a benefit of being White. This does not mean that White people seek to be privileged, only that they inherently benefit from being dominant in a biased system (D. Goodman, 2011). One major component of White racial privilege is the benefit of not experiencing racism and its associated costs for health and well-being. Racial minority groups may have relative or ascribed privilege in relation to each other, but this privilege is distinctly different than White privilege or racial privilege generally, because relative privilege is afforded based on a hierarchy with White dominance, and ascribed privilege is ascribed by the dominant group (e.g., the "model minority"; see Tawa et al., 2013).

WHITE PRIVILEGE/ WHITE RACIAL PRIVILEGE

See racial privilege.



AMERICAN
PSYCHOLOGICAL
ASSOCIATION