

Standard 8: Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards [8.03, Informed Consent for Recording Voices and Images in Research](#); [8.05, Dispensing with Informed Consent for Research](#); and [8.07, Deception in Research](#).)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard [8.02a, Informed Consent to Research](#).)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard [8.07, Deception in Research](#).)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing with Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations and limitations. (See also Standard [6.05, Barter with Clients/Patients.](#))

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard [8.08, Debriefing.](#))

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance and handling of the species being used, to the extent appropriate to their role. (See also Standard [2.05, Delegation of Work to Others.](#))

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard [5.01a, Avoidance of False or Deceptive Statements.](#))

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard [8.12b, Publication Credit.](#))

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard [8.12b, Publication Credit.](#))

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant or research proposal

review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

COMMENTARY
Standard 8: Research and Publication

Editor's note: Cultural Competence in Research: Although Avoiding Harm and Unfair Discrimination are described in Standard 3 many comments were submitted regarding the appalling lack cultural competence in reviewers. Many SIP members have experienced cultural ignorance or bias from reviewers and editors while attempting to obtain funding for research or to publish research. The bottom line is that the necessity of acquiring cultural competence in order to work with Native people in research or to evaluate potential research is not taken seriously by many psychologists.

Research is a very controversial topic in American Indian communities. Many American Indians have been lied to and taken advantage of by researchers including psychologists. Tribal communities do not differentiate research abuse from medical, anthropological, or psychological researchers. All discussions of research with Tribal communities and individuals must recognize this historical context. In response to pervasive and persistent ethical violations on the part of researchers, many tribes have developed their own Institutional Review Boards for research with their tribal members. There is currently no process within APA to seek resolution of this issue.

For examples, see:

The Barrow Alaska Alcohol Study:

[http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Documents/Volume%202/2\(3\)_Foulks_Misalliances_7-17.pdf](http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Documents/Volume%202/2(3)_Foulks_Misalliances_7-17.pdf)

Forced Sterilization of Native Americans: Late Twentieth Century Physician Cooperation with National Eugenic Policies. <http://cbhd.org/content/forced-sterilization-native-americans-late-twentieth-century-physician-cooperation-national->

Havasupai Tribe and the lawsuit settlement aftermath. <http://genetics.ncai.org/case-study/havasupai-Tribe.cfm>

No Meaningful Apology for American Indian Unethical Research Abuses

<http://www.nnaapc.org/publications/fhcr%20article.pdf>

The following table has been included order to more clearly illustrate the Indigenous approach to research based on the Values Statement. It is heavily based upon the work of Manuel Ramirez as published in:

Ramirez, Manuel (1998). *Multicultural/Multiracial Psychology: Mestizo Perspectives in Personality and Mental Health*. New Jersey: Jason Aronson, pp. 18-20

Major Differences Between European and Indigenous Approaches to Research in Psychology

Characteristics of Theories	
<i>European</i>	<i>Indigenous</i>
<ul style="list-style-type: none"> • Focus is specialized and compartmentalized. • There is separation of cognitive and affective development, of nature and nurture, and of effects of sociocultural and biological-genetic influences on personality development and adjustment. • Isolation and separation are fostered by development of specialized terminology and methodology with little intercommunication and cooperation with researchers outside the discipline. 	<ul style="list-style-type: none"> • Focus is interdisciplinary. • Personality is viewed as holistic and interwoven with social, political, and spiritual environments. • Emphasis is on communication and cooperation not only with other social scientists and practitioners, but with representatives of other disciplines as well.
Characteristics of Researchers	
<i>European</i>	<i>Indigenous</i>
<ul style="list-style-type: none"> • Minimizes the importance of the roles of values, belief systems and world views in personality and mental health. • Minimizes the importance of understanding relationship of own values and belief systems to preference for certain theories, systems of psychotherapy, and research methodologies. • Analytical thinking is emphasized. The ideal is the scientist who is totally objective and removed from the social, economic, and political realities of the people with whom s/he works. 	<ul style="list-style-type: none"> • Aware of the relationship of own values and belief systems to personal interests in research and intervention. • Values ability to synthesize and to integrate different disciplines, approaches, and worldviews. • The ideal is the generalist who is knowledgeable about history, politics, economics, spirituality, and cultural traditions, and is a skilled teacher. It is preferable that psychologist has lived through some of the same life experiences as the client or participant.

Role of Researchers

European

- Allegedly objective and nonpolitical.
- As an ideal, personal values and belief systems are kept separate from research and intervention.
- The researcher or interventionist is the expert and the participant or patient is viewed as being sick, uninformed, underdeveloped, unfortunate, or uncivilized and in need of education, enlightenment, enculturation, and more sophisticated adjustment and development.
- Primary responsibility in research is to self and to academic community.
- Being considered by peers to be a “true scientist and scholar” is a primary goal.

Indigenous

- Deep personal commitment to solving social problems.
- The principal role is to create societal change that can promote fairness, justice, empowerment, and equality of opportunity.
- Conceptualizer, participant, and change agent. Views self as a partner and equal to the client or participant.
- Primarily responsible to the community in which the research is conducted and to the participants. Places the needs of the participants, clients, and communities above those of academia and science.
- Being considered a change agent for his or her people is the primary goal.

Approach to Research and Data Interpretation

European

- Laboratory-setting research, which maximizes control and manipulation of variables, is the ideal.
- The assumption that psychological reality is fixed in time. Instruments, research methods, and intervention approaches are considered to be valid for all peoples.
- Data are interpreted using theories with no modifications or allowances made for differing views of patients or clients and participants.
- Emphasis is on universalism (an etic perspective in cross-cultural research).

Indigenous

- Naturalist setting with non-obtrusive approaches for data collection is preferred.
- Use of observational and life history approaches with person-environment and person-socio-historical-political interactions are given great importance.
- Data are interpreted in the context of social, physical, and spiritual environments of participants with the use of theoretical orientations and concepts that are consonant with the worldviews of participants and clients.
- Emphasis is placed on individual and cultural differences (an emic perspective in cross-cultural research).

The following documents were written by Native researchers as a guide to the culturally competent practice of research in Native communities.

Canadian Institutes of Health Research. (2007). *CIHR guidelines for health research involving aboriginal people*. Retrieved from <http://www.cihr-irsc.gc.ca/e/29134.html>

Straits, K.J.E., Bird, D.M., Tsinajinnie, E., Espinoza, J., Goodkind, J., Spencer, O., Tafoya, N., Willging, C. & the Guiding Principles Workgroup (2012). *Guiding Principles for Engaging in Research with Native American Communities, Version 1*. UNM Center for Rural and Community Behavioral Health & Albuquerque Area Southwest Tribal Epidemiology Center.

The following comments and stories illustrate the need for this issue to be addressed.

Story

There is a problem with the anonymous reviewer process in terms of cultural competence. I submitted an article for publication in a peer-reviewed journal. I was sent comments from three anonymous reviewers. One of those reviewers made openly racist and stereotypic comments that were not even part of the points the person meant to address. I contacted the editor and asked what she wanted me to do with these comments. The editor agreed that the comments were inappropriate. She responded that I should ignore them and address the comments by the other two reviewers. This was helpful in revising the manuscript, but did not address the issue of Unfair Discrimination (3.01) and left me with no recourse regarding this individual. The anonymous review process does not even allow for potential education of individuals who engage in this type of ethics violation, even though these reviewers are psychologists.

Story

I have read many psychological papers that missed very important data in their research with Native communities because they did not use assessments for culturally relevant constructs. I also have seen a great deal of research conducted by psychologists who used “main stream gold standard” measures that had not been sufficiently tested or normed with Native populations for assessment in Native samples. Obviously the research produced incomplete and inaccurate results for Native folks and potentially could harm them by those results. This research would never have been published if the editors and reviewers had basic training in cultural competence.

Story

I cannot tell you how many times I have heard other faculty members say something like, “Your publications are not being published in high impact APA journals,” meaning, mainstream journals in which that we publish and which we value. The pressure by non-Native faculty to coerce Native faculty into doing “normal, high impact research” is immense. This is clearly at odds with the responsibility ~~that~~ many Native psychologist researchers feel towards helping Native people and communities with their research. This

frequently produces research and publications that are different from the orientation of research published in “high impact” APA journals.

8.01 Institutional Approval: Culturally appropriate Institutional Approval should include Tribal (or Band) approval. Many tribes are now leery about research in their communities by non-Tribal members due to the history of disrespectful use of Tribal data. Researchers have carelessly or unknowingly caused harm in order to further the researcher’s reputation. There are times in working with Native populations that the Institutional Approval should also include approval from the IHS (Indian Health Service).

8.01: There is an ongoing debate, especially with the Navajo, that any member of the Navajo nation who is approached for research must have Navajo IRB permission to participate in that research. This would apply even when the participant is not on the Navajo reservation (living on another reservation) or is currently living in an urban area.

8.01: Some Tribes are sensitive about researchers asking about Tribal affiliation in research.

Story

Culturally appropriate Institutional Approval means that while working with a very large ($n > 1000$) multi-Tribal study, it took strong community connections and a step-by-
~~Culturally appropriate Institutional Approval means that while working with the Strong-Heart Stroke Study (a multi-Tribal study), it took strong community connections and a step-by-~~
step process over a period of time to obtain the various Tribal and IHS approvals necessary in a respectful process. In the course of conducting the study, we have continually updated the participating tribes with our progress. One tribe had a recent turnover in Tribal Council and Health Board membership. The new group is considering pulling out of all research studies. This would affect data already collected and previous agreements because of past bad research relationships. However, that is their right.

Story

In order to respect sovereignty, it is important to follow culturally appropriate ways of being introduced and making connections to the community. It is necessary to demonstrate that the psychologist will work within the community’s standards.

My group went to meet with the Tribal Council on the reservation. We travelled three hours, waited our turn, introduced ourselves personally and presented our research proposal. We listened to the responses about how our university had misused Tribal data in the past (i.e., collected data and then disappeared).

We then waited for a response from the Council, which took some time and included follow-up from our team to the Council members. We were eventually able to conduct interviews with tribal members. In order to respect the dignity of the Tribe, we followed and respected the informal Tribal IRB procedures. While the university IRB requires and conducts full reviews of studies involving Native populations, the university IRB

contains only White people who think they know more about Native culture than Natives themselves.

Story

I have observed non-Native investigators who demonstrated clear evidence of cultural incompetence while working with Native research participants. It is not uncommon to hear comments from psychologists indicating stereotyped biases and biases against community based methods of working with Native people.

8.02 Informed Consent to Research: Consensus in our community means that almost all of us agree. But it also means that the ones who were against the issue cannot sway the others, or continue to stand in the way once a decision has been made. You may have situations in which the community decision carries more weight than any individual's, even if that person has a leadership position in the Tribe.

8.02: There is often little understanding in Tribal communities about the research process. Many times, communities need a "research representative" to help guide this process and educate the community about research. This might be a position funded by the researcher or by the Tribe.

8.02: The reputation of the community is an important concern from a Native perspective. The community's reputation should be safeguarded just as it is for the individual. In order to demonstrate respect and cultural competence, data should not be used in ways that are contrary to the values of the community being researched.

8.02 (a) (5) & (6): Researchers should be more up front about what they plan to do with their findings and understand it from the tribe's perspective. The tribe will want to know, "how will this benefit our community?" If no information is going to be disseminated to the tribe they may be reluctant to participate or approve.

8.02 (b) (2): Many psychological researchers continue to hold up "no treatment" controls as the gold standard for determining empirically relevant interventions. Withholding an intervention from Native participants is completely unacceptable for Native communities and incompatible with their communal views about caring for each other equally. Since control conditions are problematic for Native people, it would be more appropriate to discuss staggered start control conditions, or alternatives to no treatment controls.

8.03 Informed Consent for Recording Voices and Images in Research: This may be taboo in many communities so it should be clearly understood before research has begun or a tribe may stop the research in progress.

Story

In a large study, we do have approval for recording interviews. This includes a clause that all tapes will be coded by participant ID and destroyed after three months. Two tribes

insisted on regular statements from the research team indicating that the tapes had been destroyed within 3 months.

8.05 Dispensing with Informed Consent for Research: This would not be appropriate in Native communities for all of the reasons listed above.

8.06 Offering Inducements for Research Participation: What constitutes excessive or inappropriate financial inducements will vary with Native communities.

Story

A \$20 paid on-site survey led to many non-students and others to line up en masse, because \$20 was a lot of money to them. The results of the survey may not be accurate, because people just wanted to finish it and get paid.

Story

The Strong Heart Study and Strong Heart Stroke Study Large NIH funded Native health studies have offered other incentives besides monetary. For example, the researchers can share the medical information of the participants with their primary care provider and their local hospital. We have also offered some ongoing care and also more care (such as tests or MRI's) than would be available in community. The notes and results from these would be shared with the participants' primary care provider.

8.07 Deception in Research (b): It is recommend that “or shame to vulnerable communities” be added here. Psychologists need keep in mind the damaging past and current research being done in Native communities resulting in a hypersensitivity to ANY research in Native communities. Deceptive research would compound this problem and add to the belief about research doing harm to communities.

8.08 Debriefing: Debriefing should include someone who can be a middle person, someone who not only can communicate the logistics and vocabulary, but can also make the information culturally relevant to the individuals or community.

8.10 Reporting Research Results: Psychological researchers have a duty to consult with community stakeholders about the appropriate ways to share and disseminate the findings with the community being investigated. Psychologists have a further duty to report results effectively, concisely, clearly to the community in a way easily understood by community members. Respecting the dignity and sovereignty of the community dictates that a community member should be included in the writing process and subsequent publication as a community expert in interpreting research outcomes.

8.10: There is such a strong mainstream Western ideology of what research is, that there is virtually no room to put any Indigenous context to publications arising from research with Native populations.

Story

In a large NIH health study, we have put in place a system for publications. We developed a Project Process & Publication Committee that approves paper proposals and manuscript drafts. Then this goes to steering committee (which oversees all adjunct studies,). Then papers go to tribal organizations for approval.

~~In the Strong Heart Stroke Study, we have put in place a system for publications. We developed an SHSS Process & Publication Committee that approves paper proposals and manuscript drafts. Then this goes to the Strong Heart Study steering committee (which oversees all adjunct studies, of which SHSS is one). Then papers go to tribal organizations for approval.~~

We often offer study results in lay people's terms for tribal organizations. Council and Board members often do not have a research background. The reports highlight the short and long term benefits of the study findings.

Story

In order to address the different relationships to time between researchers and Tribes, many Native researchers have started putting in place an agreement with Tribal organizations and IHS that if they do not get back to the authors within 6 months, it is then assumed that the tribes have approved manuscript.

~~In order to address the different relationships to time between researchers and Tribes, Dr. Spero Manson (University of Colorado, Denver) and other Native researchers have started putting in place an agreement with Tribal organizations and IHS that if they do not get back to the authors within 6 months, it is then assumed that the tribes have approved manuscript.~~

8.12 Publication Credit: Authorship order as discussed in the code of ethics and the publication manual does not reflect Native values. For example, we submitted an article to an APA journal in which all authors indicated that each contributed exactly the same amount to the paper and all in reality were first authors. The editor gave us a very tough time. We suggested we would withdraw the article unless our authorship request was met. The editor acquiesced and the paper was eventually published, but the story shows the difficulty with a hierarchical view of authorship for Native folks.

8.14 Sharing Research Data for Verification: This depends on who owns the data. Many times the data belongs to the Tribe and not to the researchers. Tribes want control of their protected information, as the point of the research should be to assist that community. The sharing of data may compromise confidentiality since not only tribes, but even individuals may be identified through the data.

Some federal grants larger than a certain size require the researcher to state how they will widely share the data generated by the funded research. Many tribes will not collaborate with outside researchers unless there is a Memorandum of Understanding stating that the

Tribe owns the data. The sharing of Tribal data implies that others may use it for research purposes. There is no way to ensure that those “others” have an understanding of the cultural context of and respect for AIAN communities.

8.15 Reviewers: This section only refers to the Western notion of proprietary rights of data and results. Although reviewers and editors may be psychologists, they are not likely to have been trained to have any cultural competence or have an understanding of cultural issues. When this is lacking, SIP members have found that there is no enforcement of Standard 2.01: Boundaries of Competence, or Standard 3.01 Unfair Discrimination, of the APA Ethics Code.

Story

I submitted an R01 grant a couple of years ago around neuropsychological assessment with an American Indian (AI) population. After the first reviews came back it was clear from the reviewers’ comments that they had little to no cultural knowledge in order to understand the proposal. A senior epidemiologist helping with me with the grant arranged a conference call with the NIH Program officer, himself, and I. The program officer also had NO understanding of cultural issues. He commented that this wasn’t a Health Disparities grant because it only included the AI population with no comparison group (inferring a White comparison group).

Story

In revising a grant to better highlight cultural issues, I had to give an extensive history of the American Indian and Alaska Native boarding school systems and how that might affect current health and assessments in an older age Native population. My mentor suggested this because reviewers were otherwise likely to think of “boarding schools” as “Ivy League pPrep” schools. This took up a great deal of limited space in the grant proposal, thus taking away from the “scientific” background a proposal already has to concisely cover for a decent score. Naturally, it was not funded.