

Standard 1: Resolving Ethical Issues

1.01 Misuse of Psychologists' Work If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority If psychologists' ethical responsibilities conflict with law, regulations or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards [1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority](#), and [1.03, Conflicts Between Ethics and Organizational Demands](#).)

1.05 Reporting Ethical Violations If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard [1.04, Informal Resolution of Ethical Violations](#), or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard [1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority](#).)

1.06 Cooperating with Ethics Committees Psychologists cooperate in ethics investigations, proceedings and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

COMMENTARY

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Editor's Note: The group expressed overall concerns with several aspects of Standard 1. First is the conflict that Native psychologists often experience between the Ethics Code, the organizational demands of the workplace or funding agency, the culture of the identified client, and the culture of the psychologist. Second, there was a concern that the model to resolve ethical issues be dynamic as opposed to static. That is, the development of questions such as those found in the Guiding Principles for Engaging in Research with Native American Communities, (2013), to help guide ethical decisions would be helpful.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal

Authority: Suggest the following addition: *If psychologists' ethical responsibilities conflict with law, regulations, cultural values, codes of honor, and cultural traditions, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.*

1.02: This point should be expanded to contain a reference to Tribal cultural perspectives, the inherent rights of Tribes, and differing worldviews, or epistemologies, particularly an understanding of sacred. So often, there is a blind eye toward the invisible cultural bias-favoring the non-Indian community that reigns with the force of law.

1.02: When working with Native people, ethics and ethical decision making do not always look the same as when working with individuals from the majority culture. There are values, laws, practices, and cultural traditions that differ from the majority culture and that inform the way we think about ethics and influence our actions. This is particularly a problem when the Ethics Code governing our licenses does not acknowledge the cultural biases embedded within. Once we have determined what the client wants, if the client prefers to be treated by a psychologist or seeks healing in a way that is more consistent with Tribal laws and traditions, under the current Ethics Code, that choice can present a problem.

1.02: Tribal laws and traditions may conflict with some U.S. laws. I bring this up because of the sovereign nature of Tribal communities and their ability to create and monitor their own laws and regulations.

Story

Before the passage of the Indian Child Welfare Act (ICWA), two children were placed with different families outside of their tribe. They were returned to the reservation as young teens. Unbeknownst to them, they were biological sister and brother. They became very involved with one another. This alarmed the older community members

who knew the truth of their births. The youth were told the truth, yet persisted in their relationship.

The counselor at the tribal clinic was made aware of the situation. According to the local statutes she had a responsibility to report the involvement to social services or law enforcement. This was likely to result in the young teens being placed away from the tribe in foster care until they were 18. Instead, she turned the problem and the intervention over to the local elders.

The traditional elders took the two young people into ceremony. Part of the ceremony involved a panel of elders who told the youth the stories and history of their people starting from creation and leading up to how young women are to conduct themselves and why; how young men were to behave; and other cultural expectations. The stories went from elder to elder throughout the night. At the end, the youth were told that now they were expected to understand why their relationship must stop. They were told that if it did not, the elders would report them.

1.03 Conflicts between ethics and organizational demands: This section needs to consider Tribal laws and traditions. I can see this being a particular issue if we are working in a "westernized" organization but we are working with Native individuals and the restrictions of the organization and funders keep us from doing the best by our clients.

Story

Perhaps the greatest current push in clinical settings that receive public funding is the training for, certification in, and application of Evidence Based Treatment models of therapy. This is particularly true in the VA system. Unfortunately, the role of "relationship" is not a central value of these models. In most indigenous models of healing, "relationship" plays a central, formational role in the healing process. Being a Native psychologist and being required to implement these models creates a disharmony for me. I feel that I either adopt the models that I am expected to use and abandon my own cultural and personal values or follow my cultural values and risk losing my employment.

Story

As a Diné (Navajo) born to respect, honor and practice the healing circle, the first step to resolve a mental or medical healing process is being able to seek advice from my Medicine Healer. Then I would move forward with the 'white eyes' healing process. Yes, the entire code must respect these tribal healing practices and assist psychologists who perform their important work.

1.05 Reporting ethical violations: This section does not mention harm to community even though it mentions harm to organizations and individuals. Suggest: *If an apparent ethical violation has substantially harmed or is likely to substantially harm a person, **community**, or organization and is not appropriate for informal resolution under*

Standard [1.04, Informal Resolution of Ethical Violations](#), etc.

1.05: How does one regard a non-Native who incorporates spiritual native practice into their therapeutic approach; for example encouraging clients to smudge and "teaching" them how to do so, seeking sweat lodge ceremonies, etc.? Are these practices "others" can incorporate into their work? Is it appropriate and ethical? What is the recourse if we think it is being done in an unethical manner?

Story and Dialogue

If a clinician is using sacred objects such as smudging in therapy work, that person should know the meaning behind what they are doing. If they do not, they should seek out an elder or some kind of healer to learn the ways. I have seen ceremonies being used incorrectly, leading to disrespect. I have approached people and asked why they are doing what they are doing. Also, I think if a person was to smudge, they should ask the client if it is okay with them, some may not want it and some may.

The only Native people who can appropriately use ceremonial elements are those taught to do so by their elders. If an elder deems a non-Native worthy of learning these practices, that would be one standard. But I can still envision charlatans approaching our elders in a dishonest way to seek "official" sanction to do these and then abusing the privilege.

Before one would say it is never appropriate for a non-Native to learn and perform ceremonies or medicine, we have to consider how many of us born of one tribe wind up learning and providing the spiritual practices of another. For example, can you say that it's okay for a Choctaw or Hopi to learn Lakota practices but never a non-Native? What makes the former any more legitimate than the latter? The first sweat I ever attended was Lakota style but led by a Muskogee-Creek.

I would also like to add that there are Native charlatans as well.

As a Native Psychologist, I would hope that a therapist would have their heart in the right place and not be charlatans themselves, and to learn in a good way from elders what is culturally appropriate for their clients, what serves the clients best, all for the highest good whether that therapist is Native or non-Native or even somewhere in between those categories.