

## General Principles

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

**Principle A: Beneficence and Nonmaleficence** Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

**Principle B: Fidelity and Responsibility** Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

**Principle C: Integrity** Psychologists seek to promote accuracy, honesty and truthfulness in the science, teaching and practice of psychology. In these activities psychologists do not steal, cheat or engage in fraud, subterfuge or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

**Principle D: Justice** Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures and services being conducted by psychologists. 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.

**Principle E: Respect for People's Rights and Dignity** Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

## COMMENTARY: General Principles

**Principle E: Respect for People's Rights and Dignity:** This Principle should go

~~I would put Principle E: Respect for People's Rights and Dignity~~, first, because this needs to have occurred prior to knowing or understanding whether one's actions are beneficent or nonmaleficent. *(Editor's note: This was a common sentiment.)*

In **Principle E**, "people's" refers primarily to individuals, but not entire communities. Communities need to be included in this Principle.

**Principle E** discusses protecting rights of those "whose vulnerabilities impair autonomous decision making." Autonomous is not necessarily the way decisions are made among Native people and reflects a Eurocentric bias. In addition, shouldn't respect for tribal sovereignty be included here?

**Principle E:** If truly upheld, this principle would mean that psychologists should focus their interventions on promoting the self-healing power of community, where cultural tools and values are honored in a collective way. Mutual interdependence and spirit are celebrated and promoted.

### **Story .**

In a small town in Northern CA, a group of Asian American, first generation, elder women often brought their knitting with them to occupy their time while waiting for their individual appointments at the local community mental health center. The psychologist, being attentive, realized that the real therapy was happening in the organic knitting circle created by the women in the waiting room. This was not something that fit neatly with in the Western model of treatment. A principle promoting the self-healing curative factor of community is absent from the General Principles.

**Principle E:** Indigenous communities as a whole are more "vulnerable" as a result of sociocultural, political and historical factors. The way the sentence is framed, it reminds me of the missionary approach of "protecting" the vulnerable. This gives individual psychologists too much power to decide on "the safeguards needed to protect the rights and welfare of persons or communities" when Indigenous individuals and communities are impaired in autonomy exactly because of the paternalistic or dominating approach from the dominant society. Of course, the community's rights and dignity should be protected. At the same time, the community's autonomy and innate abilities need to be respected and given the space to be fully exercised.

**Principle E:** In an ideal world, every clinician would easily be aware of and remove their personal biases in order to respect other people's cultures. This is not easy or common in practice. Psychology has failed to effectively promote the elimination of bias in psychologists. Activities based upon such prejudice are common and condoned.

### **Story .**

During my internship we had an APA site review. While we were in the intern meeting with the APA site reviewers they asked why we had so few minorities in our internship class, “only one Black”. The interns were three women and three men; one African American woman, one Native American woman, one White woman, one Mexican man, and two White men. One of the interns asked, “What do you mean? We also have a Mexican male and a Native American woman. The lead site reviewer responded, “They don’t count.”

### **Story**

Having had all of my education in White majority cultures, I have always felt that my teachers had no idea what they were talking about when it came to cultural differences. It was rare to find a professor with a real understanding of the different experiences of cultural minorities. This was true even within my graduate program, which had Native faculty and some professors who were open to diversity. Most of the written curriculum ignored cultural diversity. How can professors trained in White majority programs that ignored or failed to respect culture ever teach anything that is not “White traditional education?” You would think psychology programs would know this and this would not continue to be a problem faced by so many minority students in graduate psychology. Yet here we are.

### **Story .**

All people have times in our lives when our daily burdens and stressors become heavy on our thoughts and spirits. In my traditions this manifests as a feeling of unease and visions of our ancestors. To heal from this we have a feast: a ceremony that begins at sunrise with prayer and continues throughout the day, with fasting and traditional food preparation of the favorite foods of our family members who have crossed over. At dusk, we set the table for our ancestors and invite them for the meal. We then leave the house with no lights or electronics on for a few hours. Then men of the family return and bless the house with burning cedar, which cleanses the home spiritually. The family is then blessed individually before sharing in prayer and a meal. Through this ceremony, your relatives in the spirit world remove your thoughts that cause anxiety and depression and leave you with a sense of spiritual renewal. I do not believe this treatment would be in line with these general principles.

### **Story**

At a psychology department faculty meeting, another faculty member made the following comment, “Working with the X department at the main campus is like fighting the Indians.”

### **Story**

When I was sharing something about Native culture, a graduate student in psychology mimicked a stereotype of Indians by patting his mouth and howling (like in a 1950s television show). The student was not disciplined.

### **Story**

In some Tribes, gift giving is a culturally appropriate way to express thankfulness. In fact, in those cultures, if a gift is not offered or an offered gift is not accepted, this indicates a serious issue with trust and bonding. If the client asks about gift giving before bringing a gift, the psychologist can attempt a limit such as, “Please keep it small because we are not allowed to

accept large gifts.” However, some clients will not ask first. It can be considered very disrespectful and hurtful to refuse a gift made for the psychologist by the client or student.

**Principle A: Beneficence and Nonmaleficence:** The aspiration of “no harm” without cultural training certainly speaks to the limitations the APA Ethics Code. This principle also speaks to the responsibility of psychologists and academic ethics review boards to be able to meet the cultural requirements of research. One concern that I have heard repeatedly from the communities is that researchers have an obligation to share their findings with the community.

The code does not discuss research dissemination, probably because the mainstream culture prioritizes publishing research, but in Indigenous culture, the entire basis of research is to help the communities, which may entail presenting the research to the community and not publishing. Research for us is not about our own ego or furthering our name, it is about healing within the community. This is completely foreign to the field of psychology and academia and often has a negative impact on people’s careers if they work within the setting of academia. Additionally, tribes, as sovereign nations, often times have oversight of the data (or in terms of academia – the tribe has “ownership” of the data) and must be consulted with both interpretations of the results and the dissemination plan. These steps are written into those tribal IRBs in existence, which shows the importance of this within the tribal communities. – Melissa  
We could put this under section 8 as well - research

**Principle A:** I would suggest adding “unrecognized cultural biases” to the list of factors that “might lead to misuse of their influence.”

**Principle A:** The last line of Principle A exposes the work view bias of Western psychology. In many non-Western cultures, one must be aware of more than just physical and mental health. One must be attuned to, nourish and cultivate the client’s spiritual health as well.

**Principle A:** In Sentence 2, “Communities” should be added to “other affected persons.”

### **Story**

In my clinical work I noticed a profound improvement in my ability to discern the core issues in the heart and mind of my clients without them providing verbal, nonverbal or affective indications of these things. (*Editor’s note: This is a skill often developed in traditional Ceremony and through mentoring from elders.*) The client would be talking about “A” and without concrete reasons for doing so I would ask about “B”. Surprised, clients would then ask, “How do you know that? Why did you ask that?” However, we could then proceed to go into a much deeper discussion of their concerns. The current APA principles do not include space for things that are beyond the “rational” and “logical”.

**Principle B: Fidelity and Responsibility:** The section discusses consultation and cooperation with other professionals and institutions, but there is no mention of consultation and cooperation with communities. Being aware of one’s responsibility to “the specific communities in which they work” is not enough. Respect demands consultation and cooperation with those communities.

**Principal B:** In working in Native communities, what may be described as a conflict of interest in the "White" world is just as it should be in Native communities. Multiple relationships are unavoidable and often desirable in Native communities, especially if the psychologist is living in the Native community in which they work. I suggest, "we work within the cultural needs and boundaries of the communities where our services are provided."

**Principle B:** In sentence 4, for Native communities, it is appropriate to add traditional healers or medicine people, spiritual leaders, and elders councils to "other professionals."

**Principle C: Integrity** - I believe that psychologists and test developers do not uphold the first line of this promise. The administration of tests that do not have established reliability and validity on Native American people (and normed on said people) without a clause in a report about possible limitations of findings, fails to promote accuracy, honesty and truthfulness in the science, teaching and practice of psychology.

**Principle C: Integrity** - I believe that this principle is extremely important. We should remain true to the purposes for which we entered this profession. Hopefully, the main reason that we have done so is to learn the skills we need to best help our fellow beings heal from emotional and mental afflictions. Sometimes we are faced with the choice of doing what might advance our careers at the cost of remaining true to the calling of being healers. When these occasions arise, we need to remember our true purpose and accept whatever consequences may come as a result of staying true to that purpose.

**Principle C:** Regarding sentence 3: in working with indigenous people, with whom trust has been violated repeatedly by many people and governments over centuries, extreme caution should be used when utilizing deception and totally avoided in most instances due to the historical trauma and violation of trust by researchers.

**Principle C:** Accuracy, honesty and truthfulness in teaching and practice are culturally influenced by the "standard" or "scientific" view (Henrich, J., Heine, S.J., Norenzayan, A., 2010). When working on both my masters and my doctorate, I found the need to shift to an Indigenous Research paradigm in order to conduct my research with integrity.

### **Story**

In my graduate program, I had a professor who claimed she was an enrolled member of my tribe. She had gotten preferential treatment in the department because of this. When I investigated with my tribe, no one from my tribe had heard of her. Later, it turned out that she had actually forged a tribal membership card in order to pass herself off as Native. As a professor, she was able to cause me a great deal of difficulty when I was a graduate student due to her fear of exposure. She was supportive of another Native student who was not from my tribe.

### **Story**

The flight feathers on the Eagle are the same as the downy plumes we use for naming

ceremonies, with one exception, each hair on the flight feather adheres to the hair on either side of it. Thus the Eagle can soar above any threat. Without that feature, the Eaglet is plenty warm, though flightless and vulnerable.

**Principle D: Justice** From the Preamble: *As used in this Ethics Code, the term reasonable means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.* (APA Ethics Code, 2010.) There are many White psychologists who get sent out to the reservation to practice for a few years without the cultural skills to do so competently. (This includes psychologists who go to work for the Indian Health Service and National Health Service Corps to qualify to have their student loans repaid. It also includes "rent-a-docs" and people from the outside coming to the reservation.) This definition suggests that since they are engaged in similar activities in similar circumstances, their professional opinion would be considered "reasonable" above and beyond the opinion of an Indigenous person in that community who is affected by their actions. If they are culturally skilled psychologists, who would listen to and learn from the community in which they work, then there would not be a problem. If not, their "reason" would result in unjust actions. This also applies to the clinical training of Native psychology students in graduate programs and internships.

**Principle D:** How do we learn that which we do not know that we don't know? How to be aware of a lack of culturally competent skills is not taught in many psychology training programs. The result is a profound violation of justice in both research reviews and in clinical training.

### **Story**

The reviewers of professional manuscripts have very little, if any, understanding of the cultural context of research with Native communities. Explaining this cultural context to the reviewers of manuscripts takes extra space. Publishers dictate that space is at a premium. So manuscript submissions have to be cut and often what is cut out is the cultural context in order to meet the publisher's word limit. This goes against the APA Principles of respect, justice, integrity, fidelity and responsibility, beneficence, and nonmaleficence.

### **Story**

My internship was at a site that marketed that they were culturally competent and valued diversity; however, I found that to not be true. In multiple instances throughout my year I was directly oppressed around my Native identity. In one case the training director yelled at me for acting in a traditionally Native manner. The only people who seemed really disturbed by the training director's actions were the other interns, who noticed the way I was being treated.

I was forced to have this same individual as my supervisor. After several months, I approached her about the incident that had happened. She stated that it was my fault that she ~~for~~ acted ing that way and that I gave her no other choice than to yell at me. To hear this and have her not be open at all to how she impacted me was devastating. I had already been traumatized through this incident and others. For her to tell me she was justified in her approach only re-traumatized me. I also asked her if there was any reason she felt we could not work together and she looked at me

like I was crazy and stated, "of course not, I would love to work with you." I could not believe her level of denial and lack of awareness. Since she had all the power and would not allow me to be supervised by anyone else and things were already beyond stressful for me, I decided to not fight it and just work with her for my last 6 months.

I know this person believed she knew how to be effective in working with people of all cultures, as did most of the staff. However, she had no clue. I heard many derogatory remarks and assumptions being made about Native people. There were heated arguments about a potential incoming Native intern and whether she was "Native enough" or "traditional enough" to be considered "truly Native." However, if you asked them about their level of competence in understanding the diversity of Native cultures or their competence in working with Native people, they would have said they were very competent. She felt she was a great supervisor.

I got nothing positive from that experience and counted down the days until I could leave. Thank goodness there was a Native psychologist on staff. I met with her almost every day. She was truly the reason I survived that internship. There was a general lack of understanding of Native people at this site. Many Native people in the community would not come to the center. After the Native psychologist and I provided a training and discussion, nothing improved because the staff were too defensive to learn.

It is very difficult when you are the person with no power to be forced to work with the person with all the power who has no clue about their level of incompetence. It was a damaging experience. I think that if a supervisee does not think someone is competent to supervise them, they should not be forced to work with them. Clients can quit, but supervisees often have no option and no voice. We have to complete internship to get our Ph.D.

**Proposed General Principle: Cultural Relevance:** Even when a Native person has graduate training, a license, and works in psychology, this does not negate the need for culturally relevant and competent treatment. The fact that the Native person has a degree, a license, and is bi-lingual in Western psychology, does not change their core, their frame of reference, and their outlook. This is more important for Native individuals who are not trained to be bi-lingual in Western psychology.

### Story

On October 3rd, 2011, I woke up to find that my left hand was asleep. Regardless of what I did, it wouldn't "wake up." This numbness slowly crept up my forearm, went into my bicep/triceps area, reached my shoulder, and then it began to stretch out into my chest. It wasn't just numbingly feelings; there was also pain, a lack of motor skills and strength, headaches and fatigue. I was very athletic, 6 feet tall, and weighed about 185lbs. To not have feeling or use of my body was pretty scary.

At first, doctors thought I had had a stroke, but all the tests came back negative. They thought it might be my shoulder causing all of the issues, but tests showed that it wasn't. Then, one night, the pain was so severe that I went to the ER, where an emergency MRI was performed on my neck and back. A neurosurgeon was called in who told me I had the neck of a 60 year old. I was

33.

The neurosurgeon said I had Spinal Stenosis (a narrowing spinal canal), Spinal Lordosis (a reversed curve in the spine), and Degenerative Disc Disease. I had two vertebrae (C5 & C6) that were basically out of commission, and pressing on nerves. She told me I needed surgery.

I didn't want surgery on my spine; it scared the hell out of me. I had been having other issues with my body though, and my neck was beginning to look more and more like the culprit. But, I was only 33, and my quality of life was slipping away! It wasn't until when I simply looked down at my feet, my entire chest went numb and my heart began skipping beats, that I decided I would agree to the surgery. But still, I was scared, so I started talking to my elders.

Ever since I was a child, I have had a sleeping disorder. I would not, could not wake up in the mornings. If people tried to wake me up, I would wake up violent, swearing, swinging and attacking. Alarm clocks wouldn't work. Yelling in my ear wouldn't work either. I would not wake up until my body was ready to wake up. My waking response was equivalent to that of someone with a high PTSD response.

Sadly, it followed me into my adult life and my wife never allowed my children to wake me up because of my violent reactions to being awoken. My wife took the brunt of my sleeping disorder, but she never gave up on me. I had prayed for years for help with this issue, but nothing ever seemed to work. How it affected my daily living was nothing short of debilitating.

Consciously I am not an abusive person. I am not violent. I don't call my wife names. I don't hurt people. But I did whenever I was awoken. That was hard. I spent my days trying to make up for my reactions in the mornings. At night, I would have anxiety about going to sleep, so I wouldn't sleep. Sometimes, I even stayed up for a couple nights in a row. It only made things worse.

I was diagnosed with ADHD, then AADD, Restless Leg Syndrome, Anxiety, Depression, Night Terrors, etc. I have taken so many medications since I was a child, that I have lost count. It was an unmanageable disease.

At what felt like a breaking point in my sanity, I turned to my elders and I turned to Ceremony\*. I spoke with one of these elders (a Native licensed psychologist) about two weeks prior to the surgery. I was even more anxious during this time. I couldn't sleep. I literally felt as if I was crawling out of my body.

This psychologist told me to go into the surgery, as if it were Ceremony. He encouraged me to not think or say that the doctors were taking things from me, but instead that I was giving my blood and my body (to Spirit), as an offering. He told me to take red cloth with tobacco to the doctor, and to ask her to put everything that was taken from my body into the cloth. However they disposed of it was fine, but my body parts had to be put into the cloth. She very willingly agreed!

This changed the game for me. As a young man, I had made certain spiritual commitments, but



felt I hadn't finished part of them. I went into the surgery with the red cloth and tobacco, lots of prayers, and a feeling of reassurance. In this way, my surgery became a ceremony, my body and blood became offerings, and prayer was made the focus of healing. I entered the surgery weighing 145lbs. When I woke up, the first thing I noticed was that my hand was warm! I could feel it! I began to cry...

I spent three days in the hospital, mostly sleeping. The doctor told me that I wouldn't be able to eat certain foods (like bread) or swallow very well because of where the incision was in my neck and the healing that needed to happen there. However, the only thing I wanted to eat was tuna fish sandwiches. This really surprised them!

Furthermore, my recovery was incredibly fast! On Day 6 following the surgery, I started doing pushups. I was wearing a neck brace, and there was some discomfort, but it felt good to move. After Day 8, I called the doctor to let them know I was done taking the pain medicine and wanted to return what I hadn't used. They told me that I was in pain and I needed to take my medicine. They couldn't understand the fact that I didn't have any pain!

I continued to gain more strength, weight, and confidence! My recovery was about four weeks ahead of schedule. But the most remarkable part of it all was that the day I went into my surgery, became the last day that I had the sleeping disorder! It just went away. About a month after my surgery, my son came in my room to wake me up, and when I woke right up, he said, "Man, it is so easy to wake you up now!" Those were the most perfect words I have ever heard!

March 31, 2014, marks three years since the day of the surgery/ceremony. I still think about it every day, and not a day goes by that I do not show my gratitude for the quality of life I have regained. This ceremony gave me back my life and my family.

*\*Editor's Note: Ceremony with a capital 'C' refers to a spiritual practice of learning traditional ways, participating in Native ceremonies, and integrating the concepts learned into daily practice.*

### **Story**

A Native client of mine was in a car accident that totaled her car. She saw the car the next day and saw that the motor was lodged clear up into the driver's seat. Her first thought was "I should have died." Months later she was still deeply disturbed about the accident. She sought counseling. At first we discussed her state after the accident as PTSD but she did not feel satisfied with this perspective. As we continued to talk, I said, "I think you are telling me that at the time of the accident your spirit left your body and hasn't been able to come back in." At this point she began crying and said that it was exactly what she felt had happened. She asked, "How will my spirit come back into my body? We pursued (in therapy) spiritually how this might happen. Over time her spirit did return to her body.