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Recommendations for Counseling Native Americans: Results of a Survey

Four million people identify themselves as Native American, and they represent hundreds of different tribes in the United States (U.S. Bureau of the Census, 2000). There are 560 federally recognized tribal governments who represent 1.4 million registered tribe members (U.S. Department of the Interior, 2002). Although, as a group, Native Americans experience depression, anxiety, and several other psychological disorders at a higher rate than the general population (Zahran, Kobau, Moriarty, Zack, Giles, & Lando (2004), they underutilize mental health services (Greer, 2004; McCormick, 1997). It would be very useful to know how best to encourage Native Americans to use the services available to them; how to make such services culturally appropriate; and how to conduct effective counseling and mental health services with members of this population. It is particularly important for counselors in urban areas to know how to serve Native Americans effectively, since at least half of all Native Americans live in urban areas and they are more likely to seek counseling than those who live in rural and reservation areas (Witko, 2006).

This study addressed several important questions, including the following: What should counselors do to build trust and rapport with Native American clients? What barriers prevent Native Americans from getting counseling services, and what should be done to overcome these barriers? Which counseling theories and techniques apply best to work with Native Americans? Should counselors include or adapt Native American spiritual and healing practices in their work with Native American clients?

The opinions of a sample of both Native and non-Native American clinicians who work with Native American clients were collected as a way to begin answering these questions and to provide a basis for further research. This study used open-ended questions in an internet survey in order to gain a broad perspective on the subject and allow respondents the freedom to respond in a unrestricted way. As an exploratory study, qualitative methods were used to analyze the data collected. The opinions of specialists in counseling Native Americans can provide valuable insights into how to make counseling services for this population more culturally appropriate and effective.

Literature Review

It would be quite valuable to know specific ways to improve counseling and psychotherapy services for Native Americans. Several authors have provided overviews and general recommendations for counseling Native Americans based on clinical expertise and prior research (Gone, 2010; 2004; Gone & Alcantara, 2005; Lafromboise, Trimble, & Mohatt, 1990; Thomason, 1991; Trimble, 2010; Trimble & Thurman, 2002). However, very few empirical studies have been conducted on this topic. Few randomized controlled trials on the effectiveness of specific counseling models with adult Native American clients were found in the literature.

Gone and Alcantara (2005) searched the literature for Native-specific, evidence-based mental health interventions and found only two randomized controlled outcome studies, both of which used quasi-experimental designs. One of these studies concerned older Native Americans in ill health and the other concerned Zuni high school students at risk for suicide. No well-controlled counseling outcome studies have focused on urban Native American adults. However, anecdotal reports are plentiful and two surveys of clinicians who work with Native clients have been conducted.

Rountree (2004) conducted a Delphi study of the opinions of eight Native American and four non-Native American clinicians who were experts in counseling

Native Americans. A survey was conducted regarding the knowledge and skills needed for clinicians to serve Native American clients effectively. Among the findings of this small study were that clinicians should assess clients' acculturation type; clinicians should use a variety of treatment approaches; clinicians should participate in Native American cultural activities; and clinicians should seek supervision and consultation from Native Americans in the client's community. Rountree (2004) recommended that this kind of research be done with a larger sample using qualitative questions.

Parrish (2008) surveyed the opinions of 79 Native American and non-Native American mental health clinicians regarding competencies for counseling Native Americans. This is the only study found in the literature that is somewhat similar to the current study. Parrish (2008) surveyed a similar population as the current study but used mainly questions on general competencies requiring responses on a Likert scale. The 48 questions were derived from 16 cultural competencies and characteristics described by Rountree (2004). The importance of three "macro-competencies" (knowledge, skills and awareness regarding multicultural counseling) and 16 micro-competencies (e.g., understanding the client's acculturation level; knowledge of Native American views of health; linguistic awareness) were supported by almost all respondents. Most of the questions in Parrish's (2008) survey were more general than those developed for the current study.

The current study builds on the results of these earlier surveys, and includes some similar items, but adds many new questions that address other important topics, including preferences for specific theoretical approaches and techniques of counseling. Information gained from surveying experts in counseling Native Americans has the potential to help counselors and other service providers make their work with members of this population more culturally appropriate and effective.

Method

Participants and Procedures

The sample for this study was a non-random group of mental health professionals who work mainly with Native American clients. Participants were recruited by an e-mail invitation. Most respondents were members of the listserv of the Society of Indian Psychologists, a professional association of psychologists, counselors, and related professionals who work with Native American clients. Additional respondents were nationally recognized experts in this subject who were identified by a search of the literature and then invited to participate in a web-based survey developed by the researcher. In response to the invitation, 68 individuals completed enough of the survey to be deemed viable for the data analysis. Responses to the survey questions were collated and analyzed using mainly qualitative methods.

Participant Characteristics

Analysis revealed that the sample was 68% female (68%) and 32% male; 75% were licensed mental health providers. Many were Native American (57%), with representatives from 23 different tribes. Forty-four percent of the respondents self-identified as White/Caucasian, and 13% of respondents self-identified as other races (respondents could check more than one category). Regarding profession, 42% were psychologists, 27% were counselors, 16% were teachers, 16% were researchers, 10% were social workers, and 25% were "other" (participants could list more than one profession). Regarding disciplines where graduate degrees were earned, 70% were in psychology, 13% in counseling, 13% in social work, and 4% in other disciplines. Regarding employment setting, 73% of the respondents worked at an outpatient

counseling center or mental health clinic, an inpatient clinic or hospital, or in independent practice; 31% worked in a college or university.

Instrument

An original researcher-created survey was used for data collection since an existing instrument with the desired content for this study was not found in the literature. The literature on counseling Native Americans (including prior surveys) was reviewed to determine the most important questions on this topic. The survey draft was reviewed and pilot tested with three Native American counselors and revised based on their feedback. The created survey was named the Survey on Counseling Native American Clients and contained a total of 30 qualitative items, in the form of open-ended questions. Participants also completed a demographic questionnaire with nine questions. It was estimated that it would take about an hour to complete the survey. Due to the large number of items on the survey and the amount of data generated, only the most significant results relevant to counseling and psychotherapy will be discussed in this article. These results address the key research questions stated above. Results from the survey related to assessment and diagnosis and best practices can be found in Thomason (2011a and 2011b).

Procedure

A review of the literature on counseling Native Americans was conducted and a list of potential survey participants was compiled. These potential participants were leaders in the field of counseling Native Americans and authors of articles on this subject. The Society of Indian Psychologists (SIP) was also contacted and permission was obtained to send an invitation to take the survey to SIP membership via the electronic mailing list. Potential participants were contacted by e-mail and invited to take the online survey. The instructions asked participants to express their opinion in response to the questions, and to write as much as they liked. The instructions stated that the survey focused on urban Native Americans rather than those who live in rural and reservation areas.

All survey results were collected in March and April of 2011. A total of 68 participants took the survey; since they were not required to answer every question, a subset of participants answered each question. Responses to the open-ended questions were examined in a qualitative analysis of keywords, themes and patterns, to identify the most common responses. As a part of content analysis, naïve raters sorted parceled response fragments among categories of emergent themes identified in the search of the literature.

Results

Building Rapport and Overcoming Barriers

In this section each survey question is followed by a paraphrase of the most common answers given by survey respondents.

Participants were asked to “Describe what counselors should do in the first interview to build trust and rapport with Native American clients.” Clients should be welcomed warmly and offered water, coffee, or tea, if possible. Intake paperwork should be minimized. Counselors should talk a little about their own background and use self-disclosure to encourage clients to talk about themselves. Clients should be asked to educate the counselor about their tribe and their understanding of their problem. Counselors should seek to understand clients’ tribal identification, acculturation type, and how culture plays a role in their lives. Counselors should listen respectfully, not interrupt the client, and avoid excessive emphasis on getting answers to standard intake interview

questions. Clients should be given plenty of time to respond to questions and counselors should be tolerant of silence. Counselors should explain how confidentiality works in counseling, the counselor's role, and what clients can expect from counseling. Counselors should be patient, genuine, and nondirective, and allow clients to determine the content of counseling sessions.

Participants were asked "In order to build rapport with Native American clients, should counselors have a square, open, relaxed posture, with good eye contact, or should counselors match and subtly mirror the nonverbal behavior of their clients?" The "match and mirror" approach was endorsed by 41% of respondents. Eighteen percent of the respondents endorsed the SOLER model (Square and Open posture; Lean forward; Eye contact; Relax) which is often taught in counselor education programs (Egan, 2009). Eighteen percent of the respondents recommended a mixture of the models or some other approach. Several respondents (35%) specifically said that counselors should avoid too much direct eye contact or overly assertive eye contact.

Participants were asked "In general, do you think that Native American counselors are more effective with Native American clients than non-Native counselors, or is there no difference? Half the respondents (50%) said Native counselors are more effective; 20% said there is no difference; and no respondents said non-Native counselors are more effective than Native counselors; 18% said it depends on the cultural competence of the counselor; and 12% said it depends on how traditional the Native client is.

Participants were asked "In your opinion, what is the most significant barrier than prevents urban Native Americans from getting counseling for their problems?" About a quarter of the respondents (26%) said stigma; mistrust; or fear of being judged; 24% said lack of money; 21% said shortage of providers or long wait lists; and 18% said institutional problems, such as chaotic and dysfunctional systems of care, having to go through hoops to get services; and racial discrimination. A few respondents mentioned each of the following barriers: lack of awareness that services are available; lack of Native American or culturally competent counselors; lack of understanding how counseling can help; not all Native Americans want "Anglo" forms of mental health services; and transportation difficulties.

Participants were asked "What should counselors or counseling centers do to make potential Native American clients more comfortable with the idea of getting counseling or psychotherapy?" Twenty percent of the respondents said build relationships with the Native community (ask what they need and how you can help; speak with tribal elders; let tribe members know you are trustworthy); 15% said integrate mental health care services into medical services; 15% said the counseling center environment should be made more welcoming by, for instance, having Native art on the walls and providing refreshments; 13% said cultural practices such as talking circles could be incorporated into mental health treatment; 13% said that marketing could be done to advertise the availability of counseling services for Native Americans.

Counseling Theories and Techniques

Participants were asked "In general, which (if any) of the traditional counseling theories apply best to counseling Native Americans?" The most highly recommended theoretical approach (24% of respondents) was the phenomenological approach (variously described as existential, Rogerian counseling, Client-Centered, humanistic, and experiential). Half as many respondents (12%) recommended narrative therapy, and

6% recommended each of the following: interpersonal therapy; family therapy; Jungian therapy; psychoanalytic therapy; and eclectic therapy.

Participants were asked "Should counselors avoid using traditional counseling theories and techniques with Native American clients?" The great majority of the respondents (80%) said that counselors should not avoid using traditional counseling theories and techniques with Native American clients. None of the respondents said traditional theories should be avoided. Several respondents said that the use of such models depends on the client's needs, presenting problems, and type of acculturation. Several respondents said that traditional theories and techniques should be altered and adapted as needed for use with Native American clients, and in some cases traditional Native American healing techniques can be integrated into counseling.

Participants were asked "In general, which (if any) common counseling techniques work best with Native American clients?" Twenty-six percent of the respondents recommended a client-centered approach, and 23% recommended cognitive behavioral therapy (CBT); 13% said Motivational Interviewing; 13% said narrative therapy; and 10% said each of the following: mindfulness-based approaches; dream analysis; Gestalt; and storytelling.

Participants were asked "Are there any evidence-based counseling models or methods for counseling Native American clients?" The majority of the respondents (70%) were not aware of any evidence-based counseling models or methods for counseling Native American clients. However, several respondents did list such models; three respondents listed cognitive behavioral therapy (CBT); three listed Trauma-Focused CBT; and two listed Motivational Interviewing.

Spirituality and Native Practices

Participants were asked "How important is it to incorporate Native American spirituality into psychological counseling with Native American clients?" Fifty-five percent of respondents said it is very important, 4% said it is not important, and 41% said it depends on whether spirituality is important to the client.

Participants were asked "What is your opinion of non-Native counselors "Nativizing" their counseling approach by conducting talking circles, purification ceremonies, etc.?" About one-third of the respondents said this may be appropriate; several of these people said this should be done cautiously, and only if the counselor has been trained in the methods, has tribal approval, and/or uses a Native co-counselor. About two-thirds of the respondents said that Nativizing counseling services is not appropriate, is potentially patronizing or harmful, and should be avoided. Several respondents said it would be preferable to refer the client to a Native counselor or healer, since it is not culturally appropriate for non-Natives to provide tribal ceremonies.

Resources and Research

Participants were asked "What resources would you recommend that non-Native American counselors utilize to better understand Native Americans?" Almost all respondents recommended that counselors get involved in local tribal communities. Comments included the following: meet with Natives and tribal elders; learn about the culture; spend time in the community; find a Native mentor; attend social and cultural events; read Native newspapers and literature; take courses and attend conferences; and socialize with Native Americans.

Participants were asked "What is the most important research question that needs to be answered to improve counseling services for Native Americans?" Several of the most thoughtful respondents' answers follow:

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"How can counselors and therapists be more effective in helping their clients?"
"How can we integrate western practices into a system structured around Native thinking, values, beliefs, and practices, rather than adding these to the typical western medical model?"
"What approaches are most effective with American Indians – therapy outcome studies?"
"What has helped this population endure in spite of all the odds against them?"
"What is the most effective way to assist Native clients to work toward decolonization?"
"How can we get Native Americans to access services and follow through with intervention recommendations?"
"How can we encourage tribe members to learn basic skills to help prevent suicide?"
"How do we get Native students interested in becoming professional counselors?"
"What barriers do Native Americans see as keeping them from receiving services?"
"What is the etiology of psychological illnesses of Native Americans?
"How can we better reach out to Native American people so they trust counseling?"
"How can we help Natives maintain and reconnect to their culture?"
"What are the most effective treatment strategies?"
"Are mental health issues on reservations a problem of personal mental illness or social infrastructure?"
"Study the use of traditional practices and tribal/cultural strengths to address mental health issues vs. the western approaches."
"Research on healing the effects of multi-generational trauma."

Discussion

Building Rapport and Overcoming Barriers

The results of this study generally support the findings of past reports and surveys, although there were some differences. Regarding building rapport with Native American clients, survey respondents affirmed the importance of building trust through being warm and welcoming and using self-disclosure to encourage Native clients to talk about themselves. Survey respondents also affirmed the importance of understanding clients' acculturation type, a factor that has been emphasized by many writers. Regarding rapport-building behaviors, twice as many of the survey respondents advised using the "match and mirror" approach than the traditional SOLER model typically taught in counselor training programs. This accords with a prior study of the effect of mirroring versus non-mirroring in 60 Choctaw clients who had non-Native American counselors (Sandhu, Reeves, & Portes, 1993). This suggests that counselors should experiment with subtly mirroring their Native American clients' verbal and nonverbal behavior as a way to build rapport. Matching the client's posture, eye contact, and verbal characteristics is unlikely to offend the client and may facilitate rapport.

Some past studies have found that counselor ethnicity is not an important factor in terms of affecting the outcome of counseling Native American clients (LaFromboise & Dixon, 1981; Lokken & Towhey, 2004). Half of the participants in the current study said that Native American counselors are more effective with Native clients than non-Native counselors, but many noted that due to the shortage of Native counselors, many Native clients have to see non-Native counselors. Fortunately, many of the survey respondents said that non-Native counselors who are culturally competent can be just as effective as Native American counselors. Ethnic matching of client and counselor is probably an advantage in building rapport, but not a necessary condition for good outcomes.

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The survey participants described several potential barriers that could prevent Native American clients from taking advantage of counseling services, including stigma and mistrust, long wait lists, and institutional barriers such as excessive paperwork and racial discrimination. They also described good ways for counselors to overcome these barriers, such as getting involved with local tribal communities, making the counseling center environment more welcoming to Native clients, and using advertising specifically directed to Native clients. Overcoming barriers will require both personal and institutional commitments to do more to tailor counseling services for Native American clients.

Counseling Theories and Techniques

The majority of the survey respondents supported the use of traditional counseling theories and techniques with Native American clients. Regarding which traditional counseling theories apply best to counseling Native clients, the survey respondents recommended a wide variety of approaches, but the Client-Centered model of Carl Rogers (1961) was recommended more frequently than any other approach. This approach aligns with suggestions for working with Native clients often seen in the literature, such as being warm and genuine, non-directive, and allowing the client plenty of time to think and respond. Many survey respondents also recommended using cognitive behavioral therapy with Native American clients, which has been supported by some past studies (Jackson, Schmutzer, Wenzel, & Tyler, 2006; Renfrey, 1992). Some survey respondents also recommended Motivational Interviewing, narrative therapy, and various other approaches. A Jungian or "adapted Jungian" approach has been highly recommended by a few Native American psychologists (e.g., Duran & Duran, 1995) but has not found wide acceptance based on the results of the current survey.

The great majority of survey respondents were not aware of any evidence-based models or methods for counseling Native Americans, and indeed, there are few if any such treatments to be found in the literature. There are almost no empirical studies on the effectiveness of specific treatments with any cultural, ethnic, or racial minority populations (Dobson & Craig, 1998). Much more research is needed to establish the effectiveness of specific psychological treatments with Native Americans who have specific psychological disorders.

Spirituality and Native Practices

There has been much discussion in the literature on incorporating traditional Native American healing techniques into counseling in order to make it more culturally appropriate (Herring, 1999; McCabe, 2007; Trujillo, 2000). Some of these methods involve Native spiritual traditions and typically have been used primarily by sanctioned tribal healers. Most the survey respondents in this study endorsed the importance of incorporating Native American spirituality into counseling with clients who are so inclined, but most also said than non-Native American counselors should not attempt to use tribal spiritual or healing methods or ceremonies in counseling. Several respondents said that some traditional healing methods, such as talking circles, may be used by non-Native counselors who are culturally competent and have been trained in the methods, but they said that it would be better to find a Native counselor or refer the client to a tribal healer.

Survey respondents were emphatic that non-Native American counselors who see Native clients should get involved in the local tribal communities and learn as much as possible about the local tribes. Cultural competence cannot simply be learned in school or

by reading; counselors should meet Native people, find a Native mentor, and spend time in the community.

Resources and Research

The survey respondents made many valuable suggestions for needed research. Many of these comments related to the need for outcome studies: which counseling practices are most likely to be effective with Native clients? Until such research is conducted, counselors should consider following the suggestions of the participants in this and similar studies. Additional findings from this study on the assessment and diagnosis of Native American clients have been reported in Thomason (2011a), and the implications for practice have been described in Thomason (2011b).

Limitations

There are some recognized limitations to this study, most notably that the sample was nonrandomized and relied on participants who were available by e-mail and who were willing to participate in an online survey. The total number of mental health professionals who specialize in working with Native Americans is unknown, so there is no way to know how representative the survey respondents are of the larger population. These factors limit the generalizability of the results of this study. However, this project was exploratory in nature and was intended to provide a foundation for future studies, which should attempt to include a larger national sample of counselors with expertise in counseling Native Americans.

Conclusion

The results of this study provide valuable suggestions for how counselors and psychotherapists who work with Native Americans can make their services culturally appropriate and more effective. Future research should go beyond opinion surveys and study the effectiveness of various counseling approaches in randomized controlled trials. Such research will provide a firm foundation for counselors and psychologists who wish to provide the most effective services with Native American clients.

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