

# Cultural Adaptation for Therapy With American Indians and Alaska Natives

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Because of the paucity of research on evidence-based treatments with American Indian/Alaska Native (AI/AN) clients, this article addresses barriers to that research and how to adapt treatment to make it more culturally appropriate and acceptable to AI/AN clients so they might benefit from and remain in treatment.

Debido a la escasez de investigación sobre tratamientos basados en la evidencia con clientes Indoamericanos/Nativos de Alaska (AI/AN, por sus siglas en inglés), este artículo trata las barreras para ese tipo de investigación y cómo adaptar el tratamiento para hacerlo más apropiado culturalmente y aceptable para los clientes AI/AN, para que puedan beneficiarse del mismo y permanecer en tratamiento.

Most indigenous approaches for any interpersonal interaction begin with the relationship, knowing a person, developing trust, and respect for the individual that fits well with Western interpersonal approaches. Unfortunately, there exists no Western research to determine the efficacy of this method with indigenous populations. The purpose of this article is to address the lack of culturally adapted, evidence-based approaches to therapy with American Indian adults and children, reasons and issues in developing evidence-based approaches with this population, and important issues and examples of cultural adaptations that have been collected from mental health providers throughout Indian Country (i.e., reservations, allotment, and dependent Indian communities defined by federal law).

## social, historical, and cultural context

The 2010 U.S. Census indicated there are approximately 5.2 million American Indian/Alaska Native (AI/AN) people in the United States, less than 2% of the population (Humes, Jones, & Ramirez, 2011). There are more than 560 federally recognized AI tribes and Alaskan villages existing in the United States (Bureau of Indian Affairs, 2009). Cultures of these tribes vary greatly (Utter, 2001, p. 132). Some of these cultures are philosophically very close to their traditional past and are referred to as “traditional,” whereas those that are closer to the dominant Western culture are referred to as “acculturated.” Individual tribal members may be anywhere along the continuum between traditional and acculturated; some are bicultural, or “walk in two worlds,” and yet others may be marginalized and may not identify with either culture. Many

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who may have grown up with Western or no cultural identity may choose as adults to rediscover their Native American cultural roots and find teachers to guide their cultural journey. This makes it important for the therapist to determine how their client may relate to culture and identity (Sue, Allen, & Conaway, 1978; Trimble & Fleming, 1989).

The history of the indigenous cultures within the United States provides an additional layer to the cultural aspects that affect clients. Each tribe has its own history with the federal government that may influence how the government policy of assimilation has affected historical trauma and cultural identity within the specific tribe. Relocation policy resulted in many tribes being removed from their ancestral lands. In the late 1880s, the policies shifted to forced assimilation of AIs into the dominant society. This process required changing the dress, customs, language, religion, and philosophy of AIs to that of Western culture. Systemic influences across history were (a) dispossession of lands and belongings, (b) biological warfare including small pox, (c) disruption of culture, (d) Indian wars, (e) federal and religious boarding schools, (f) termination, (g) relocation, and (h) modern influences (Stone, 2008). The culture was not passed on from the elders to the children.

Traditional values vary from tribe to tribe and region to region. For example, the Oyate, or Lakota, have 13 traditional values: prayer, respect, compassion, honesty and truth, generosity, humility, wisdom, courage (bravery), helping, thankful, faith, forgiveness, and honor (Charging Eagle, Circle Bear, & Eagle Horse, n.d.). In contrast, the Ojibwe have seven traditional values or teachings: love, respect, courage, honesty, wisdom, humility, and truth (Waabishki Giizis, 2002). When considering the core values of AIs, one realizes that some generalizations will be made; however, there are exceptions, so it is important to allow for individual differences (BigFoot & Braden, 1998).

The Native American perspective of some dominant society values may differ from the Western perspective of the same value. For example, the value of cooperation is viewed as harmony, respect, and noninterference (BigFoot & Braden, 1998). Cooperation is also a personal orientation and is not used to control others, but respects dignity and autonomy. The Western perspective is generally more task oriented, focusing on accomplishing the task (Kohls, 1984).

Conflict is usually indirect in indigenous cultures, focusing on social harmony rather than being obvious, overt, and direct as it is in Western society. Personal relationships are emphasized within indigenous cultures rather than the task orientation of Western culture. There is great respect for dignity and autonomy, but shame and dishonor are considered serious violations against a person, the family, the clan, and the tribe (BigFoot & Braden, 1998).

Competition is positive when it benefits the whole or common good. Improvement gained by competing against one's past performance is good, but

boasting about performance and competition between members is discouraged (BigFoot & Braden, 1998).

Generosity, ownership, focus on the present, and courtesy are also indigenous values. Generosity and sharing are greatly valued among indigenous cultures. Possessions are a means for helping others, whereas ownership relates to current possession. Conversely, stinginess or greed is discouraged (BigFoot & Braden, 1998). The person with a Western orientation may believe they have loaned the indigenous person something, and the indigenous person may view it as a gift that does not require repayment or return (Kohls, 1984). Materialism and ownership of things are not as important as being a good person. Status and getting ahead, which are valued in Western society, are not highly prized in indigenous cultures. Saving, putting away for the future, amassing large quantities of food or possessions, or financial security are not considered important among indigenous cultures. In the past, nature provided all that was needed for indigenous individuals. Typically, excess goods are acquired to give away during ceremonies. What one needs is in the present, and the future will take care of itself (BigFoot & Braden, 1998).

The aspect of focusing on the present, the here and now, as opposed to dwelling on the future or the past is a key concept in understanding indigenous culture. The past and future are appreciated, but it is more important to *be* than to *become*. Present orientation is also related to the concept of time (BigFoot & Braden, 1998; Kohls, 1984). Time is considered fluid rather than something to be controlled or managed. Native American people were conscious of time and marked it by natural phenomena, such as the sun, moon, and seasons. AIs are not ingrained with the same Puritan work ethic of the dominant culture, much like they do not have the same view of property and being self-sufficient. Most AIs understand the need for work, but it is interwoven with spirituality, balance, and harmonious lifestyles (BigFoot & Braden, 1998; Kohls, 1984).

Being generous, respectful, polite, courteous, and hospitable toward others has always been considered important. The lack of direct eye contact is a sign of respect rather than evasiveness (BigFoot & Braden, 1998; Kohls, 1984). Socially, AIs tend to speak in a soft, slow, deliberate manner, stressing the emotions more than the content. AIs are very expressive of emotions but can be very reserved when a history of hostility or distrust of others exists. Speech is usually a secondary expression to behavior. Silence is especially valued, and most Native Americans are comfortable with silence.

AIs value wisdom that comes with age and experience rather than the dominant society's value of youth (BigFoot & Braden, 1998). Elders are respected for their wisdom, which comes from greater experience and a broader perspective. The extended family may seem quite confusing to those with little experience with the culture. Family relationships go beyond blood relatives to friends and other tribal and clan members who may be given a family re-

lationship to a person (e.g., brother, sister, son, daughter, grandchild) based on the closeness and role they play in one another's lives. These relationships are an important aspect of the social, religious, and spiritual part of the family. These relationships also reflect the interdependence and effective child-rearing practices observed (BigFoot & Braden, 1998).

Spirituality permeates all areas of Native Americans' lives. They do not believe in forcing their beliefs on others. Spirituality is considered a part of the person and their relationship to all that surrounds them, not a religion. All things in nature are viewed as being for the good of all and cannot be owned by individuals. One should live in balance and cooperation with nature, taking what one needs rather than controlling it (BigFoot & Braden, 1998; Hodge, Limb, & Cross, 2009).

Finally, criticism is communicated indirectly through another person or in storytelling, using examples of right and wrong rather than the direct confrontation of Western culture (BigFoot & Braden, 1998; Kohls, 1984). Criticism can also be communicated through the use of humor. Acceptance by AIs can be expressed by teasing. Interpersonal relationships hold a great deal of importance among AIs (BigFoot & Braden, 1998).

## mental health research with ai/an natives

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When examining research related to mental health practices, few published results and dissertation abstracts showing treatment modality with AI/AN populations exist (Safran et al., 2009). Most comprehensive services are provided to AI/ANs through the Indian Health Service (IHS) and tribal mental health and substance abuse services. The paucity of treatment research with AI/ANs makes the use of evidence-based practices questionable at best.

There are many challenges to treatment modality research among AI/AN populations. Challenges include difficulty recruiting a large enough sample to test treatment modalities, comorbidity of diagnoses, standardized protocols with trained providers, and an unclear definition of who is considered "Indian." Another important barrier in modality research is the lack of assessments validated with AI/AN populations to measure the outcomes of treatment (Safran et al., 2009). Finally, research has shown that AI/AN clients tend to drop out of treatment earlier than other groups and are more likely to terminate treatment after the first session (Sue et al., 1978).

Therapists who work with AI/AN populations often use local culture and traditions in an attempt to adapt their therapeutic techniques to fit the unique needs of their clients. These adaptations are primarily "culturally sensitive practices" that are passed orally from one therapist to another at IHS meetings or other gatherings of providers for indigenous people. Clinicians in IHS and other

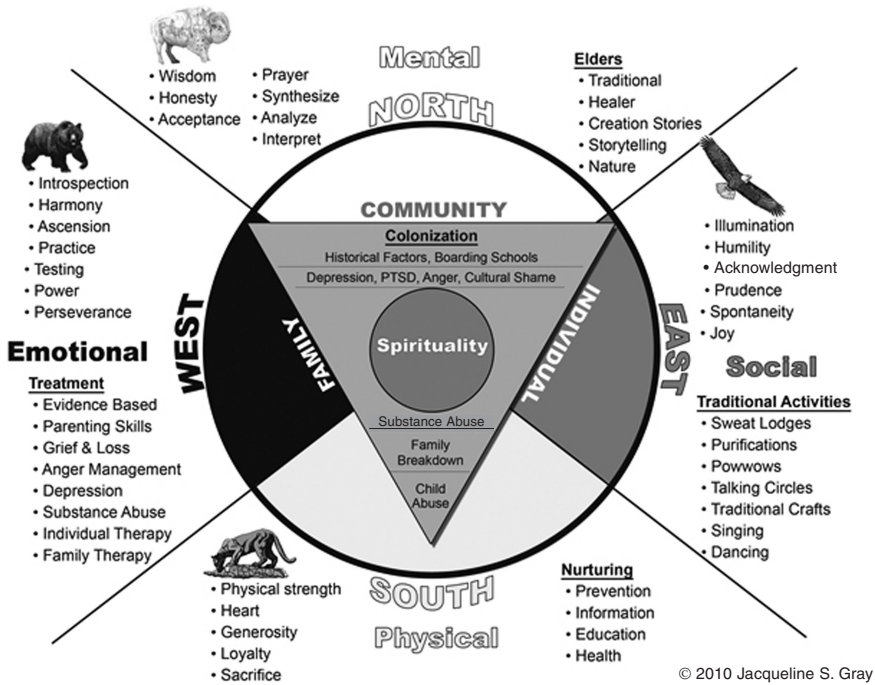
indigenous settings are focused on providing services. They lack the time or resources to examine the effectiveness of altered treatments and use approaches based on what seems to work in their practices, practice-based evidence.

## model for cultural adaptation

Johnson (2006) developed a model of treatment that integrated Western evidence-based practice into a Native American healing model. The West in Johnson's model represents Western and evidence-based treatments in the emotional domain. She indicated that critical in adapting Western evidence-based practices with AIs are the values and traditions that are incorporated in the individual, family, and community context of the culture. Johnson focused on a medical model with her medicine wheel to address the downward spiral into trauma from the events that have affected AIs. BigFoot and Schmidt (2010) developed a well-being model based on the medicine wheel called Honoring Children-Mending the Circle, which is a child abuse and neglect treatment model. The well-being model uses the medicine wheel to focus on balance, harmony, respect, and wellness with a more positivist model.

The integrated model in Figure 1 shows the Medicine Wheel Model of Wellness, Balance, and Healing; the inverted triangle in the circle illustrates the trauma and disruptions to community, family, and individual that bring "dis-ease" and unbalance into the system. The four sections of the medicine wheel connect through the central spiritual (medium gray) hub of the wheel demonstrating the interconnectedness of the physical (dark gray), social (light gray), emotional (black), and mental (white) quadrants through the spiritual core. It also demonstrates the need to keep all aspects in balance around the spiritual core. The spiritual portion represents beauty in whatever form it may take. The animals of each direction represent the values that are important in maintaining the wellness related to that aspect: The eagle comes from the red of the sunrise to the East and represents illumination, humility, acknowledgment, prudence, spontaneity, and joy. The cougar in the South is in the yellow of the sun's highest point and represents physical strength, heart, generosity, loyalty, and sacrifice. The bear in the West sleeps and dreams in the blackness of the night and represents introspection, harmony, ascension, practice, testing, power, and perseverance. Finally, the white buffalo from the white, cold, and snow of the North represents wisdom, honesty, acceptance, prayer, synthesis, analysis, and interpretation of the elders (Bopp, 1985). The types of activities included in helping the individual, family, and community maintain balance are located in each direction.

As the model is examined, the interconnectedness and overlap among the quadrants of the wheel become clearer. The model demonstrates how any healing needs to incorporate all aspects into the healing process to perpetu-



**FIGURE 1**

**Medicine Wheel Model of Balance, Healing, and Wellness**

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ate wellness and balance or as the Lakota say in Indian Country “Mitakuye oyasin!” (We are all related!) This model can be used to adapt treatment approaches in a culturally sensitive way. Following the adaptation, evaluation is necessary to establish practices that work, do not work, or need further adaptation within the culture. It must be applied with caution because there are more than 700 tribal groups in the United States, and each tribe may have variations in their ceremonies, traditions, and stories that must be taken into account for the individual client (Dancing Feather & Robinson, 2003).

cultural adaptations to treatment

When adapting a treatment approach, the therapist must also consider aspects of tribal identification, differences in values, and acculturation of the client. When all this is taken into consideration in a cultural worldview, the appropriate healing approach can be determined. It is important to avoid clashes in values. One story of how AI values and traditions can be generalized with negative outcomes involves a person who wanted to give a Native American painting to

an AI speaker as a gift for the visit. The picture that was presented was of an owl in flight and had been done by a prominent local Native American artist. The person who selected the painting did not know, however, that the owl was an omen of death in the culture of the speaker. When the painting was presented, the speaker had a distressed expression on his face and the presenters did not understand why. Neither party came away from the situation feeling good about what was meant as a way to honor that had fallen short of the goal.

When assessing the history and cultural context of the client, it is important to understand his or her perspective and the problem or issue (Spierings, 2004). How would the client's problem be explained within his or her culture? Is the problem within a medical, magical, religious, biographical, or educational context? How would the problem be treated by traditional healers within the client's culture? What is necessary to return to a sense of balance? It is important to work collaboratively with traditional healers if this is important to the client. It is good to know what kinds of practices, such as sweat lodges, ceremonies, and traditional medicines, they use; however, it is important to respect that ceremonies and treatments will be kept private within the culture, and it is impolite to intrude without invitation or to pursue the information if the client is hesitant to provide it. The therapist may want to ask in a way that provides the client an opportunity to give only as much information as he or she may be comfortable providing, such as, "I know your ceremonies and traditional ways are sacred, but it would help me to know what you can tell me about the practices you observe" (Barnard, 2007). It is important here to note that food and water are considered medicine in many Native American cultures because it is an important aspect of keeping life in balance. Another aspect would be to ask, "If there were an elder in the family, what would that elder tell you about your problem? How would they tell you it should be treated?" This approach also helps get to the values or influences by elders and family. It is also important to understand how the client expresses emotions. Asking how men or women in their culture express feelings such as anger, shame, guilt, sadness, fear, disgust, and joy gives the emotion a cultural context. This would be followed by asking how the therapist would recognize these feelings in the client's expressions. It may also be necessary to access how the emotions may be expressed in their family or tribe.

The therapist's attitude and the therapeutic environment are paramount and should include the therapist's willingness to open up and collaborate with the client while demonstrating regard and respect. The therapist's willingness to share should include information about how the therapist knows his or her field, the therapist's lack of knowledge about the client's culture, and his or her willingness to learn if the client will teach. This creates equality in the relationship and a respect for the therapist's willingness to admit to not knowing everything. Regard and respect may be established by asking about traditional greetings, such as a soft, gentle handshake as opposed to

the Western expectation of a firm handshake, or by checking to see if the client has a preferred way to be identified culturally, such as Lakota or Oyate instead of AI, Native American, or Sioux. Would the client prefer that certain grasses or herbs be present in their sessions, such as sage, sweetgrass, or cedar? How are certain greetings expressed in the client's traditional language or do they not know any of their traditional language? The therapists should treat the client's answers and teachings as important information and should act upon the information. The more the therapist acknowledges the client's worth, value, and beauty in the client's culture, then the more the therapist builds trust and opens up sharing (Tumani, 2004).

In the environment, sage, sweetgrass, and surroundings can make the physical surroundings more welcoming. The burning of sage can create a positive, culturally friendly environment for AI clients because sage is used for blessing and purifying and helps create a peaceful, calming, positive, and safe environment for the client. Sage also communicates an acceptance of the culture and openness to providing comfort in this difficult experience. In many places today, however, burning anything including sage, sweetgrass, tobacco, or scented candles may not be permitted. Alternatives to this may be providing dried sage that the client can take to breathe in the scent and sprinkle over them instead of smudging with the smoke of the burning sage. Sage oil can also be used as an alternative to provide the olfactory anchor to a positive and peaceful experience (M. A. Black Bull, personal communication, October 4, 2007). A braid of sweetgrass or bundle of sage can be important, like a cup of water, in a therapeutic setting. Display of AI art including paintings, pottery, dolls, dream catchers, or beadwork can demonstrate an appreciation and acceptance within the therapist's environment.

One treatment modality used worldwide to address trauma in culturally sensitive ways is eye movement desensitization and reprocessing (EMDR). Although there are no specific studies of this method with AIs, the approaches to adaptation in international cultures also apply to indigenous cultures. It is important to determine the emotional aspects of culture, culture-related characteristics, ways of expression, and symptoms (Tumani, 2004). EMDR is used with treatment of unresolved traumas, whether a small embarrassment or major life trauma. AIs have experienced many traumas throughout history (e.g., boarding school experiences, loss of culture, loss of language, genocide; Gone & Alcántara, 2007); these losses continue in their lives today, from extreme poverty to the many deaths of young people from suicide, homicide, and traumatic deaths from accidents, fires, drowning, and weather (Gone & Alcántara, 2007; Xu, Kochanek, Murphy, & Tejada-Vera, 2010). EMDR is usually conducted with a visual object such as a hand, light, or pen for the client to follow with his or her eyes. Within cultures where there has been a great deal of abuse, waving of a hand (or fingers) may be perceived as threatening. AIs may find it preferable to use a prayer feather so the client focuses on something that is culturally and spiritually significant



to him or her rather than the fingers or something that may have an unknown negative association (W. Harrar, personal communication, January 22, 1998).

The feather provides a symbol of peace, strength, and freedom. To use a feather from an unknown bird or one that could be offensive to the client could also have the opposite effect. Having the client bring a positive object can help to avoid this problem. With children, finger puppets can be used, and with indigenous children, animal puppets, especially those animals found in the cultural stories could be used.

When working with grief issues, it is important to know the taboos, traditions, and practices within the culture. With one tribe, there was need for therapy groups to address grief from the loss of a number of young people in a single accident. Within this tribe, the names of the deceased were not to be spoken because it would have pulled the individuals back from the spirit world and would not have let the individuals move forward in their journey. Instead of focusing on discourse, the group focused on an artistic expression to honor these individuals and their lives and to mourn their passing. Talking also occurred within the group, but in a context that allowed the clients to respect their culture as they processed the loss (B. St. Clair & L. Large, personal communication, May 24, 1998).

It is also helpful for Native American people to have something to do with their hands, such as beading, clay, "journey stick," crafts, or other projects while they listen or talk. (A journey stick, also referred to as a "story stick," is decorated to reflect the individual's journey through life. Life events are depicted by ribbons, beads and other items that show both positive and negative events in the individual's life.) Doing something with the hands helps focus attention and gives clients a place to look other than at the speaker (D. S. BigFoot, personal communication, June 6, 2009).

Engaging children in counseling is often difficult, especially in trying to show appreciation and respect their cultural traditions and values. Balloon sculptures can be used to quickly engage children and integrate values of generosity, respect, and interpersonal relationship while building rapport with them. This adaptation for Native American practice was presented at an IHS Mental Health Conference with practical lessons (V. Barnes, personal communication, May 20, 2008).

When children are depressed and meeting someone of authority who is new to them, it is common for them to make no eye contact and to have very little verbal response. The therapist engages the child by bringing out something most children identify with fun, balloons, even if the child is depressed. The child is invited to pick a color and, within the therapist's abilities, he or she makes an animal, hat, or other sculpture that the child would like to have. This encourages interaction with the therapist immediately and can move the rapport building forward. The therapist should be aware that in Native American communities he or she will receive requests for buffalo, horses, eagles, and wolves, so it is good for the therapist to have some practice at making

more complex animals as soon as possible. The child is given the sculpture to take when she or he leaves the office. This approach expresses respect by giving the child the choices of colors and objects and values the child's input. It expresses generosity and value by giving the child something the therapist has made himself or herself just for the child, and he or she can take it away as a bond with the therapist. The balloon sculptures also present teachable moments. If a balloon breaks during the twisting and forming, the therapist can address what one does when the unexpected happens or things "blow up in your face." If the sculpture becomes untwisted, the therapist can talk about how sometimes one thinks he or she is finished with something only to find out it may have to be redone or fixed.

When play therapy is involved with indigenous children, it is important to include animals that are meaningful in the cultural stories. For example, coyote, wolf, bear, buffalo, eagle, and horse are very popular. Whether puppets, stuffed animals, or toys, they will be the most popular. Stories that focus on these animals are wonderful teaching tools that include the cultural aspects of people's relationship to all things and storytelling as a teaching tool. One familiar story is the Cherokee grandfather who was teaching his grandchildren about life. He said to them, "A fight is going on inside me. . . . It is a terrible fight, and it is between two wolves. One wolf represents fear, anger, envy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, pride, and superiority. The other wolf stands for joy, peace, love, hope, sharing, serenity, humility, kindness, benevolence, friendship, empathy, generosity, truth, compassion, and faith. This same fight is going on inside of you and every other person too." The grandchildren thought about it for a minute, and then one child asked his grandfather, "Which wolf will win?" The old Cherokee simply replied, "The one I feed."

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## conclusion

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In summary, there is an absence of research for evidence-based practices with AI clients. Many therapeutic practices may integrate culturally sensitive aspects into the treatment, but it is unclear if the culture is truly integrated into the practices and, despite clinician beliefs that the adaptations are beneficial to treatment, there is no research to examine their actual effectiveness. Assessments that are used to measure treatment outcomes have rarely been examined to determine the treatment's reliability, validity, and norms within AI populations. If researchers do not know if the measure is accurate, how can they know if there is a difference in treatment? In addition to Western practices with indigenous populations, research needs to include traditional cultural healing practices to determine their efficacy with treatment. Finally, evaluation of a culturally integrated biopsychosocial model that achieves balance and wellness would begin building culturally sensitive evidence-based practice with indigenous populations.

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