



National American Indian & Alaska Native

**PTTC**

Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



**Native Center for  
Behavioral Health**



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Families and Relationships - Part 3

Avis Garcia, PhD, LAT, LPC, NCC, Northern Arapaho

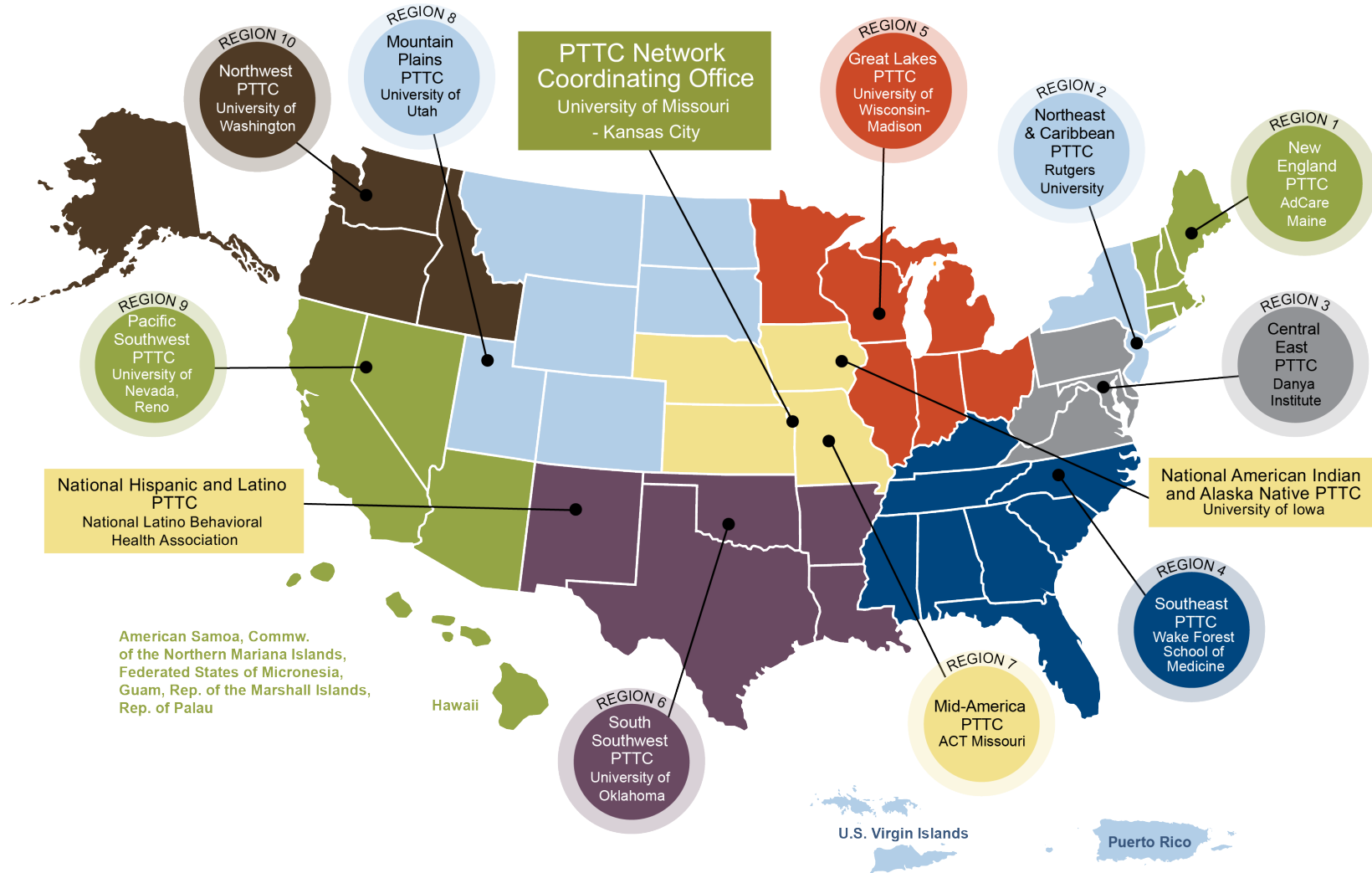
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PTTC Network



# American Indian & Alaska Native Prevention Technology Transfer Center

This webinar is provided by the National American Indian & Alaska Native PTTC, a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

# ***SAMHSA***

Substance Abuse and Mental Health  
Services Administration

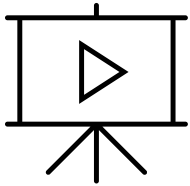
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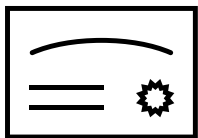


# Follow-up

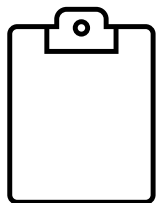
Following today's event, you will receive a follow up email, which will include:



Links to the presentation slides and recording, if applicable



Information about how to request and receive CEUs



Link to our evaluation survey (GPRA)



# Land Acknowledgement

We would like to take this time to acknowledge the land and pay respect to the Indigenous Nations whose homelands were forcibly taken over and inhabited.

Past and present, we want to honor the land itself and the people who have stewarded it throughout the generations.

This calls us to commit to forever learn how to be better stewards of these lands through action, advocacy, support, and education.

We acknowledge the painful history of genocide and forced occupation of Native American territories, and we respect the many diverse indigenous people connected to this land on which we gather from time immemorial.

While injustices are still being committed against Indigenous people on Turtle Island, today we say thank you to those that stand with Indigenous peoples and acknowledge that land reparations must be made to allow healing for our Indigenous peoples and to mother earth, herself.

Dekibaota, Elleh Driscoll, Meskwaki and Winnebago Nations

Ttakimaweakwe, Keely Driscoll, Meskwaki and Winnebago Nations

Keokuk, Sean A. Bear, 1<sup>st</sup>. Meskwaki Nation



# Today's Speaker:

Avis Garcia is an enrolled member of the Northern Arapaho Tribe, and is affiliated with the Eastern Shoshone Tribes of the Wind River Reservation in Wyoming. Avis is a Licensed Professional Counselor and Addictions Therapist. Avis holds a doctorate in Counselor Education and Supervision who specializes in Addictions treatment and work with Native Americans. Avis works with individuals of all ages and does, individual, group, couples and family therapy. She specializes in the treatment of substance use disorders and trauma. Her therapeutic approach is to privilege Indigenous knowledge and draw on the strengths of individuals and families to promoting intergenerational healing, through research and clinical work.



A Native American man in traditional dress stands on a snowy ridge, looking out over a vast mountain valley with a lake and snow-capped peaks. The scene is set in a high-altitude, mountainous region with a clear blue sky and scattered clouds. The man is positioned on the right side of the frame, facing left. He is wearing a tan jacket and pants, and has a rifle slung over his shoulder. The landscape is a mix of snow, brown grass, and evergreen trees. In the background, there are large, rugged mountains with significant snow cover. A large lake is visible in the middle ground, reflecting the surrounding mountains and sky. The overall atmosphere is serene and majestic.

**“We Are Still Here.”**

**Avis Garcia, PhD, LAT, LPC, NCC**

A background image of a range of snow-capped mountains under a clear blue sky. The mountains are rugged and partially covered in white snow, with some rocky outcrops visible. The sky is a pale, clear blue.

# Objectives

- Mental health concerns
- Services effectiveness
- Efficacy of approaches
- Cultural values and strengths
- Navigating Two Worlds
- Areas of need
- Familial Context
- Therapeutic Relationship
- Levels of Acculturation
- General Practice Guidelines





## Current data

- According to the BIA, there are 573 federally recognized tribes in the US.
- 229 of those are located in Alaska
- In 2010 census indicated 1.7% of American population (5.2 million) identify as Native alone or in combination with other races.



# Mental Health Concerns

- Traditional mental health services are underutilized.
- Of all inpatient and outpatient (SAMHSA) in 2010, only 0.4%-0.6% were Native.
- Among three reservations meeting criteria for SUDs, only 20.7% reported use of formal treatment

A background image of a range of rugged, snow-capped mountains under a clear blue sky. The mountains are partially covered in white snow, with rocky peaks and ridges visible. The sky is a pale, clear blue.

## **Services effectiveness study**

- 865 native parents/caretakers
- 71.7% Traditional services were the most effective.
- 59% Talking to an elder
- 49.1% Tobacco offering/Prayer
- 39.8% Working with a traditional healer
- 24.3% Talking to an outside counselor off the reservation.



# Counselor Preparedness

- Cultural appropriateness of clinical approaches and counselor cultural competence.
- Evidence that Native cultural competence is LOW.
- Incomplete, biased, or limited.
- Negative statistics including high substance abuse and suicide rates. ALL NEGATIVE!!!
- No regard for contributing factors such as historical and transgenerational trauma, and generational poverty.



## **Limited or biased**

“Indigenous people’s cultural perspective may appear foreign to many practicing counselors, particularly because of the vast array of differences in culture and values found across tribal affiliation, nations, or geographical locations.”

T. Portman (2013)



# Counselor Training Study

- 132 professional counselor's w/ ACA indicated that the number of completed courses related to multicultural training was 1.37 (Constantine, 2001).
- Primary multicultural training from one diversity course in their entire program!
- Few scholars have described specific educational strategies for expanding Native American cultural competence in counseling programs



## **Efficacy of approaches**

- I would suggest that perspectives be elicited from members of the Native communities
- Cultivate educational strategies for cultural competence of trainees and practitioners.
- One specific aspect yet to be addressed is textbook content.



## **General multicultural textbook**

- One chapter dedicated to Native Culture
- Specific characteristics and considerations
- Elements of Native History, cultural values, social issues, risk factors and challenges, and clinical guidelines & implications for counseling Natives.





# Native Perspectives

- Identity: Tribe, clan, heritage
- Influence of parents & family exposing them to native practices
- Influence of artistic and practical skills, and influencing their school and career decisions
- “Survival Skills in the wilderness”
- Artistic expression: jewelry making, pottery, painting, carving, beadwork, weaving, and dancing, singing, ...



# Cultural Values and Strengths

- Perceived strength of Native culture
- The Sacred: all beliefs and practices including ceremonies, dances, prayer and healing practices, the sweat lodge, the afterlife and sacred objects.
- A way of life not compartmentalized
- Supportive relationships “one big family”
- Preserving native language
- Having survived colonization, and genocide.



## **Navigating Two Worlds**

- One defined by Native culture and one defined by majority Eurocentric culture.
- It is challenging, responsibility for maintaining tradition, and marginalization for acculturation.
- Challenge of balancing life in both worlds



## **Members of Two Worlds**

“We live in two worlds. We live in a Western White man world and then we go back to the Native Indian world. Our struggle is that you have to know both. You just can’t live in one because you need the other. You’ve got your high-definition TV, cable, cell phones, wifi, then you go back home, and you have your language, praying, and your ceremonies.”



# Oppression

- Any form of current or historical discrimination or injustice experienced by Natives.
- Historical injustice and trauma, stereotypes and ignorance, government oppression, cultural erasure, and limits to power and control.
- Wide-spread ignorance about Native culture among non-Natives and pervasive stereotypes, “all Natives are the same”



## Widespread ignorance

- We're not all in poverty, or struggling with alcoholism and drugs, is a common stereotype.
- Frozen in time or icons of the past.
- A lot of people don't know that there's even any more Native Americans.
- Many of us are earning advanced degrees and running businesses.
- Native people have been hurt by trauma.



## Areas of Need

- Hardships and challenges
- Substance misuse, limited employment opportunities, limited access to resources and mental health concerns.
- Substance use as a means of coping “If you’ve had trauma and you haven’t dealt with it, you’re going to try to numb yourself, thinking that It’s going to go away...and it doesn’t.”
- Limited job opportunities



## **Advocacy and Collaboration**

- We don't want non-Natives to work independently to advocate for natives.
- Prefer to collaborate and consult with Native communities.
- Desire to advocate for ourselves by educating non-Natives about Native culture.
- Influence policy, and serve as role models for the next generation.





## Current Treatment Perspectives

- Belief that counseling is largely ineffective
- Notable stigma and shame with help seeking for mental health or substance use.
- “Just the word, freaks Natives out.”
- Services provided by members of one’s community, which leads to perceived threat of information not being kept confidential.
- Not wanting to disclose anything to tribal staff that work there.



## Preferred Method of Care

- Feeling that the community could offer role models of those who have overcome addiction or psychological distress, educate one another, and care for those currently struggling with mental health concerns.
- Preferably another native person.
- Someone who is educated about the community as far as culture, and how the people are.



# Accurate Information

- Informed and invested educators
- Dispel myths and accurately presenting of Natives as members of modern society.
- “We’re not Hollywood Indians. We’re real. We matter.”
- Knowledgeable about Native history (without romanticizing past events such as colonization).
- Current events e.g. Dakota Access Pipeline, and other issues relevant to modern Natives



## **Native community diversity**

“We don’t all do the same thing. We don’t all speak the same language. Our dances are not the same. Our songs are not the same. Our feast times – when (we) have certain feasts and dances – they’re not the same.”

- Be well-informed. Seek out immersion experiences to spend time with Natives before teaching their students about the culture.
- Be immersed in it and actually get an experience, don’t just read about it.



## **Barriers to Higher Education**

- Financial. Cost prevented many from attending college or completing college.
- It is expensive and you have to work really hard.
- Difficulty of maintaining paid employment and going to college simultaneously, is a reality for Native students.



## Familial Context

- 2/3's of American Indians live outside tribal areas
- 50% who seek counseling services will not use tribal resources
- Over 574 Federally recognized tribes
- Over 200 different languages
- We are not all the same.
- Different factors: tribal affiliation, geographic location, level of acculturation, and socioeconomic status.



## **Training programs are ill equipped**

Natives are in great need of specially trained counselors who have a broad understanding of cultural and social phenomena not found in most textbooks and usually beyond the scope of most training programs. Because of their lack of training, few counselors are able to work effectively with the Native client.



# Therapeutic Relationship

- Natives tend to underutilize services
- Higher dropout rate than other ethnic minorities
- Less likely to respond to treatment than other groups.
- Natives realize that the services being offered are not responsive to their needs.





## Literature suggests...

- Prefer a counselor of similar cultural background, esp. personal concerns.
- Other research is inconsistent with this finding.
- Preference is more for a therapist who is culturally *sensitive*, more than culturally *similar*.
- Prefer a therapist with a general awareness of Indian-White relations, specific tribal knowledge, and understating of family.



# Cultural Empathy

“non-Native counselors need to be reminded of the significance of family, community, traditional healing methods, history, relocation, oppression, and empowerment.”

- Understanding of family is the key component
- Better understanding of the role of family, kinship, and relationship patterns



## **Bi-cultural family system**

- Several studies show that these families have the lowest susceptibility to substance abuse and other mental health issues.
- We cannot ignore the rich heritage of tradition; we should blend the strengths of both.
- Traditional behavioral attributes: responsibility, respect, acceptance, and inclusion are often empty words in modern society...a blended model will be beneficial.



# Levels of Acculturation

- One of the most important aspects of life
- Identity begins with transmission of cultural knowledge through the family system and the larger tribal social network.
- Directly tied to sense of self, and often the direct result of family's identity formation.
- Understanding level can be invaluable.
- Snapshot of individual worldview and also of their family functioning.



# Acculturation and Racial Identity

- Race is a social construct, not a naturally occurring categorical system.
- More valuable to consider the cultural-ethnic identity over their racial one.
- Over 60% of AI/Ans are of mixed ethnic backgrounds as a result of intermarriage and other interracial relationships
- Also, life experiences and life choices.



# Retraditionalization

- There is no "right-level" of acculturation
- Levels should NOT be viewed as an ascending or descending stepwise model
- Choney et al.'s (1995) conception of AI acculturation is outside a linear format.
- Consisting of concentric circles represented as four areas of human personality identified as cognitive, behavioral, affective/spiritual, and social/environmental.



# Understand level of acculturation

- Important to determine the level in order to provide the most effective treatment.
- More acculturated clients will be more receptive to a systemic approach
- Individuals are more motivated through interconnection with one another.
- Being bicultural provides greater range of modes or social behavior and cultural communication appropriate for a variety of contexts and situations.



## **Traditional culture orientation**

- Herman-Stahl, Spencer, and Duncan (2003) indicates that AI individuals with lowest orientation to traditional culture are more than 4.4 times likely to be heavy drinkers as are their more traditional counterparts.
- Postcolonial detachment from traditional tribal culture and loss of positive coping strategies associated with previous traditions, values and rituals have led to the predominance of mental health and substance abuse problems.





## ***Traditional***

Live solely traditional lifestyle, steeped in customs, belief systems, and tribal values. Preferred language is that of their people.



## ***Transitional/Marginal***

Often marked with ambivalence. May or may not speak both languages, but often express they do not fully identify with or "fit in" with their tribal group or dominant culture.

Jones (2009) offers a case study of a client who could be classified in this area and how her thoughts and feeling about living in two worlds had affected her mental health.



## ***Bicultural***

Fully immersed and accepted by both their native culture and dominant Western culture and feel comfortable with practices associated with each. Bicultural individuals are individuals who have not felt that they must give up the values of one community to embrace another and feel accepted by both groups.



## ***Assimilated***

Individuals who are assimilated into dominant Western culture have given up the ways of their native people. They embrace only the customs, beliefs systems, and values of the dominant culture, much as traditional individuals embrace only the customs, belief systems, and values of their indigenous ancestors. They often only feel accepted by the dominant culture.



## ***Pantraditional***

These are people who have perhaps grown up in a more assimilated family system or chosen an assimilated path. However, they have made a conscious choice and effort to return to the practices of their tribe. While they remain accepted by the dominant culture, they actively seek to integrate the cultural systems of their ancestors through practices, values, beliefs, and language.



# Counseling Approaches

- I prefer a more nondirective or flexible approach
- No one approach. There is research to support a wide range of theoretical orientations: e.g., cognitive therapies, Person-centered therapy, social learning theory, behavioral therapy, and family therapy.



## ***Network Approach***

- Technique “A clan or group of family, relatives and friends is organized and mobilized to form a social force or network that works to combat the depersonalizing aspects of contemporary life patterns.”



## *The Rule of Opposites*

- “A paradigm that facilitates the process of examining and understanding our behavior and intentions (by emphasizing) the central role of choice in Native American way of life and includes seven key postulates or life lessons”
- There is a lack of consensus in AI culture of how problems are formed and solved, and the differences may not fit the principles of Western psychotherapy.





## **Western notion of growth**

- As I continue my work and study the newest latest methods and theories, most are not made by natives for natives. So... I don't think they will ever be most fitting.
- European values are more based on independence and autonomy.
- Whereas Native life is more of a relational worldview.



## Focus on Healing

- Western theories and techniques have focused on the outcome of therapy based on their standards, not ours.
- These outcome-based models that focus on success and achievement according to European standards, have “limited utility” for our Native people.



## Healing as an Art

“Modern psychotherapy, as used in tribes, must be seen as an art and not a technique. If one utilizes a theory and the techniques contained therein, one is acting as a technician, not an artist. The focus must be on the healing process as it manifests itself with the particular individual as part of the tribal culture. Healing wears the costume of culture, and as clinicians we must learn to recognize its culturally congruent form.”



# General Guidelines

- There is an enormous amount of diversity within our tribal communities, there is no one-size-fits-all model of appropriate rapport-building behaviors and relationship techniques.
- Certain guidelines have appeared throughout the literature enough times to merit attention.
- A good starting point American Indians.



## Good Starting Point

- ***Make an effort to learn more about the individual's particular culture and life experience.*** This cannot be overstated.
- ***A more directive approach doesn't mean give directions.*** More of a relationship giving, with advice-giving as a secondary preference. (Lumbee college students).
- ***Introduce the family into the counseling relationship.*** When appropriate either on a formal or informal basis. By including family members, you increase comfort level.



## ***Consider Traditional Healing***

- Ceremonies and rituals that are meaningful
- Storytelling can be a powerful tool (a/k/a Narrative Therapy). Even as simple as self-disclosure. (“I can relate...”)
- It must be clearly understood, acknowledged, and accepted that many healing ceremonies are not cures but a part of the healing process provided through the entire community.



## ***Mirror Verbal and Non-verbal***

- Including less eye contact and be comfortable with extended periods of silence.
- Hospitality- offer something to drink or a small snack.
- Professional vocabulary can detract from the counseling relationship because it dilutes a culturally meaningful dialogue.



## ***Awareness of Prevalent Issues***

- Increased risk of substance abuse, depression, and suicide compared to the general population
- The risk of co-occurring disorders also higher in AI/Ans.
- The specific issues that may present in therapy will require further research on part of the counselor.





## ***Physical and Psychological Distress***

- Understand the interconnectedness and be prepared to have physical complaints and issues that arise during the counseling process.
- Many Native individuals will consider wellness as a whole concept, not something that can be split into distinct categories of mental, physical, emotional, and spiritual.
- I use the Medicine Wheel.



## ***Cultural Case Formulation***

- Outline provided in the DSM-IV-R
- Case formulation can offset presumptions based on Western diagnostic criteria
- Kids with ADHD may be struggling with PTSD.
- Explain the DSM to them if you are required to use it, provide them with education and their family.



# Future Considerations

- Research indicates that many counselors are ill prepared to counsel AI/AN clients.
- Addressing cultural competence with more depth in counselor training programs and continuing education such as this.
- Despite current body of literature, many counseling professionals feel many of their questions are not addressed.
- Still many areas for future study



# Family importance

- <https://youtube.be/5Ga5Fc6cBHI>
- <https://youtu.be/ie4m9LAVDGw>



# Ha Hou!

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