

CLINICAL WEBINARS

FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

Culturally Responsive Treatment for American Indian and Alaska Native Clients With Suicidality

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1 CE Credit, Instructional Level: Intermediate

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Dr. Fetter is an enrolled member of the St. Regis Mohawk Tribe. She is a postdoctoral fellow in the Carolina Postdoctoral Program for Faculty Diversity at the University of North Carolina at Chapel Hill.

A Counseling Psychologist by training, her scholarship focuses on promoting mental health equity through a strength-based, structural, and culturally congruent lens. Dr. Fetter's research has a particular focus on understanding the role of culturally relevant stressors and protective factors on the mental health and well-being of American Indian and Alaska Native (AI/AN) communities.

Clinically, she specializes in providing culturally responsive psychotherapy to minoritized emerging adults, including those who identify as AI/AN.

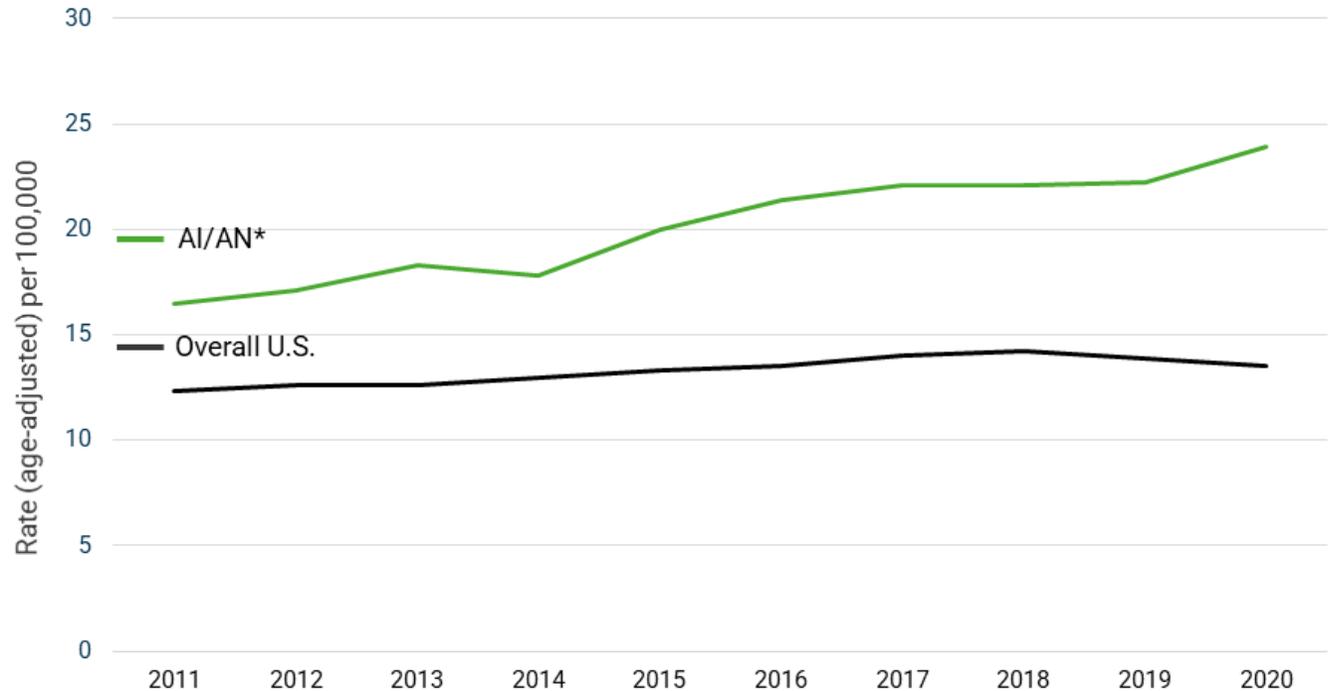
Disclosures/Conflicts of Interest

- I do not have any conflicts of interests or any disclosures for this presentation, including commercial support, financial support, or any relationship that could be construed as a conflict of interest

Learning Objectives

- 1) Identify common gaps in provider-based knowledge, skills, and attitudes that undermine effective mental health service provision to AI/AN individuals and communities.
- 2) Apply culturally responsive and evidence-based approaches to treatment with AI/AN clients.

Suicide Rates for American Indian and Alaska Native Populations (AI/AN), United States 2011-2020

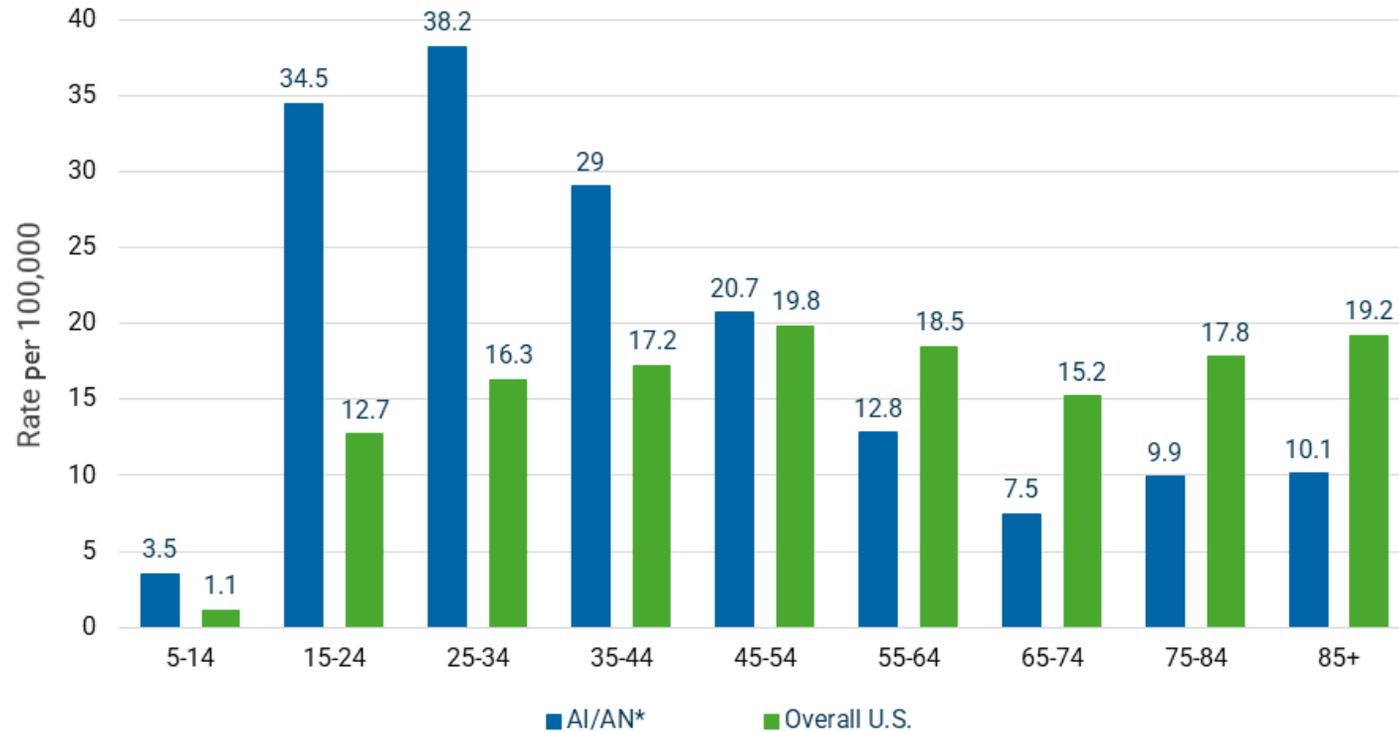


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*Non-Hispanic
Source: CDC, 2021

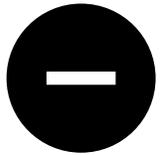
AI/AN Suicide Rates are Worsening

Suicide Rates for American Indian and Alaska Native (AI/AN) Populations by Age, United States 2011-2020



AI/AN Youth and Young Adults are at Particular Risk

How are we orienting towards this problem?

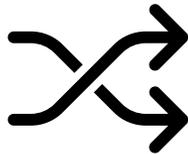


Deficit lens

Health Disparities



Hegemonic &
Generalizing



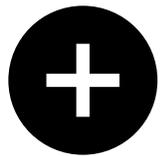
Suicide Crisis Among AI/AN



Individual,
pathologizing
lens

Centers suicide as an individual
phenomenon; Mental Illness
Prevalence & Focus

How are we orienting towards this problem?

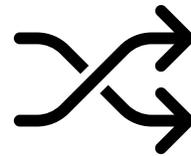


Strength-based
lens

Promoting and Supporting Health
Equity; Recognizing resilience



Heterogeneity &
Socio-political
lens



Cross-Nation differences in mental
health, substance use, and suicide



Systems Lens

Suicide as a socioeconomic and
sociopolitical phenomenon;
ongoing historical trauma; threats
to sovereignty; **erasure and
invisibility**

Erasure and Invisibility of AI/AN Nations in our Education, Media, and Discourse threatens sovereignty, access to resources, and futurity of AI/AN people

87% OF STATE HISTORY STANDARDS DON'T MENTION NATIVE AMERICAN HISTORY AFTER 1900

27 STATES MAKE NO MENTION OF A SINGLE NATIVE AMERICAN IN K-12 CURRICULUM

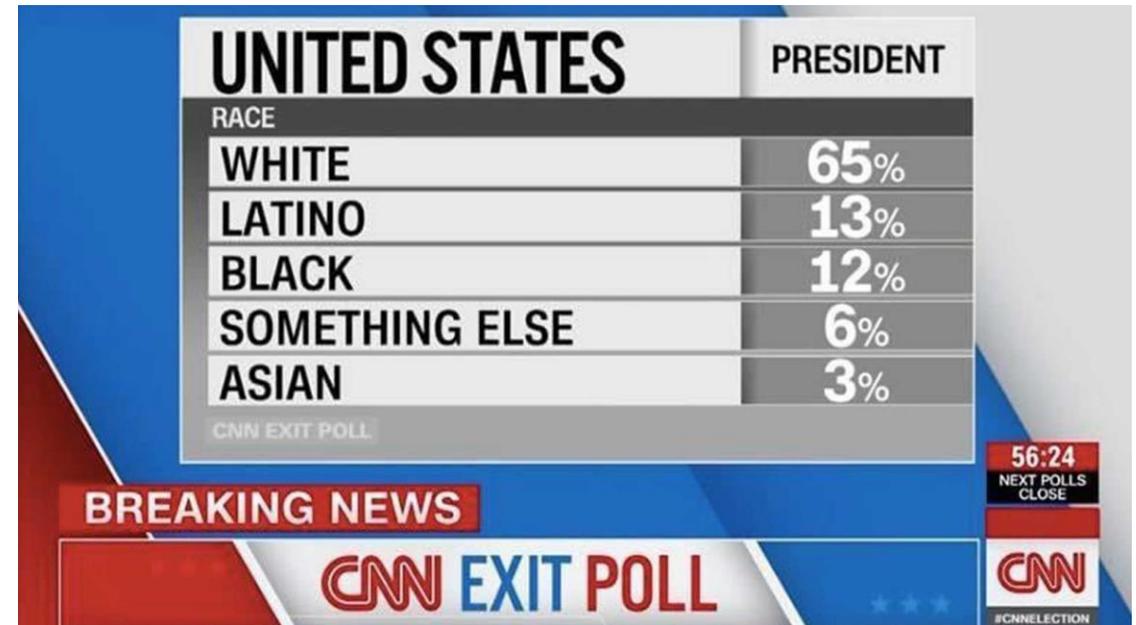
72% OF AMERICANS ALMOST NEVER ENCOUNTER OR SEEK OUT INFORMATION ABOUT NATIVE AMERICANS

Reclaiming Native Truth, 2018

What does this erasure and invisibility lead to
in the field of psychology and client
experiences in therapy?

Erasure and Invisibility of AI/AN Nations in our Science and Data

- “The Research Asterisk”
- 6 RCTs and 5 pre-post outcome studies
 - Almost no data on Urban AI/AN

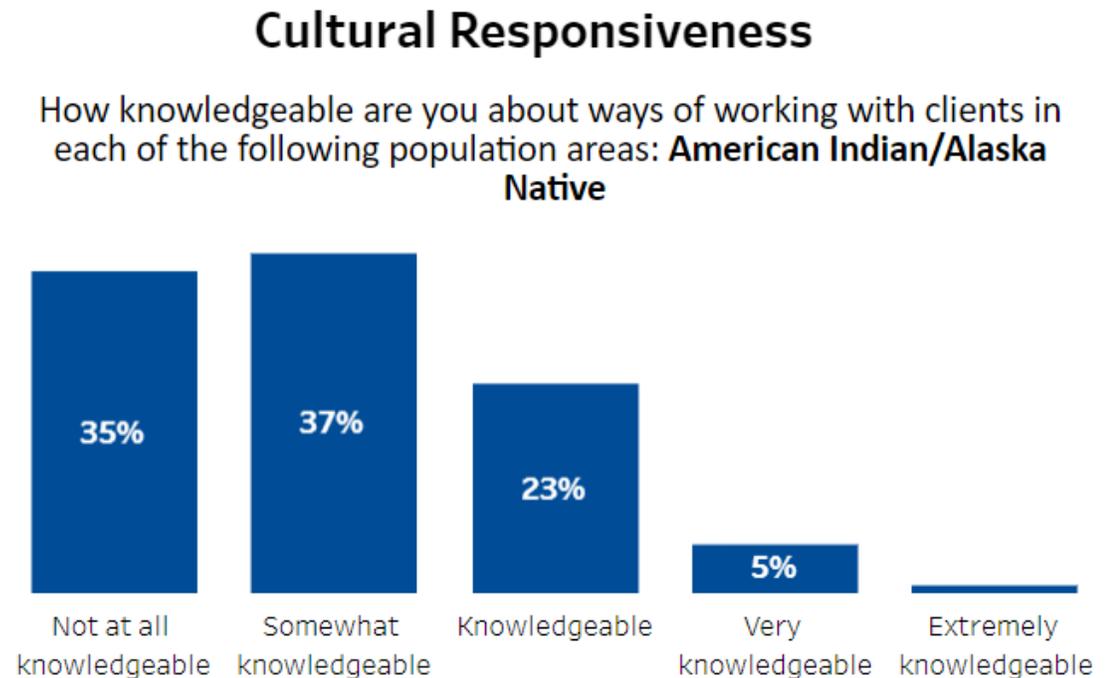


Wendt et al., 2022

Erasure and Invisibility of AI/AN Nations...

What does that mean for clinicians who work with AI/AN communities?

- Only .15% of psychologists are AI/AN
- 70% of psychologists are not at all or only somewhat knowledgeable about providing services to AI/AN



Harm in Psychotherapy

Comments or Thoughts	Possible Source	Possible Impact
<p>"What percentage are you?"</p> <p>"You don't look Native at all"</p>	Racialization and policing of ethnic identity	<p>Erasure</p> <p>Missed data</p> <p>Mistrust</p>
<p>"Did your family live in teepees?"</p> <p>"I don't think I've met a Native American person before!"</p>	Inaccurate stereotypes and ignorance; Self-focused curiosity	<p>Over-pathologizing</p> <p>Inaccurate treatment plan</p> <p>Inaccurate conceptualization</p>
<p>[from a supervisor] "Whew, this patient seems pretty fragile, and they have a history with hospital contacts. I'm thinking BPD"</p>	Deficit lens; focus on pathology	<p>Harm</p> <p>Invalidation</p> <p>Othering and Alienating</p> <p>Displaced Responsibility</p>

Harm in Psychotherapy

Comments or Thoughts	Possible Source	Possible Impact
"Isn't alcoholism like a big problem in your people?"	Assumptions, overgeneralizing	Erasure Missed data Mistrust Over-pathologizing
"Don't you think you're misinterpreting them? Let's work on some alternatives to why they might have said that comment"	Discomfort with racism/bias; desire to help	Inaccurate treatment plan Inaccurate conceptualization Harm
[from a supervisor] "I don't know how to treat American Indians, so you'll have to teach me"	Concerns about competence; anxiety	Invalidation Othering and Alienating Displaced Responsibility

How to:
A Comprehensive Guide to Therapy
with All Folks with Bipolarity

APA Multicultural Guidelines as Essential to Ethical Practice

2. Psychologists aspire to recognize and understand that as cultural beings, they hold attitudes and beliefs that can influence their perceptions of and interactions with others as well as their clinical and empirical conceptualizations. **As such, psychologists strive to move beyond conceptualizations rooted in categorical assumptions, biases, and/or formulations based on limited knowledge about individuals and communities.**
5. Psychologists aspire to recognize and understand historical and contemporary experiences with power, privilege, and oppression. As such, they **seek to address institutional barriers and related inequities**, disproportionalities, and disparities of law enforcement, administration of criminal justice, educational, mental health, and other systems as they seek to promote justice, human rights, and access to quality and equitable mental and behavioral health services.
6. Psychologists seek to **promote culturally adaptive interventions** and advocacy within and across systems, including prevention, early intervention, and recovery.
10. Psychologists actively strive **to take a strength-based** approach when working with individuals, families, groups, communities, and organizations that seeks to build resilience and decrease trauma within the sociocultural context.

One Culturally Responsive Clinical Approach for AI/AN Patients with Suicidality

Culturally Humble & Conscious

Seek foundational knowledge

Build self and professional - awareness

Engage in dynamic sizing

Co-create understanding of health and treatment

Systems & Trauma-informed

Practice Transparency

Share power in therapeutic process; Empower

Name; Validate experiences of oppression or inequity

Use flexible and intentional approach

Strength-based

Hold and express hope

Be open to learning

Reinforce connectedness, identity, sources of nurturance

Recognize and draw from gifts and times of harmony or balance

Lived Examples: First Session / Intake

Culturally Humble & Conscious

Seek foundational
knowledge

Build self and professional
-awareness

Engage in dynamic sizing

Co-create understanding of
health and treatment

- Active learning about local communities, Nations, and potential experiences of import such as historical trauma, medical racism, etc.
- Ongoing reflexivity in our practice and profession
- “What have your past experiences within the healthcare system been like? What would you like to be different?”

Lived Examples: First Session / Intake

Culturally Humble & Conscious

Seek foundational knowledge

Build self and professional -
awareness

Engage in dynamic sizing

Co-create understanding
of health and treatment

- "How are you feeling about being in therapy?"
- "What cultural identities are important for us to hold in our work together?"
- "What are your understandings of your own health, well-being, and what's been bothering you? What does healing mean to you?"

Lived Examples: Exploring Suicidality (or Risk Assessment)

Systems & Trauma-informed

Practice Transparency

Share power in therapeutic process; empower

Name; Validate experiences of oppression or inequity

Use flexible and intentional approach to care

- "I noticed you indicated on your paperwork that you haven't ever thought of suicide. Sometimes folks can be hesitant to report because they have worries about what will happen if they do. At the same time, it's normal to have those thoughts at some point in our lives. Would it be helpful if I shared my approach to thinking about suicide and how I work with my clients?"
- "Here's how I think about suicide and suicidal thoughts..."
 - "How does this line up with your own understanding?"
- "Here's how I approach ensuring your safety..."
 - "What questions or concerns do you have about that?"

Lived Examples: Exploring Suicidality (or Risk Assessment)

Systems & Trauma-informed

Practice Transparency

Share power in therapeutic process; empower

Name; Validate experiences of oppression or inequity

Use flexible and intentional approach to care

- “It sounds like your past experiences with disclosure have been unsafe and ultimately traumatizing.”
- "Here's why I'm asking about [means, rehearsal, history of attempts, substance use, frequency of thoughts, etc.]"

Live Examples: Shared path towards healing (or Safety/Coping Plans)

Strength-based

Hold and express hope

Be open to learning

Reinforce connectedness,
identity, sources of nurturance

Recognize and draw from gifts
and times of harmony or balance

- "I feel confident we can work together to make this less heavy to bear, and in the mean-time I just want to make sure you feel equipped to keep yourself safe and take care of yourself when you're feeling really down."
- "What are you currently doing to cope and get through the hard times?"

Live Examples: Shared path towards healing (or Safety/Coping Plans)

Strength-based

Hold and express hope

Be open to learning

Reinforce connectedness,
identity, sources of nurturance

Recognize and draw from gifts
and times of harmony

- "What are sources of strength for you in yourself, your family, community, culture, or spiritual life?"
- "Tell me about a time when you reached out for support and were glad you did."

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What is one step you'd like to take next?

Clinical Resources

Knowledge-Building

- [A Guide to Build Cultural Awareness](#)
- [Resources for Self-Education on AI/AN Representation](#)

Clinical Tools for use in session

- [Cultural Formulation Interview](#)

Clinical Tools for therapist self-study

- [Mastering the Inner Skills of Psychotherapy: A Deliberate Practice Manual](#)

Approaches to Treatment

- [A Flexible Treatment Planning Model for Racism-Related Stress in Adolescents and Young Adults](#)
- [Toward a Psychological Framework of Radical Healing in Communities of Color](#)
- [Radical Healing in Psychotherapy: Addressing the Wounds of Racism Related Stress and Trauma](#)
- [Cultural Humility: A Therapeutic Framework for Engaging Diverse Clients](#)

Best Practices and Guidelines

- [What are the best practices for psychotherapy with indigenous peoples in the United States and Canada? A thorny question](#)
- [APA Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality, 2017](#)

Q&A With Dr. Fetter



- Dr. Elchert will read select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

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