V

CULTURAL LESSONS FOR CLINICAL MENTAL HEALTH PRACTICE

The World's Moving Too Fast

Kids are growing up too fast.
They think they're more mature than they are.
tv tells them so. In a hurry to get behind the wheel.
Like Junior. Grownups are growing
up too slow. Greed. Expansionism.
Everybody out to get theirs and everybody else's
There's just not enough giving. Too much
taking from Mother Earth. Substituting technology
for Nature. No Respect.
Too many Big Macs. Too much noise.
Now they own the moon & they're not cleaning
up Commencement Bay's Toilet Water Award.
Time to remember to remember where we came from.
& not to be a slave to that clock.
That clock keeps you from spending time
in the here and now -- but worried about
where you gotta be. Too many buildings.
Ground disappearing. Trees disappearing.
Grandmother said she always used to see
a lot of fish jumping and it was *something*
to see a plane. Now it's something
to see a fish & there's too many planes.
Social norms are changing with electronic
tranquilizer. Cutting up what little
ground is left; covering it with concrete
& pavement so somebody can move their
trailer house out into the woods.
The animals just go farther away.
Figuring animals ain't part of the system anymore.
Just can't live without working as a slave
to them green frog skins.
Not enough living like the old days.

Puyallup Tribal Treatment Center
May 16, 1984

Introduction

The purpose of this chapter is to discuss some of the implications of a cultural perspective and understanding for clinical mental health practice at the Kwawachee Mental Health Counseling Center of the Puyallup Tribe of Indians, Tacoma, Washington.[1] While the text will be primarily concerned with a specific case study, we believe that the issues are of such a general nature that in many cases they apply to clinical mental health practice among other populations of American Indians and Alaska Natives. Selected central issues in medical anthropology will be chosen as focal points around which to consider the cultural lessons for clinical practice. The list of central issues includes: cultural maps, family structure, ritual and ceremonialism, values and value conflict, educational context, sense of time and self, communication styles, pride and prejudice, and barriers to mental health services in the non-Indian community. The chapter will conclude with a discussion of the importance of the integration of the local community's cultural perspectives in the provision of clinical mental health services.

Kleinman (1980) has made it clear, as noted in Chapter I, that an understanding of a medical system must start with the appreciation of health care as a system that is social and cultural in origin, structure, function, and significance. A corollary of this position is that the contemporary health care system of the Puyallup Tribal community can only be understood in the relationship to the ongoing cultural values, meanings, and behaviors of the same community.

In the following attempt to describe a number of the existing cultural values, meanings, and behaviors which influence clinical treatment and differentiate the American Indian and Alaska Native population of this area from the general population, there is a clear and present danger of stereotyping and gross generalization. Despite the cultural and inter-cultural diversity characteristic of this population, we believe that the following typical description of this diverse population is necessary and useful in order to better understand the nature of client-practitioner interactions in providing mental health care services to the Puyallup Tribal community.

"Cross-cultural therapy implies a situation in which the participants are most likely to evidence discrepancies in their shared assumptions, experiences, beliefs, values, expectations, and goals" (Manson & Trimble, 1982, p. 149). It is necessary for the mental health practitioner to understand, respect, and reinforce the dominant cultural values of the individual and his/her community in order not to impose the values of the practitioner upon the client. American Indian and Alaska Native standards or values of what is good or healthy can be unconsciously biased by the dominant cultural values of the health care worker or counselor (Clark, 1983). American Indian and Alaska Native patients and clients may temporarily abandon their own health care practices and beliefs in order to satisfy the expectations of health care workers and therapists, but will ultimately reject

imposed treatment regimes which run counter to internalized cultural values (Leininger, 1978). The positive outcomes that result from mental health or treatment interventions can only be defined in terms of the perceived notion of the "healthy" individual as defined through consensus within the client's reference community.

Cultural Maps

Historically, the Puyallup Tribe has served as a "hub" of Indian culture (Hunt, 1916; Smith, 1940a). For centuries people from as far away as Canada and the Columbia have gathered here in the summer months in order to trade, to visit relatives, to attend various ceremonial occassions, and more recently, to attend boarding school, to seek work among the hop fields, and to receive care at the Cushman Indian Hospital. Today the broad range of medical and social service support available through the Puyallup Tribal Health Authority acts as a similar magnet for the population. The regional alcohol and drug treatment facility managed by the Tribe currently provides services to an inpatient population, 75% of whom are from some other County or State.

The large number of social service and other support agencies for low income individuals and families (including state, county, and private agencies, low income housing, food support systems, churches, and the support agencies of the Puyallup Tribe) tend to make the Tacoma/Pierce County metropolitan area attractive for those individuals in need of care or support.

Non-Indian agencies and providers may not be aware of the difference in "reference points." For example: the clients of the Puyallup Tribal community do not go to Tacoma; they go to the Puyallup. They do not go to Auburn; they go to Muckleshoot. They do not go to Everett; they go to Tulalip. They do not go to Shelton; they go to the Skokomish. Additionally, non-Indian providers are generally unfamiliar with the access points for Tribal connections and resources specific to American Indian and Alaska Native entitlement.

Internal travel from reference point to reference point is guided by current and existing meaningful cultural maps. The urban-rural enclave exists within the context of a series of "strictly Indian cultural meanings". Many of these seemingly discrete and separated "places" and activities are viewed as a continuous and coherent whole by the Tribal community. The interspersed agencies and places and activities of the majority culture are like the forest, trees to be used or avoided. There is an Indian cognitive map shared among members of the rural-urban enclave.

Kwawachee personnel are aware of these cultural maps and make use of them to distribute information and garner support for their clinical services. Beyond simple awareness, Kwawachee personnel actively participate in Tribal events and demonstrate their membership in the community. For example, a recent and tragic fire killed nine Indian children.

Kwawachee personnel shut down formal office operations and attended the funerals providing support and counseling on a personal and informal basis free of the institutional setting. Many of the "clients" were not even aware that they were receiving mental health support.

Thus, Kwawachee is an important and accepted part of the family-based mental health care referral system in the Tribal community. Given this embeddedness in the culturally meaningful cognitive system, stigma about seeking mental health care from professional practitioners is reduced. Kwawachee personnel also utilize their knowledge of the cultural system to gain access to ongoing traditional healing ceremonies for clients in need. The ceremonial cycle among the tribes of the Pacific Northwest is not easy to access by clinical personnel unfamiliar with the urban-rural enclave having specific cultural meanings.

Family Structure

The extended family support system is of ultimate importance to most American Indian and Alaska Native clients. Since informal resources such as the extended family are known to provide emotional support, material assistance, physical care, information referral, and mediation in times of emotional need, an American Indian or Alaska Native client who perceives him/herself as being isolated and without "family" to depend upon and interact with may experience much more difficulty in coping with acute episodes or chronic illness (Bertche, Clark & Iverson, 1981). "To be really poor in the Indian world is to be without relatives" (Primeaux, 1977, p. 92). Relatives include a wide variety of extended kin in addition to the immediate family. Sources of referral to professional or traditional practitioners are much more diverse than within the non-Indian community (Guilmet, 1984).

Many times American Indian and Alaska Native children will have "multiple parents" including those from past marriages or present relationships. The kinship system is not necessarily based upon blood lines. Older individuals are often referred to as grandma or uncle or auntie. This is a modern adaptation of old patterns within subsistance cultures where different extended kin and the network allowed for ease of access to various subsistance goods.

Because of shortened life expectancy, Tribal resolutions, and certifications under federal law, elders within the Puyallup community become elders at an earlier age than among the general population. For the Puyallup Reservation the recognized age threshhold for Elders is 45 years. In the general population this age may be 60 or 65.

A heightened respect for the elders of the community is evidenced. It is much more likely that the Tribal family will care for and value its older members as repositories of traditional knowledge rather than storing them in nursing homes.

A high degree of autonomy is encouraged among children and adolescents. Both are viewed as much more independent, responsible,

and capable at an earlier age than among the general population. Independence is encouraged; children are given a wide range of latitude to learn through trial and error and direct observation. Children are rarely told not to do something (Guilmet, 1985b); however, older children may be informed of the possible consequences of behavior, but "left free to make their choice" (Backrup, 1979, p. 22).

Kwawachee personnel report that children may often be a filter system. If the care is good, fair, warm, and effective for the children, then when a health problem becomes serious enough to indicate the need for outside consultation or interventions, adults, then, maybe, will seek assistance through the same agency which provided good care to their children. This same pattern of filtering may occur among the extended family or community network impacting peer referrals. If one member of a family has had a particularly unpleasant experience with a certain provider, it is highly likely that this information will be shared among family members and friends. While this basic tendency certainly occurs among some members of non-Indian communities, the particular imperatives which lead individuals to perceive an experience as unpleasant or counter productive are culturally laden and unique to the Tribal community.

Reluctance to speak openly of familial concerns among strangers (in the group therapy setting) continues to evidence itself among the Kwawachee service population. Kwawachee has attempted several group programming elements; past experience demonstrates that American Indian and Alaskan Native chronics "don't come to groups; they request one to one therapy." It is critical to make a distinction between traditionally oriented healing ceremonies in which verbal confessions rarely, if ever, occur and Western "group therapy." Contributing to this avoidance of Western group talk therapy is the need to be recognized as an individual, with unique individual importance, the imperative not to air familial problems in public, and the need to develop a trust bond between the counselor and the client before candid discussions occur.

The admixture of the group is of ultimate importance to the success of group therapies. Counselors report considerable success with therapies which include extended family members only. In addition, group situations have not been found to be appropriate for the chronically depressed who exhibit a great fear of being criticized. Kwawachee's chronic population, we believe, varies significantly from the general population's chronically mentally ill. Counselors maintain that the chronic population contains many chronically depressed, anxiety and panic disorders, post tramatic stress disorders (which Kwawachee counselors claim might be epidemic within the Tribal population), and borderline, dependent, and antisocial personality disorders. Kwawachee chronics do not include a high percentage of psychotic or schizophrenic individuals. As alcoholism is endemic among the Indian community and many children grow up within alcoholic households, post traumatic stress disorder, delayed is often evident.

In spite of the unique strengths of the American Indian and Alaska Native family one of the Kwawachee clinicians describes the necessity of providing intergenerational counseling because of the negative impact of accomodating rapid and massive change upon some families:

> I was most impressed by the difficulties everyone seemed to have with adolescents, which turns out to be a kind of no man's land for Indians even more than it is in the dominant culture. Not only is the transition from child to adult obscured by the loss of traditional rights of passage, but I noted a blending of the traditional and nontraditional in the next generation, without communication in evidence in many cases to sort through it all. As if this weren't complicated enough, then you have the combination of people who have reservation experience and those who have none. Expectations tend to run rampant, but they are all too frequently not shared. Thus, I had lots of cases of older generations taking responsibilities for younger generations of extended family members, but without the respect for elders among the youth, as well as modern attitudes towards adults in general, it was all too easy to end up in exploitation situations, the elders exploited by children, but unequiped to handle it, knowing mainly the obligation to family. Meanwhile, the young tend to believe that their elders have an undending supply of money and material goods, without realizing at times the obligations that elders feel towards them--obligations that can lead elders to give away everything they own and end up homeless, under the right circumstances. So it seems to me that there are multiple cultures to juggle around in this thing: the different cultural experiences of each generation; the traditional and nontraditional Indian cultural experiences; reservation and non-reservation experiences; the culture of poverty and its knocking up against other class values; the youth culture and the world of the older people. It all requires a kind of careful juggling to figure out what a person's frame of reference primarily is. It could be a hybrid of some kind in Tacoma, not quite a part of any of the recognized cultural communities, but almost in several. Thus, I found that grandparents could not talk to parents very well and parents could not talk with or understand their children. And the children thought that everyone--grandparents, parents, Indians, and non-Indians--all were strange and nearly impossible to live with at times. Meanwhile there were layers of attributions and very large problems with use of language to clarify such matters.[2]

The extremely high stress experienced by the American Indian and Alaska Native community has contributed to the multiple dysfuntions observed by staff, and constantly experienced by individual members of the families at risk. The involvement of extended family members "attempting to assist" or "plainly disrupt" normal family activities and therapeutic support complicates the delivery of inhouse services. There is also a high level of involvement of outside agencies such as the legal system, welfare systems, Tribal Children's Services, State of Washington Children's Services, parole officers, substance abuse treatment programs, and others because of the multiple dysfunction experienced by many of these families. Coordination of so many agencies which are essentially and necessarily interconnected and deeply influencing individual family members, cannot be accomplished effectively from a desk within an office environment. Outreach support services often include attending court with clients, treatment programs, schools, and a plethora of interagency meetings aimed at coordinating services for the client and family.

The Children's Specialist reports a substantial level of avoidance within client families in seeking or receiving appropriate mental health counseling for children and involved family members. "Getting most any Indian family to commit themselves to traveling to an ongoing program of mental health counseling support is difficult. Even the foster families are sometimes noncompliant," Ruth Currah, the past Children's Specialist, reports. For this reason the capacity to provide outreach counseling and support services is a necessary element of designing a successful mental health support network for dysfunctional American Indian and Alaska Native families.

Ritual and Ceremonialism

Tribal ritual and ceremonial practices provided a code for ethical behavior and social organization "which contributed to an understanding of the meaning of life" (Mitchell & Patch, 1986, p. 129). They also provide a means for prevention and intervention for individual or social dysfunction through ceremonies, rituals, and treatments. The Puyallup Tribal community is caught between two cultures: attempting to preserve the best of the old, while adapting the best or the necessary of the new. Though there has been significant progress in the control of contagious and biomedically oriented pathologies, there still exists a high rate of death attributed to the stress of biculturalism. This phenomenon has been described as the "epidemiological transition" (Broudy & May, 1983).

Much of this high death rate is due to accidents, suicides, substance abuse, and violence--all expressions of the emotional stress experienced by individuals who have been stripped of their cultural traditions and forced into a schizophrenically bicultural existence. The chronic

depression displayed by many Indian people can be at least provisionally linked with such potentially causative factors as the frustration many experience upon failing to acquire upward mobility in American society; subjective feelings of rejection and discrimination because of the actions of many non-Indians toward them; guilt feelings stemming from collective and personal denial of their Indianness; and moral disorientation due to the fragmentation of their traditional cosmological system (Jilek, 1978, 1982). An increasing body of psychiatric literature suggests that the deliberate integration of Indian healing theories and techniques with Western treatment strategies--especially in situations where Western approaches have proven ineffective--will have a positive impact on this type of anomic depression.

Kwawachee Mental Health Counseling Center staff relate that many of the traditional people have a concern with receiving an "Indian name." The rituals and the giveaways surrounding this practice and traditions are complicated. However the effect upon Kwawachee's clients is noticeable, though subtle. The lack of an Indian name has added to some clients and even staff members feeling and expressing that their life is "not complete."

Kwawachee staff express the need for more information regarding the Plains traditions, since a large population of Plains people have migrated to the Tacoma-Pierce County catchment area and seek care through Puyallup Tribal programs. As a result of the ongoing expansion of pan-Indian traditions, especially within urban areas, many community members find themselves participating in the healing and spiritual traditions of other tribal entities. At least one member of the Puyallup Tribe has participated in the Sun Dance and also is currently a Pipe Holder and is able to hold Pipe Ceremonies. The Sun Dance and the Pipe Ceremony are both Plains traditions. Further, it is rather naive for the uninformed to expect tribal peoples with traditions of exogamous marriage not to accept, appreciate and honor the traditions of the tribal groups with which they associate. Increased transportation and communication technologies have only increased and reinforced this basic integrative pattern.

For some a deep and abiding faith in the old forms of Indian medicine is present. If not faith, then sometimes this "past" is expressed as fear of an old evil. For example, some individuals report the lingering appearances of deceased relatives in the form of owls or other presences, a traditional Puget Sound Salish belief. Also, the traditional healing aspects of the Shaker Religion which incorporates old forms of treatment and diagnostics, pit the healers against a well defined evil influence, either devilish in Christian terms, or the negative powers existing within the traditional ceremonial complex (Gunther, 1949).

Current practice among Kwawachee staff and within programming involves the spiritual cleansing of areas, offices and individuals with sweet grass, sage, or cedar smoke--these plants being variously important either east or west of the Cascade Mountains. The smoke is power and a prayer.

Traditional treatments provided are predominantly of the local Coastal Salish smokehouse tradition. Additionally, traditional sweats, Shaker healings and cleansings, talking circles with eagle feathers, the Pipe Ceremony from the Plains tradition, and Southwest shamanistic healings are employed within the existing treatment regimen.

When some person does something while under the influence of alcohol and/or drugs, it is commonly accepted that the power of the alcohol or drugs is responsible for any aberrant behavior during the power's possession and influence (Jilek, 1982). A "power" may make someone do something, but it is the power's fault, not that of the individual. This seems a direct descendent of the spirit power network and spirit dancing (Amoss, 1978). This may allow or encourage the avoidance of individual responsibility for actions during "possession." In the traditional context the power of spirit would reject many of these behaviors or activities. In traditional terms, the powers of traditional healers, an individual's personal power, the Shaker healers, or the higher power within Alcoholics Anonymous must be stronger than the power of alcohol or drugs to effect long term abstinence or control.

The city environment lacks access to culturally appropriate and meaningful "things to do." Several of Kwawachee clients from local tribal groups relate that since they came to the city they are unhappy, because there is "nothing to do." Things to do may be defined as "rural and woodsie." You just can't go hunting in Wrights Park. Burnings (destruction of possessions) or give aways (potlatches) don't seem to occur within the urban environment. There is less ceremonialism, such as name givings, to provide basic cultural support for the urban Indian. Unfortunately, similar complaints of there being nothing to do on the reservation are also heard commonly from recent residents of rural and isolated reservations, who desire access to the stimuli of urban living. This expressed "lack of things to do" in both environments demonstrates the conflict of participation in two distinctly differing and at times conflicting cultural milieus.

A member of the Kwawachee staff describes the urban situation in the following way: "It is really a trade off; individuals may come to the city for the chance at a job and economic independence [non-Indian culturally defined success] and instead find unemployment and the lack of the networked emotional and spiritual support system which is 'necessary' to keep oneself in balance with the world and in good health."

Kwawachee staff recognize a very real need to provide clients with access to knowledgeable individuals (familiar with the various patterns of American Indian and Alaska Native bereavement practice, ceremony and symbols) to assist them in coping with the stress of death in the community. A fatalistic approach to "tragedies" and death is perhaps a symptom of the pervasiveness of death within the Tribal community. Although it may traditionally be viewed as part of the natural way of things, and "these things happen," the high rate of mortality among the contemporary community can be nothing less than disturbing. This enlightened service should be an

integral part of organized mental health support services. Pierce County Vital Statistics indicate that the Puyallup Tribal community experiences at least two deaths per month. Separation from the ritualized or ceremonial system of the reservation environment complicates the grieving process and mitigates against closure. Note the strong interest expressed in bereavement by the National Institute of Mental Health, commissioned through the Institute of Medicine (Osterweis et. al., 1984).

Values and Value Conflict

Unlike other minority populations which have either been imported or migrated to this area the American Indian and Alaska Native population is more intent upon preserving its own culture and values than on achieving, adopting, and succeeding in purely "White" terms. The Puyallup Tribal community does not necessarily want what "the man" has to offer and is not interested in becoming white, or in adopting necessarily white values.

American Indian and Alaska Native people of the Northwest generally had redistributive economies such that prestige was maintained through the redistribution of wealth both in public ceremonies and in localized community contexts. This traditional orientation still exists to an important extent among many of the members of the Puyallup Tribal community. For those participating in the redistributive economy, sometimes called the "give-away life," a significant portion of the economic resources of the household and the extended family network may be consumed in order to gain prestige. A similar situation is described among the Eskimo: "Accumulating money made no sense, for wealth lay in spending and sharing it . . ." (Boeri, 1983, p. 73). Many American Indian and Alaska Native people behave as if they do not actually "need" money, as if they are not addicted to those little green frog skins. In fact, they may demonstrate a total disregard for money, or saving money. They may be likely to "burn it up" right now, or share it around with friends and family. This value orientation emphasizes the spread of the wealth instead of hoarding it to get rich or be perceived as miserly by family and peers.

American Indians and Alaska Natives generally do not publically emphasize individual achievement, and do not feel as comfortable as the general population when encouraged to compete with their peers (Weiringa & McColl, 1987). "The concept of sharing is deeply ingrained among American Indian and Alaska Natives who hold it in greater esteem than the white American ethic of saving" (Lewis, 1975, p. 379). Skills and labor tend to be contributed to the well-being of the family and tribe, consistent with traditional hunter gatherer behavior, and are not culturally directed towards personal gain.

Mental health therapies which build upon success models and achievement orientations typical to mainstream American society have limited utility among American Indian and Alaska Native clients. For example, rewards built into the token economy approach in behavioral

psychology which accentuate the personal acquisition of wealth may not be effective in motivating compliance to a behavioral regime. However, culturally sensitive rewards featuring the acquisition of items to be redistributed at a "give-away" can be expected to be more appropriate to the value set of the community.[3]

The adaptability of the hunter gatherer and horticultural societies may be demonstrated through several modern accommodations and adaptations such as the Shaker Church, changes in subsistence patterns within a basic framework which maintains continuity with traditional subsistance values, and recent successful legal defenses of traditional value sets in White courts using White law and White tactics. Many tribal people worry that this adaptability has led to the loss of their traditional values. "To stay the way we are, we have to fight. But if we fight we are no longer the way we are" (Boeri, 1983, p. 114).

Mental health personnel at Kwawachee recognize the need to address the difficulties a client faces in coping with the cognitive dissonance typical to biculturalism and rapid culture change. Internal conflicts of value are discussed openly to help the client realize that he/she is not alone in possessing attitudes contrary to those of typical mainstream members of American society.

Some of the survival struggles which exacerbate this worry and lead to increased competence in battling the imposed systems within their own frameworks, while at the same time lending added stress to the fabric of the traditional community, are chronic conditions of an occupied people. The Tribal tax base has been consistently eroded through State usurpation of income once generated through sales of tax-privileged commodities by Tribally licensed businesses. This reduction and the costs of litigation recently incurred over several land dispute issues preclude direct support of mental health services through Tribal funds. The lowered tax support base and the costs of litigation have also increased the level of unemployment among Tribal members.

Community wide tension, both inside the Tribal community and among non-Indians, regarding fishing rights struggles, ongoing land disputes, and the pending settlement with the Port of Tacoma have increased the level of stress and distress among American Indian and Alaska Native community members. Recent research has indicated that Washington State ranks number four among the ten most stressful states to live in as a member of the general population (Sanger, 1987). It is reasonable to expect that much higher levels of stress and anxiety will manifest themselves among the American Indian and Alaska Native community of the urban Tacoma/Pierce County metropolitan area which shares the Puyallup Reservation.

Traditional values may maintain themselves, survive in altered forms, or evolve and adapt, and in some cases new behavior patterns will not maintain a direct correlate to generally appreciated tribal value sets. "We dig up the tools of our ancestors and we don't know how to use them"

(Boeri, 1983, p. 64). Usually, however, the modified and adaptive culture will "behave" in manners consistent with the values which "seem to coincide most appropriately" with the traditional value orientations. There exists a basic value orientation even though the adaptive behaviors may be less predictable.

The modern and traditional expressions of value orientations towards fishing and hunting, personal power through information or knowledge, a dependence upon extended family and kin based social organization, a spiritual respect for ecosystem and ecology, the continued practice of ascribing individual responsibility to children and adolescents, the emphasis towards cooperation verses competition within the in-group, the tendancy to perceive oneself as part of a whole (whether group or part of the community of nature) rather than as a discrete and isolated competitor, *all* are examples of the continuity and survival of the traditional value orientation in the face of accommodative and assimilative change. These are examples of consistent value orientations through traditional and modern parallels which develop or emphasize behaviors which accomodate these values to the evolving and changing circumstances. That is what hunters and gatherers always do, or they die. The Puyallup Tribal community is not dead.

Kwawachee personnel recognize the need to build individual self esteem on the considerable ongoing positive strengths in the Puyallup Tribal community. The continued stressing of the downside of contemporary American Indian and Alaskan Native cultures offers little support for feelings of self worth and importance.

American Indians and Alaska natives may not define long term goals in the same manner as the general population. Perhaps, the population tends to respond in a survival mode to the "concrete realities of the present" (Spindler & Spindler, 1957, p. 149). Success is defined in terms of survival instead of accrual of property and wealth. Individuals are more inclined to accept things as "just the way they are." Hence, individuals in ongoing stress often tend to present in extreme crisis, especially if they are a self-referral, or referred through Tribal and non-Tribal service providers.

Goal oriented therapies built around the expectation of long-term future gain and change may not be as culturally sensitive as therapies that are contextual and experiential in nature, expecting transformations through ritual. Tribal values are reinforced through ceremonies. Kinship ties are reinforced and maintained through ceremonial participation (Edwards & Edwards, 1976).

The style of keeping home may be different. Decorations are not typical of mainstream culture or as valued for the purposes of "keeping up with the Joneses." Precious things of a personal and meaningful nature will be displayed instead of hidden away in a drawer. Useful and often used items may maintain a prominant place in a room instead of in a cupboard. The order and arrangements of domestic items within in the household may be perceived as disorganized and "messy or dirty" by White, college-edu-

cated, social worker standards. These particular differences have probably contributed as much to the conflict between American Indian and Alaska Native families and the State of Washington Bureau of Children's Services as any others which we might be able to identify. Children are sometimes unnecessarily taken from families based on cultural differences in the perception of "normal" home arrangements.

It is commonly believed that as a member of the out-group you will probably be used if there is any way which you can be used for the benefit of the in-group. Aggression and competition when expressed are generally directed away from the in-group and towards the out-group. The out-groups may vary from factional groups within the tribal community to the generalized non-Indian community. Resources and individuals which are not part of the in-group may be perceived as tools to be used for the local purposes of survival. What is deemed as good by the general society may not necessarily be useful to the individual's survival within his or her extended kin context.

Thus, therapies which recenter the individual within the cultural group are preferrable to those that accent distancing from the reference group and individual achievement in mainstream society. The reinforcement of ethnic identity or recentering within ethnicity occurs through participation in such activities as ongoing ceremonials, dance-groups, powwows and other community events.

Educational Conflict

The Metropolitan Achievement Test (MAT) scores of Tacoma, Washington fourth, eighth and tenth grade "American Indian and Alaska Native" students demonstrate extremely low achievement when compared with "white" students and mean test scores in all categories: reading, math, language, and basic battery (Severson, 1987). The differences between American Indian and Alaska Native achievement and the scores of the two other groups mentioned above increase dramatically in the eighth and tenth grades when compared with fourth grade results. By the tenth grade American Indian and Alaska Native students scored significantly lower on all four subtests than any other ethnic group including Asians, Blacks, Hispanics, and Whites. In the tenth grade the differences between American Indian and Alaska Native and White scores on Reading, Math, Language, and Basic Battery subtests were, respectively, 29, 28, 27, and 30 percentile points.

Learning styles both in institutional-Western and informal contexts are different than those of the general population (Guilmet, 1985b). Information is usually learned through patient observation of the intentional or unintentional display by experienced others of ongoing tasks, followed by trial and error experimentation and occasional verbal instruction. It is polite to listen. Active questioning and immediate oral response may be viewed as "intrusive and interruptive" behavior (Guilmet, 1979b).

The American Indian and Alaska Native individual is generally less competitive, especially in social contexts which are foreign, unpredictable, or unfamiliar. Tribal people will generally choose to err on the side of quietness as opposed to vocalizing an unacceptable or "wrong" statement or observation. Demanding attention in normal and daily interpersonal context is alien behavior. Behaviors which are opposed to expected daily protocal have expressions in public ceremonial situations which are supported by community consensus: winter ceremonials, dancing at powwows. Even in these situations excellence is a sign of larger kin group affiliations or spiritual reinforcement, not individual achievement.

More than likely an American Indian or Alaska Native will allow someone to learn and make their own mistakes instead of interfering and correcting the person. Advice is available, but generally only when asked for. Boeri describes this pattern of behavior among a group of Alaskan Eskimo:

> [P]eople [were] bred with a sense of courtesy and a lack of assertiveness. They shunned aggressiveness, and the display of anger was considered childish. Hard pressed to give orders, they preferred the modest and suggestive tone of maybe, as in, "Maybe you should do that differently." And if they failed in their first endeavor, they might patiently allow itself to command by example. (1983, p. 113)

Education is deemed a personal experience and not a bureaucratic imperative. It is a personal necessity, an unavoidable fact of life. If you live and survive, you will learn, grow, and change. Scholastic competition is an alien concept and has never been instilled as a value in most American Indian and Alaska Native households.

> Consequently, pressures in school to compete for grades or rank merely result in stress, tensions, or passivity. The lack of achievement orientation is, of course, not an inborn trait, but it is instilled in children early enough and firmly enough to make it difficult to eradicate or to modify. Ignorance of valid means to future goals may appear to non-Indians as aimlessness, and too frequently Indian children internalize that erroneous view of themselves, eventually concluding that they are less worthy and less capable than non-Indians. (Olson, 1971, p. 401)

Enhanced education within the "White" system may make it harder for the American Indian and Alaskan Native individual to reintegrate these "new values" with those of the old culture. Education tends to increase the knowledge or perception of what is missing (the "things" which the population does not have, like jobs, good housing, cultural and social acceptance,

and the absence of prejudice). The more educated the individual, the higher the discrepancy becomes between expectations that are acquired from the dominant society and the realities of achieving these expectations as a member of a minority culture. This heightens individual frustration. To make matters worse, a good education may be viewed as a "sellout to White values" by family, friends, and the local American Indian and Alaska Native community.

Kwawachee personnel target the age group at which alienation from the Western educational system becomes so pronounced that high rates of dropout, educational failure, poor attendance, and alcohol-drug experimentation occurs. Mental health personnel provide extended family support to students in need in order to foster an atmosphere which encourages if not success through high achievement, then the lack of failure through being high normal. Self concept reinforcement is supported by recentering the troubled student through participation in activities in the Tribal context. Pride in ethnicity is developed through the discussion of the strengths of the student's cultural heritage. Direct mental health involvement within the school setting is an integral part of necessary outreach to the community.

An increased capacity to focus upon the adolescent populations, both male and female, would provide a needed support service to the Tribal community. The Children's Specialist perceives a higher level of dysfunction between parent and child within the families containing adolescents. The complications and avoidance revolving around self-esteem, interactional communications, adolescent desire to be independent, embarrassment, and perceived parental helplessness mandate a high degree of outreach services and intensive casemanagement support for many of these families.

Sense of Time and Self

American Indian and Alaska Native individuals may appear less engaged in their own individual pasts, less encumbered with self-definition than the general population. In the reservation environment individuals may have a number of conflicts, but they rarely have problems of personal identity.

> [T]heir images of self are usually accurate in the sense that they have only to look at the friends and kinfolk and see models for behavior. . . . With the move to cities, many Indians have lost the traditional image and with it their psychological stability. . . the question of "Who am I?" becomes all important to those people because their expectations no longer coincide with reality. . . . Where there is conflict, for what ever reason, and an individual cannot make one primary identification for himself, clinging in-

> stead to shifting identities, then he has real problems. (Olson, 1971, pp. 404-405)

Kwawachee personnel bear a unique burdon because of the multicultural urban nature of the Puyallup Tribal community. The building of individual identities based on recentering the person within his/her ethnicily requires the development of a pan-Indian and Alaska Native cultural ethos capable of unifying individuals representing diverse native cultures. Once developed, however, the nuturing of a multicultural perspective becomes an important form of preventative mental health. Many in the Tribal community already display this ethos and serve as role models to those individuals in crisis.

A Community Supportive Care Program is now being developed to link those in need of mental health care services with sensitive community members capable of giving psychological support and daily assistance in coping as independent members in the community. Additionally, through the provision of minimum wage support to these natural helpers, some impact on the conditions of severe poverty for the typical community member will be evident. The overall community awareness and support for mental health programming is also increased through this approach. Given the consensus based decision making in American Indian and Alaska Native communities, increased consensus building towards mutually recognized and supported solutions to self defeating behaviors is realized. "The strength and durability of community mental health programs is directly proportionate to the extent of citizen participation on the delivery side as well as the receiving side of services" (Thwing & Cannady, 1979, p. 4).

Self tatooing is evident among many of the American Indian and Alaska Native population. Clinical personnel must assess the extent to which these symbols are symptoms of negative self worth or indicators of pride in a traditional activity. Some of this behavior derives from traditional practice which varies widely from tribe to tribe; however, self tatooing is also common among populations with low self esteem (residents of prisons, boarding schools, juvenile detention facilities, foster homes, and groups homes). These tatoos are often simply initials or names in plain black color. Other simple designs such as crosses, stars, or traditional symbols are also common.

American Indian and Alaska Native peoples often do not draw straight lines between points in time. The traditional concept of time is cyclic, based upon seasonal and daily observations of natural surroundings. This is contrasted with the Western concept of time as something linear, progressive, and measurable in discrete "clocklike" units. Among some tribal groups it is possible that perception indicates everything is happening right now. The past is fused with the present, so that tomorrow becomes a "fanciful" word. Now is the time to worry about, and not tomorrow or yesterday.

A distaste for schedules may be evident, and individuals may simply eat when hungry and sleep when tired, not at a preset time. Among one group of Eskimo "announcing and imagining some action or activity is tantamount to taking it. Once the intention is expressed then the speaker may return to the present, with neither expectation or the intention to fulfill the announcement" (Boeri, 1983, p. 30).

Within the service delivery environment "appointment" and "on time" may mean to the Indian client, "sometime today" and to the counselor, "Tuesday at 8:30." Clinical personnel must themselves be able to take a flexible middle ground approach to meeting with clients. Clinicians can not be rigid in their expectations of schedules, but they must expect responsibility from clients in meeting agreed upon appointments so as not to interfere with the clinical opportunities of others. Sometimes clients simply can not find personal transportation or afford busses. Outreach to individuals who regularly miss appointments may not be a universally satisfactory solution because outreach does little to foster individual responsibility. Outreach itself has a danger of fostering dependence. Outreach must be situational, individually tailored to individual situations and client needs.

Personality temperaments influenced by seasons and seasonal consciousness may be evident. Many traditional illnesses and spirit sickness arrive only during the winter (at least amongst the local Coast Salish Longhouse community). Self concept may be based upon professions of fishing and hunting, even though these activities are only part-time or seasonal now. Seasonal work can cause economic hardship on households with the concomitant stress through periodic lack of money or job loss due to time taken off from nontraditional work to pursue subsistence tasks.

Traditional activities are valued and exercised. This may not be limited to self-concept, but may extend into family structures, gender identity, and social organization. Traditional segregation of gender roles may be expressed in the modern context in a slightly altered fashion. Women may still be taking care of the immediate things at hand: earning a steady income, caring for children and the household, while the men may be waiting for the cyclical return of the big chance: either the fish or the symbolism of the fish or the big kill in the hunt. It is the "big" job, the large catch, the heroic act which define the male role. Often the social responsibility of the male, even in the modern context, is to maintain his political and or social power through hosting parties, drumming and dancing, and sharing his "wealth" in order to gain or maintain prestige.

Males often find it more difficult to secure steady employment leaving many women as the primary sources of household income. Emotional problems can arrise in families because of the loss of power among males. Clinicians often must aid the client in learning how to express this anger in socially acceptable ways so that it is not directed towards family members.

In the traditionally oriented rural reservation contexts, the relationships with the environment are very insecure. One must speak to the animals in the right way. One must not insult them lest they avoid you. Animals and American Indians and Alaska Natives are kindred. When animals are migratory one knows neither where they come from nor where they go. Non-Natives see a raven. Natives, who know the raven and live with the raven, see a raven as the personification of the diety that created the earth. To non-Natives it is just a bird. Christians feel reverence for the cross. To the non-Christian person it means very little. The job gives the Native only money; subsistence gives him/her meaning. Native people must feel as though they are going to the absolute limit to protect the environment. This is also idealized. They belong to a community which is composed of both humans and animals (Nelson, 1981).

Both Kwawachee and the Tribal Substance Abuse Treatment Center have an ongoing policy of maintaining pets at both facilities. The pets are cared for by both clients and staff, and offer some patients a great deal of affection and sense of responsibility. Sometimes these "counselors" can provide a real calming effect on anxious clients. Withdrawn clients often value, respect, and talk to these pets when they will communicate with few other people and do not otherwise demonstrate affection. Perhaps the cultural foundation for "pet therapy" should be more closely examined as a natural element in tribal contexts.

Communication Styles

A great aversion to paperwork and standing in lines may be evident within this population. The transition within a very short period of time from an oral culture to the technology of literacy has not been completely made, at least on the levels of desires and values. Kwawachee counselors relate that their clients often simply cannot see a "good reason" for it. Most of the paper American Indian and Alaskan Native people have dealt with in the past did not bring them good things: treaties, land sales, adoptions of Indian children out of family unit and tribe, parking, hunting, and fishing tickets, boarding schools, relocation, denial of benefits, jail and false promises. . . The culture is still basically oral. Paper is often viewed as magical and threatening. The good story, the good joke, the moral tale, accompanied with social interaction are much more valued than a good book, let alone a dull and tedious piece of bureaucratic paper work.

Culturally appropriate case management which provides personal assistance and advice in completing necessary paper work increases access not only to mental health services but to other supportive non-Indian community resources. Appropriate direct service may be as simple as going to the necessary office with the client and being present while the required paper is completed.

American Indians and Alaska Natives are generally more reserved and less demonstrative, under normal circumstances, than the general

population. Small talk does not seem to be popular. Words are important and powerful; use them carefully, sparingly. Nonverbal communications and small group interactions are extremely important. Silence is totally acceptable, respected, and sometimes expected. In response to one researcher's inquiry as to the nature of Indian quietness, a perturbed Navajo father responded with some emotion: "Next time you should study on those people who talk too much" (Guilmet, 1976, pp. 279-280).

Silence is also the safest response to unpredictable, uncontrollable, or unfamiliar situations. For example, Basso (1970) stated that the Western Apache refrain from speaking when meeting strangers. The Western Apache do not feel compelled to "introduce" persons who are unknown to each other. Eventually, it is assumed, they will begin to speak. However, this is a decision that is properly left to the individuals involved, and no attempt is made to hasten it. Outside help in the form of introductions or other verbal routines is viewed as presumptuous and unnecessary. Strangers who are quick to launch into conversation are frequently eyed with undisguised suspicion. Keeping silent among the Western Apache is a response to uncertainty and unpredictablility in social relations.

It seems clear that the strained, strange, and foreign interactions typical of client-practitioner interactions in mental health counseling contexts will surely elicit silence from some American Indian and Alaska Native individuals. This raises questions regarding the applicability of Western "talk therapies" among this population. An important question for clinical research is the relationship between traditionality and the display of silence in clinical contexts. A second question for clinical practice is the extent to which quietness influences the amount of attention a client receives from practitioners, and thus the comprehensiveness and effectiveness of subsequent treatments and interventions. To what extent are errors in judgement in diagnosis impacted by client quietness?

Individuals may display a deeply held belief that another's personal problems and personal foibles are that person's own, and not to be mentioned or noticed publicly. This behavior alligns itself with the general value orientation towards non-interference in the autonomy of another individual (Spindler & Spindler, 1957). Even though the entire community may know something about someone, it usually is not talked about or spoken of openly. "That sounds like a personal problem to me," may often be articulated in the face of open questioning, complaining, or gossip.

A well developed sense of humor may be depended upon to make light of the most serious or dangerous situations. For many individuals this is an important survival attribute, which psychologists label a coping mechanism. "We may be dying, but it was a good joke, anyhow."

Hand gestures may be interpreted differently: never point at a man. In fact, pointing, in and of itself, might be considered poor manners. If pointing is necessary, pointing with the whole hand and arm is possibly more polite (or with your lips if you happen to be Navajo, or shoot the chin -- that way, or point with your eyes). Pointing or shaking one finger may be

viewed as admonition and perceived as judgmental. Differences in spacial perceptions and proxemics may serve as a probable cause of conflict between health practitioner and client.

Communication styles and differences vary from tribal group to group; however, some generalized observations may be noted. Asking too many questions is not polite (Guilmet, 1981). If one is patient and pays attention, the need for asking may not manifest itself. Eskimos rarely say goodbye. Conversations may end abruptly and the speakers just walk away with an abruptness which may disconcert white or other non-Indian people.

American Indian and Alaska Native individuals may sit together for hours without saying anything to each other. The need to fill silence is not as apparent (Guilmet, 1978). Eye contact may be perceived as a sign of disrespect, so that lack of it seems disconcerting to some non-Indian counselors. Respect may be shown by not staring or looking at others (Hall, 1969; Lewis, 1975). Individuals may demonstrate a tendency to understate actions or past accomplishments, activities, or events; and when recounting the past individuals may tend towards sparse descriptions in informal interpersonal groups (Weiringa, 1987).

"Client intakes" must necessarily be handled differently than among other populations. The initial impressions of the client to the warmth, receptiveness, and caring of the least threatening representative of the mental health clinic can send a person in need (and potential client) right out the door. Important considerations, especially including the receptionist or the first person who answers the telephone and not only therapists, include eye contact or lack of it, interactions which make the individual feel supported, welcomed, respected, and valued as a worthy individual in their own right.

Instead of asking direct questions, the intake may take longer and involve personally supportive conversations centered around what the client needs are. During intake: exploring the "generational history" of a client in order to determine traditional background and to define the support network is helpful. Kwawachee intake personnel have commented that they were not even aware of the many "traditional hangovers" which were a normal and accepted part of their own lives.

When pressed for oral explanations, clients often present problems in the form of a "story." The counselors are expected to listen quietly until the story is completed and then seek clarification. A pattern of question-answer, question-answer, is not necessarily appropriate, and may in fact lead to silence. Questions that ask "why" contain a judgmental component and should be avoided (Spradley, 1979). "They [why questions] indicate to the informant that they have not been clear, have not provided the right answer, or that their actions were not understood or condoned by the interviewer" (Lange, 1987, p. 16).

The use of a professional vocabulary will, in most cases, detract from the therapeutic relationship because of the inability of the client to place the linguistic categories of the therapist into meaningful cultural terms.

Additionally, the lack of understanding of meaningful cultural terms expressed to the therapist by the client adds to the cross cultural confusion. Pioneering research in the field of cross cultural psychiatry (Bergman, 1973a, 1973b, 1974) has shown the difficulty of . . . "moving rapidly back and forth between two cultures and the systems of healing proper to each and trying to find appropriate roles for mental health people, in a receptive but wisely skeptical community." (Bergman, 1973a, p. 10).

A further consideration in the area of communication concerns the way in which Indian people perceive their individual responsibility. "American Indian and Alaska Natives have often been taught that they are to resolve individual problems on their own. This attitude could be a tangible limiting factor in the establishment of a therapeutic relationship" (Edwards & Edwards, 1976, p. 27). Among American Indians and Alaska Natives attempts to persuade or counsel others, even when trying to keep them from doing something dangerous or foolish, may be perceived as rude and intolerable. Health care workers, teachers, and social workers are specifically trained to "help" others through advising and counseling. These forms of interventions may not be effective or appropriate because they are perceived as "meddling" and interference (Good Tracks, 1973).

Prejudice or Pride

Kwawachee personnel must constantly deal with bitter feelings of anger and resentment on the part of their clients. American Indians and Alaska Natives often view themselves as members of conquered nations, occupied by the conquerers. Social scientists recognize this fact, using the term internal colonialism to describe the situation of the American Indian and Alaska Native in America. Great anger and mistrust of the "White" system and most forms of non-Indian government are often present. In fact, perhaps all forms of government and established guidelines may exacerbate this deep felt alienation. This deep bitterness is based upon realities which are historically substantiated. No matter the governmentally endorsed improvements they experience, they lost not only major portions of their cultural heritage, but also the majority of their land base and political autonomy. This is a major point for internalized anger and outwardly directed "rebellion."

Kwawachee counselors report that many times clients are unaware of the source of their anger. Clinicians assist the individual to identify the causes of anger and help the individual to express anger in socially acceptable ways. Some clients do not feel that it is acceptable to express anger. Thus, frustrations build and sometimes become expressed dangerously while drinking. Unfortunately, this anger may often be directed towards those from whom the individual would otherwise receive the most care, support, and affection. You always hurt the ones you love.

Cautious decision-making, a traditional part of survival in unpredictable environments, has been reinforced by what American Indian and

Alaska Native people rightly perceive as a history of exploitation by Whites since contact (Guilmet, 1985a). "Many American Indians have been taught to relate to new situations in a passive way. . . . Relationships with passive aggressive clients take more time. With American Indians, it is not uncommon to over-estimate the relationship in the beginning stages of our [social worker's] work, and to underestimate the relationship in the termination phase . . . " (Edwards & Edwards, 1976, p. 27).

A potent antidote to bitterness and resentment on the part of mental health clients is the reinforcement of cultural pride. American Indian and Alaska Native people, for the most part, wish to be recognized for their uniqueness. Their identity either as an American Indian or Alaska Native, and as a member of a reservation tribal group brings pride through generationally continuous involvement and participation in a rich and complex cultural history. The continual threat of being absorbed within a "huge," bureaucratic, insensitive, and decidedly non-Indian melting pot is positively distasteful and personally threatening. Tribal peoples, as any other ethnic groups with a heartfelt tradition and a desire to survive, not only individually, but collectively as a tribal entity, do not wish to lose their personal and cultural sense of meaning and value by being melted down. This uniqueness of multiple allegiances, citizenships and even a legally defined "minority" status occurs in the United States only among this population. Their legal status is guaranteed and defined through government to government treaties with the United States of America, and recognized through several agreements with, and legal findings against the State of Washington.

This great pride in being American Indian or Alaska Native may often be crosswired, cross circuited, and shorted out into "shame," because of the lack of "success" in the "White" world. "Unfortunately, American Indians often feel that the dominant Anglo society perceives cultural 'differences' as 'inferiority'" (Edwards & Edwards, 1976, p. 25). How can individuals have pride in something which is apparently "powerless" in the historic face of the general population onslaught, and technological assault? Have other American ethnic groups maintained significant elements of their traditions and value orientations in the face of general social change as the American Indian and Alaska Native have?

Kwawachee clinicians often try to convince young American Indian and Alaska Native people that there is power and significant levels of success and potential influence upon the "system" through the ongoing and continued expression of traditional American Indian and Alaska Native value orientations. In this way, the American Indian or Alaska Native child can assert faith in their family and their community. Children must, perhaps, be convinced that they will not lose this "membership" and value orientation through continued exposure and participation in the dominant society's "conflicting value system." Many children still, unfortunately, do not believe that one can and should be proud to be an American Indian or Alaska Native.

Powerlessness is something which most American Indians and Alaska Natives generally avoid, having been for centuries embedded within a system which emphasizes the acquisition or inheritance of personal power through individual and familial allegiances with pervasive spiritual powers. There seems to be no reason to place oneself knowingly in the hands of a system in which you have no power, even if they have something one wants or needs. Indeed, the accumulation of personal relationships to "power" traditionally is one of the major ways in which the individual deals with the world. One does not have to "buy" into the "White" system to survive and prosper within it or beside it, especially if it compromises what remaining personal power the individual may exercise or experience over the direction of his/her life.

Kwawachwee counselors must walk a fine line between assistance and interference. Clients will not accept intrusive interventions into personal or familial situations, but will respond if, in the clients' judgement and intuition, the counselor is sincere, sensitive and worthy of personal trust. One of the Kwawachee counselors stated simply "know the client; know the situation; trust your intuition and judgement." Counselors who are identified as having a heavy investment in the values, attitudes and behaviors typical of mainstream society find great difficulty in establishing an effective client-practitioner relationship. Non-Indian counselors must demonstrate exceptional sensitivity in order to break through this resistance.

Given the noninterference value orientation of American Indians and Alaska Natives, counselors must respect the fact that many individuals in contemporary times will not want to accept or recognize the constraints or responsibilities of accepting the traditional values, sentiments, beliefs, or practices of their elders. This fact is not inconsistent with the basic value orientation of American Indian and Alaska Native people. Essentially, there is no use in attempting to instill values in youths or others who do not wish to retain these values when it is also a "cultural" value to respect personal autonomy. Neither is it productive to encourage involvement in traditional activities and behaviors when the return to traditionality is not perceived as a valuable activity by the individual. Traditionality cannot be bandied about as a weapon of social control or a universal panacea to the multiple ills of Indian country because consensus and ascribed prestige have traditionally been the basic mode of organization. There is no easy one word, linear, progressive fix.

Even the "successful" adaptive Alaska Natives and American Indians may face great prejudice from the dominant society because they do not still wear feathers and dance to the drum, but instead maintain a nine to five job, just like everyone else.

> We [the dominant culture] didn't want them to change, at least not beyond the point where we could still consider them Native. Whether we came as tourists, anthropologists, adventurers, liberals, or romantics, we

> had the same vested interest: we all grieved that they were becoming like us. In Native culture we found or invested meaning and mystery that seemd (sic) so lacking in our own. (Boeri, 1983, p. 61)

Stereotypes may often be reinforced by the dominant society through schooling, hearsay, interactions, etc. (drunken Indian, shy, stoic, Indian time, and Hollywood histories in which the Indians initiate "massacres" and the troops fight "battles".) It remains very difficult for the American Indian and Alaska Native individual not to internalize these perceptions. Kwawachee counselors often discuss the sources of these misperceptions with clients and encourage the individual to personalize cultural pride by considering the many positive strengths and contributions of American Indian and Alaska Native people.

Barriers to Services in the Non-Indian Community

In seeking or receiving mental health, family support, and crisis intervention services the American Indian and Alaska Native family often does not trust the non-Indian agency or professional due to historic conflicts and inherant difficulties of cross-cultural communication, revolving around the lack of shared meaning. Non-Indian counselors may be unfamiliar with American Indian and Alaska Native conversational styles among traditional and transitional family groups which do not emphasize personal issues and may refer peripherally to matters of great importance to the family. Living patterns in which stable, capable families may move often and live with extended family, out of economic necessity, may be viewed as indicating social instability. The traditional and responsible use of extended family members as caretakers may be viewed as irresponsibility or abandonment by non-Indian agencies. The stoic acceptance of long term poverty as a way of life may be viewed as neglect.

American Indian and Alaska Native and non-Indian concepts of childhood competence often differ, and the common practice of encouraging teenagers to assume more responsibility for determining their own lives may lead to conflict between families and non-Indian agencies. Non-Indian agencies commonly lack knowledge of tribal resources and the specific provisions or programming available through entitlement. Finally, there is a general lack of knowledge among non-Indian agencies regarding cultural differences between tribes and misconceptions of tribal culture in general.

Misinterpretations by American Indian and Alaska Native families may compound the friction between them and non-Indian mental health and social service agencies. For example, American Indian and Alaska Native families often view agencies of the State and the court systems as non-responsive and are, therefore, not assertive in requesting court hearings, visits with children, waivers or exemptions. There are American Indian and Alaska Native families who are distrustful of sharing any information with

the State and court even when that information serves their best interests and the interests of their children.

Non-Indian service providers are often perceived by American Indian and Alaska Native clients as being judgemental of their low income and housing situations, common law marriages and other life styles defined as non-traditional by the majority culture. For example, some prospective foster homes are unwilling to undergo licensing by non-Indian caseworkers, relating experiences in which individual workers have demonstrated insensitivity to the Tribal community's cultural values through asking direct questions about applicant's marital and sexual relationships and sleeping arrangements, not understanding the importance of extended family in decision making, overlooking the mother's and grandmother's role in matriarchal tribes, not understanding persisting beliefs in childhood competence and non-interference with individual and personal decisions about life style.

In providing mental health interventions non-Indian agencies are often hampered by their lack of understanding of cultural differences. For example, they may be unable to dispell the well established fears of ultimate family breakup or forced change historically exhibited by non-Indian agencies and the State in the face of family crisis. It is unfortunately common that non-Indian agencies exhibit an inability to see the specific and individual needs of an American Indian or Alaska Native person as opposed to the generalized and stereotypical needs of "Indian people." Existing prevention programs in the area of child abuse and neglect tend to exclude traditional childbirth and child rearing practices accepted by some American Indian and Alaska Native families.

Most non-Indian therapists and practitioners do not recognize, utilize, or have access to traditional healing practices. Traditional American Indian and Alaska Native people are not accustomed to seeking services outside of existing American Indian and Alaska Native social service providers especially in the areas of family, medical, and mental health support. Existing non-Indian primary prevention and intervention programs are not home-based, but are housed in intimidating non-Indian agencies removed from the central tribal support system. Additionally, non-Indian agencies have not demonstrated an ability to cross-culturize their programs to benefit American Indian and Alaska Native families. There is some resistance to provide home-based services which is interpreted by the Indian community as a fear of cultural differences on the part of non-Indian providers.

Cultural Sensitivity

As an Indian controlled agency under the direct control of the Puyallup Tribal Council the Kwawachee Mental Health Counseling Center provides mental health counseling services with sensitivity to the needs and desires of the local American Indian and Alaska Native community.

Kwawachee personnel are aware of the cultural lessons for clinical mental health practice because of their direct experience and involvement in the Tribal community.

Because Kwawachee counselors are either American Indians or Alaska Natives and members of the local Indian community, or State certified minority (American Indian and Alaska Native) specialists experienced in the local context, the level of trust between the therapists and their clients and families is qualitatively improved. As Puyallup Tribal community members raised within and/or sensitized to American Indian and Alaska Native culture, Kwawachee professionals are intimately familiar with American Indian and Alaska Native ways and are better able to communicate and understand the problems of American Indian and Alaska Native individuals and families. Counselors employed by the Puyallup Tribal Health Authority are familiar with the economic necessity which often forces stable, capable Indian families to move often or to live with extended family members. The traditional and responsible use of extended family members as caretakers is viewed as a normal part of community life.

Counselors who work and live among the Puyallup Tribal community are forever aware of poverty as an unfortunate element of Tribal life and do not view or judge families in purely economic terms. Kwawachee's therapists are familiar with the common family practice of encouraging and recognizing competence, responsibility, and pride in children at an earlier age than the non-Indian community. As members of the local Tribal community Kwawachee's practitioners are familiar with cultural differences between tribes, as well as intercultural and inter-family patterns. As part of the larger Indian health and social support network managed by the Puyallup Tribal Health Authority Kwawachee professionals have immediate access to various Tribal resources.

Because Kwawachee's goals are to prevent family breakups, support Indian families in crisis, and to provide mental health support services for individuals in a culturally aware manner, their staff and services are viewed by the community as less threatening, less disruptive, and more sensitive than those of the State of Washington or private non-Indian providers. Because of this trust, the rates of referral from households to professional health practitioners associated with the Puyallup Tribal Health Authority are extremely high as we have discussed in Chapter III.

When interviewing or counseling community members, Tribally employed therapists are not judgemental of their low income and housing situations, common law marriages and other life styles often stigmatized by the majority culture. Within the Tribal community of which Kwawachee is a part, individual cases are judged on merit and need and not upon conformity to the dominant society's values. Each case is treated as a unique event and is not hampered by the generalized and stereotypical views of "Indian Country" which unfortunately exist in some non-Indian agencies. As an integral part of the local Tribal community the Kwawachee Mental Health Counseling Center has access to and utilizes the traditional

strengths and practices not available to, or perhaps even known, in the non-Indian community. Counseling services are not only culturally sensitive; they are culturally holistic and integrated with the broader medical and social support network managed by the Puyallup Tribal Health Authority. They are not only sensitive to American Indian and Alaska Native values; they *are* American Indian and Alaska Native resources.