

PREDICTING ATTITUDES TOWARD SEEKING PROFESSIONAL PSYCHOLOGICAL HELP AMONG ALASKA NATIVES

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Abstract: This study sought to examine the role of current/previous treatment experience, stigma (social and self), and cultural identification (Caucasian and Alaska Native [AN]) in predicting attitudes toward psychological help seeking for ANs. Results indicated that these variables together explained roughly 56% of variance in attitudes. In particular, while self-stigma and identification with the Caucasian culture predicted a unique amount of variance in help-seeking attitudes, treatment use and identification with AN culture did not. The results of this study indicate that efforts to address the experience of self-stigma may prove most useful to improving help-seeking attitudes in ANs.

There is a growing recognition regarding the importance of culture in psychotherapy. For example, integrating cultural beliefs, values, and preferences into the treatment decision-making process is now considered an integral part of evidence-based practice in psychology (American Psychological Association [APA], 2006). Further, research has found that culture plays an important role in one's attitudes toward psychotherapy (Conner, Koeske, & Brown, 2009; Gonzalez, Alegria, & Prihoda, 2005), decisions about starting treatment (Poleshuck, Cerrito, Leshoure, Finocan-Kagg, & Kearney, 2013), premature termination (McCabe, 2002; O'Sullivan, Peterson, Cox, & Kirkeby, 1989), and eventual treatment outcome (Coyhis & Simonelli, 2008; Gone & Trimble, 2012). Although some racial/ethnic minority groups have received much attention in psychotherapy and mental health research, others have largely been ignored, including Alaska Native (AN) groups.

AN is a term used to describe indigenous peoples encompassed by the physical boundaries of the state of Alaska (Roderick, 2011). While not exhaustive or entirely inclusive of all tribes and clans, the main cultural groups of the AN people are Aleut/Unangan, Athabascan, Eskimo (Yup'ik, Cup'ik, Siberian Yupik, Sugpiaq/Alutiiq, Inupiaq), Eyak, Haida, Tlingit, and Tsimshian (Roderick, 2011). AN peoples share some similarities to other indigenous peoples and are often grouped ethnically/culturally with American Indians. Although these groups have similarities such as emphasis on holism, use of a subsistence economy, and the experience of historical oppression

and marginalization in the U.S., AN peoples have a distinct culture that has been adapted to their specific geographical regions, including unique languages, art, spirituality, and ways of living (Roderick, 2011).

Research has indicated that ANs, as a group, show higher prevalence of several mental health problems compared to Caucasian individuals in the U.S. For example, reports have indicated that approximately 30% of ANs will suffer from depression at some point in their lifetime (Urban Indian Health Commission, 2007). Suicide also is a significant concern for many communities—it is the fourth leading cause of death for ANs, with a rate 3.6 times greater than that seen for Caucasians (Alaska Native Epidemiology Center & Alaska Native Tribal Health Consortium, 2009). Additionally, higher rates of substance abuse and interpersonal violence have been reported for this racial/ethnic group (Allen, Levintova, & Mohatt, 2011; Brems, 1996; Rodenhauer, 1994).

Despite higher rates of some mental health problems, ANs, as a group, have been found to underutilize psychotherapy services even when these services are readily available (Dickerson, 2006; National Alliance on Mental Illness, 2009; Shore & Manson, 2010). According to the National Healthcare Disparities Report, the percentage of American Indian and AN individuals who received mental health treatment in 2008 was 9.6%, and the percentage who received prescription medication for a mental health issue was 7.2% (U.S. Department of Health & Human Services, 2010). Although a number of variables could explain the underutilization of mental health services among ANs, some have suggested that attitudes toward psychotherapy likely play a significant role (Wolsko, Lardon, Mohatt, & Orr, 2007). Indeed, research across racial/ethnic groups has indicated that attitudes toward treatment are one of the best predictors of treatment use (Jimenez, Bartels, Cardenas, & Alegría, 2013; Nam et al., 2013; Vogel, Wade, & Hackler, 2007; Zhang & Dixon, 2003). Thus, an increased understanding of ANs' attitudes toward psychotherapy could aid in identifying ways to increase service utilization among ANs when it is needed.

Stigma and Attitudes toward Professional Psychological Help

In an effort to gain a deeper understanding of the attitudes that ANs hold toward mental health help-seeking behaviors, one can first identify variables that predict attitudes among other racial/ethnic groups. One variable that consistently has been found to predict attitudes toward psychotherapy is the stigma associated with help seeking. In this context, stigma has been defined as the negative effects that an individual may experience or perceive as the result of seeking psychological help and can include both social and private (self) forms (Corrigan, 2004). Social stigma consists of the perceptions of how the general society may view or treat an individual who seeks psychological help (e.g., “others will view me as weak if I seek help”). On the other hand, self-stigma includes perceptions about oneself for seeking psychological help (e.g., “I am weak if I seek help”).

Several studies have investigated the relationship between these two types of stigma and attitudes toward seeking mental health help. In one often cited study, Vogel et al. (2007) assessed social stigma, self-stigma, and attitudes toward psychotherapy in a sample of 680 undergraduate students. Both social and self-stigma were negatively correlated with help-seeking attitudes (i.e., higher levels of stigma were associated with more negative help-seeking attitudes), together explaining 57% of the variance in attitudes toward seeking psychological services. Although the exact level of prediction has varied, studies consistently have found that these two types of stigma significantly predict the help-seeking attitudes that individuals hold. In a recent meta-analysis aggregating data from 19 studies and 7,386 participants, Nam et al. (2013) found that, across studies, social stigma had a medium correlation ($r = -.24, p < .001$) and self-stigma had a large correlation ($r = -.63, p < .001$) with help-seeking attitudes.

In further exploring the relationship between social and self-stigma and attitudes toward seeking mental health help, some have examined whether the amount of variance explained by these two variables is consistent across racial/ethnic groups. For example, in a large-scale study with almost 5,000 participants, Vogel, Heimerdinger-Edwards, Hammer, and Hubbard (2011) examined the role of self-stigma in predicting attitudes toward psychotherapy with a sample of Caucasian men and with a sample of men from diverse minority racial/ethnic backgrounds. Across all groups, stigma explained 59% of the variance in attitudes toward seeking mental health services. However, the strength of the relationship between stigma and help-seeking attitudes did differ among racial/ethnic groups; the relationship between these two variables was weaker for African Americans compared to Asian, European, and Latino Americans. Vogel et al. (2011) indicated that these findings demonstrate the value of further exploring the role of stigma in predicting attitudes toward psychotherapy for other racial/ethnic minority groups.

Race/Ethnicity and Attitudes toward Psychotherapy

In addition to the potential moderating role race/ethnicity plays in the relationship between stigma and help-seeking attitudes, race/ethnicity by itself also may predict attitudes toward psychotherapy. Several studies have found that racial/ethnic groups do differ in their attitudes (Conner et al., 2009; Gonzalez et al., 2005). For example, in one meta-analysis with data from 5,713 Caucasian, Asian American, and Asian college student participants, Nam and colleagues (2010) found that Asian American and Asian participants held more negative attitudes toward psychotherapy than their Caucasian counterparts. As another example, Shim and colleagues (2009) examined attitudes in 5,386 adults and found that African Americans had more positive attitudes toward mental health help seeking compared to Caucasian and Hispanic/Latino participants. However, to our knowledge, research has yet to examine attitudes toward psychotherapy for ANs.

In addition, when studying attitudes toward psychotherapy, it is important to recognize that individuals within a racial/ethnic group are frequently heterogeneous in their levels of cultural identification. Given that psychotherapy is largely perceived as a Western form of treatment (Sue & Sue, 2008), individuals who more strongly identify with the majority culture may have more positive attitudes toward these treatments regardless of their race/ethnicity. A number of studies have found a link between acculturation and attitudes. Among Asian American college students, Leong, Kim, and Gupta (2011) found that overall levels of acculturation were positively correlated with attitudes toward psychotherapy. In another study with Asian American college students, Kim (2007) found that, although identification with the majority culture was not related to attitudes, strong identification with Asian culture was associated with more negative attitudes toward psychotherapy. Similar results have been reported in a number of other studies with Asian American participants (Atkinson & Gim, 1989; Kim & Omizo, 2003). However, to date very little research examining the relationship between strength of cultural identification and attitudes toward psychotherapy has been conducted with other racial/ethnic groups.

Purpose of the Current Study

The aim of the current study was to gain a better understanding of ANs' attitudes toward psychotherapy and examine whether those attitudes could be predicted by variables found to predict attitudes in the broader literature; specifically, social and self-stigma and strength of cultural identification with the Caucasian majority culture and AN minority culture. Given the existing literature regarding stigma and attitudes with other racial/ethnic groups, we hypothesized that stigma, particularly self-stigma, would significantly predict attitudes in AN participants in this study. Additionally, given the literature regarding cultural identification and attitudes, we hypothesized that level of cultural identification would predict attitudes above and beyond stigma alone. More specifically, we hypothesized that stronger identification with the Caucasian majority culture would be associated with more positive attitudes toward psychotherapy, and stronger identification with AN culture would be associated with more negative attitudes toward this Western form of treatment. Although it has yet to be tested empirically, this latter hypothesis has been suggested by others. For example, Grandbois (2005) suggested that, because of historical oppression and violence, those who strongly identify as AN may reject psychotherapy due to more negative attitudes toward anything that is deemed Western. Similarly, Johnson and Cameron (2001) have suggested that, although ANs who strongly identify with their culture likely would prefer more holistic forms of treatment and traditional ways of healing, ANs who identify with the Caucasian culture likely would be more open to psychotherapy. A better understanding of the attitudes that ANs hold toward psychotherapy has the potential to lead to methods for increasing service use among ANs when there is a need.

METHOD

Participants

Participants for this study were 126 self-identified AN college students attending a large Northwestern university. Several methods were used to recruit these participants, including advertisement on the Psychology Department's research portal, an e-mail sent out to AN students enrolled in the university, fliers posted on campus, and announcements made at campus organizations that serve AN students. Participants were compensated with their choice of either extra credit in an eligible psychology course, if enrolled, or entry into a drawing for one of several gift cards (value ranging from \$15 to \$25).

The majority reported their race/ethnicity as exclusively AN, and 47.6% of participants identified as being Bi-/Multiracial. These AN students self-identified as Yupik (25.4%), Inupiaq (23.8%), Athabaskan (11.1%), Aleut (9.5%), Tlingit (8.7%), other (10.4%), and two or more AN cultures (11.1%). Participants were primarily women (77.8%) and were single (40.5%) or in an unmarried committed relationship (32.5%). The average age of the sample was 27.52 ($SD = 8.24$), ranging from 18 to 58. While some graduate students did participate in the study (13.3%), the majority of participants were undergraduate students: first year (19.2%), second year (19.2%), third year (20.0%), and fourth year (28.3%). While only 15.9% of the sample currently were engaged in psychological services, more than half (62.7%) reported having participated in psychotherapy in the past. Additionally, 12.8% reported currently taking medication for a mental health issue, and 33.3% reported previous use. These percentages do overlap such that almost all of those who reported current use of psychological services or psychotropic medications also reported previous use of these two types of treatments.

Procedures

Data were collected for this study through an online survey which could be completed leisurely by participants from any computer. After providing consent, participants were asked to complete a series of demographic questions, followed by a measure of attitudes toward seeking professional psychological help, measures assessing social and self-stigma, and a measure of cultural identification, as well as a few additional measures used for other research purposes. The survey required approximately 30 minutes to complete. The study was approved by the university's Institutional Review Board and participants were treated in accordance with APA's ethical principles (APA, 2002).

Measures

Inventory of attitudes toward seeking mental health services. The 24-item self-report Inventory of Attitudes toward Seeking Mental Health Services (IASMHS; Mackenzie, Knox, Gekoski, & Macaulay, 2004) was used in this study to assess participants' attitudes toward seeking professional psychological help. Participants respond to items on the measure using a 5-point Likert-type scale (0 = *Disagree*, 1 = *Somewhat Disagree*, 2 = *Are Undecided*, 3 = *Somewhat Agree*, 4 = *Agree*). Total scores on the measure range from 0 to 96, and higher scores indicate more positive attitudes toward seeking professional psychological help. Mackenzie et al. (2004) reported a high level of internal consistency, $\alpha = .87$, and test-retest reliability, $r = .85$, as well as good discriminant, predictive, concurrent, and convergent validity for the measure. An internal consistency of $\alpha = .85$ was found with the current sample.

Orthogonal cultural identification scale. The Orthogonal Cultural Identification Scale (OCIS; Oetting & Beauvais, 1990-1991) was used in this study to measure participants' level of cultural identification, both with AN and the Caucasian majority culture. The OCIS originally was created as an alternative to other measures of acculturation which force participants to identify with either the majority or their heritage culture. Specifically recognizing that cultural identification does not have to be mutually exclusive, the OCIS was designed to allow participants to identify with multiple cultures at the same time. The OCIS consists of 6 items which are answered for both the majority culture (Caucasians) and the culture of heritage (for this study, AN). Items are presented on a 4-point Likert-type scale from 1 (*A lot*) to 4 (*None at all*). Total scores for each subscale range from 6 to 24, with lower scores indicating a higher level of identification with that specific cultural group. With other AN and American Indian samples, the OCIS has been found to be a reliable and valid measure, with an internal consistency ranging from $\alpha = .85$ to $\alpha = .95$ (Stewart, Swift, Freitas-Murrell, & Whipple, 2013). An internal consistency of $\alpha = .93$ for the AN subscale and $\alpha = .83$ for the Caucasian subscale was found with the current sample.

Self-stigma of seeking help. The 10-item self-report Self-Stigma of Seeking Help (SSOSH) scale was developed by Vogel, Wade, and Haake (2006) to measure self-stigma associated with a person's decision to seek psychological help. Items on this measure are rated on a 5-point Likert-type scale (1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Agree and Disagree Equally*, 4 = *Agree*, 5 = *Strongly Agree*). Item responses are summed with a possible range from 10 to 50, with higher scores reflecting more self-stigma. Vogel et al. (2006) report a high level of internal consistency, $\alpha = .90$, and test-retest reliability, $r = .72$, as well as adequate construct, criterion, and predictive validity (differentiating between those who do and do not seek out psychological services) across samples. An internal consistency of $\alpha = .88$ was found with the current sample.

Social stigma for receiving psychological help. The Social Stigma for Receiving Psychological Help (SSRPH) scale was designed by Komiya and colleagues (2000) to measure perceptions of social stigma associated with seeking psychological help. The SSRPH is composed of five items, each rated on a 4-point Likert-type scale (1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Agree*, 4 = *Strongly Agree*). Items are summed, producing a possible range from 5 to 20, with higher scores reflecting greater perception of social stigma. Komiya et al. (2000) report that the SSRPH has an adequate level of internal consistency, $\alpha = .72$, construct validity, and concurrent validity. An internal consistency of $\alpha = .87$ was found with the current sample.

RESULTS

A hierarchical multiple regression analysis was conducted to test whether cultural identification and perceptions of stigma could predict attitudes toward seeking professional psychological help in the sample of AN participants. Given the large body of research that already has demonstrated a significant relationship between perceptions of stigma and attitudes, cultural identification for ANs was tested as a predictor above and beyond the two stigma variables. Thus, the first regression model that we tested included social and self-stigma as predictors of help-seeking attitudes; and then, in a second model, level of identification with the Caucasian culture and identification with AN culture were added. In addition, current or previous psychotherapy use was added to both models to control for this variable which also potentially predicts attitudes. Means, standard deviations, and correlations for each of the measures can be found in Table 1. Individually, significant correlations were found among all five predictors and help-seeking attitudes. Specifically, higher perceptions of social and self-stigma were associated with more negative help-seeking attitudes. Also, a weaker identification with AN culture and a stronger identification with the Caucasian culture (lower scores on the OCIS measure represent a stronger identification with the given culture) were associated with more positive help-seeking attitudes. Also, current or previous therapy experience was associated with more positive attitudes.

Taken together, the first model, including therapy experience, social stigma, and self-stigma, as predictors of help-seeking attitudes, was significant, $R = .72$, $F(3, 112) = 40.66$, $p < .001$, indicating that 50.8% of the variance in attitudes was predicted by these three variables. The regression coefficients, t values, and squared semi-partial correlations for this first model can be found in Table 2. Of the three variables, only perceptions of self-stigma explained a significant amount of unique variance (23%) in help-seeking attitudes.

Table 1
Means, Standard Deviations, and Correlations for the Study Variables

	Treatment History ^a	Self-stigma	Social Stigma	OCIS-AN ^b	OCIS-Caucasian ^c
Attitudes	.22**	-.71**	-.50**	.19*	-.34**
Treatment History		-.15	.00	.12	-.04
Self-stigma			.61**	-.11	.20*
Social Stigma				-.10	.13
OCIS-AN					-.05
Mean		23.66	10.78	13.69	10.42
SD		7.59	3.38	4.98	3.55

^aTreatment history = Current/Previous Use of Psychotherapy; ^bOCIS-AN = Orthogonal Cultural Identification Scale – Alaska Native Subscale; ^cOCIS-Caucasian = Orthogonal Cultural Identification Scale – Caucasian Subscale. * $p < .05$, ** $p < .01$.

Table 2
Regression Coefficients, t Values, and Squared Semi-partial Correlations for Model 2 in the Hierarchical Regression Analysis

Variables	b	95% CI for b	β	t value	sr^2_{unique}
First Model					
Self-stigma	-1.15	-1.47, -0.84	-.61	7.28**	.23
Social Stigma	-0.53	-1.23, 0.17	-.13	1.51	.01
Treatment History ^a	3.80	-0.08, 7.67	.13	1.94	.01
Second Model					
Self-stigma	-1.07	-1.38, -0.77	-.57	6.96**	.01
Social Stigma	-0.50	-1.17, 0.17	-.12	1.48	.19
Treatment History	3.45	-0.29, 7.19	.12	1.83	.01
OCIS-AN ^b	0.27	-0.10, 0.63	.09	1.45	.01
OCIS-Caucasian ^c	-0.79	-1.30, -0.28	-.20	3.05*	.04

^aTreatment history = Current/Previous Use of Psychotherapy; ^bOCIS-AN = Orthogonal Cultural Identification Scale – Alaska Native Subscale; ^cOCIS-Caucasian = Orthogonal Cultural Identification Scale – Caucasian Subscale. * $p < .01$, ** $p < .001$.

The second model, which also included Caucasian identification and AN identification as predictors, also was significant, $R = .75$, $F(5, 110) = 28.84$, $p < .001$, adding significantly to the first model, R^2 change = .05, $F(2, 110) = 5.85$, $p < .01$. The regression coefficients, t values, and squared semi-partial correlations for the second model also can be found in Table 2. Given the other variables in the model, self-stigma and Caucasian identification uniquely predicted help-seeking attitudes scores above and beyond the other variables. Specifically, for each unit increase in self-stigma as measured by the SSOSH, there was a 1.07-unit decrease in help-seeking attitudes as measured by the IASMHS, indicating that greater perceptions of self-stigma were associated with more negative

attitudes toward psychotherapy. Additionally, for each unit increase in Caucasian identification as measured by the OCIS-Caucasian subscale, there was a 0.79-unit decrease in help-seeking attitudes on the IASMHS, indicating that stronger levels of identification with the Caucasian culture were associated with more positive attitudes. While self-stigma uniquely explained 19% of the variance in attitudes, Caucasian identification uniquely explained 4% for the AN participants.

DISCUSSION

This study sought to provide a better understanding of the attitudes ANs hold toward seeking mental health treatment and test whether those attitudes could be predicted by stigma toward psychological help (social and self) and cultural identification (AN and Caucasian identification)—two sets of variables that have been found to predict attitudes in other racial/ethnic groups. In first examining the relationship among social stigma, self-stigma, and attitudes, these two types of stigma together explained roughly 50% of the variance in help-seeking attitudes in the sample. A number of previous studies by Vogel and colleagues (Vogel et al., 2006, 2007, 2011) with other ethnic groups also have found that stigma explains approximately 50% of the variance in help-seeking attitudes.

It was found that cultural identification was, to a small degree, able to predict help-seeking attitudes above and beyond stigma (social and self) and current/previous use of psychotherapy. Specifically, AN participants who identified more with the Caucasian culture tended to have more positive attitudes toward seeking mental health services, while level of identification with AN culture was not significantly related. Previous research has suggested that individuals belonging to a racial/ethnic minority who have assimilated into the Caucasian culture tend to have more positive attitudes toward Western forms of psychological treatments (Chen & Mak, 2008; Grandbois, 2005; Johnson & Cameron, 2001). Similarly, in this study ANs who more strongly identified with the Caucasian culture, regardless of their identification of AN culture, were more likely to endorse positive attitudes toward seeking psychotherapy. Contrary to the hypothesis, stronger identification with AN culture was not associated with more negative attitudes toward psychotherapy. This finding contradicts research that has been conducted with Asian Americans which indicated that higher levels of enculturation were associated with more negative attitudes toward psychotherapy (Kim, 2007). Perhaps AN cultural values and beliefs are more consistent with some of the foundational aspects of psychotherapy. It is also possible that this result was due to the high report of prior exposure to psychotherapy in this sample—perhaps, given their experience with psychotherapy, as well other demographic characteristics (age, education level, residence in a more urban environment), their attitudes were not related to their identification with AN culture, but for a different sample the hypothesized relationship would be present.

Limitations of the Study

A number of limitations should be considered when interpreting the results of this study. First, this study was limited to a college student convenience sample. Thus, the participants were likely younger, more educated, and more familiar with mental health problems and psychological treatments than many other AN groups. Further, they may have had a higher level of Caucasian identification and more experience with Western mental health services than other ANs. Indeed, almost two thirds of the sample had previous or current experience with psychotherapy and one third had current or previous use of medications. Based on previous research indicating lower levels of treatment use by AI/ANs compared to Caucasians (Dickerson, 2006; National Alliance on Mental Illness, 2009; Shore & Manson, 2010), this percentage is much higher than what would be expected with other AN samples. Although the generalizability of the results is limited, the findings do speak to an important need. For example, among all age groups, the rate of suicide for ANs is 3.6 times what it is for Caucasians; for those ages 15-24 years, the rate of suicide for AN men is 9 times what it is for Caucasian men, and for AN women, it is 19 times what it is for Caucasian women (Alaska Native Epidemiology Center & Alaska Native Tribal Health Consortium, 2009). Thus, understanding factors that may influence help-seeking behavior among AN emerging adults is critical. Still, further research on help-seeking attitudes with AN samples that differ in age, education level, gender, and mental health treatment experience is needed.

This study was also limited by the variables that were included. For example, this study focused on attitudes toward seeking Western forms of mental health services, but did not address attitudes toward seeking more traditional ways of healing in AN culture (e.g., family/tribal/religious leaders; talking circles; shamanism; sweat lodges; potlatch ceremonies). Additionally, only three sets of variables (treatment use, stigma, and cultural identification) were included in the prediction of attitudes. Although previous research had indicated that these variables play an important role in predicting attitudes, other variables (e.g., expectations, preferences) also may play an important role. Finally, in this study, attitudes were assessed through a self-report questionnaire. Although self-report attitudes have been found to predict actual treatment attendance (Pettinati, Monterosso, Lipkin, & Volpicelli, 2003), the results of this study do not provide information on what variables predict service utilization. Future research examining attitudes toward other mental health treatment options, with other predictor variables, and examining service utilization by ANs, is needed.

Recommendations for Future Research

Research seeking to develop and test methods for improving attitudes toward mental health utilization among AN peoples is needed. Based on the results of this study, methods aimed at reducing self-stigma may prove most useful. Relatedly, methods familiarizing AN peoples with these types of Western interventions may go a long way to reduce stigma and improve attitudes. Additionally, research should explore historical and contextual factors such as discrimination toward AN peoples and how these may impact stigma and attitudes toward mental health help seeking. Further, research investigating ANs' preferences for treatment—another variable that, according to Stewart and colleagues (2013), can predict service utilization—also would enrich the literature in regards to providing psychological services to AN communities and individuals. Finally, methods for integrating traditional ways of healing for AN peoples into psychotherapy in hopes of developing treatment approaches that are better suited to this particular cultural group are important.

Conclusions

While there is a large body of research investigating attitudes toward mental health treatment with some racial/ethnic groups, little is known about help-seeking attitudes among ANs. In this study, attitudes toward psychotherapy in a sample of AN participants was further examined, testing whether attitudes could be predicted by perceptions of stigma and cultural identification. Taken together, these variables explained roughly 55% of the variance in help-seeking attitudes. Although each of the variables was significantly related to help-seeking attitudes when examined separately, only self-stigma and identification with the Caucasian culture uniquely explained the variance in attitudes toward seeking psychological help.

These results have a number of important implications for psychotherapy with ANs. First, mental health professionals may be able to increase service utilization by ANs who are in need by addressing stigma. In general, efforts to normalize mental health problems and treatment-seeking behaviors through public education campaigns may prove useful in addressing the stigma. However, specific efforts tailored to AN communities also may be needed. Particularly, mental health professionals should seek to advocate for psychotherapy through the appropriate community channels, such as tribal healers/doctors and community elders. Further, efforts can be made to adapt psychological services so that they build upon the strengths of AN culture. For example, a group therapy setting could incorporate aspects of AN talking circles and focus on common experiences and information sharing among AN individuals. Such incorporation of traditional healing methods into psychotherapy practice also may increase utilization of services (Coyhis & Simonelli, 2008; Gone & Trimble, 2012) and ultimately may improve attitudes toward mental health treatment. These

steps may assist mental health providers in better advocating for and delivering services to ANs, as well as offering more informed, culturally sensitive interventions that better suit the values, beliefs, and preferences of AN peoples. However, further empirical research is needed to test whether these suggested efforts to reduce stigma and improve attitudes toward mental health treatments in ANs are truly effective.

REFERENCES

- Alaska Native Epidemiology Center & Alaska Native Tribal Health Consortium. (2009). *Alaska Native health status report*. Anchorage, AK: Authors. Retrieved from http://www.anthc.org/chs/epicenter/upload/01_HSRintro.pdf
- Allen, J., Levintova, M., & Mohatt, G. (2011). Suicide and alcohol related disorders in the U.S. Arctic: Boosting research to address a primary determinant of circumpolar health disparities. *International Journal of Circumpolar Health*, 70, 473-487. Retrieved from <http://www.circumpolarhealthjournal.net/index.php/ijch/article/view/17847>
- American Psychological Association (APA). (2002). *Ethical principles of psychologists and code of conduct*. Retrieved from <http://www.apa.org/ethics/code/index.aspx>
- APA. (2006). Evidence-based practice in psychology. *American Psychologist*, 61, 271-285. doi: <http://dx.doi.org/10.1037/0003-066X.61.4.271>
- Atkinson, D. R., & Gim, R. H. (1989). Asian-American cultural identity and attitudes toward mental health services. *Journal of Counseling Psychology*, 36, 209-212. doi: <http://dx.doi.org/10.1037/0022-0167.36.2.209>
- Brems, C. (1996). Substance use, mental health, and health in Alaska: Emphasis on Alaska Native peoples. *Arctic Medical Research*, 55, 135-147. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/8885436>
- Chen, S., & Mak, W. S. (2008). Seeking professional help: Etiology beliefs about mental illness across cultures. *Journal of Counseling Psychology*, 55, 442-450. doi: <http://dx.doi.org/10.1037/a0012898>
- Conner, K. O., Koeske, G., & Brown, C. (2009). Racial differences in attitudes toward professional mental health treatment: The mediating effect of stigma. *Journal of Gerontological Social Work*, 52, 695-712. doi: <http://dx.doi.org/10.1080/01634370902914372>
- Corrigan, P. (2004). How stigma interferes with mental health care. *The American Psychologist*, 59, 614-625. doi: <http://dx.doi.org/10.1037/0003-066X.59.7.614>
- Coyhis, D., & Simonelli, R. (2008). The Native American healing experience. *Substance Use & Misuse*, 43, 1927-1927. doi: <http://dx.doi.org/10.1080/10826080802292584>

- Dickerson, D.L. (2006). Meeting the mental health care needs of American Indian and Alaska Native communities. *NAMI Advocate, Winter*. Retrieved from https://www2.nami.org/Content/ContentGroups/Multicultural_Support1/Fact_Sheets1/Meeting_the_Mental_Health_Care_Needs_of_American_Indian_and_Alaskan_Native_Communities.pdf
- Gone, J. P., & Trimble, J. E. (2012). American Indian and Alaska Native mental health: Diverse perspectives on enduring disparities. *Annual Review of Clinical Psychology, 8*, 131-160. doi: <http://dx.doi.org/10.1146/annurev-clinpsy-032511-143127>
- Gonzalez, J. M., Alegria, M., & Prihoda, T. J. (2005). How do attitudes toward mental health treatment vary by age, gender, and ethnicity/race in young adults? *Journal of Community Psychology, 33*, 611-629. doi: <http://dx.doi.org/10.1002/jcop.20071>
- Grandbois, D. (2005). Stigma of mental illness among American Indian and Alaska Native nations: Historical and contemporary perspectives. *Issues in Mental Health Nursing, 26*, 1001-1024. doi: <http://dx.doi.org/10.1080/01612840500280661>
- Jimenez, D. E., Bartels, S. J., Cardenas, V., & Alegria, M. (2013). Stigmatizing attitudes toward mental illness among racial/ethnic older adults in primary care. *International Journal of Geriatric Psychiatry, 28*, 1061-1068. doi: <http://dx.doi.org/10.1002/gps.3928>
- Johnson, J. L., & Cameron, M. C. (2001). Barriers to providing effective mental health services to American Indians. *Mental Health Services Research, 3*, 215-223. doi: <http://dx.doi.org/10.1023/A:1013129131627>
- Kim, B. S. K. (2007). Adherence to Asian and European American cultural values and attitudes toward seeking professional psychological help among Asian American college students. *Journal of Counseling Psychology, 54*, 474-480. doi: <http://dx.doi.org/10.1037/0022-0167.54.4.474>
- Kim, B. S. K., & Omizo, M. M. (2003). Asian cultural values, attitudes toward seeking professional psychological help, and willingness to see a counselor. *The Counseling Psychologist, 31*, 343-361. doi:10.1177/0011000003031003008
- Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology, 47*, 138-143. doi: <http://dx.doi.org/10.1037/0022-0167.47.1.138>
- Leong, F. T. L., Kim, H. H. W., & Gupta, A. (2011). Attitudes toward professional counseling among Asian-American college students: Acculturation, conceptions of mental illness, and loss of face. *Asian American Journal of Psychology, 2*, 140-153. doi: <http://dx.doi.org/10.1037/a0024172>
- Mackenzie, C. S., Knox, V. J., Gekoski, W. L., & Macaulay, H. L. (2004). An adaptation and extension of the attitudes toward seeking professional psychological help scale. *Journal of Applied Social Psychology, 34*, 2410-2435. doi: <http://dx.doi.org/10.1111/j.1559-1816.2004.tb01984.x>
- McCabe, K. M. (2002). Factors that predict premature termination among Mexican-American children in outpatient psychotherapy. *Journal of Child and Family Studies, 11*, 347-359. doi: <http://dx.doi.org/10.1023/A:1016876224388>

- Nam, S. K., Choi, S. I., Lee, J. H., Lee, M. K., Kim, A. R., & Lee, S. M. (2013). Psychological factors in college students' attitudes toward seeking professional psychological help: A meta-analysis. *Professional Psychology: Research and Practice, 44*, 37-45. doi: <http://dx.doi.org/10.1037/a0029562>
- Nam, S. K., Chu, H. J., Lee, M. K., Lee, J. H., Kim, N., & Lee, S. M. (2010). A meta-analysis of gender differences in attitudes toward seeking professional psychological help. *Journal of American College Health, 59*, 110-116. doi: <http://dx.doi.org/10.1080/07448481.2010.483714>
- National Alliance on Mental Illness. (2009). *American Indian and Alaska Native women and depression: Fact sheet*. Retrieved from http://www.nami.org/Template.cfm?Section=Women_and_Depression&Template=/ContentManagement/ContentDisplay.cfm&ContentID=88885
- Oetting, E. R., & Beauvais, F. (1990-1991). Orthogonal cultural identification theory: The cultural identification of minority adolescents. *The International Journal of the Addictions, 25*, 655-685.
- O'Sullivan, M. J., Peterson, P. D., Cox, G. B., & Kirkeby, J. (1989). Ethnic populations: Community mental health services ten years later. *American Journal of Community Psychology, 17*, 17-30. doi: <http://dx.doi.org/10.1007/BF00931200>
- Pettinati, H. M., Monterosso, J., Lipkin, C., & Volpicelli, J. R. (2003). Patient attitudes toward treatment predict attendance in clinical pharmacotherapy trials of alcohol and drug treatment. *The American Journal on Addictions, 12*, 324-335. doi: <http://dx.doi.org/10.1111/j.1521-0391.2003.tb00547.x>
- Poleshuck, E. L., Cerrito, B., Leshoure, N., Finocan-Kaag, G., & Kearney, M. H. (2013). Underserved women in a women's health clinic describe their experiences of depressive symptoms and why they have low uptake of psychotherapy. *Community Mental Health Journal, 49*, 50-60. doi: <http://dx.doi.org/10.1007/s10597-012-9500-7>
- Rodenhauser, P. (1994). Cultural barriers to mental health care delivery in Alaska. *Journal of Mental Health Administration, 21*, 60-70. doi: <http://dx.doi.org/10.1007/BF02521346>
- Roderick, L. (Ed.). (2011). *Do Alaska Native people get free medical care? And other frequently asked questions about Alaska Native issues and cultures*. Anchorage, AK: University of Alaska Anchorage and Alaska Pacific University.
- Shim, R. S., Compton, M. T., Rust, G., Druss, B. G., & Kaslow, N. J. (2009). Race-ethnicity as a predictor of attitudes toward mental health treatment seeking. *Psychiatric Services, 60*, 1336-1341. doi: <http://dx.doi.org/10.1176/appi.ps.60.10.1336>
- Shore, J.H. & Mason, S. M. (2010). American Indians & Alaska Natives. In P. Ruiz & A. Primm (Eds.). *Disparities in psychiatric care: Clinical and cross-cultural perspectives* (pp. 52-60). Philadelphia, PA: Lippincott Williams & Wilkins.
- Stewart, T. J., Swift, J. K., Freitas-Murrell, B. N., & Whipple, J. L. (2013). Preferences for mental health treatment options among Alaska Native college students. *American Indian and Alaska Native Mental Health Research, 20*(3), 59-78. doi: <http://dx.doi.org/10.5820/aian.2003.2013.59>

- Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice (5th ed.)*. Hoboken, NJ: John Wiley & Sons Inc.
- Urban Indian Health Commission. (2007). Invisible tribes: Urban Indians and their health in a changing world. Seattle, WA: Author. Retrieved from http://www.uihi.org/wp-content/uploads/2009/09/UIHC_Report_FINAL.pdf
- U.S. Department of Health & Human Services. (2010). *National healthcare disparities report*. Rockville, MD: Agency for Healthcare Quality and Research. Retrieved from <http://www.ahrq.gov/research/findings/nhqrdr/nhqrdr10/index.html>
- Vogel, D. L., Heimerdinger-Edwards, S. R., Hammer, J. H., & Hubbard, A. (2011). “Boys don’t cry”: Examination of the links between endorsement of masculine norms, self-stigma, and help-seeking attitudes for men from diverse backgrounds. *Journal of Counseling Psychology, 58*, 368-382. doi: <http://dx.doi.org/10.1037/a0023688>
- Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology, 53*, 325-337. doi: <http://dx.doi.org/10.1037/0022-0167.53.3.325>
- Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived social stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology, 54*, 40-50. doi: <http://dx.doi.org/10.1037/0022-0167.54.1.40>
- Wolsko, C., Lardon, C., Mohatt, G. V., Orr, E. (2007). Stress, coping, and well-being among the Yup’ik of the Yukon-Kuskokwim delta: The role of enculturation and acculturation. *International Journal Circumpolar Health, 66*, 51-61. Retrieved from <http://www.circumpolarhealthjournal.net/index.php/ijch/article/view/18226>
- Zhang, N., & Dixon, D. N. (2003). Acculturation and attitudes of Asian international students toward seeking psychological help. *Journal of Multicultural Counseling and Development, 31*, 205-222. doi: <http://dx.doi.org/10.1002/j.2161-1912.2003.tb00544.x>

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