

Lifting the Lived Experiences of American Indian Counselors on the Reservation: An Interpretive Phenomenological Analysis

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***Abstract:** This study utilized interpretive phenomenological analysis to explore the experiences of three American Indian/Alaska Native counselors working on federal Indian reservations. Data analysis yielded four themes: the worth and weight of counseling on a reservation, the impact of culture and community on counseling, four forms of trauma impacting the counselor, and the effects of personal and professional wellness. This research contributes valuable insights into the nuanced experiences of American Indian/Alaska Native counselors working within reservation contexts and highlights the importance of addressing the unique challenges they face in delivering counseling services to their communities. Future research, support infrastructure, and counselor training initiatives should prioritize specialized training and systemic support for counselors tailored specifically to address the needs of American Indian/Alaska Native counselors and the communities they serve.*

INTRODUCTION

The effectiveness of counseling is intricately linked to the wellness of the counselors themselves (Lawson et al., 2007). Counselor wellness, a state of balance between the mind, body, and spirit, can impact multiple aspects of their personal and professional lives (Basma et al., 2021). Multiple factors impact providers' wellness and well-being; for example, large numbers of clients with histories of trauma have been found to have deleterious impacts on counselor wellness (Lamb et al., 1998). Universally, "all counselors have the potential to be well and all counselors have the potential to be impaired" (Lawson et al., 2007, p. 9), but it is the well counselors who are more likely to provide effective services to their clients (Figley, 2002).

Health disparities, the avoidable differences in health between groups of people, can stem from healthcare inequities, racism, injustice, and oppression (National Heart, Lung, and Blood Institute, 2019). These disparities are commonly found among socially disadvantaged or oppressed groups such as Black, Indigenous, and people of color (BIPOC) (Brave Heart et al., 2012) and those with historical and contemporary experiences of trauma (Gameon & Skewes, 2021). Significant health concerns exist among American Indian and Alaska Native (AI/AN) people, which can be linked to disproportionately high experiences of trauma (Gameon & Skewes, 2021).

While the impact of client trauma on counselor wellness is well-known, population-specific studies on the experiences of counselors working with AI/AN populations are small, and studies on AI/AN counselors' wellness are nonexistent. This study examines the firsthand accounts of AI/AN counselors with the aim of informing future research on counselor wellness practices. We use interpretive phenomenological analysis (IPA) to initiate an understanding of the experiences of AI/AN counselors who work on or previously have worked on a reservation. To initiate this research, we asked, "What are the lived experiences of American Indian/Alaska Native counselors working on a reservation?".

Cultural Context: Historical Trauma

Settler colonialism, a political and economic framework of coordinated efforts to seize and control Indigenous lands, has resulted in long-lasting consequences (Montgomery, 2022). The multigenerational effects of settler colonialism impact AI/AN communities throughout the

Americas (Evans-Campbell, 2008; Hamby et al., 2020). Throughout history, there have been multiple instances of large populations of people simultaneously experiencing the same traumatic event (e.g., civil wars or natural disasters), and the traumatic responses to these large-scale events are known as historical traumatization (Brave Heart et al., 2011).

Historical trauma is defined as "cumulative emotional and psychological wounding across generations...which emanates from massive group trauma" (Brave Heart et al., 2011, p. 283). Historical trauma can span a lifetime and can stretch across multiple generations (Brave Heart, 1998), and indirect exposure to trauma can have effects as profound as direct exposure (Hamby et al., 2020). Previous research has demonstrated that ancestral trauma is associated with significant psychological and physical health issues of generations of descendants – a phenomenon known as historical trauma response (Gameon & Skewes, 2021; John-Henderson & Ginty, 2020). The effects of trauma manifest in mental health problems such as depression, substance abuse, and suicide (Gone & Kirmayer, 2020). Further compounding this, AI/AN people experience the highest per-capita rates of trauma and victimization, data that cannot be separated from the context of colonialism and historical trauma (Gameon & Skewes, 2021; Gone, 2009; Sarche & Spicer, 2008).

There is variability in individual responses to traumatic events; however, it has been noted that people who frequently think about or relive traumatic events tend to experience corresponding symptoms of trauma response conditions, such as post-traumatic stress disorder (PTSD) (Ehlers et al., 2013). Despite the elapsed time since traumatic events, for many AI/AN people, "...ancestral losses are often mourned as though they are recent" (Brave Heart et al., 2012, p. 178). The descendants of those who have faced trauma report emotionally identifying with the suffering of their ancestors (Evans-Campbell, 2008). When people identify greater perceptions of historical loss, they are more likely to experience feelings of depression and anger. Identifying with and, to some extent, sharing the suffering of one's ancestors can lead to adverse effects (Ehlers et al., 2013). Despite centuries of efforts by colonizers to eradicate Indigenous peoples and epistemologies, AI/AN communities have exhibited remarkable resilience through their perseverance (Gameon & Skewes, 2021). Research involving AI/AN communities has historically focused on pathology and deficit; however, factors such as the strength of one's AI/AN identity are considered important protective factors regarding collective healing (Hamby et al., 2020).

Counselor Wellness and Trauma Exposure

The counseling profession emphasizes the importance of professional wellness, urging counselors to maintain mental health, emotional stability, and work-life balance. However, the emotional demands of the job often lead to some negative impact. It is commonly accepted that an emotional and psychological risk is innate in the counseling profession. An essential component of effective counseling is the ability to empathize and provide emotional support for clients, yet this can be a burden of care that negatively affects the wellness of the counselor (Bentley, 2022). Counseling survivors of trauma places these counselors at an increased risk of experiencing adverse emotional reactions due to sustained emotional engagement and exposure to clients' traumatic experiences, which can lead to symptoms of occupational stress syndromes such as secondary traumatic stress or vicarious traumatization (Jimenez et al., 2021). When counselors encounter secondary traumatic stress or vicarious traumatization, they may respond by suppressing their empathic reactions to clients to conserve self-empathy (Connolly, 2011). Furthermore, research indicates that secondary traumatic stress increases the likelihood that counselors will vacate their professional positions (Bride & Kintzle, 2011; Cummins et al., 2007).

Counselor Attrition on Reservations

Nationwide, reports of low retention rates of mental health professionals are attributed to factors such as low reimbursement rates, insufficient program funding, and increased demand coupled with limited service accessibility, especially in rural areas. In 2020, it was estimated that over half of rural Americans face shortages in mental health providers (Morales et al., 2020). The Indian Health Service (IHS) has struggled with issues related to poor medical care quality and high rates of professional vacancies for decades (Subcommittee on Indian and Insular Affairs, House Committee on Natural Resources, 2023). Counselors' decisions to remain in their current positions are influenced by their perceptions of workload demands and the availability of wellness resources (Knight et al., 2012). While specific figures relating to employee turnover among counseling staff on reservations are undocumented or inaccessible, research on overall professional turnover rates suggests a trend of reservation-based professionals vacating their positions. For example, Kim (2000) found that 47% of physicians and midlevel providers at a Navajo IHS hospital intended to leave their positions on the reservation within the following three years.

Our review of the literature could not locate existing research on the personal and professional wellness of AI/AN counselors. Consequently, this study sought to fill this gap by gathering insights from the firsthand accounts of AI/AN counselor wellness to guide future research and counseling practices. We utilized interpretive phenomenological analysis (IPA) to understand the lived experiences of AI/AN counselors on reservations, aiming to center the voices of the study participants. The research question guiding this study was: "What are the lived experiences of American Indian/Alaska Native counselors working on a reservation?"

METHOD

Qualitative research methodology focuses on exploring and understanding the structure and functioning of the world (Morse & Field, 1996), enabling research participants to share their stories using their own voices (Creswell & Poth, 2018). IPA requires interpretation since a direct sample of an experience cannot be extracted from an individual's memory. Smith (2011) describes this process as a double hermeneutic, wherein the researcher interprets the participant's interpretation of their experiences. IPA uses an ordered progression of interpretative readings of the data to uncover research participants' nuanced, lived experiences (Chamberlain, 2011; McLeod, 2011).

Procedures and Participants

Prior to recruitment and data collection, the researchers secured Institutional Review Board (IRB) approvals from the University and two Upper Plains Tribal IRB entities. Purposive sampling, a frequent sampling method in phenomenological research (Flynn & Korcuska, 2018), was employed to select participants with similar demographics and experiences.

All participants met the following criteria: they were 18 or older, identified as American Indian/Alaska Native, held a master's degree or higher from an accredited counseling program, and were either Licensed Professional Counselors (LPC) or Licensed Professional Clinical Counselors (LPCC). Furthermore, all participants had prior or current experience working on federal Indian reservations in the United States. Due to the limited number of eligible participants, three individuals were selected for this study, and demographic information was not collected to ensure anonymity, given the small target population and the close-knit nature of tribal communities.

The first author conducted the 30-to-45-minute semi-structured, open-ended individual interviews by telephone. The interview questions (e.g., What is it like to work as a counselor on a reservation?) invited participants to share their experiences working on a reservation and maintaining their wellness. Participants reviewed their respective transcripts and confirmed accuracy.

Researcher Positionality

First Author

I am a descendant of the Standing Rock Sioux Tribe of the *Očéti Šakówiŋ* (The Great Sioux) Nation. I have extensive experience providing counseling services in healthcare settings as a Licensed Professional Clinical Counselor (LPCC). I am an assistant professor of Indigenous Health, teaching courses and conducting research on Indigenous health and community-based participatory research. Coming into this study, I held several assumptions about counselor wellness, trauma counseling, and AI/AN mental health. First, I believed that historical trauma negatively affects AI/AN people and the counselors working with them, particularly when combined with a counselor's own experiences of personal trauma. Second, I expected AI/AN counselors to report a sense of connectedness with their AI/AN clients, partially due to the shared cultural and spiritual values. Finally, I anticipated that participants in the study would discuss the personal impacts of both experiencing trauma firsthand as well as attending to the traumatic narratives of other AI/AN individuals.

Second Author

I have taught in two counseling programs in states populated with 14 federally recognized tribes (South Dakota Department of Tribal Relations, n.d.). As a white, cisgender male, I thought I could approach this project from the perspective of an outsider witness (Epston & Carlson, 2017) who noticed and highlighted the stories and identities of the participants and the first author. I was wrong; experiences, personal and professional, had already disrupted my notions of scholarship and teaching (Korcuska, 2016). Thus, I approached the narratives of our participants and my co-author, aware of the need to navigate from the waters of my "complicity in systems and structures of privilege" (Sheridan, 2017, p. 7) toward "direct or indirect involvement in the lives of others" (p. 15).

Trustworthiness

In qualitative research, ‘trustworthiness’ emphasizes the importance of maintaining high-quality work (Flynn & Korcuska, 2018; Rodham et al., 2015). In this study, we strengthened trustworthiness by using bracketing, which included researcher note-keeping and member checking through respondent validation via the return of transcripts to participants, member check interviews, and verification of analyzed data (Birt et al., 2016). Additionally, we ensured reflexivity and thick and rich descriptions (see Findings). We maintained sensitivity to participants’ cultural backgrounds, diverse perspectives (Brown et al., 2018), and their language through diligent record-keeping in a research journal (Rodham et al., 2015).

Data Analysis

IPA is not limited to a rigid, prescribed set of steps but is a flexible framework for engaging in phenomenological research. Authors analyzed each case separately before a comprehensive analysis was done (Allan & Eatough, 2016). Procedures associated with IPA guided our analysis. Through repeated reading of transcripts, we immersed ourselves in the experiential world of the participants (Allan & Eatough, 2016), providing novel insights (Pietkiewicz & Smith, 2014). Initial notations highlighted significant elements, such as the use of metaphors (Allan & Eatough, 2016).

The first author's reflections on the interviews were noted, including comments relating to personal reflexivity (e.g., how personal characteristics of the researcher, such as age or cultural background, may have impacted participants) (Pietkiewicz & Smith, 2014). From there, emerging themes were developed by close review of researcher notes (Pietkiewicz & Smith, 2014).

Collaboration between the first and second authors led to identifying overarching themes and their implications (Allan & Eatough, 2016). Further data exploration identified thematic connections and clusters through the examination of emergent themes (Pietkiewicz & Smith, 2014). We assessed whether superordinate themes and subthemes could be identified based on conceptual similarities of themes (McLeod, 2011). Themes that did not align with the emerging structure or lacked substantial evidence were excluded (Pietkiewicz & Smith, 2014).

RESULTS

The following themes were identified based on the data analysis: (1) the worth and weight of counseling on a reservation, (2) the impact of culture and community on reservation-based counselors, (3) trauma impacting the counselor, and (4) the effects of personal and professional wellness on counselors.

Theme 1: The Worth and Weight of Counseling on a Reservation

Participants expressed that providing counseling services in a reservation context was a multilayered and emotionally charged experience. They found immense satisfaction in serving their communities, which the researchers interpreted as the "worth" of their work. However, participants recognized substantial challenges, seen as the "weight" of the responsibility of counseling on a reservation. To illustrate the inescapability of trauma, one participant shared the following metaphor:

[The work] is difficult and it's rewarding, and it's beautiful, and it's hard, and it's everything in between. [The emotional toll is a] blanket of weight on you when you work... It feels like you're just swimming in trauma... like in a swamp. And the moment that you feel you're...stepping out of a swamp, something else happens because our communities are so small and the amount of trauma is just in your face all the time, so you can't escape it.

A complex variable in reservation-based counseling relates to the counselor's caseload. One participant noted that the substantial number of clients on their caseload was partly due to a shortage of counselors on their reservation, saying, "There's such a need up here that it's, it's really not funny. They've advertised for a long time. They can't get anyone to go."

Despite these challenges, collectivism emerged as a source of strength within reservation communities. One participant explained: "When something happens, you notice the community all comes together. I notice that they go to the schools immediately to be there for the kids." Another participant echoed this sentiment, saying: "Native American communities, as a whole, grieve together; that's where I see this beauty of the community healing."

Theme 2: The Impact of Culture and Community on Reservation-Based Counselors

Four sub-themes related to the impact of reservation culture and community were identified: American Indian culture and healing, sense of community, rurality of the reservation, and institutional policy and practices.

American Indian Culture and Healing

Each participant emphasized the significance of integrating traditional cultural healing practices in counseling. They combined Western counseling techniques with their tribe's healing traditions to effectively assist clients. Examples were shared of incorporating healing ceremonies, such as participating alongside clients in a sweat lodge ceremony (*inipi*) and smudging (the purification and cleansing of the spirit gained by burning sage and engaging in prayer and reflection) (Black Elk, 1989) before and after counseling sessions.

Sense of Community

One participant was raised in the same community where they now practice as a counselor. This background reassures them that their chosen profession is a good fit:

Because I grew up on this community and lived in this community most of my life being able to give back to it in a good way is really important to me. And so it feels, to me, like a real natural fit, in terms of living and working in my community and providing services to people that I, you know, consider relatives.

Given the strong connections between the communities and the counselors, participants shared a range of experiences and emotions stemming from shared losses, tragedies, and triumphs with their clients. One participant captured this sentiment by saying that, for them, “community healing is also part of my own healing.”

Rurality of the Reservation

Participants discussed the unique challenges posed by their reservations' rural and isolated location. For example, a participant indicated that a substantial amount of their workday was spent driving long distances across the reservation to see just one client. This extended travel time between client appointments decreased the number of clients they could accommodate in a single day. Another participant noted that because their community is geographically isolated, drug

dealers and manufacturers from outside locations take advantage of their illegal activities going largely unnoticed on the reservation.

Institutional Policy and Practices

Participants discussed a bureaucratic system, commonly called “red tape,” that was a barrier to providing therapy services in their communities. One respondent indicated that there are times when individuals in leadership positions misunderstand the role of a professional counselor, which can negatively impact the counselor’s interpretation of their duties. Another participant remarked that decisions made by leaders who are without adequate training in mental health care could be “based on emotion and maybe some family tie,” leading to confusion about the most effective ways to help members of the reservation community.

Theme 3: Trauma Impacting the Counselor

A common thread of trauma connected participants' stories. Participants reported that the amount of trauma present on their reservations was substantial, profoundly impacting their work. Through their accounts, we identified four subcategories of trauma: domestic violence, suicide, generational trauma, and educational trauma.

Domestic Violence

Participants reflected on the impact that domestic violence had on their clients and communities. One participant noted that those experiencing this trauma will often self-medicate by using drugs and alcohol to cope. Another participant observed that they knew of other professionals experiencing domestic violence in their personal lives, raising concerns about whether they were adequately addressing their mental health.

Generational Trauma

One participant discussed the compounding stress and pressure resulting from generational trauma on the reservation. They described a sense of responsibility they feel to stop the cycle. Another participant stated that the transmission of trauma's consequences from one generation to the next creates a ripple effect. They went on to describe it this way:

It can be really hard cause it's generations, maybe three generations you go back...to find people that aren't so... they've always been oppressed, but, the last three generations...have turned to more drugs and alcohol. Their parents, then their

parent's parents, I can look back at some of the grandparents are even selling drugs up here.

Suicide

Participants discussed the inherent trauma associated with events involving suicide ideation, attempts, and completions. One participant shared, “The most taxing part of my counseling work would be the level of suicide ideation that people have.” Another participant shared how suicide and sexual violence have impacted them, prompting them to address their work-related anxiety by seeking counseling for themselves.

Educational Trauma

Multiple participants discussed what they viewed as a type of educational trauma prevalent on their reservations. One participant highlighted the lack of higher education options and pay disparities, contributing to fewer young people returning to their communities after pursuing education elsewhere.

Theme 4: The Effects of Personal and Professional Wellness on Counselors

Participant interviews revealed the significance of counselor wellness. As their work demands intensified, participants noticed vulnerabilities in their personal lives and relationships, with one participant revealing how their job had affected their marriage. To address these challenges, participants identified effective self-care strategies, categorized into three areas: emotional, physical, and spiritual self-care. Two participants shared that attending their own counseling sessions was instrumental in addressing their mental and emotional wellness. One participant integrated smaller self-care practices, such as prayer and meditation during their commutes, while another participant emphasized their holistic approach to self-care, saying, “I need to take care of my body and myself and my mind” by including regular and intense exercise as a means of emotional release.

Additionally, because collective healing is prevalent in tribal communities (Wicklum et al., 2023), counselors engaging in healing practices with clients can experience benefits themselves. For instance, a participant found spiritual and therapeutic solace by joining clients in sweat lodge ceremonies.

DISCUSSION

AI/AN communities frequently encounter many of the most significant health disparities in the United States (Carron, 2020). The health challenges confronting many AI/AN people include issues such as depression, substance abuse, trauma exposure, and unresolved grief (Brave Heart et al., 2011). Despite this, AI/AN populations consistently remain understudied in counseling research. Furthermore, specific to the current study, research on AI/AN counselor wellness is nonexistent (Brave Heart et al., 2012; Williams, 2018). This study provides narrative accounts of the lived experiences of AI/AN counselors who work on reservations. We folded the discussion of sub-themes in with the main themes for brevity.

The Worth and Weight of Counseling on a Reservation (Sub-theme: Difficulty Incorporating Western Therapy Techniques)

Participants described their experiences of providing counseling services on a reservation as uplifting and meaningful (e.g., making a difference in their communities) yet discouraging (e.g., not having the emotional capacity to meet the clinical needs of a significant number of difficult cases). The latter finding is consistent with Maslach and Leiter (2016), who found an association between mental health providers working with large, complex caseloads leading to increases in stress and exhaustion. Additionally, counselors in this study faced stressors related to navigating the boundaries between their identities as American Indian/Alaska Native individuals and their AI/AN clients. This finding aligns with previous research from Galbraith et al. (2006) and Portman and Garrett (2006), highlighting the unique nature of working within a collectivist paradigm and the impact of the diffusion of trauma through a community. Participants utilized metaphors to articulate their experiences, a common strategy in reflecting on adverse experiences and the process of adapting, recovering, and building resilience, as noted by Gone and Kirmayer (2020).

The Impact of Culture and Community on Counselors (Sub-themes: Culture, Community, Rurality, and Institutional Policy)

The cultural identity of this study's participants intertwines with their roles as professional counselors. Working within their communities freed participants to incorporate Western counseling paradigms with tribally based healing practices. Our participants reported that this blended approach benefited their clients, a finding consistent with Brave Heart (1998). However, the institutional programming, procedures, and administrative management of services within

participants' communities hindered their delivery of counseling services. This observation aligns with Knight et al.'s. (2012) research, which linked counselor turnover to perceptions about the likelihood of institutional change. Moreover, limited funding for mental health care providers reduces clients' access to mental health services, further increasing counselors' already large caseloads (Duran et al., 2009; Grandbois, 2005).

The majority of U.S. reservations are situated in rural areas (Substance Abuse and Mental Health Services Administration, 2013). Our study found that participants living in these remote reservations faced lengthy commutes to their workplaces. Prior research has shown that daily travel from reservation to workplace was a significant challenge for workers, particularly during winter months (Al-Asfour et al., 2021).

Four Forms of Trauma Impacting the Counselor and Their Work (Sub-themes: Domestic Violence, Suicide, Generational Trauma, and Educational Trauma)

The reach that trauma has on reservations extends beyond individual experiences but affects the community as a whole. A single traumatic event can impact community members from different families, tribal bands, or clans (Evans-Campbell, 2008). The scope of trauma experienced by AI/AN nations ranges from elevated rates of violence against Indigenous women (with four out of five reporting violence in their lives) (National Congress of American Indians Policy Research Center [NCAI], 2018) to a suicide rate so substantial it is regarded a significant public health issue in many AI/AN communities (Curtin & Hedegaard, 2019; Brave Heart et al., 2011). Relatedly, government educational policies of Indian boarding schools systematically defrocked AI/AN children of their culture and identities (Brave Heart & DeBruyn, 1998). Despite this, the emphasis on community-based education remains steadfast in AI/AN communities, reflecting the high value placed on education (Grandbois & Sanders, 2012).

The Effects of Personal and Professional Wellness on Counselors (Sub-themes: Counselors' Personal Lives and Strategies for Physical and Spiritual Self-Care)

Navigating grief and loss becomes particularly challenging and complex when the individual is not only a community member but also a significant source of support for grieving families. Coupled with isolation, lack of professional support, and inadequate coping mechanisms, this burden can lead to emotional exhaustion and burnout (Gampa et al., 2017; O'Keefe et al., 2021). A counselor's ability to mitigate the effects of occupational stress is central to their wellness (Lawson et al., 2007). Our findings are consistent with a five-factor model of occupational stress

identified by Galek et al. (2011). These factors include (a) frequent and intense encounters with clients; (b) physical and mental fatigue states; (c) challenges to values, beliefs, and worldview; (d) exposure to traumatized clients; and (e) expectable stress responses.

Study participants marshaled strategies reminiscent of the concept of wellness, defined as intentionally maintaining physical and psychological health (Day-Vines & Holcomb-McCoy, 2007). The practice of wellness and self-care involves nurturing oneself to maintain physical and emotional well-being, including engaging in healthy behaviors to reduce stress, anxiety, and emotional responses when engaging in challenging work (Posluns & Gall, 2020).

Implications

This study sought to add the voices of American Indian/Alaska Native counselors to the impoverished literature concerning their experiences of counseling in intense and trauma-dense reservation environments. By doing so, we aimed to increase their visibility to counselors, counselor educators, researchers, and policymakers. Our findings present implications for counseling practice, counselor education and supervision, administration and public policy, and research.

Implications for Counseling Practice

The implications for counseling practice underscore the necessity for counselors working in reservation settings to be familiar with tribe-specific spirituality, healing practices, and ceremonies. Counselors should become facile with the history and present-day challenges that influence the values, beliefs, biases, and experiences of both privileged and marginalized clients (AMCD, 2015), while contextualizing Western counseling methods within tribal traditions by incorporating healing techniques and teachings and drawing on the wisdom of Elders. Additionally, counselors could integrate trauma-focused interventions such as Eye Movement Desensitization and Reprocessing (EMDR) or cognitive processing therapy (CPT) to assist clients in transitioning from a state of victimhood to identifying as resilient survivors (Gameon & Skewes, 2020; Gone & Kirmayer, 2020).

Moreover, AI/AN counselors should be encouraged to engage in self-care strategies rooted in their cultural teachings. Posluns and Gall (2020) contend that “self-care is not a luxury but is a clinical and ethical imperative in the mental health professions” (p. 4). Addressing the isolation experienced by counselors in a rural reservation setting is critical. Therefore, we propose creating an AI/AN counseling professional peer support network. In addition to the pre-licensure

requirements of individual and group supervision, peer group intervention would increase the support of AI/AN counselors by decreasing their sense of isolation (Killian, 2008).

Implications for Counselor Education and Supervision

While counselor wellness is integral to counselor identity, theory, and practice, counselor educators and supervisors must recognize and address symptoms of occupational stress syndromes by implementing effective strategies to improve communication among professionals, organizations, and systems, such as the relationship-centered communication (RCC) model (Altamirano et al., 2022). Additionally, early integration of a wellness curriculum to graduate counseling education will position well-being as a primary focus in professional education programs (Mumbauer-Pisano & Kim, 2021).

Further, counselors must use culturally appropriate strategies when counseling AI/AN individuals and communities. Counseling trainees must cultivate an understanding of the unique experiences of AI/AN people living in both rural and urban settings, including the effects of historical trauma and colonization. Access to appropriate cultural mentorship is crucial for AI/AN trainees, as highlighted in research on minority female counselors (Basma et al., 2021).

Implications for Administration and Public Policy

We recommend that administrators and policymakers develop and implement systemic support and incentives aimed at fostering counselor wellness and self-care. For example, this could involve the adoption of agency-wide cultural self-care practices (e.g., *inipi*). To address staffing challenges on reservations, streamlining the administrative requirements for counselors, such as documentation and pre-approval procedures, can improve the efficiency and reliability of counseling service delivery. One approach to accomplish this is through task-shifting, delegating appropriate tasks to health workers with shorter training and fewer qualifications (O'Keefe et al., 2021).

Finally, broadening grant-funded programming and other initiatives will support counselors and other staff members in reservation healthcare clinics, enhancing available resources for the community. To enhance counselor efficacy and staff satisfaction, technologies such as distance learning and telehealth counseling for agency employees can provide resources to encourage wellness and self-care.

Implications for Research

AI/AN cultures and traditions are not monolithic; they represent numerous tribal nations with diverse cultures, emphasizing the need for research to recognize the commonalities and

differences. Culturally specific wellness models have historically overlooked the impact of institutional factors, such as racial discrimination, on those who are Black, Indigenous, and people of color (BIPOC) (Basma et al., 2021). Understanding mental health issues among AI/AN individuals requires acknowledging both immediate and generational consequences of trauma. Researchers should explore clients' needs as well as the experiences of AI/AN counselors working in both urban and reservation settings.

Limitations

This study has potential limitations. A notable limitation is the scarcity of prior research studies focusing on the wellness of AI/AN professional counselors, which can have implications for the depth of the contextual understanding of the studied phenomenon. However, it is worth noting that this may partially stem from the historical neglect of Indigenous perspectives in discussions about AI/AN counselors.

Due to this study's specific participant criteria, another limitation is the relatively small sample size ($N = 3$), which impacts the restricted generalizability of the findings. Participants were from the same region, which may not fully capture the nuances present across U.S. tribal groups. Future research should consider the experiences of AI/AN counselors from multiple regions and various tribal nations and reservation communities.

While this study intentionally examined reservation counselors' perspectives, future studies should include counselors in urban areas who primarily serve AI/AN individuals. Additionally, future studies should examine the experiences of other mental health professionals such as licensed psychologists and licensed social workers to understand the implications of practice from multiple perspectives. Also, the inclusion of non-Indigenous counselors working on reservations can provide more information on how historical trauma and shared community cultural trauma impact the counselor. Despite these limitations, this study provides a foundational exploration of the experiences of AI/AN counselors on reservations and highlights the importance of amplifying Indigenous voices within academic research.

CONCLUSION

The association between counselor wellness and effective counseling practice is evident; therefore, prioritizing counselors' well-being is essential for their health and the quality of mental health

services offered. Counselors who prioritize wellness are better equipped to manage their professional demands, especially when working with AI/AN populations who face historical and systemic challenges. AI/AN counselors, working within contexts of the multigenerational impacts of settler colonialism and historical trauma, require tailored support. By employing interpretive phenomenological analysis (IPA), this study focuses on the lived experiences of AI/AN counselors working on reservations to inform future research and counselor wellness practices. This study underscores the importance of addressing counselor wellness and the specific challenges faced by AI/AN counselors to bridge the gap in mental health care and promote healing within their communities.

REFERENCES

- Al-Asfour, A., Tlaiss, H. A., & Shield, S. W. (2021). Work experiences of Native Americans: A qualitative study. *Journal of Career Development*, 48(2), 105–119. <https://doi.org/10.1177/0894845319832129>
- Allan, R., & Eatough, V. (2016). The Use of Interpretive Phenomenological Analysis in couple and family therapy research. *Family Journal*, 24(4), 406–414.
- Altamirano, J., Kline, M., Schwartz, R., Fassiotto, M., Maldonado, Y., & Weimer-Elder, B. (2022). The effect of a relationship-centered communication program on patient experience and provider wellness. *Patient Education and Counseling*, 105(7), 1988–1995. <https://doi.org/10.1016/j.pec.2021.10.025>
- Association for Multicultural Counseling and Development (AMCD) (2015). Multicultural and Social Justice Counseling Competencies.
- Basma, D., DeDiego, A. C., & Dafoe, E. (2021). Examining Wellness, Burnout, and Discrimination Among BIPOC Counseling Students. *Journal of Multicultural Counseling & Development*, 49(2), 74–86. <https://doi.org/10.1002/jmcd.12207>
- Bentley, P. G. (2022). Compassion practice as an antidote for compassion fatigue in the era of COVID-19. *The Journal of Humanistic Counseling*, 61(1), 58–73. <https://doi.org/10.1002/johc.12172>
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member Checking: A Tool to Enhance Trustworthiness or Merely a Nod to Validation? *Qualitative Health Research*, 26(13), 1802–1811. <https://doi.org/10.1177/1049732316654870>

- Black Elk, 1863-1950. (1989). *The sacred pipe: Black Elk's account of the Oglala Sioux*. University of Oklahoma Press, c1953. <https://search.library.wisc.edu/catalog/999666656002121>
- Brave Heart, M. Y. H. (1998). The Return to the Sacred Path: Healing the Historical Trauma and Historical Unresolved Grief Response Among the Lakota Through a Psychoeducational Group Intervention. *Smith College Studies in Social Work*, 68(3), 287–305. <https://doi.org/10.1080/00377319809517532>
- Brave Heart, M. Y. H., & DeBruyn, L. (1998). The American Indian Holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, 8(2), 60–82. <https://doi.org/10.5820/aian.0802.1998.60>
- Brave Heart, M. Y. H., Chase, J., Elkins, J., & Altschul, D. (2011). Historical trauma among Indigenous peoples of the Americas: Concepts, research, and clinical considerations. *Journal of Psychoactive Drugs*, 43(4), 282–290. <https://doi.org/10.1080/02791072.2011.628913>
- Brave Heart, M. Y. H., Elkins, J., Tafoya, G., Bird, D., & Salvador, M. (2012). Wicasa Was'aha: restoring the traditional strength of American Indian boys and men. *American Journal of Public Health*, 102(S2), S177–S183. <https://doi.org/10.2105/AJPH.2011.300511>
- Bride, B. E., & Kintzle, S. (2011). Secondary traumatic stress, job satisfaction, and occupational commitment in substance abuse counselors. *Traumatology*, 17(1), 22–28. <https://doi.org/10.1177/1534765610395617>
- Brown, C. J., Webb, T. L., Robinson, M. A., & Cotgreave, R. (2018). Athletes' experiences of social support during their transition out of elite sport: An interpretive phenomenological analysis. *Psychology of Sport and Exercise*, 36, 71–80. <https://doi.org/10.1016/j.psychsport.2018.01.003>
- Carron, R. (2020). Health disparities in American Indians/Alaska Natives: Implications for nurse practitioners. *The Nurse Practitioner*, 45(6), 26–32. <https://doi.org/10.1097/01.NPR.0000666188.79797.a7>
- Chamberlain, K. (2011). Troubling methodology. *Health Psychology Review*, 5(1), 48–54.
- Connolly, A. (2011). Healing the wounds of our fathers: Intergenerational trauma, memory, symbolization and narrative. *Journal of Analytical Psychology*, 56(5), 607–626. <https://doi.org/10.1111/j.1468-5922.2011.01936.x>
- Creswell, J., & Poth, C. (2018). *Qualitative inquiry & research design, choosing among five approaches*. (4th ed.). SAGE Publications, Inc.

- Cummins, P. N., Massey, L., & Jones, A. (2007). Keeping ourselves well: Strategies for promoting and maintaining counselor wellness. *The Journal of Humanistic Counseling, Education and Development*, 46(1), 35–49. <https://doi.org/10.1002/j.2161-1939.2007.tb00024.x>
- Curtin, S. & Hedegaard, H. (2019). *Suicide rates for females and males by race and ethnicity: United States, 1999 and 2017*. National Center for Health Statistics.
- Day-Vines, N. L., & Holcomb-McCoy, C. (2007). Wellness among African American counselors. *Journal of Humanistic Counseling, Education & Development*, 46(1), 82–97. <https://doi.org/10.1002/j.2161-1939.2007.tb00027.x>
- Duran, B., Oetzel, J., Parker, T., Malcoe, L., Lucero, J., & Jiang, Y. (2009). Intimate Partner violence and alcohol, drug, and mental disorders among American Indian women from Southwest Tribes in primary care. *American Indian And Alaska Native Mental Health Research*, 16(2), 11–27. <https://doi.org/10.5820/aian.1602.2009.11>
- Ehlers, C. L., Gizer, I. R., Gilder, D. A., Ellingson, J. M., & Yehuda, R. (2013). Measuring historical trauma in an American Indian community sample: Contributions of substance dependence, affective disorder, conduct disorder and PTSD. *Drug and Alcohol Dependence*, 133(1), 180–187. <https://doi.org/10.1016/j.drugalcdep.2013.05.011>
- Epston, D., & Carlson, T. (2017). Insider witnessing practices: Performing hope and beauty in narrative therapy: Part two. *Journal of Narrative Family Therapy*, 1, 19–38.
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities. *Journal of Interpersonal Violence*, 23(3), 316–338. <https://doi.org/10.1177/0886260507312290>
- Figley, C. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *JCLP/In Session: Psychotherapy in Practice*, 58(11), 1433–1441. <https://doi.org/10.1002/jclp.10090>
- Flynn, S. V., & Korcuska, J. S. (2018). Credible phenomenological research: A mixed-methods study. *Counselor Education and Supervision*, 57(1), 34–50. <https://doi.org/10.1002/ceas.12092>
- Galbraith, C., Rodriguez, C., & Stiles, C. (2006). *American Indian Collectivism*. Property and Environmental Research Center. <https://www.perc.org/2006/06/01/american-indian-collectivism/>
- Galek, K., Flannelly, K., Greene, P., & Kudler, T. (2011). Burnout, secondary traumatic stress, and social support. *Pastoral Psychology*, 60(5), 633–649. <https://doi.org/10.1007/s11089-011-0346-7>

- Gameon, J. A., & Skewes, M. C. (2020). A systematic review of trauma interventions in Native communities. *American Journal of Community Psychology*, 65(1–2), 223–241. <https://doi.org/10.1002/ajcp.12396>
- Gameon, J. A., & Skewes, M. C. (2021). Historical trauma and substance use among American Indian people with current substance use problems. *Psychology of Addictive Behaviors : Journal of the Society of Psychologists in Addictive Behaviors*, 35(3), 295–309. <https://doi.org/10.1037/adb0000729>
- Gampa, V., Smith, C., Muskett, O., King, C., Sehn, H., Malone, J., Curley, C., Brown, C., Begay, M.-G., Shin, S., & Nelson, A. K. (2017). Cultural elements underlying the community health representative – client relationship on Navajo Nation. *BMC Health Services Research*, 17(1), 19. <https://doi.org/10.1186/s12913-016-1956-7>
- Gone, J. P. (2009). A community-based treatment for Native American historical trauma: Prospects for evidence-based practice. *Journal of Consulting & Clinical Psychology*, 77(4), 751–762. <https://doi.org/10.1037/a0015390>
- Gone, J. P., & Kirmayer, L. J. (2020). Advancing Indigenous mental health research: Ethical, conceptual and methodological challenges. *Transcultural Psychiatry*, 57(2), 235–249. <https://doi.org/10.1177/1363461520923151>
- 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. <https://doi.org/10.1080/01612840500280661>
- Grandbois, D. M., & Sanders, G. F. (2012). Resilience and stereotyping: The Experiences of Native American elders. *Journal of Transcultural Nursing*, 23(4), 389–396. <https://doi.org/10.1177/1043659612451614>
- Hamby, S., Schultz, K., & Elm, J. (2020). Understanding the burden of trauma and victimization among American Indian and Alaska native elders: Historical trauma as an element of poly-victimization. *Journal of Trauma & Dissociation: The Official Journal of the International Society for the Study of Dissociation (ISSD)*, 21(2), 172–186. <https://doi.org/10.1080/15299732.2020.1692408>
- Jimenez, R., Andersen, S., Song, H., & Townsend, C. (2021). Vicarious trauma in mental health care providers. *Journal of Interprofessional Education & Practice*, 24. <https://doi.org/10.1016/j.xjep.2021.100451>

- John-Henderson, N. A., & Ginty, A. T. (2020). Historical trauma and social support as predictors of psychological stress responses in American Indian adults during the COVID-19 pandemic. *Journal of Psychosomatic Research*, 139, 110263. <https://doi.org/10.1016/j.jpsychores.2020.110263>
- Killian, K. D. (2008). Helping till it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology*, 14(2), 32–44. <https://doi.org/10.1177/1534765608319083>
- Kim, C. (2000). Recruitment and retention in the Navajo Area Indian Health Service. *Western Journal of Medicine*, 173(4), 240–243. <https://doi.org/10.1136/ewj.173.4.240>
- Knight, D. K., Landrum, B., Becan, J. E., & Flynn, P. M. (2012). Program needs and change orientation: Implications for counselor turnover. *Journal of Substance Abuse Treatment*, 42(2), 159–168. <https://doi.org/10.1016/j.jsat.2011.10.019>
- Korcuska, J. S. (2016). In the spirit of what might be lost: Troubling the boundaries of good fit. counselor education and supervision. *Counselor Education and Supervision*, 55(3), 154–158. <https://doi.org/10.1002/ceas.12042>
- Lamb, S., Greenlick, M. R., & McCarty, D. (1998). *Bridging the gap between practice and research: Forging partnerships with community-based drug and alcohol treatment*. U.S.: National Academy Press.
- Lawson, G., Venart, E., Hazler, R. J., & Kottler, J. A. (2007). Toward a culture of counselor wellness. *Journal of Humanistic Counseling, Education & Development*, 46(1), 5–19. <https://doi.org/10.1002/j.2161-1939.2007.tb00022.x>
- Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103–111. <https://doi.org/10.1002/wps.20311>
- McLeod, J. (2011). *Qualitative research in counselling and psychotherapy* (2nd ed.). SAGE Publications, Inc.
- Montgomery, L. M. (2022). The Archaeology of Settler Colonialism in North America. *Annual Review of Anthropology*, 51(1), 475–491. <https://doi.org/10.1146/annurev-anthro-041320-123953>
- Morales, D. A., Barksdale, C. L., & Beckel-Mitchener, A. C. (2020). A call to action to address rural mental health disparities. *Journal of Clinical and Translational Science*, 4(5), 463–467. <https://doi.org/10.1017/cts.2020.42>

- Morse, J. M., & Field, P. A. (1996). *The purpose of qualitative research*. Springer.
- Mumbauer-Pisano, J., & Kim, N. (2021). Promoting wellness in counselors-in-training: Impact of a wellness experiential group. *Counselor Education & Supervision*, 60(3), 224–234. <https://doi.org/10.1002/ceas.12213>
- National Congress of American Indians [NCAI] Policy Research Center (2018). Research policy update: Violence against American Indian Women and Girls. National Congress of American Indians, February 2018. https://www.ncai.org/policy-research-center/research-data/prc-publications/VAWA_Data_Brief_FINAL_2_1_2018.pdf
- National Heart, Lung, and Blood Institute. (2019). *Health Disparities and Inequities*. <https://www.nhlbi.nih.gov/science/health-disparities-and-inequities>
- O’Keefe, V. M., Cwik, M. F., Haroz, E. E., & Barlow, A. (2021). Increasing culturally responsive care and mental health equity with Indigenous community mental health workers. *Psychological Services*, 18(1), 84–92. <https://doi.org/10.1037/ser0000358>
- Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Czasopismo Psychologiczne Psychological Journal*, 20(1), 7–14. <https://doi.org/10.14691/CPPJ.20.1.7>
- Portman, T., & Garrett, M. (2006). Native American healing traditions. *International Journal of Disability Development and Education*, 53, 453–469. <https://doi.org/10.1080/10349120601008647>
- Posluns, K., & Gall, T. L. (2020). Dear mental health practitioners, take care of yourselves: A literature review on self-care. *International Journal for the Advancement of Counseling*, 42(1), 1–20. <https://doi.org/10.1007/s10447-019-09382-w>
- Rodham, K., Fox, F., & Doran, N. (2015). Exploring analytical trustworthiness and the process of reaching consensus in interpretative phenomenological analysis: Lost in transcription. *International Journal of Social Research Methodology*, 18(1), 59–71. <https://doi.org/10.1080/13645579.2013.852368>
- Sarche, M., & Spicer, P. (2008). Poverty and health disparities for American Indian and Alaska Native children: Current knowledge and future prospects. *Annals of the New York Academy of Sciences*, 1136, 126–136. <https://doi.org/10.1196/annals.1425.017>
- Sheridan, R. S. (2017). *Pedagogy of accomplice: Navigating complicity in pedagogies aimed towards social justice*. ProQuest Dissertations & Theses.

- Smith, J. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, 5(1), 9–27. <https://doi.org/10.1080/17437199.2010.510659>
- South Dakota Department of Tribal Relations. (n.d.). *The Tribes of South Dakota*. <https://sdtribalrelations.sd.gov/tribes/nine-tribes.aspx>
- Subcommittee on Indian and Insular Affairs, House Committee on Natural Resources. (2023). *Legislative Hearing on H.R. “Restoring Accountability in the Indian Health Service Act of 2023.”* House Committee on Natural Resources. <https://naturalresources.house.gov/calendar/eventsingle.aspx?EventID=414641>
- Substance Abuse and Mental Health Services Administration [SAMHSA]. (2013). *Results from the 2012 National Survey on Drug Use and Health: Mental health findings* (NSDUH H-47 No. 13–4805). <https://library.samhsa.gov/sites/default/files/d7/priv/sma13-4805.pdf>
- Wicklum, S., Cameron, E., Black, T., Tuttau, L., Crowshoe, L., Frehlich, L. C., Ji, Y., Armeniakou, C., McBrien, K., Zhang, J., & Henderson, R. (2023). Evaluating the impact of a holistic, community-driven, physical activity-based wellness program for Indigenous women using nominal group technique. *International Journal of Indigenous Health*, 18(1), 1–21. <https://doi.org/10.32799/ijih.v18i1.39428>
- Williams, D. R. (2018). Stress and the mental health of populations of color: Advancing our understanding of race-related stressors. *Journal of Health and Social Behavior*, 59(4), 466–485. <https://doi.org/10.1177/0022146518814251>

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