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ABSTRACT

Helping professionals need to be more informed and more active advocates for proactive counseling strategies with Native American Indian and Alaska Native peoples. The paper discusses the major advocacy needs of these populations. The negative impact of historical and contemporary discriminatory policies and practices on Native peoples has devastated their standard of living and created major cultural conflicts. These influences have combined with substandard housing, malnutrition, inadequate health care, shortened life expectancy, and high suicide rates to limit opportunities for educational attainment by a population classified as the "poorest of the poor" in the United States. To further complicate matters, many Native individuals believe that they have no choice or control in their lives. However, these problems are not insurmountable nor are Native individuals only victims and incapable of improving their lives. In reality, thousands of Native people have overcome their personal plights. The increase in the number and strength of advocacy efforts must be affected. This paper discusses the following issues: advocacy strategies to assist Native American and Alaska Natives; advocacy for expanding the political agenda; professional training programs; recruitment and training of native students; training of non-native students; advocacy for implications for practice; general issues and concerns; Native women's issues; the older Native individual with disabilities; implications for research; research relative to acculturation level; research relative to scientific inquiry; and research relative to gender roles. Includes a list of recommended resources. (Contains 4 references.) (MKA)

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Chapter Four

Advocacy for Native American Indian and Alaska Native Clients and Counselors

By Roger Herring

Helping professionals need to be more informed and more active advocates for proactive counseling strategies with Native American Indian and Alaska Native peoples. This paper will address the major advocacy needs of these populations. The terms "Native" and "Natives" are used when referring to both groups.

The negative impact of historical and contemporary discriminatory policies and practices on Native peoples has devastated their standard of living and created major cultural conflicts. As Herring (in press) has summarized, the current plight of Native peoples is tremendous: (a) death from alcoholism is six times greater and terminal liver cirrhosis is 14 times greater than the general population; (b) suicide rates are twice that of the national average; (c) average income is 75 percent less than European Americans; (d) unemployment is 10 times the national average; (e) dropout rates are higher and educational attainment is the lowest of any ethnic group; (f) infant mortality after the first three months of life is three times the national average; and (g) delinquency and mental illness far surpass most other ethnic groups.

These influences have combined with substandard housing, malnutrition, inadequate health care, shortened life expectancy, and high suicide rates to limit opportunities for educational attainment (LaFromboise & Graff Low, 1998) by a population classified as the "poorest of the poor" in this nation. To further complicate matters, many Native individuals believe that they have no choice or control in their lives. However, these problems are not insurmountable nor are Native individuals only victims and incapable of improving their lives. In reality, thousands of Native

people have overcome their personal plights. The increase in the number and strength of advocacy efforts is having an effect.

Advocacy strategies to assist Native American Indians and Alaska Natives

The hope is that the delivery of mental health services to Native peoples will be improved during the next decade. To reinforce that hope, four areas of advocacy must be addressed: (a) the political agendas of Native peoples must be expanded, (b) the training of helping professionals must be improved, (c) the delivery of services or practice needs attention, and (d) research agendas need to be redirected.

Advocacy for Expanding the Political Agenda

The future prospects for Native populations, especially those on reservations, is hinged on the political agendas of the U.S. Congress which funds and administers the Bureau of Indian Affairs (BIA), the Indian Health Service (IHS), and the Office of Indian Education (OIE). More political efforts are needed to increase the awareness of congressional leaders regarding the realities of Native life.

The recurrent theme in the Native struggle for greater political recognition is education. Native voter education plus education of public officials equals greater Native political power. A major concern is the election and appointment of public officials who are sensitive to Native issues and concerns. Tribal governments must assume a more active advocacy in becoming actively involved in professional/ governmental organizations and in pressuring tribal elders to become involved in political/social organizations.

Professional Training Programs

Two basic issues are included in the training of mental health professionals:

- (a) the need for increased numbers of Native mental health practitioners, and
- (b) the increased efforts to ensure that non-Native practitioners are adequately trained to work with Native populations (Herring, in press).

Recruitment and Training of Native Students. Advocacy for the following points is required if the numbers of Native helping professionals are to be increased:

- Native students should be acquainted with the benefits of pursuing mental health careers; and recruitment of native students needs to be increased.
- Training programs need to revise their curricula to include the impact of culture on clients and counselees.
- Training programs need to revise their curricula to include the impact of history and environment on Native clients and counselees.
- Training programs need to revise their curricula to include the impact of the degree of acculturation present in Native clients and counselees.
- Training programs should include Native community-based practica and internships.
- Training programs should emphasize building on Native clients' and counselees' strengths while helping them maintain vital memberships in social networks.
- Training programs need to prepare additional personnel in culturally sensitive geriatric care for elderly and disabled Native individuals.

Training of Non-Native Practitioners. The burden of responsibility of providing ethnic appropriate training for pre-service helping professionals rests on the shoulders of those involved in such education. Training programs must make some attempt to educate their non-Native students about Native populations. They need to be aware of the stereotypes, historical genocide, within-group variances, levels of acculturation, value and belief systems, and other pertinent information regarding this population.

Advocacy for Implications for Practice

The need for trained professionals who understand Native views of mental health and who provide appropriate experiences remains paramount. Many programs and efforts have provided evidence of progress. However, a sense of urgency exists (e.g., lower achievers, STDs, teenage pregnancy, and learning problems) that immediate action is needed to improve Native youth's lives and futures.

Similar conditions affect Native adults and Native elderly. Their plight is also pervasive and must be addressed. Action taken

now has the potential for success whereas failure to respond or a mediocre response will result in more Native peoples being at risk and those already at risk receiving little substantive help.

General Issues and Concerns. On the basis of a belief in the importance of acculturation, social and professional experiences with Native peoples, and the literature with regard to counseling Native peoples, helping professionals are encouraged to advocate for the following (Herring, in press):

- Some Native individuals may respond more appropriately to interventions if traditional healers are involved in the process.
- The use of the extended family offers tremendous potential.
- Consideration needs to be given to differences in communication styles, perceptions of trustworthiness, gender roles, and support networks.
- Extreme caution is needed in the use of standardized tests.

Native Women's Issues. In addition, advocacy for the issues and concerns of Native women in counseling is important, such as the following (Herring, in press):

- To appreciate the strengths (e.g., long-term coping mechanisms of victimized women) and adaptations of Native women;
- To emphasize the importance of tradition and ritual and the need for reexamination of the subtle dynamics of sex bias, gender role, and cultural stereotyping in therapy with Native women; and
- To increase the number of community caregivers (both Native and non-Native, on and off reservations).

The Older Native Individual with Disabilities. Nearly 8.5 percent of Native peoples were 60 years of age or older and about 20.5 percent are 45 years of age or older (U.S. Bureau of the Census, 1992). Quality of life is a tremendous concern for this population. Human service and health care professionals concerned in their practice with the issue of Native aging must advocate:

- to enhance the quality of life a Native elder experiences (e.g., improved housing, basic health care, greater economic security);
- to serve Native individuals at a younger age than non-Natives;
- to provide outreach services to the older Native population, rather than expect, or demand, that he or

- she will come to the office;
- to use the informal networks of Native peoples (i.e., extended family);
- to provide transportation to services when necessary; and
- to assist with appropriate and necessary vocational services.

Implications for Research

Research involving Native subjects should be based on their value and belief systems. Researchers cannot assume they possess sensitivity just because they are Native, since the within-group variances of Native populations are too diverse. In addition, traditional Native peoples are frequently suspicious of scientific research and non-Native researchers due to negative past experiences (i.e., forced assimilation through boarding schools and land allotment. Research efforts involving Native populations imply the need for advocacy in these areas (Choney, Berryhill-Paapke, & Robbins, 1995; Herring, in press):

- to avoid placing all Native groups into a single group classification when concentrating on Native problems;
- to avoid research which is written from a male perspective that portrays Native women as "drudges" or "matriarchal matrons" or in the "princess/squaw" derogatory manner;
- to improve theoretical knowledge;
- to challenge research from non-Natives that purports many "truths" about Native peoples; and
- to respond to the urgent need for academic research created and conducted by Native researchers, rather than non-Native ethnic perspectives.

Research Relative to Acculturation Levels. The degree of acculturation will continue to be an inalienable variable in the helping process of Native youth and adults. To that end, the need to advocate for the following suggestions for research involving acculturation levels exists (Choney et al., 1995):

- to develop a means of measuring acculturation that accounts for the multifaceted nature of the process (i.e., across spiritual, cognitive, affective, and behavioral domains);
- to avoid making value judgments about the health status of the cultural response of any particular group;
- to develop group or individual "acculturation profiles;"

and

- to discard the myth that acculturation is a naturally occurring and unidirectional force.

Research Relative to Scientific Inquiry. In addition to the important variable of acculturation, the area of empirical data relative to Native populations needs to be addressed as well. Suggestions for specific advocacy in research with Native populations include efforts (Choney et al., 1995):

- to collaborate with Native community leaders in joint efforts;
- to assess the applicability of specific counseling techniques;
- to meet the potential of Native mental health research; and
- to stress the identification of variables cogent to adaptive functioning.

Research Relative to Gender Roles. In the area of gender roles and issues among Native populations, the following emphases for advocacy are offered (LaFromboise & Graff Low, 1998):

- to increase research on the link between mental health and role conflict related to the family and the community;
- to add research on anxiety disorders and posttraumatic stress disorder;
- to increase knowledge of the factors that contribute to depression; and
- to increase the relevance of diagnostic instruments with women.

Recommended Resources

Readers are cautioned to be alert to the authenticity of materials purporting to be written by Native authors or containing information about Native peoples. Current materials should reflect contemporary Native people lives, not as they existed 100 years ago (e.g., Hollywood movies historically have misportrayed Native peoples and lifestyles). More recent movies are empathic, use Native actors, and reveal the uniqueness of Native life (e.g., *Lakota Woman*, 1994; *Children of the Dust*, 1995). Ethnic appropriate films/videos may be purchased or rented from Insight Media, 2162 Broadway, New York, NY 10024; 800-233-9910. Tiller's (1996) *Guide to Indian country: Economic profiles of American Indian reservations* (Albuquerque, NM: Bow Arrow Publishing) provides information about every reservation, rancheria, and Alaska Native

village in the United States.

For general knowledge, the following may be consulted:

Cahape, P., & Howley, C. B. (1992). *Indian nations at risk: Listening to the people*. Charleston, WV: Appalachia Educational Laboratory (ERIC Clearinghouse on Rural Education & Small Schools).

Callahan, C. M., & McIntire, J. A. (1994). *Identifying outstanding talent in American Indian and Alaska Native students*. Washington, DC: Office of Educational Research and Improvement.

Unlearning "Indian" Stereotypes, Stereotypes in U.S. History Books, CIBS Resource Center, 1841 Broadway, Room 300, New York, NY 10023.

In addition, many Native entities have their own websites.

References and resources

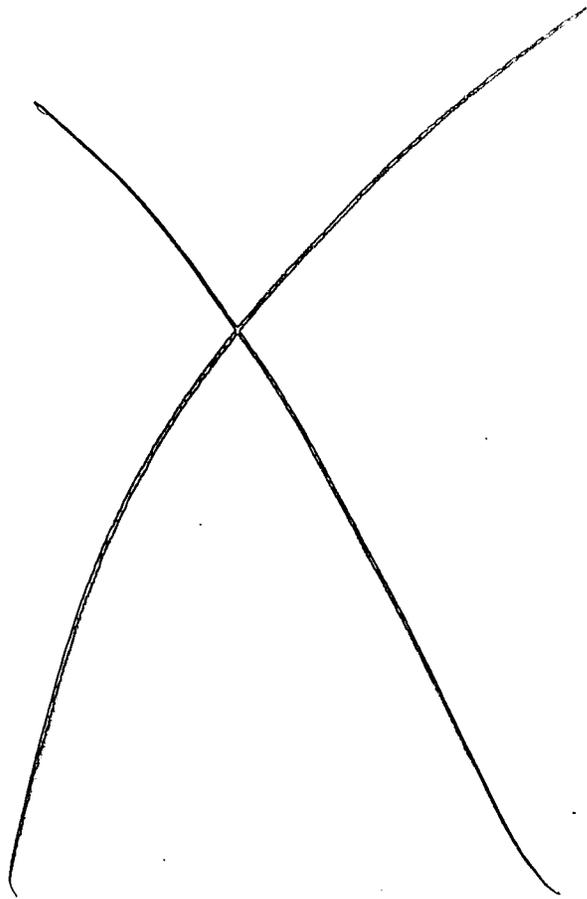
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LaFromboise, T.D., & Graff Low, K. (1998). American Indian children and adolescents. In J.T. Gibbs, L.N. Huang and Associates, *Children of Color: Psychological interventions with culturally diverse youth* (pp. 112-142). San Francisco: Jossey-Bass.

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