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Cover Page Footnote

The authors of this paper are affiliated with the Native American Psychotherapy Research Program at Yale University, an interdisciplinary group of scholars and students. Correspondence regarding this article should be sent to Mark Beitel, Ph.D. at Yale University School of Medicine, 495 Congress Avenue, 2nd Floor, New Haven, CT 06519. Electronic mail: beitelmark@aol.com. Word Count (exclusive of title, abstract, and references): 1,277

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Expectations and Preferences for Counseling and Psychotherapy in Native Americans

Psychotherapy¹ is a helping relationship that has been demonstrated repeatedly to be safe and effective for members of the general population of the United States (Smith, Glass, & Miller, 1980; Seligman, 1995; Wampold, 2001). At its best, psychotherapy is a profoundly healing encounter between people, one of whom is designated “therapist” and the other (or others) is designated “patient.” Norcross (1990) defined psychotherapy as “... the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable” (p. 218-220). Psychotherapy goals typically include reducing symptoms or distress, such as helping a patient to experience fewer depressive or anxious thoughts, feelings, and/or behaviors. As a consequence of psychotherapy, patients can also improve their self-concept, cope more effectively with stressful environmental conditions, feel more vital and free, engage in healthier relationships with others, and attain greater success in life generally.

Psychotherapy Expectations and Preferences

There are many factors that can influence the process and outcome of psychotherapy. Some of these factors lie within the patient, the therapist, and/or their interaction. In this paper, we focus on the patient’s expectations and preferences for treatment since both factors have been shown to predict process and outcome. Patients who are entering psychotherapy have expectations about what will happen in treatment and about the outcome of treatment (Constantino, Glass, Arnkoff, Ametrano, & Smith, 2011). Positive expectations for psychotherapy are related to patients’ lower distress at intake (Goldfarb, 2002), higher psychological mindedness (Beitel, et al., 2009), and higher ambiguity tolerance (Craig & Hennessy, 1989). Patient’s pre-treatment expectations are important predictors of both process and outcome in psychotherapy (Constantino, Glass, Arnkoff, Ametrano, & Smith, 2011): Higher expectations are associated with deeper engagement in treatment and with better outcomes.

Patients entering psychotherapy may also have preferences about the therapist and the treatment (Glass, Arnkoff, & Shapiro, 2001). For example, a patient might prefer their therapist to behave in certain ways (role preferences), to

¹ We are not attempting to draw any distinctions between counseling and psychotherapy. We use the terms “psychotherapy,” “therapist,” and “patient” because they reflect the medical school tradition in which the authors practice. “Counseling,” “counselors,” and “clients” are also terms that are used for the practices and people to which we refer in this paper.

be of a particular demographic group (e.g., age, ethnicity, gender, degree type, and/or training), and/or to provide a certain type of psychotherapy (psychodynamic, cognitive-behavioral therapy, etc.). Studies to date suggests that neither role nor demography preferences are strong predictors of outcome; however receiving one's preferred treatment type may have a small positive effect on outcome and may significantly reduce dropout (Swift & Callahan, 2009).

Research with Native Americans

Very little is known about Native Americans in psychotherapy (Gone & Alcantara, 2007). Studies have suggested that dropout after the first psychotherapy session is high relative to other racial or ethnic groups (Sue, Allen, & Conaway, 1978), and that Native American students rated a directive therapeutic style as potentially more effective than a non-directive therapeutic style (Dauphinais, Dauphinais, & Rowe, 1981). The extent to which historical (e.g., the devastating physical, psychological, and cultural trauma perpetrated against Native Americans in the past several hundred years), cultural (e.g., adherence to traditional customs, identification with a specific tribe), or other factors (e.g., age, household income) affects expectations about psychotherapy is unclear. To complicate matters, the helping professions have not always been helpful to Native Americans: At its worst, psychotherapy can, consciously or unconsciously, erode culture. Weaver (1999) wrote: "In the past social workers and social welfare systems have imposed American middle-class norms as rigid standards for clients" (Pinderhughes, 1997). Furthermore, little is known about the ways in which the experience of psychotherapy (e.g., an actual session) affects patient expectations for subsequent therapy sessions. Given the history and current lack of knowledge, it is critical to conduct research in this area so that any potential harmful side effects of psychotherapy are reduced. The field of research addressing psychotherapy expectations and preferences represents a potentially important but under-studied area of inquiry pertaining to the mental health needs and treatment of Native Americans. Work in this area would have a direct impact on the quality of service delivery.

Several studies on treatment preference among Native Americans indicate that students (BigFoot-Sipes, Dauphinais, LaFromboise, Bennett, & Rowe, 1992; Dauphinais, Dauphinais, & Rowe, 1981; Johnson & Lashley, 1989; Haviland, Horswill, O'Connell, & Dynneson, 1983) and community dwellers (Bichsel & Mallinckrodt, 2001) would prefer a Native American therapist if they were to seek counseling. Other studies have found that ethnic preference is not as important as expectations of trustworthiness and cultural competence (LaFromboise, Dauphinais, & Rowe, 1980). In one study (Bennett & BigFoot-Sipes, 1991), Native American college students ranked preferred therapist qualities relative to themselves in the following order: 1) similar attitudes, 2)

more education, 3) similar personality, 4) similar ethnicity, and 5) same gender. White students in the same study presented a very similar preference profile. However, the students with high cultural commitment ranked ethnic similarity between themselves and their hypothetical counselor as more important than students low in cultural commitment. The students also indicated that an ethnic match would be preferable when discussing a personal problem rather than an academic problem.

Johnson and Lashley (1989) investigated Native American university students' *expectations* about psychotherapy and found that expectations about the therapist varied by degree of cultural commitment. Students with a high level of commitment to Native American culture expected more nurturance, greater facilitative conditions, and more expertise from the therapist than did students with a lower commitment to Native American culture. The authors attribute this finding to traditional reverence for elders in Native American culture.

Future Research

We conclude that additional research must be done to assess the expectations and preferences for psychotherapy held by Native Americans, given that pre-treatment expectations reveal much about current distress, psychotherapy process, and outcome in the general U.S. population. Research on non-Native American groups in the United States suggests that *expectations* are much more robust predictors of outcome than are *preferences*, though preferences do predict drop-out. However, in Native American groups, more research has been conducted on preferences rather than expectations. A much richer clinical picture is produced when both constructs are studied simultaneously. Furthermore, the majority of these studies have focused on university students and community members rather than treatment-seeking individuals. We recommend that future research should examine the view of treatment seekers and current psychotherapy patients, rather than students or non-patient community dwellers. Consulting clinicians who treat Native Americans is an important strategy for identifying the variables that might effect patient expectations and preferences. Another strategy would be consult with those community members who might be likely to make psychotherapy referrals, such as physicians, teachers, and healers. Partnering with local experts in this way identify would allow us to understand specific expectations and preferences that could not be learned otherwise.

It is important to note that many tribes have the status of domestic, dependent nations (Gone, 2006) and therefore tribal sovereignty must be respected when conducting research with members. Researchers should conduct outreach to get to know local providers and learn about the specific political decision-making structure (e.g., tribal council) and relevant institutional review board procedures. Participatory action research, wherein tribal members and

researchers work as equal partners is very useful in this regard (Thomas, Donovan, Little Wing Sigo, & Price, 2011).

Given that Native Americans are tremendously diverse (with more than 500 identified tribes, urban versus rural demography, multiple ethnicities, diverse ethnic/national identities, and levels of acculturation), there are many variables that might influence the process and outcome of psychotherapy and each of these should be studied carefully. Cultural commitment is one such variable that has been investigated but which needs updating, since some of the early studies on cultural commitment were conducted many years ago. For example, researchers might investigate whether high-commitment vs. low cultural commitment individuals differ on: a) prior exposure to a wise and caring elder and b) qualities preferred in a therapist (e.g., nurturing, facilitative, expert). Furthermore, the qualities that are viewed as desirable in a therapist are currently unclear and merit further research.

Currently, it is unclear how patient expectations and preferences might affect psychotherapy process and outcome in Native Americans. Identifying clinical sites to partner with will be crucial to generating useful research in this area. This could lead to a Native American clinical practice network that would generate clinical and research knowledge. It could also promote the development of local norms, given that Native Americans are quite heterogeneous in terms of culture, history, and geography.

Clinical Practice Guidelines

Explaining the processes (number and frequency of visits, types of in-session activities) and possible outcomes (reduced distress, increased functioning) of psychotherapy to patients before treatment begins is critical to success. This type of pre-treatment explanation increases engagement, reduces misunderstandings, and increases success and satisfaction. Given the history of deeply dysfunctional relations between the United States government and Native peoples, framing the treatment experience accurately, and then providing culturally sensitive and healing psychotherapy, is essential. In addition, it is likely to be worthwhile for clinicians who treat Native Americans to assess expectations and preferences prior to treatment despite the current absence of empirical data to support the utility of this activity. Assessing expectations and preferences would help us to generate clinical wisdom about patients' pre-treatment views and might help patients make better use of treatment, which in turn might increase positive psychotherapy outcomes. More specific practice guidelines will certainly be generated based upon future clinical and research findings.

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