Implications for counseling practice. Treatment outcomes are consistently more effective when counselors work to align themselves with the cultural beliefs of their clients. Counselors should specifically work to align themselves with their clients' beliefs, perceptions, and explanations of their presenting illnesses. At a minimum, this entails asking the clients about their beliefs about the nature and causes of their presenting problems, what they have experienced as a result of their presenting problems, and how these experiences may relate to their environments and to their cultural beliefs. With this information, counselors can identify goals, content, and methods of counseling that are culturally appropriate for individual clients. The key is cultural congruence: Does the client experience the counseling as appropriate, rather than irrelevant to or disrespectful of the client's heritage and values?

Cultural adaptations to counseling should be as specific to the client and the client's cultural worldview as possible; counselors should avoid implementing a generic approach across various racial and ethnic groups. Counselors should follow professional guidelines for culturally adapting counseling (Barrera & Castro, 2006; Bernal et al., 1995; Hwang, 2009; Lau, 2006; Leong, 2011; Whitbeck, 2006). Examples of adaptations include using cultural metaphors/sayings, sharing culturally relevant literature/quotations/legends, using different mediums of expression such as art, and acknowledging specific cultural values that are either relevant to the presenting problem or conducive to coping (e.g., holistic conceptualizations of experience, denoted by the medicine wheel for many American Indian clients). When a counselor is unfamiliar with culturally appropriate adaptations, he or she should consult with knowledgeable professionals, explore the client's perceptions about helpful ways of coping with the presenting problem, and closely monitor the client's experiences in counseling to avoid misalignment. Therapeutic [illegible] need to change over the course of the counseling, and the counselor should be prepared to make those changes based on client feedback (Lambert, 2010).

Conclusion

For several decades scholars and practitioners have affirmed that counselors should focus attention on the cultural values and worldviews of their clients. Research findings provide support for that assertion. Culturally congruent counseling practices are more effective than practices that do not account for clients' cultural contexts. Counselors who are unfamiliar with their clients' cultural backgrounds can learn to work with them effectively and demonstrate multicultural counseling competence. Counselors need not necessarily be of the same race/ethnicity as their clients to be effective, but they do need to adapt their own practices to meet the needs and experiences of their clients. Thus, culture should be a primary, not secondary, consideration in counseling, with the information provided across the other chapters in this book building on a solid foundation of accumulated research evidence.

Critical Incident

Steve is an experienced licensed professional counselor working in a community clinic. He is by nature outgoing, has friends from many walks of life, and feels confident about his many years of practice with diverse clientele. He recently completed a protracted divorce from his wife of seven years and has no children. A fourth-generation Japanese American, Steve was raised in an upper-middle-class area of the West Coast. When he glanced at the intake form completed by Riza (the female client described

at the start of this chapter), Steve immediately felt concerned about how a recent immigrant from the Philippines might react to him, given that the Japanese occupation of the Philippines in the 1940s must have affected the client's parents and extended family.

In session, Riza haltingly described her difficulties in adjusting to life in the United States. Steve observed that Riza had adopted a coping strategy of avoidance of contact with most Americans after several poignantly negative experiences in which she went away feeling incompetent, despite her high level of occupational qualifications. Riza maintained close contact with friends and family members in the Philippines via the Internet, but she did not socialize with anyone outside her immediate family after work hours.

Steve observed that Riza's strongest emotional reactions occurred when she spoke about her husband. She described circumstances that were very similar to those Steve had experienced in his marriage, but when asked whether she had considered divorce, Riza strongly affirmed her commitment to her husband and his family.

Steve was at first surprised that many of Riza's decisions stemmed from her sincere faith in Catholicism. He fought against his initial reaction to judge Riza's daily devotions and prayers, and he directed conversations back to what he believed were the central issues for Riza: her social isolation, passivity, and excessive guilt, which seemed to be the primary causes of her depressed moods. Even after specific questioning about those issues, Riza seemed to be holding something back.

Steve then raised the issue of their different ethnic backgrounds as part of checking Riza's perceptions about how things had gone during their initial session together. Riza acknowledged that her maternal grandfather had died during the Japanese occupation, but she said that her family seldom recounted the past and she understood that neither Steve nor his family had any connection to her own past. In fact, she believed that her being assigned to work with Steve was a spiritual metaphor: Having a counselor of Japanese ancestry meant that God brought them together to prove that all things can be healed.

After the session, Steve recognized that his personal beliefs about taking the initiative in social settings and about family roles and divorce had made it difficult for him to follow up on Riza's perspectives. After consultation with a Filipino colleague, Steve started to gain appreciation for the cultural contexts influencing Riza's actions.

▣ Discussion Questions

1. How did Steve's initial assumptions and personal beliefs affect his work with this client? What do you think about his decision to dwell on his own personal experiences and how they may have influenced his relationship with Riza?
2. What specific strategies could Steve use to understand Riza better from her own perspective during subsequent sessions?
3. What might be some effective strategies that Steve could use to address Riza's social withdrawal, which seems to be associated with judgmental/prejudicial social encounters she has experienced?
4. What specific multicultural counseling competencies will facilitate additional trust between Riza and Steve?
5. Ethnic and racial identity and acculturative status are often noted as major factors in a client's response to counseling, but research indicates wide variability in how those variables relate with well-being and experiences in counseling. Discuss how those two constructs may affect a counselor's work with Riza in light of the meta-analytic findings presented in this chapter.

"(1) Address openly the issue of dissimilar ethnic relationships rather than pretending that no differences exist; (2) schedule appointments to allow for flexibility in ending the session; (3) be open to allowing the extended family to participate in the session; (4) allow time for trust to develop before focusing on problems; (5) respect the uses of silence; (6) demonstrate honor and respect for the client's culture(s); and (7) maintain the highest level of confidentiality" (pp. 55–56).

As a Native clinician who has lived and worked in Indian country his whole life, the first author of this chapter would like to add to and elaborate on a few of Herring's recommendations. First, counselor and client should discuss racial and cultural differences early; this relaxes the client and tells him or her that the counselor has put some thought into the matter—the counselor may not be an expert, but he or she cares enough to learn. Second, the idea of flexibility extends beyond time and encompasses relationships and how the counselor conducts him- or herself in the community. Boundaries and ethics that are taught in graduate school may not apply the same way in Native communities. It is important for the counselor to get out of the office and be "seen" in the community—this is how relationships and trust are developed. Only when trust has been established will clients and community members begin to tell the counselor what they really think and feel.

Third, culture and context are important—this cannot be emphasized enough (Duran, 2006; Gone, 2004, 2008; Salzman, 2001). Counselors should respect Native cultures and worldviews as superseding psychology and psychological conditions; without culture there would be no psychology. As Salzman (2001) notes, counselors should (a) promote interventions emphasizing meaning construction at the community level and support the collective (community) and individual construction of meaning that sustains adaptive action; (b) support and assist individuals and communities in the identification of standards and values within the cultural worldview they identify with that promote adaptive action in current realities; and (c) support and assist communities in cultural recovery through collaborative content analysis of traditional stories (pp. 189–190).

Finally, counselors need to assess acculturation and ethnic identity levels with every Native client (and sooner rather than later). How a client responds (or does not respond) is not necessarily a function of his or her being Native; it may instead be a function of that person's Nativeness. Where and how the person grew up and was raised are very important factors. Does the person speak his or her Native language? How active is the person in ceremonies and other spiritual activities? What is the ethnic and cultural makeup of the individual's social environment? The answers to these and other questions can give the counselor a sense of what counseling approaches and treatments might be appropriate. Like the members of other ethnic minority and cultural groups, Indians experience a full range of acculturation.

Critical Incident

Case Study of Donna Little

Donna Little is a 39-year-old Indian woman who has a history of substance misuse and has struggled with reunification with her adolescent children over the last 6 years. She was in residential school from the age of 6 to 16 years old. She has a history of domestic violence in her previous relationships.

Donna was the youngest of four children in her family. Her parents, siblings, and herself were raised in the same small northern reservation. Both her parents had gone to residential

school in the early 1950s, as did her grandfathers and grandmothers on both sides of her family system in the late 1910s. Donna was raised in an environment of violence and mayhem in her early childhood, which she has talked about quite extensively in counseling. Although her parents abused alcohol, she emphasizes repeatedly that her family was quite ceremonial and participated in the big drum feast and singing within the community.

When Donna was 6, an Indian agent wearing a red, white, and black checkered jacket gave her candy and took her to the residential school. She never had the opportunity to say good-bye to her mom and dad, who died of tuberculosis while she was in the residential school. Donna reflects on her residential school experience with a despondent look.

While in the residential school, she had only one friend she could count on. Her siblings, who were also at the school, were older and thus not allowed to play with her or sleep near her at the residence dorms. This created an incredible loneliness that Donna did not know how to fill, and often she would use alcohol to help numb that pain. She did not like to drink, but it helped her to stop her thinking badly about the past.

Donna was a victim of sexual abuse in the residential school, primarily by the Roman Catholic priest who was in charge. The first time she was assaulted she was 7; the last assault occurred right before she ran away at age 16. When Donna had attempted to tell the head nun in charge of her dorm what was happening to her, she was beaten severely, to the point of unconsciousness. Donna recalls it was her friend, Sue, who nursed her back to health.

Donna describes her life as difficult. She went home to her community, only to find a partner who turned out to be as violent toward her as her father was to her mother. She loves her children and cares for them deeply. She breast-fed her three children and still today can feel that connection to them. When her children were taken from her home after the last time her husband beat her, she spiraled out of control. Donna has had long periods of abstinence, has a home in her community that is well cared for, and now has a partner who loves her deeply. Donna is on welfare but hunts and fishes to help with sustenance. Donna and her partner have been together for 10 years, however, they both misuse alcohol on occasion. Donna's present partner is nonviolent and a former residential school survivor as well.

Note: Special thanks to Estelle Simard, MSW, director of the Institute for Culturally Restorative Practices and a member of the Couchiching First Nation, for providing this case study.

Discussion Questions

1. What is the culturally relevant history a therapist needs to understand when working with a client such as Donna?
2. What are some of the culturally relevant techniques a counselor can use when working with Native clients who have been abused by people in positions of power, such as priests?
3. How can a therapist connect a Native client back to his or her culture and its various institutions and practices?
4. How might Donna's therapist help her to reconnect with her family in a manner that promotes wellness for everyone?

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