Assessment and Diagnosis of Native American Clients: Results of a Survey

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This research project was partially supported by the Northern Arizona University College of Education Dean’s Research Grant Program.

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Citation for this article:
Abstract

Opinions of a sample of counselors and psychologists who work with Native American clients were examined by means of an internet survey. Most respondents recommended that counselors assess the acculturation type of their clients, although most do so in conversation rather than by using a standard instrument. Most of the survey respondents have used standard psychological tests with Native American clients and said such testing should not be avoided. Most respondents have never diagnosed a Native client with a *DSM-IV-TR* culture-bound syndrome, and most said this section of the *DSM* should be expanded. Representative comments by survey respondents on each of these topics are included.
As a group Native Americans experience several psychological disorders at a higher rate than the general population (Zahran, Kobau, Moriarty, Zack, Giles, & Lando (2004). However, they underutilize mental health services (Greer, 2004; McCormick, 1997). Several researchers have studied issues related to the psychological assessment of members of this population (Dana, 2005; Herring, 1999; Paniagua, 1998), but little is known about what actually occurs in practice. It is particularly important for counselors in urban areas to know how to serve Native Americans effectively, since at least half of all Native Americans live in urban areas and they are more likely to seek counseling than those who live in rural and reservation areas (Witko, 2006).

This study addressed several important questions, including the following:

Should counselors measure Native clients’ acculturation type, and if so how? Do counselors often diagnose Native clients with “acculturation problem (a V-code)? Should counselors use standard psychological tests with Native clients? Do counselors use the culture-bound syndromes (syndromes found only in specific localities) described in the DSM-IV when applicable to their Native clients? Which Native American culture-bound syndromes are diagnosed most frequently, and are there other syndromes that should be added to the DSM-IV?

The opinions of a sample of both Native and non-Native American counselors and psychologists who work with Native American clients were collected as a way to begin answering these questions and to provide a basis for further research. This study used open-ended questions in an internet survey in order to gain a broad perspective on the subject and allow respondents the freedom to respond in an unrestricted way. As an
exploratory study, both quantitative and qualitative methods (thematic analysis) were used to analyze the data collected. The opinions of specialists in counseling Native Americans can provide insights into how to make assessment and diagnostic services for this population more culturally appropriate and effective.

Literature Review

It would be quite valuable to know how counselors and psychologists think about psychological assessment and diagnosis with Native American clients. Although there have been many calls for research in this area, little is known about how clinicians deal with these issues in a treatment setting. No surveys of counselors and psychologists regarding their opinions about assessment and diagnostic practices with Native clients were found in the literature. This study focused on three areas: assessment of acculturation, psychological assessment of symptoms, disorders, and personality, and diagnosis of culture-bound syndromes.

Assessment of Acculturation

Many authors have emphasized the importance of counselors and psychologists understanding the concept of acculturation (Sam & Berry, 2006; Trimble, 2005), and most have recommended that Native American clients should be assessed regarding their acculturation type (Garrett & Herring, 2001; Heinrich, Corbine, & Thomas, 1990). Acculturation is a phenomenon that is reflected in psychological changes that occur in individuals as a result of their interaction with another culture (Ponterotto, Casas, Suzuki, & Alexander, 2009). According to prominent researchers in this area, counselors who work with Native Americans are at a distinct disadvantage if they do not understand acculturation. “It is extremely difficult to provide culturally appropriate services without
knowledge of the culture or the ability to distinguish a culturally adaptive response from one that indicates psychopathology” (Choney, Berryhill-Paapke, & Robbins, 1995, p. 87). The assumption is that counselors and psychologists must know about and understand their clients’ culture in order to diagnose and treat them effectively. For example, a counselor would work differently with an Indian client who lives in a rural area and is very traditional in values and practices as compared to an Indian client who grew up in an urban area, does not speak their tribal language, and has little contact with his or her tribe.

An understanding of the client’s culture is essential for valid diagnosis; the symptoms and course of a number of psychological disorders are influenced by cultural factors (American Psychiatric Association, 2000). The diagnostic manual typically used by counselors and psychologists (the Diagnostic and Statistical Manual –IV-TR) notes that “a clinician who is unfamiliar with the nuances of an individual’s cultural frame of reference may incorrectly judge as psychopathology those normal variations in behavior, belief, or experience that are particular to the individual’s culture” (American Psychiatric Association, 2000, p. xxxiv). The manual includes guidance on how to incorporate cultural considerations into diagnosis and care, and it also includes a V-code for “Acculturation Problem,” (p. 741), recommended for use when the focus of attention is a problem involving adjustment to a different culture. “V-codes” are designations for problems or conditions which may be addressed in counseling or psychotherapy, even though they are not mental disorders. It should be noted that “acculturation problem” is not considered a mental disorder, but is included in the manual because acculturation can
present a challenge for some clients and it may be a focus of attention in counseling or psychotherapy.

Several instruments to measure acculturation have been developed, and typically include items to assess the client’s generation, preferred language and social activities, rural vs. urban residence, etc. (Herring, 1999; Paniagua, 1998). An example of an instrument that can be used with all ethnic groups is the Multigroup Ethnic Identity Measure (Phinney, 1992). Examples of such instruments developed specifically for use with Native Americans are the Native Self-Actualization Placement Assessment (Brown, 2007); the Northern Plains Bicultural Inventory (Allen & French, 1994); the Native American Acculturation Scale (Suinn, Ahuna, & Koo, 1992); the American Indian Cultural Orientation Scale (LaFromboise & Rowe, 1995); the Native American/Canadian Cultural Identity and Expression Scale (Renfrey, 2001); and there are others (e.g., Moran, Fleming, Somervell, & Manson, 1995). These instruments have various degrees of reliability and validity, and the extent of their use by clinicians is unknown. Five main types of acculturation have been identified: traditional, marginal, bicultural, assimilated, and pantraditional (Garrett & Herring, 2001; Garrett & Pichette, 2000). However, there are several different models for conceptualizing Native American acculturation types and levels (Rudmin, 2003; Brown, 2007). Each of the instruments described above defines acculturation somewhat differently.

Although most experts in the study of acculturation recommend strongly that clients be assessed on this dimension, it can be controversial, since historically many Native Americans were forced to give up traditional ways and adapt to mainstream Anglo culture (Duran, 2006; Garrett & Harding, 2001). This history can contribute to Indian
people being suspicious of counseling and fearful that it may be used in an oppressive way by those in power to maintain the status quo (Rudmin, 2003; Sue & Sue, 2007). Counselors are cautioned to avoid making value judgments about the healthiness of various types of acculturation; all levels may be healthy or unhealthy depending on their situational context (Choney, Berryhill-Paapke, & Robbins, 1995).

Psychological Assessment

Some psychological assessment instruments have been criticized for being culturally biased, and such bias is likely to result in over-, under-, or misdiagnosis. An accurate assessment must take the client’s culturally unique assumptions into account, consider the client’s norm grouping, and combine clinical judgment with objective measures (Pedersen, 1997). Even though biases exist in psychological assessment instruments, this does not necessarily mean that such measures should not be used. There is probably no test or assessment that is truly “culture free” or “culture fair” (Escobar, 1993). Paniagua (1998) commented that all tests are somewhat biased, but that a skilled clinician can find useful information even in biased data. The accurate interpretation of test data to Native American clients requires an understanding of the client’s worldview and cultural context, an understanding of the client’s norm group with whom the client identifies, and using both quantitative and qualitative data (test results and clinical judgment) to understand the client (Dana, 2005).

Intellectual and personality assessments have the most potential for bias when used with Native Americans; they can inflict harm if they result in misdiagnosis, but they can facilitate the understanding of clients if used skillfully (Herring, 1999). Some psychological tests have incorporated a representative sample of Native Americans in the
normative sample, such as the MMPI-2 (Friedman, Lewak, & Nichols, 2001). Others, such as the Rorschach and the Thematic Apperception Test, provide no special norms for different cultural groups (Herring, 1999). Projective tests are more likely to be biased than trait measures (e.g., the California Psychological Inventory) and instruments that measure self-report of psychopathology (e.g., the MMPI-2; Beck Depression Inventory) (Herring, 1999). Even so, the MMPI-2 has been criticized for its potential to pathologize indigenous beliefs and behaviors (Hill, Pace, & Robbins, 2010).

Psychological assessment is always a somewhat complicated procedure, and there are added complexities when the client is culturally diverse. Is psychological testing necessary to answer the referral question, and if conducted is it likely to provide valid information? Other questions may address the client’s reading level, language proficiency, acculturation type, and whether the client’s norm group was represented in a test’s standardization. If available, local norms or tribe-specific norms should be used, but such norms are not available for most psychological tests (Thomason, 1999).

When considering a particular test, the clinician should check the test norms and any studies that have been conducted on the use of the particular test with Native Americans. When used appropriately, even psychological tests that have some “bias” can yield important information that can be used to facilitate treatment planning for clients (Suzuki & Kugler, 1995). The published literature on the psychological assessment of Native Americans reflects a wide divergence of opinion. However, the consensus seems to be that when used carefully by skilled clinicians, many standard instruments can provide useful information when used with Native American clients, if cultural issues are considered in the interpretation of the results.
Diagnosis of Culture-Bound Syndromes

Culture-bound psychological syndromes are disorders that are thought to occur mainly in a specific culture (Herring, 1999). While some disorders, such as schizophrenia, have common core symptoms across cultures, others disorders are recognized and diagnosed only in specific cultural contexts (Stevenson, 2010). The current edition of the diagnostic manual of mental disorders used by psychiatrists, psychologists, and counselors (American Psychiatric Association, 2000) includes a glossary of the best-studied such syndromes. The *DSM-IV* mentions several syndromes found in Native Americans: ghost sickness, soul loss, *piilotoq*, and the Navajo illness *iich’aa*. Some other culture-related syndromes are found in Native Americans but also in other cultures: spirit possession, dissociative trance disorder, and mental illness due to witchcraft.

The inclusion of culture-bound syndromes in the fourth edition of the *DSM* was an important recognition that clinicians should consider their clients’ culture and make a judgment whether clients’ symptoms could indicate a culture-specific disorder. However, no studies were found in the literature regarding whether counselors and psychologists actually diagnose clients with culture-bound syndromes.

Prior Surveys

Rountree (2004) conducted a Delphi study of the opinions of eight Native American and four non-Native American clinicians who were experts in counseling Native Americans. A survey was conducted regarding the knowledge and skills needed for clinicians to serve Native American clients effectively. Among the findings of this small study were that clinicians should assess clients’ acculturation type; clinicians
should understand the cultural relativity of psychological tests; and clinicians should adapt psychological tests for use with Native Americans. Rountree (2004) recommended that this kind of research be done with a larger sample using qualitative questions.

Parrish (2008) surveyed the opinions of 79 Native American and non-Native American mental health clinicians regarding competencies for counseling Native Americans. Respondents included 19 psychologists, 52 counselors, and eight social workers. This is the only study found in the literature that is somewhat similar to the current study. Parrish (2008) surveyed a similar population as the current study but used mainly questions on general competencies requiring responses on a Likert scale. The 48 questions were derived from 16 cultural competencies and characteristics described by Rountree (2004). The importance of three “macro-competencies” (knowledge, skills and awareness regarding multicultural counseling) and 16 micro-competencies were supported by almost all respondents. The majority of the respondents in Parrish’s (2008) study affirmed the importance of counselors understanding issues related to acculturation and assessing client’s type of acculturation as a way to facilitate effective counseling. The respondents also agreed that counselors must be knowledgeable and skilled regarding how psychological tests should be used with Native American clients. Most of the questions in Parrish’s (2008) survey were more general than those developed for the current study.

Neither of the studies described above included any reference to the DSM-IV or Native American culture-bound syndromes. The current study built on the results of these earlier surveys, and included some similar items, but added several questions that addressed related important topics such as the use of psychological tests and the
diagnosis of culture-bound syndromes. Information gained from surveying experts in counseling Native Americans has the potential to help counselors and other service providers make their work with members of this population more culturally appropriate and effective.

Method

Participants and Procedures

Participants in this study were mental health professionals who work mainly with Native American clients. A non-random sample of participants was recruited by an e-mail invitation. Most respondents were members of the listserv of the Society of Indian Psychologists, a professional association of psychologists, counselors, and related professionals who work with Native American clients. Additional respondents were nationally recognized experts in this subject who were identified by a search of the literature and then invited to participate in a web-based survey developed by the researcher. Survey respondents provided electronic verification of informed consent to participate in the study, and the study was approved by the university institutional review board. In response to the invitation, 68 individuals completed enough of the survey to be deemed viable for the data analysis. Responses to the survey questions were analyzed using both quantitative and qualitative methods. Percentages were calculated for questions with categorical responses, and themes were identified for responses to open-ended questions.

Participant Characteristics

The sample was 68% female and 32% male; 75% were licensed mental health providers. Many were Native American (57%), with representatives from 23 different
tribes. Forty-four percent of the respondents self-identified as White/Caucasian, and 13% of respondents self-identified as other races (respondents could check more than one category). Regarding profession, 42% were psychologists, 27% were counselors, 16% were teachers, 16% were researchers, 10% were social workers, and 25% were “other” (participants could list more than one profession). Regarding disciplines where graduate degrees were earned, 70% were in psychology, 13% in counseling, 13% in social work, and 4% in other disciplines. Regarding employment setting, 73% of the respondents worked at an outpatient counseling center or mental health clinic, an inpatient clinic or hospital, or in independent practice; 27% worked in a college or university.

Instrument

An original researcher-created survey was used for data collection since an existing instrument with the desired content for this study was not found in the literature. The literature on the assessment, diagnosis, and counseling of Native Americans (including prior surveys) was reviewed to determine the most important questions on this topic. The survey draft was reviewed and pilot tested with three Native American counselors and revised based on their feedback. The created survey was named the Survey on Counseling Native American Clients and contained a total of 30 qualitative items, in the form of open-ended questions. Participants also completed a demographic questionnaire with nine questions. It was estimated that it would take about an hour to complete the survey. Due to the large number of items on the survey and the amount of data generated, only the results relevant to assessment and diagnosis will be discussed in this article. Results related to the theory and process of counseling are reported in as
separate article. A copy of the instrument used in this study is available upon request from the author.

Procedure

A review of the literature on the counseling, assessment, and diagnosis of Native Americans was conducted and a list of potential survey participants was compiled. These potential participants were leaders in the field of counseling Native Americans and authors of articles on this subject. The Society of Indian Psychologists (SIP) was also contacted and permission was obtained to send an invitation to take the survey to SIP membership via the listserv. Potential participants were contacted by e-mail and invited to take the online survey. The instructions asked participants to express their opinion in response to the questions, and to write as much as they liked. All survey results were collected in March and April of 2011. A total of 68 participants took the survey; since they were not required to answer every question, a subset of participants answered each question. Responses to the open-ended questions were examined in a thematic analysis of keywords, themes and patterns, to identify common responses.

Results

Assessment of Acculturation

Participants were asked “Should counselors measure Native American clients’ acculturation type, and if so how?” Sixty percent of the respondents answered “Yes” to this question, 38% said “No” and 2% did not answer. About half of the respondents who said they do assess the client’s acculturation type said they do so informally in conversation with the client rather than by using an instrument, and a third of these respondents said they ask specific questions regarding the client’s language, food, place
of residence, etc. Only 15% of the respondents who assess clients’ acculturation do so by using an instrument or questionnaire.

Participants were asked “If you use a standard scale or questionnaire to measure your Native American clients’ acculturation, what is the name of it?” The specific instruments used by participants were: the Native American Acculturation Scale (Suinn, Ahuna, & Koo, 1992); the Native Self-Actualization Placement Assessment (Stone, 2007); and the Northern Plains Bicultural Inventory (Allen & French, 1994).

The following are sample comments from some of the 38% of respondents who said they do not assess clients’ acculturation.

“Measurement is invasive and often places a Native ‘on the spot.’”

“There are not a lot of good objective measures that exist to do this.”

“I do not know of any measures.”

“I am not a fan of acculturation ‘types.’”

“I do not use standard scales but instead elicit answers in a heart to heart conversation.”

“I abhor acculturation scales . . . we need to shift to indigenous paradigms.”

Participants were asked “If you use the DSM-IV to record diagnoses for Native American clients, how often have you used the V-code diagnosis ‘acculturation problem’? Please describe why or why not.” The majority of respondents (66%) have never used the “acculturation problem” diagnosis, but 21% of respondents said they use it occasionally, and 6% said they use it often. Several respondents said that the diagnosis is appropriate for some clients and should be used. Several respondents said they do not use it because insurance companies do not reimburse for it, and a few said they were not aware the diagnosis existed.
The following are sample comments from respondents.

“Acculturation problems occur in urban Indian clients.”

“Many clients who move from tiny villages to urban areas are in ‘culture shock.’”

“I use it rarely, although I am sure it applies to most clients. Acculturation stress is likely to underlie many of the illnesses.”

“I have not used it because we must be able to bill for it.”

“I’d prefer to see a V-code for internalized racism, or effects of racism/colonization.”

“Should be called resistance to assimilation problem.”

“Acculturation is not a disease, it can however exacerbate underlying pathology.”

“I would never hold an individual accountable for what a society/government is doing to them.”

Psychological Assessment

Participants were asked “Which (if any) standard psychological tests do you (or have you) used with Native American clients?” Most of the respondents (74%) said that they have used standard psychological tests with Native American clients and 26% said they have not. Several respondents specifically stated that they use such tests cautiously with Native clients, and several respondents said they use many standard psychological tests, just as they do with non-Native American clients.

Sixty percent of respondents named specific tests they use with this population. The most frequently mentioned type of test was intelligence tests (33%); 27% said they have used the MMPI-II; 27% have used the Beck Depression Inventory-II; 18% have used the Beck Anxiety Inventory; 9% have used the Millon Clinical Multiaxial Inventory;
9% have used the Rorschach; and all other specific tests were mentioned by only one or two respondents.

The following are sample comments from respondents.

“Few if any standard psychological tests have been normed on Native American clients.”
“None are standardized for Native populations.”
“Most have not been validated for this population.”
“None are standardized for Native populations.”
“Most have not been validated for this population.”
“These instruments are less than reliable and valid for tribal people.”
“I don’t need to use instruments. Most people hate to fill them out.”

Participants were asked “How do you decide whether a specific psychological test is appropriate for use with a specific Native American client?” Many respondents (22%) said that they check to see if Native Americans were included in the norm group of the test they are considering using; 16% said that they use standard psychological tests but consider the client’s culture when they interpret the test results. Ten percent of respondents said they consider tests normed on the general U.S. population to be adequate for use with Native Americans, and 6% of respondents consult with Native colleagues regarding the appropriateness of specific tests.

Participants were asked “Should all psychological testing with Native American clients be avoided, due to potential bias, lack of adequate norms, etc.?” Twelve percent of respondents answered “Yes” to this question but the great majority of respondents (73%) stated that psychological testing can be valuable if done carefully while considering how the client’s culture may affect the results. Some respondents mentioned that avoiding psychological testing is not feasible in many work settings. Several said that some tests
have demonstrated their validity with Native clients, so there is no reason to avoid them. Two respondents said that test scores can provide useful information on client progress. The following are sample comments from respondents.

“I am ambivalent about the usefulness of psychological testing.”

“I think psychological testing has minimal value.”

“Some tests may be biased, such as the Rorschach, MMPI, and MCM, but others may have greater relevance, such as the TAT, Quality of Life, and others.”

Diagnosis of Culture-Bound Syndromes

Participants were asked “If you use the DSM-IV to record diagnoses for Native American clients, how often have you used diagnoses from the section of culture-bound syndromes? Please describe why or why not.” Most of the respondents (71%) said they have never diagnosed a Native American client as having a culture-bound syndrome, and of those who have (21%), it is a rare occurrence. Several respondents (18%) said they do not think about using the syndromes or that they were unaware the syndromes exist. Some respondents said they only use standard DSM diagnoses, even if a client may have a culture-bound syndrome, and some respondents said they avoid diagnosing culture-bound syndromes because they do not have codes, and insurance companies would not reimburse for them.

The following are sample comments from respondents.

“If clients have a problem with culture we diagnose adjustment disorder.”

“If clients have soul loss or spiritual intrusions, we use ‘standard’ diagnoses.”

“The DSM is woefully lacking in describing Ghost Sickness.”
“Culture-bound syndromes stereotype groups and provide little useful clinical information.”

“This section only gives a tiny sampling of terminology among Native people.”

“What insurance company would reimburse a clinician for susto or soul loss?”

Participants were asked “If you use the DSM-IV, in your opinion should the section on culture-bound syndromes be changed or expanded or eliminated? If so, why?”

Most of the respondents (57%) said that the section should be expanded, 10% said it should be eliminated, and 33% were not sure or had no opinion.

The following are sample comments by the respondents.

“This section is only a sampling and not meant to be a comprehensive list of culture-bound disorders.”

“It should be expanded so counselors can get a better understanding of the issues faced by Native peoples.”

“Should be expanded; may suggest good strategies for treatment.”

“Expanded. I think it is very important to consider culture-bound disorders.”

“It should be expanded in order to reduce the stigma associated with some of the traditional diagnoses.”

“If we can’t bill for V-codes, we’re unlikely to use them.”

“A part of me says to eliminate them because they pathologize clients . . . . but if a therapist does not have a way to understand the client’s behavior in this way, they may misinterpret and incorrectly diagnose it . . . . so having this category as an option might lead to less pathologizing and more understanding.”
Participants who have diagnosed Native clients with a culture-bound syndrome were asked “Have you ever diagnosed a Native American client as experiencing one of the following disorders from the DSM-IV?” The following is the percentage of respondents (among the 21% of the total respondents who have made such diagnoses) who said they have used each of the following culture-bound syndromes: 71% soul loss; 43% dissociative trance disorder; 43% spirit possession; 43% mental illness due to witchcraft; 14% ghost sickness; 14% the Navajo illness iich’aa; 0% piblotoq.

Participants were asked “If you are aware of any Native American or tribe-specific psychological disorders besides those listed in the DSM-IV, please list and briefly describe them.” Most respondents (70%) said they were not aware of any such disorders, 19% said they were aware of such disorders, and 11% were not sure. Of those who were aware of additional culture-bound syndromes or disorders, the most commonly listed was historical or generational trauma, which they described in various ways: “generational grief; historical trauma; complex PTSD; intergenerational trauma; intergenerational historical trauma.” The other disorders mentioned were “soul sickness;” “bereavement which manifests as psychosis or self-mutilation;” and “internalized oppression.” One respondent commented “There are numerous tribal words for depression, negative thinking, types of possession, styles of coercive power, confusion, breach of taboo, etc.”

Discussion

The results of this study provide insight into how counselors and related professionals who often work with Native American clients assess and diagnose their clients. Many of the survey respondents (60%) believe that counselors should assess their
Native clients’ acculturation type, but some (38%) said they should not. Almost all writers on this issue recommend that acculturation be assessed so that counselors know how clients see themselves in relation to their culture. It is not clear why so many of the respondents do not assess this factor. Possible explanations could be that they think they can intuit the client’s acculturation type without formally assessing it; they do not know how to assess it; or they are not required to assess it. About half of the respondents who do assess their clients’ acculturation type do so in conversation rather than by using an instrument. This may be because they feel that an informal assessment is sufficient and more culturally sensitive than using a scale. Another issue is that there are few tribe-specific scales, and none of the instruments that exist have well-established validity and reliability. The advantage of using an instrument is that it ensures the clinician will not forget to assess important aspects of acculturation.

Most of the respondents (66%) said they have never diagnosed a Native American client with the *DSM* diagnosis “acculturation problem.” Some were not aware of the diagnosis, and some said they do not use it because it is not a reimbursable diagnosis. There were also a few respondents who objected to the whole concept of acculturation. For this reason, the real incidence of this problem may be higher than suggested by these results. In the literature on counseling Native Americans there are many comments regarding Native clients feeling stress from being pulled between two cultures, so acculturation problems may be common. If this is the focus of counseling, it should be listed as a diagnosis even if it is not reimbursable.

Most of the respondents (74%) have used standard psychological tests with Native American clients. Many of their comments emphasized the need to use such tests
cautiously and to consider whether the norms for the tests included Native people. Most respondents (73%) said psychological testing with members of this group should not be avoided because of possible validity issues. This is probably a reasonable position, assuming that the respondents really are conducting their assessments cautiously and with full recognition of the cultural issues.

The fact that most respondents (71%) have never diagnosed a Native client as having a culture-bound syndrome could mean that none of their clients had such a syndrome, but from the comments it seems more likely that many respondents are not impressed with the accuracy or thoroughness of this section of the DSM. Over half of the respondents said the section should be expanded, but only a few respondents listed specific syndromes that should be added. Of those respondents who have used such a diagnosis, the most common syndromes were soul loss, dissociative trance disorder, spirit possession, and mental illness due to witchcraft. The most-suggested addition to the list of culture-bound syndromes was historical or generational trauma. These ailments are probably not taught well (or at all) in most counselor training programs. Further research should be conducted to determine the diagnostic criteria for these syndromes and their prevalence in Native peoples.

There are some recognized limitations to this study, most notably that the sample was nonrandomized and relied on participants who were available by e-mail and who were willing to participate in an online survey. The total number of mental health professionals who specialize in working with Native Americans is unknown, so there is no way to know how representative the survey respondents are of the larger population. These factors limit the generalizability of the results of this study. However, this project
was exploratory in nature and was intended to provide a foundation for future studies, which should attempt to include a larger national sample of counselors and psychologists with expertise in the assessment and diagnosis of Native Americans.

This study provides some valuable data regarding the assessment and diagnostic practices of a sample of counselors and related professionals who work with Native Americans. The results suggest that most such practitioners are aware of the complex cultural issues related to assessment and diagnosis and that they are providing culturally appropriate services for their clients. Most of them use psychological tests with an understanding that the client’s culture must be taken into account in the process of interpretation. The results of this study suggest that more counselors should consider using an instrument to assess the acculturation type of their clients in order to ensure a good understanding of the client’s cultural identification. Counselors who address cultural adjustment issues with Native clients should consider using the “acculturation problem” diagnosis, and when culture-bound syndromes are present they should also be diagnosed. Psychologists may not always be competent to diagnose culture-bound syndromes, and there are controversies regarding the reliability and validity of such diagnoses, but if such a syndrome is clearly present it should be diagnosed. Accurate and complete diagnosis of culture-bound syndromes will facilitate proper treatment.
References


### Table 1

**Responses to Quantitative Survey Questions**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tbody>
<tr>
<td>Should counselors measure Native American clients’ acculturation type?</td>
<td>60% Yes</td>
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<tr>
<td></td>
<td>38% No</td>
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<tr>
<td></td>
<td>2% Don’t Know or Not Sure</td>
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<tr>
<td>If you assess Native clients’ acculturation type, how do you do so?</td>
<td>55% Informally in conversation with the client</td>
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<td></td>
<td>33% Ask specific questions about clients’ language, residence, etc.</td>
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<td></td>
<td>12% Use an instrument or questionnaire</td>
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<tr>
<td>If you use the <em>DSM-IV-TR</em> to record diagnoses for Native American clients, how often have you used the V-code diagnosis “acculturation problem”?</td>
<td>66% Never</td>
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<tr>
<td></td>
<td>21% Occasionally</td>
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<td></td>
<td>6% Often</td>
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<td></td>
<td>7% Not aware it existed</td>
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<tr>
<td>Have you used standard psychological tests with Native American clients?”</td>
<td>74% Yes</td>
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<tr>
<td></td>
<td>26% No</td>
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<td>How do you decide whether a specific psychological test is appropriate for use with a specific Native American client?”</td>
<td>22% Check to see if Native Americans were included in the norm group of the test they are considering using.</td>
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<tr>
<td></td>
<td>16% Use standard psychological tests but consider the client’s culture when interpreting the test results.</td>
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<td></td>
<td>10% Tests normed on the general U.S. population are adequate for use with Native Americans.</td>
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<td></td>
<td>6% Consult with Native American colleagues regarding the appropriateness of specific tests.</td>
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<tr>
<td>Should all psychological testing with Native American clients be avoided, due to potential bias, lack of adequate norms, etc.?</td>
<td>12% Yes</td>
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<tr>
<td></td>
<td>73% No</td>
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<tr>
<td></td>
<td>15% Don’t Know or Not Sure</td>
</tr>
<tr>
<td>Which (if any) standard psychological tests do you (or have you) used with Native American clients?</td>
<td></td>
</tr>
</tbody>
</table>
33% Intelligence tests
27% MMPI-II
27% Beck Depression Inventory-II
18% Beck Anxiety Inventory
9% Millon Clinical Multiaxial Inventory
9% Rorschach

If you use the *DSM-IV-TR* to record diagnoses for Native American clients, how often have you used diagnoses from the section of culture-bound syndromes?

71% Never
21% Occasionally
8% Do not think about using the syndromes or unaware the syndromes exist.

If you use the *DSM-IV-TR*, in your opinion should the section on culture-bound syndromes be expanded or eliminated?

57% Expanded
10% Eliminated
33% Don’t Know or Not Sure

If you have diagnosed Native American clients with a culture-bound syndrome, have you ever diagnosed a Native client as experiencing one of the following syndromes from the *DSM-IV-TR*?

71% soul loss
43% dissociative trance disorder
43% spirit possession
43% mental illness due to witchcraft
14% ghost sickness
14% the Navajo illness *iich’aa*
0% *piblotog*

Are you aware of any Native American or tribe-specific psychological disorders besides those listed in the DSM-IV-TR?

70% No
19% Yes
11% Not Sure
Assessment of Acculturation

If you use a standard scale or questionnaire to measure your Native American clients’ acculturation, what is the name of it?
- Native American Acculturation Scale (Suinn, Ahuna, & Koo, 1992)
- Native Self-Actualization Placement Assessment (Stone, 2007)
- Northern Plains Bicultural Inventory (Allen & French, 1994)

If you do not use the V-code diagnosis “acculturation problem” why not?
- “Measurement is invasive and often places a Native ‘on the spot.’”
- “There are not a lot of good objective measures that exist to do this.”
- “I do not know of any measures.”
- “I am not a fan of acculturation ‘types.’”
- “I do not use standard scales but instead elicit answers in a heart to heart conversation.”
- “I abhor acculturation scales . . . we need to shift to indigenous paradigms.”

Describe why you use or do not use the V-code diagnosis “acculturation problem” with Native clients.
The following are sample comments from respondents.
- “Acculturation problems occur in urban Indian clients.”
- “Many clients who move from tiny villages to urban areas are in ‘culture shock.’”
- “I use it rarely, although I am sure it applies to most clients. Acculturation stress is likely to underlie many of the illnesses.”
- “I have not used it because we must be able to bill for it.”
- “I’d prefer to see a V-code for internalized racism, or effects of racism/colonization.”
- “Should be called resistance to assimilation problem.”
- “Acculturation is not a disease, it can however exacerbate underlying pathology.”
- “I would never hold an individual accountable for what a society/government is doing to them.”

Psychological Assessment

Which (if any) standard psychological tests do you (or have you) used with Native American clients?
The following are sample comments from respondents.
- “Few if any standard psychological tests have been normed on Native American clients.”
- “I have used them all and find them culturally insensitive and biased.”
- “None are standardized for Native populations.”
- “Most have not been validated for this population.”
- “These instruments are less than reliable and valid for tribal people.”
- “I don’t need to use instruments. Most people hate to fill them out.”
Should all psychological testing with Native American clients be avoided, due to potential bias, lack of adequate norms, etc.?
The following are sample comments from respondents.
“I am ambivalent about the usefulness of psychological testing.”
“I think psychological testing has minimal value.”
“Some tests may be biased, such as the Rorschach, MMPI, and MCMI, but others may have greater relevance, such as the TAT, Quality of Life, and others.”

Diagnosis of Culture-Bound Syndromes

If you use the DSM-IV-TR to record diagnoses for Native American clients, how often have you used diagnoses from the section of culture-bound syndromes?
The following are sample comments from respondents.
“If clients have a problem with culture we diagnose adjustment disorder.”
“If clients have soul loss or spiritual intrusions, we use ‘standard’ diagnoses.”
“The DSM is woefully lacking in describing Ghost Sickness.”
“Culture-bound syndromes stereotype groups and provide little useful clinical information.”
“This section only gives a tiny sampling of terminology among Native people.”
“What insurance company would reimburse a clinician for susto or soul loss?”

If you use the DSM-IV-TR, in your opinion should the section on culture-bound syndromes be changed or expanded or eliminated? If so, why?
The following are sample comments by the respondents.
“This section is only a sampling and not meant to be a comprehensive list of culture-bound disorders.”
“It should be expanded so counselors can get a better understanding of the issues faced by Native peoples.”
“Should be expanded; may suggest good strategies for treatment.”
“Expanded. I think it is very important to consider culture-bound disorders.”
“It should be expanded in order to reduce the stigma associated with some of the traditional diagnoses.”
“If we can’t bill for V-codes, we’re unlikely to use them.”
“A part of me says to eliminate them because they pathologize clients . . . . but if a therapist does not have a way to understand the client’s behavior in this way, they may misinterpret and incorrectly diagnose it . . . . so having this category as an option might lead to less pathologizing and more understanding.

If you are aware of any Native American or tribe-specific psychological disorders besides those listed in the DSM-IV-TR, please list and briefly describe them.
historical trauma
generational trauma
generational grief
intergenerational trauma
intergenerational historical trauma
complex PTSD
soul sickness
bereavement which manifests as psychosis or self-mutilation
internalized oppression
One respondent commented “There are numerous tribal words for depression, negative thinking, types of possession, styles of coercive power, confusion, breach of taboo, etc.”