National American Indian and Alaska Native
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Person Centered Care with Native Americans

November 9, 2022

Special Guest Speaker
Avis Garcia, PhD, LAT, LPC, NCC,
Northern Arapaho

IOWA

SAMHSA
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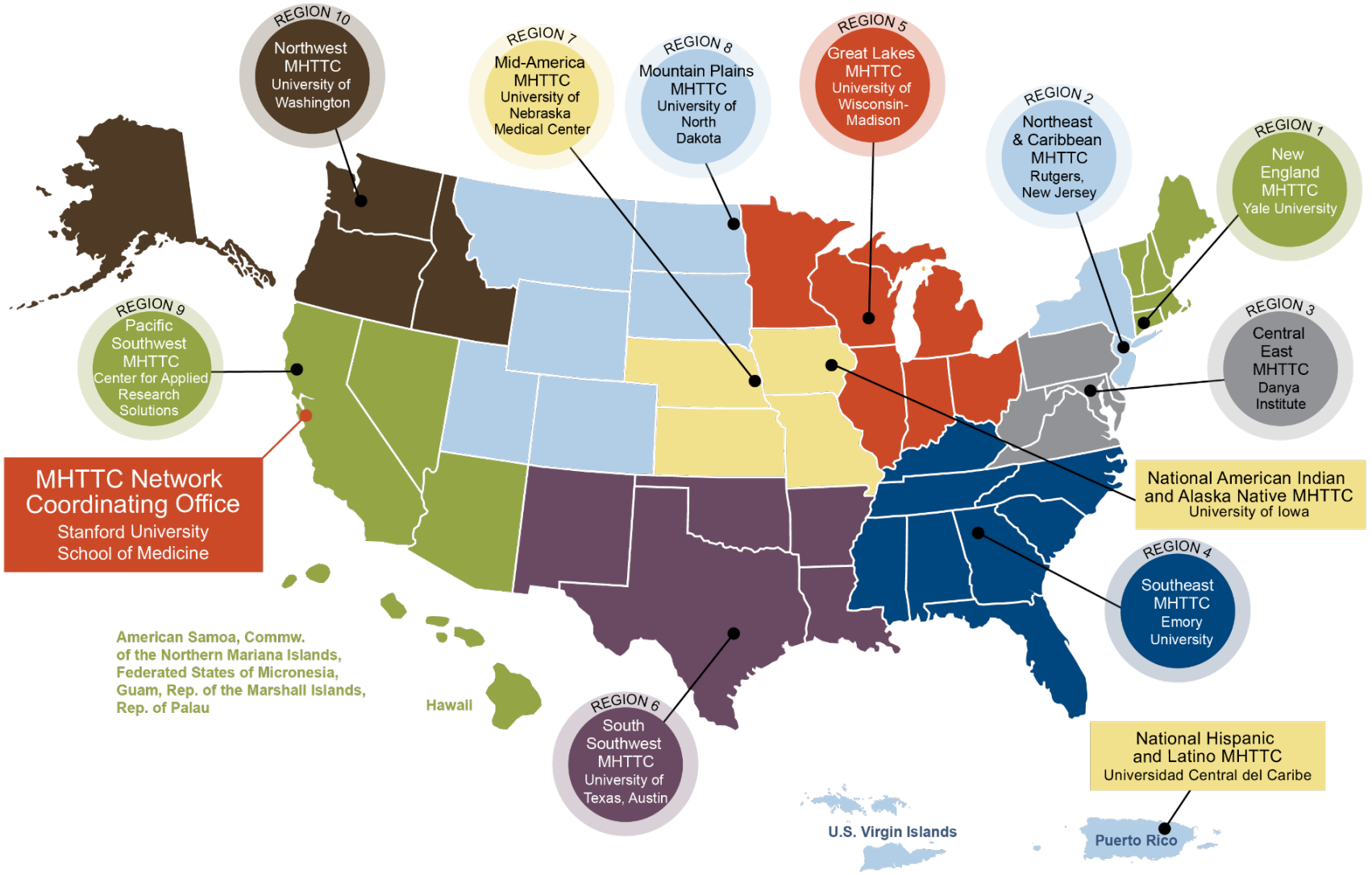
MHTTC Network

American Indian & Alaska Native Mental Health Technology Transfer Center



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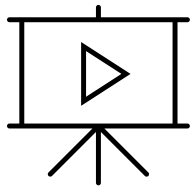
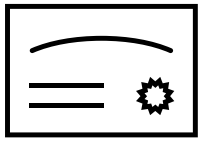


Links to the presentation slides and recording, if applicable



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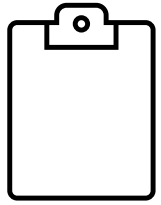
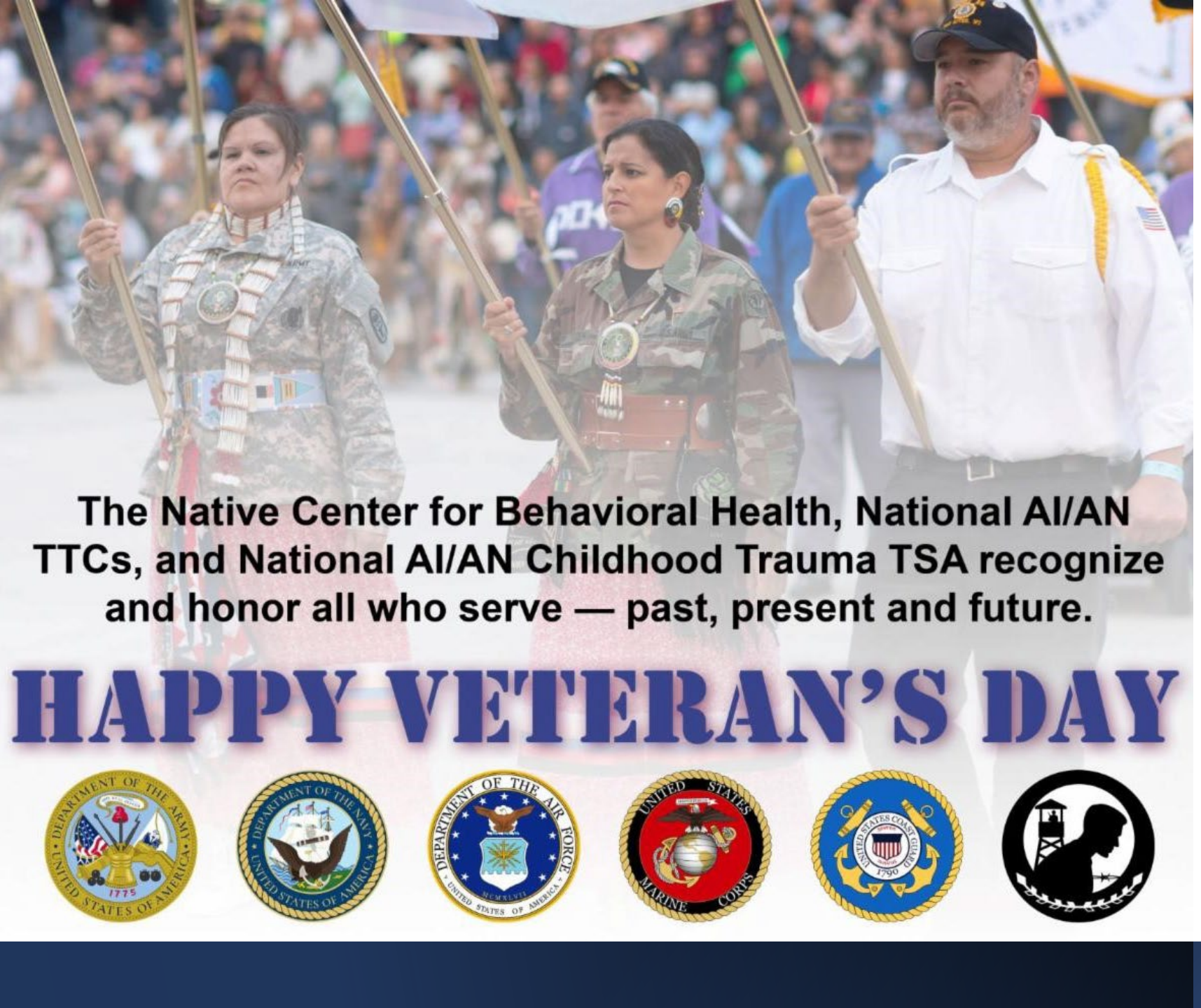


Link to our evaluation survey (GPRA)



Friday, Nov. 11 - Veteran's Day

Land Acknowledgement

We would like to take this time to acknowledge the land and pay respect to the Indigenous Nations whose homelands were forcibly taken over and inhabited.
Past and present, we want to honor the land itself and the people who have stewarded it throughout the generations.

This calls us to commit to forever learn how to be better stewards of these lands through action, advocacy, support, and education.
We acknowledge the painful history of genocide and forced occupation of Native American territories, and we respect the many diverse indigenous people connected to this land on which we gather from time immemorial.

While injustices are still being committed against Indigenous people on Turtle Island, today we say thank you to those that stand with Indigenous peoples and acknowledge that land reparations must be made to allow healing for our Indigenous peoples and to mother earth, herself.

Dekibaota, Elleh Driscoll, Meskwaki and Winnebago Nations
Ttakimaweakwe, Keely Driscoll, Meskwaki and Winnebago Nations
Ki-o-kuk, Sean A. Bear, 1st. Meskwaki

Today’s Speaker:

Avis Garcia, PhD, NCC, LPC, LAT Avis Garcia is an enrolled member of the Northern Arapaho Tribe and is affiliated with the Eastern Shoshone Tribes of the Wind River Reservation in Wyoming. Avis is a Licensed Professional Counselor and Addictions Therapist. Avis holds a doctorate in Counselor Education and Supervision who specializes in Addictions treatment and work with Native Americans. Avis works with individuals of all ages and does, individual, group, couples and family therapy. She specializes in the treatment of substance use disorders and trauma. Her therapeutic approach is to privilege Indigenous knowledge and draw on the strengths of individuals and families to promoting intergenerational healing, through research and clinical work.

PERSON-CENTERED THERAPY WITH NATIVE AMERICANS

November 9, 2022

ORIGIN

- Developed in 1940s as an innovative alternative to psychoanalysis- by Carl Rogers
- Antedated during the strong movement toward behavior therapy that took place in the 50s and humanistic revolution of 60s
- Rogers challenged belief that clients cannot understand & resolve their own problems with direct help from experts
- He questioned focus on problems rather than on people in therapy

DEFINITION

Person-centered therapy, which is also known as client-centered, non-directive, or Rogerian therapy, is an approach to counseling and psychotherapy that places much of the responsibility for the treatment process on the client, with the therapist taking a nondirective role.

OBJECTIVE OF THERAPY

The primary objective of the therapy is to resolve the incongruence of the clients to help them able to accept and be themselves

PURPOSE

- To foster in clients, a closer agreement between the client's idealized and actual selves; better self-understanding
- To lower levels of defensiveness, guilt, and insecurity
- To foster more positive and comfortable relationships with others and an increased capacity to experience and express feelings at the moment they occur.

CONCEPT OF SELF

- Acc to Rogers, “self is an outgrowth of what a person experiences and awareness of self helps a person differentiate him/her from others.”
- ‘Real self’ and ‘ideal self’
- The more is the gap b/w real self and ideal self, the more will be the maladjustment.
- For a healthy self to emerge, a person needs positive regard

MAIN COMPONENTS

- CONGRUENCE:- refers to the therapist's openness and genuineness-the willingness to relate to clients without hiding behind a professional facade.

- UNCONDITIONAL POSITIVE REGARD:- means that the therapist accepts the client totally for who he or she is without evaluating or censoring, and without disapproving of particular feelings, actions, or characteristics

Cont……

- EMPATHY:- Showing an emotional understanding of and sensitivity to the client's feelings throughout the therapy session.

There is no place for…..

- Assuming to know what is best for the client
- Not sharing the assessment/diagnosis results
- Not communicating and making shared decisions
- Dismissing the individual’s preferences and goals
- Fostering dependency rather than self-reliance and recovery

Clinicians have the responsibility to fully understand the client and family, their strengths, abilities and past successes, along with their hopes, dreams, needs and problems in seeking help.

This prepares us to help create a plan consistent with the expressed values, culture and wishes of those receiving services.

Strengths, Needs, Abilities & Preferences (SNAP)

These are the foundation of the treatment goals and objectives listed in the plan of care.

Strengths & Abilities

Refer to characteristics of the clients, or elements in the clients' life, used in the past or present to help them cope with stressful situations.

As used in treatment planning help promote clients' success in reaching his/her goals.

Examples of Strengths

Principles
Religious beliefs
Supportive friends
Supportive family**
Being able to work
Being able to care for others despite own problems
Hope

**If the client has a supportive family member, then that member can be brought into the treatment process, with client's permission, and ask that they help client with access to medication and transportation.

Example of Abilities

Able to take care of self

Follows instructions

Recognizes side effects of medications

Listens to adults

Attends to activities of daily living (ADLs)

Skills in reading, writing

Asks for help

Capacity to learn

Learns from errors

Talents

Saves money

Example

If the client has the ability to type, this could be used in treatment as a way of asking client to research information in the internet to help him/her manage their symptoms.

In formulating objectives, ask client about how their _____ (particular strengths and/or abilities) can help them achieve these.
For example, if a client can save money and s/he wants a car, how can this ability be used to help client reach her/her goal? This can then be included as a therapeutic objective, e.g. “client will budget and save $5.00 a month toward driving classes”.

Needs- Refer to the client's problems and symptoms and serve as the basis for goal formulation.

Examples –
Learn about my illness
To remain in school
A job, and/or to know what kind of job I can do
Companionship
Supervision of daily living

Services from other agencies
To be monitored closely at home

Preferences – refers to what the client wants in terms of the practical aspects of treatment. The following questions may help the client to state their preferences:

If we can accommodate, would you prefer a male or female counselor? A counselor familiar with your particular culture, spiritual beliefs and/or race?

If we can accommodate, would you prefer having your appointments first in the morning, over lunchtime, before 4 p.m. or after 5 p.m.?

Examples of preferences:

Appointment times

Specific programs

A therapist of same or opposite sex

Plan of Care (POC)

A road map

The goal of services is the **destination**

Consistent with the client's vision of recovery

Goals

Goals should reflect the client's and family's clearest articulation of the **destination** – the primary reason for seeking help and receiving services.

Goals should be broad general statements that express the individual's and family's desire for change and improvement in their lives.

It is often appropriate to have only one goal that captures the essence of the individual's and family's vision of their recovery and service needs.

Having too many goals or goals that are too specific can seriously undermine the planning process.

Developing Goals

Goals are developed from information gained during the assessment and the understanding derived from the Interpretive Summary.
The assessment process helps to identify each individual's and family's unique attributes, including needs, problems, strengths, resources, barriers and priorities in reaching the goals.

In a person-centered approach, the clinician's responsibilities are –

1. To help the individual and family Identify and express those issues and needs and

2. To help frame the resolution of those needs as goals to be included on the POC.

Assist the client to elicit relevant treatment goals.

REMEMBER: If the client is unable to state his/her own goals, then a family member or the clinician can state the initial treatment goals, until the client is able to actively participate in the development of his/her treatment plan.

Some questions to assist the client in formulating his/her goals:

If you no longer had _____ (symptoms/condition) what would you do?

If you were not _____ (symptoms/condition) how would your life be different?

Is there anything missing from your life as result of _____ (symptoms, problems) that you would like to have?

Before you started to have _____ (symptoms/condition), what did you want out of life?

Examples of goal statements

I want to stop fighting with my brother/sister.
I want to get a car.
I want to get a job.
I want to live with my family.
I want to stay out of trouble with my parents.
I want to stay off drugs.
I want to have my own apartment.
I want to get the judge off my back.
I want us to get along better. *(Parent's goal)*
Jamie will engage in the therapeutic process. *(Therapist's goal)*

Although these goals are not treatment or disorder specific, they are affected by mental illness. Recovery and rehabilitation are concerned with helping people lead their lives to the fullest potential. Rehabilitation helps people to restore their lives to their former level of functioning.

Objectives

Objectives are the changes necessary to help the client/family meet their goals.

Objectives identify the immediate focus of treatment.

Objectives are the incremental tasks the client and family will focus on, bit by bit, as they move towards their goal.

The focus of objectives is the removal of barriers.

Ask the client/family what is keeping him/her from reaching the goal; these barriers become objectives that are the focus of treatment.

Action-Oriented and Behavioral Terms

Historically we have focused on process over outcomes, so we see many objectives written as client will “gain insight,” “have understanding,” “be able to accept….”

Objectives are typically ***ACTION*** words – behavioral, specific, measurable

Objectives should state desired changes in behavior. Occasionally, it may refer to the "identification" of triggering factors. In such situations, target dates should cover no more than two to three sessions.

Achieving objectives usually requires the client/family to master new skills and abilities that support them in developing more effective responses to their needs and challenges.

A properly written objective typically begins with- “The client and/or family will….” and describes the desirable, significant or meaningful change in behavior, status or function as a step towards reaching the larger goal.

Key features of Objectives

- Reasonable
- Measurable
- Appropriate to treatment setting
- Achievable
- Understandable to the individual
- Time specific
- Written in behaviorally specific language
- Responsive to the client's disability/disorder/challenges and stage of recovery
- Appropriate to the client's age, development & culture

Objectives should be SMART

Simple / Specific / Straightforward

Measurable

Achievable / Action-oriented

Reasonable

Target Date

Measurability

The intended change should be obvious and readily observed by the client and family as well as the clinician.

It is acceptable to measure change by observation, self-report, completion of an assignment.

Other measures are standardized tests, urine drug screens, journals, behavior charts or diary cards.

Strength-Based Approach

Objectives should describe positive changes that build on past accomplishments and existing resources.

Objectives should reflect an increase in functioning and ability, along with attainment of new skills rather than merely a decrease of symptoms.

Achievability

Objectives should be:

- Realistic
- Developmentally appropriate
- Culturally appropriate
- Reflective of the client's strengths and limitations

Attendance and Participation

Phrases such as "Bill will participate in medication group weekly" or "Gail's mother will attend family psycho-education groups" ***are not objectives.***

Mere participation in no way indicates that skill development or behavioral change has occurred unless this reflects the level of motivation and engagement of the client.

Objectives should:

Focus on what the individual and family will do differently

Focus on the actual demonstration of new skills and abilities

Objective Example:

Goal: "I want to get along better."
(mother's goal)

Context: Johnny is a 16-year-old, defiant; when his mother speaks to him, he answers rudely, talking back. This happens every evening.

Objective: Mother and Johnny will spend 5 minutes each day calmly talking about the day's events.

Some common mistakes when writing learning objectives:

- Describing what the clinician is expected to do instead of what the client is expected to do.
- Including more than one expected behavior in a single objective.
- Forgetting to include all three components of a learning objective (condition, performance, and criterion).
- Using terms for performance that are subjected to many interpretations, are not action oriented, and are difficult to measure.

- Writing an objective that is unattainable
- given the level of ability of the client.
- Writing objectives that do not relate to the goal.
- Cluttering an objective by including unnecessary information.
- Being too general and not clearly specifying the expected outcome.
- Using general verbs or action words such as “understand” – use concrete verbs such as “demonstrate,” “discuss,” “participate.”

5 CONDITIONS REQUIRED FOR THERAPEUTIC CHANGE:

- **Therapist-Client Psychological Contact**: a relationship between client and therapist
- **Client incongruence**: that incongruence exists between the client's experience and awareness, their being vulnerable and anxious

Cont…..

- **Therapist Unconditional Positive Regard** (UPR): the therapist accepts the client unconditionally, without judgment, disapproval or approval
- **Therapist Empathic understanding**: the therapist experiences an empathic understanding of the client's internal frame of reference
- **Client Perception**: that the client perceives, at to a minimal degree, the therapist's UPR and empathic understanding

PROCESS OF THERAPY

- Client's communications about externals & not self
- Client describes feelings but not recognize or "own" them personally
- Client talks about self as an object in terms of past experiences
- Client experiences feelings in present-just describes them with distrust & fear

Cont……

- Client experiences & expresses feelings freely in present-feelings bubble up
- Client accepts own feelings in immediacy & richness
- Client trusts new experiences & relates to others openly & freely

THE THERAPIST'S SHOULD ……..

- Listen and try to understand how things are from the client's point of view.
- Check that 'understanding' with the client if unsure.
- Treat the client with the utmost respect and regard.
- There is also a mandate for the therapist to be "congruent", or "transparent"

Cont…..

- Focuses on the quality of the therapeutic relationship
- Serves as a model of a human being struggling toward greater realness
- Is genuine, integrated, and authentic, without a false front
- Can openly express feelings and attitudes that are present in the relationship with the client

Techniques used

- Listening
- Accepting
- Respecting
- Understanding
- Responding

APPLICATIONS

- Used to treat a broad range of people
- People with schizophrenia
- Persons suffering from depression, anxiety, alcohol disorders, cognitive dysfunction, and personality disorders
- Can be used in individual, group, or family therapy

FREQUENCY OF THERAPY

- No strict guidelines
- Usually therapists adhere to a one-hour session once per week
- Scheduling may be adjusted according to the client's expressed needs
- Termination usually occurs when he or she feels able to better cope with life's difficulties

EXPECTED RESULTS

- Improved self-esteem
- Trust in one's inner feelings and experiences as valuable sources of information for making decisions
- Increased ability to learn from (rather than repeating) mistakes
- Decreased defensiveness, guilt, and insecurity; more positive and comfortable relationships with others
- An increased capacity to experience and express feelings at the moment they occur; and openness to new experiences and new ways of thinking about life

Specifics to Native Americans

1. *What should counselors do in the first session to build rapport with Native American clients?* Clients should be welcomed warmly and offered refreshments, such as water, coffee, or tea. Intake paperwork should be minimized and clients should be invited to describe the problem or issue from their point of view. The counselor should use self-disclosure to elicit client talk, and the counselor should be sure to address the role of culture in the client's life. Counselors should talk about confidentiality and expectations for counseling and let the client determine the content of counseling sessions.

Are Native American counselors more effective with Native clients than non-Native counselors, or is there no difference? Half of the respondents (50%) said that Native American counselors are more effective than non- Natives; 20% said there is no difference; 18% said it depends on the cultural competence of the counselor; and 12% said it depends on how traditional the client is.

What is the most significant barrier that prevents urban Native Americans from getting counseling for their problems? Many respondents said that stigma, mistrust, or fear of being judged is a barrier. Other barriers identified were lack of money; a shortage of providers; long wait lists; dysfunctional systems of care; and racial discrimination. Presumably the respondents based their answers to this question on their professional experience; a survey of clients and potential clients would also be valuable to collect their opinions regarding barriers to getting counseling.

What should counselors or counseling centers do to make potential Native American clients more comfortable with the idea of getting counseling? Providers should build relationships with the local Native communities; ask them what they need and how you can help; speak with tribal elders. Make the counseling center environment more welcoming by, for example, having Native art on the walls and providing refreshments

What should non-Native counselors do to improve their understanding of Native Americans? Almost all respondents said that counselors should get involved in their local tribal communities. They should meet the tribal elders, find a Native mentor, attend tribal social and cultural events, spend time in the community, attend training workshops, and socialize with Native Americans.

CONCLUSION

Person-Centered therapy focuses on the client's present conscious problems and in which it is assumed that the client is the primary actor in the curative process, with the therapist essentially being the facilitator.

HA HOU!!!