Journal of Consulting and Clinical Psychology

Empirical Findings From Psychotherapy Research With Indigenous Populations: A Systematic Review

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Objective: Although the dire mental health needs of Indigenous communities are well established in the literature, the empirical evidence for psychotherapeutic treatment for these populations is perceived to be scant. This review is intended to determine gaps in the literature for this population by asking how much empirical work has been published, what types of research are being conducted, which topics are most prevalent among the existing literature, and what can be concluded about psychotherapy with Indigenous populations based on this literature. *Method:* A systematic review of empirical psychotherapy research on Indigenous clients of Australia, Canada, New Zealand, and the United States was conducted across 10 databases. *Results:* A total of 44 studies were found, with just 2 examples of controlled outcome trials. The most common research topic was treatment evaluation, but only 4 treatment evaluation studies examined individual psychotherapy with adults. Looking across all topics, treatment for substance use disorders comprised the majority of studies on specific mental health problems. *Conclusions:* Moving forward, it will be important for researchers to examine individual psychotherapy for Indigenous clients and to consider treatment for disorders unrelated to substance use. A preference for the inclusion of cultural practices and education in psychotherapy was clear across the literature, but the limited inferences that can be drawn from the existing research make it impossible to come to any conclusions about the specific roles or effects of cultural practices. Overall, empirical research is badly needed for psychotherapy with Indigenous populations at this time.

What is the public health significance of this article?
The works in this review suggest that the incorporation of cultural education and cultural practices into therapy with Indigenous clients may be protective of client retention, but further research is required to clarify these effects. Programs that tailor psychotherapy to address the needs of Indigenous clients may be improved by core structural changes to therapeutic practice which take into account specific practices of local Indigenous communities. Research on Indigenous clients in psychotherapy is slim and a significant research push is needed to make more confident empirically-backed recommendations for Indigenous psychotherapy clients than is possible at this time.

Keywords: aboriginal, American Indian, indigenous, psychotherapy, systematic review

Repeated calls have been made for research concerning psychotherapy with Indigenous clients, for three primary reasons: First, Indigenous populations throughout the world appear to face far

higher incidence of mental illness than other ethnoracial groups (Williamson et al., 2014); second, the cultural gap between Indigenous perspectives and "therapy culture" appears to require greater adaptations than are typically called for in working with other populations (Tseng, 1999); and, finally, it is generally believed that very little research on this topic exists (Craven & Bodkin-Andrews, 2006). Despite an increasing number of calls for both evidence-based treatments (Drapeau & Hunsley, 2014) and cultural competence (Fernando, 2012) in both research and practice, it appears true that little attention has been given to Indigenous peoples as psychotherapy clients. One existing review of the literature found only two controlled outcome studies for Indigenous populations; both were for preventive treatments, not treatments for clients with existing mental health problems (Gone & Alcántara, 2007).

The challenges associated with the lack of serious research into the topic are further compounded by the high rates of psychiatric distress facing Indigenous populations worldwide. Recent reviews of research with American Indians and Alaska Natives have found

much higher than average reports of alcohol dependence and posttraumatic stress disorder (PTSD) compared with national statistics, along with youth suicide rates over three times the national average (Gone & Trimble, 2012). Australian Indigenous populations face similar or worse health outcomes than groups in the United States, with rates of hospitalization for mental health problems at two to four times typical rates; Australian Indigenous youth in particular exhibit rates of suicide more than triple the average (Hunter, 2007). In addition, both national populations face similar problems in terms of lack of access to mental health services and marginalized statuses as invisible communities (Gone & Trimble, 2012; Hunter, 2007). Comparable disparities exist for Indigenous populations in Canada (Towle, Godolphin, & Alexander, 2006) and New Zealand (Harris et al., 2006).

These populations also share historical legacies of colonization and contemporary experiences of ethnoracial discrimination, which have had profound and demonstrable impacts on mental health and general well-being (Gone & Trimble, 2012; Harris et al., 2006; Kirmayer, Simpson, & Cargo, 2003; Sherwood, 2013). Indigenous communities in these four countries—united by their British colonial histories—also share a resurgent push for resilience-focused approaches in mental health with a renewed interest in blending contemporary psychotherapy practice with cultural traditions (Brady, 1995; Gone, 2010; Marsh, Coholic, Cote-Meek, & Najavits, 2015; Vicary & Andrews, 2000). Other work in psychology has considered how traditional cultural values, as well as contemporary experiences as occupied peoples within English-speaking settler colonial nation-states, might render it appropriate to design culturally relevant interventions that span these Indigenous groups (e.g., Haring, Hudson, Erickson, Tauaii, & Freeman, 2015). Given these similarities, including common features of new modes of psychotherapy treatment under development, our review considers the body of empirical psychotherapy research on these Indigenous groups taken together.

A systematic review of suicide prevention efforts with Indigenous clients across these same four countries found only one study featuring a psychotherapy treatment for existing mental health problems (Harlow, Bohanna, & Clough, 2014). To the best of our knowledge, ours is the first systematic attempt to identify the empirical literature concerning psychotherapy proper for these Indigenous populations. Systematic reviews are comprehensive, strategic, replicable searches of the literature on a given topic using multiple bibliographic databases in an attempt to capture all relevant studies on that topic (Leucht, Kissling, & Davis, 2009). A systematic review of the empirical psychotherapy research with Indigenous clients should allow us to capture all relevant, properly indexed studies within the databases that we search. This systematic and replicable search strategy will allow us to answer four questions about this body of literature. First, how much empirical research has been conducted with Indigenous clients? Second, what types of research have been conducted? Third, what major findings have been reported in this literature? Fourth, what is currently known about psychotherapy with Indigenous populations on the basis of these findings?

Method

The Institute of Medicine (IoM) has established guidelines for conducting systematic reviews (IoM, 2011). The purpose of a systematic review is to summarize the knowledge about a specified topic on the basis of comprehensive searches of both the published and unpublished literature. So important is the identification of all relevant sources that the IoM recommends consultation with professional reference librarians in the formulation of bibliographic search strategies in response to particular research questions. We adapted the IoM-recommended procedures in conducting this study. A systematic search on the topic under consideration was conducted across 10 bibliographic databases. Each study was then examined individually to determine whether it met preset inclusion criteria. Information from included studies was extracted into thorough written summaries for each identified article across 9 domains of interest. This information served as the basis for this narrative review. Such an approach is sometimes referred to as a qualitative review to distinguish it from systematic reviews in which a quantitative meta-analysis is conducted (Albarracín, 2015)—this should not be confused with qualitative meta-analysis, which is not the same as a narrative systematic review (see Timulak, 2009). Using the terminology of Brugha et al. (2012), the results are presented here as both narrative summary and individual study results.

While this article embraced the IoM guidelines, several adaptations to typical systematic review methodology were made for the purpose of this study. Given the limited state of psychotherapy research with our target populations (Harlow et al., 2014; Williamson et al., 2014), effect sizes were not calculated, the psychometric properties of measures were not analyzed, no measurements of risk of bias were conducted, and no meta-analysis was performed. Specifically, our purpose was not simply to explore efficacy or comparative effectiveness of psychotherapeutic interventions for specific disorders, but rather to comprehensively examine both observational and controlled outcome studies, whether the data were analyzed quantitatively, qualitatively, or both. As a result, many conventional procedures associated with systematic reviews devoted to assessing treatment efficacy or comparative effectiveness were incongruous with both the goals and methods of this study. Given the methodological diversity and preliminary status of empirical findings in this domain, one goal of this review was simply to provide an understanding of the "state of the science" for empirical research concerning psychotherapy with Indigenous populations, including a review of thematic content more so than a systematic evaluation of the methodology of these studies since the findings in this domain have yet to accumulate across studies.

Search Strategy

On the basis of earlier precedents as well as the recommendations of consulting reference librarians, the following 10 abstracting and indexing databases were searched: Bibliography of Native North Americans; CINAHL Complete; Ethnic NewsWatch; Global Health; PsycARTICLES; PsycINFO; PubMed; Social Services Abstracts; Web of Science–Science Citation Index; and Web of Science–Social Science Citation Index. Major databases used in other similar articles (e.g., Harlow et al., 2014) were identified for inclusion by the authors, including PsycARTICLES and PsycINFO, PubMed, and the Web of Science databases. Additional databases were selected in consultation with two university librarians. One librarian was employed at [University of Michigan Hatcher Graduate Library] as a social sciences librarian. The other

was employed with the [University of Michigan Taubman Health Sciences Library] as an informationist and specialist in systematic reviews. Again, the employment of librarians and information specialists as part of the systematic review search effort is one of the guidelines established by the IoM (2011). The final list of 10 databases was based on this consultation between the authors and these two librarians as to the most likely sources to find research on psychotherapy for Indigenous clients.

Keywords were optimized for the different databases, making use of their different categorization systems as applicable, and the finalized search terms for each database were confirmed with the two university librarians prior to executing the searches. All searches used the same essential set of terms for both psychotherapy and the populations of interest, adjusted to each database as necessary. PsycINFO, PsycARTICLES, & Global Health were searched together in a single search with the same search string, as were Science Citation Index & Social Science Citation Index. Table 1 provides two examples of the search strings used. Initial searches were conducted between September 19th and September 25th in 2014, and a secondary search was conducted 18 months later to ensure that the review reflected the most up-to-date research. All search results were up-to-date as of February 7th, 2016.

Eligibility Criteria

In order to be included, studies needed to have some form of data collection, with combined responses reported from at least two participants. Definitions of three key terms—*Indigenous populations*, *psychotherapy*, and *clients*—were adopted as inclusion criteria. Because of the limited number of publications on the topic, other common limits used in systematic reviews were not included here (no limits were placed on publication date, method, or publication type). Unpublished materials including dissertations were thus included if they met these criteria. This is in keeping with typical systematic review criteria that extend not only to unpublished academic work but also to findings from government

reports and other nonacademic sources as appropriate (IoM, 2011). Studies in languages other than English were excluded, with the following exception: an additional check of all databases for articles in French or Spanish was conducted on July 25th, 2016 by the first author to determine whether and to what degree empirical research in these especially relevant languages (i.e., Spanish for research in the United States, and French for research in Canada) were not overlooked. This search returned three articles in Spanish and 10 articles in French. Based on the English abstracts of these articles, none of these articles met the criteria for inclusion as outlined below. Book reviews and review articles were excluded.

The first author, a graduate student in clinical psychology with previous experience in conducting meta-analysis, was responsible for the initial process of determining eligibility of studies. An assessment of eligibility was made based on titles and abstracts alone with studies removed if they clearly did not meet inclusion criteria. The remaining articles were examined for eligibility based on checks of the titles, abstracts, and full text of articles. Following this process, the second author—a graduate student in clinical psychology and social work—independently conducted the same analysis as a check on this search process. The first and second authors met to discuss all articles for which there was not complete agreement on inclusion. Consensus was determined during this meeting by taking a strict line-byline reading of the inclusion criteria set forth below for each article on which there was disagreement.

Indigenous populations. In keeping with scholarly precedent within the published North American literature on such topics, the populations under consideration for this study are the Indigenous peoples of the United States, Australia, Canada, and the Pacific Islands, including New Zealand. This was defined as American Indians and Alaska Natives, Hawaiian Native people, First Nations and Metis of Canada, Inuit people, Indigenous people of Australia, and Indigenous Pacific Islanders including but not limited to Maori. Pacific Islanders are understood to be those people of Polynesian, Micronesian, or Melanesian descent. Studies on other

Table 1
Bibliographic Search Strings for Four Databases

PubMed	PsycInfo, PsycArticles, and Global Health
("Psychotherapy"[MeSH Terms] OR "Psychotherapy"[All Fields] OR "Reality Therapy"[All Fields] OR "Insight Therapy"[All Fields] OR "Solution-Focused Therapy"[All Fields] OR "Narrative Therapy"[All Fields] OR "Psychoanalysis"[All Fields] OR "Hypnotherapy"[All Fields] OR "Behavior Therapy"[All Fields] OR "Group Therapy"[All Fields] OR "Cognitive Therapy"[All Fields] OR "Client Centered Therapy"[All Fields] OR "Existentialism"[MeSH Terms] OR "Existentialism"[All Fields] OR "Guided Imagery"[All Fields] OR "Hypnosis"[MeSH Terms] OR "Hypnosis"[All Fields] OR "Hypnotherapy"[All Fields] OR "Emotion Focused Therapy"[All Fields])	("Psychotherap*" OR "Behavior Therapy" OR "Client Centered Therapy" OR "Cognitive Therapy" OR "Emotion Focused Therapy" OR "Existential Therapy" OR "Guided Imagery" OR "Group Therapy" OR "Hypnotherapy" OR "Insight Therapy" OR "Narrative Therapy" OR "Psychoanalysis" OR "Reality Therapy" OR "Solution Focused Therapy")
AND ("Indians, North American"[MeSH terms] OR "Oceanic Ancestry Group"[MeSH terms] OR "Pacific Islander"[All Fields] OR "First Nations"[All Fields] OR "Indigenous"[All Fields] OR Metis[All Fields] OR "Inuits"[MeSH Terms] OR "Inuits"[All Fields] OR "Inuit"[All Fields] OR Maori[All Fields] OR Aboriginal[All Fields] OR "Alaska Native"[All Fields] OR Hawaiian[All Fields] OR "Native American"[All Fields] OR "American Indian"[All Fields]).	AND ("Indigenous Populations" OR "Alaska Natives" OR "American Indians" OR "Inuit" OR "Pacific Islanders" OR "Maori" OR "First Nations" OR "Aborigin*" OR "Hawaiian" OR "Metis")

populations, including Indigenous people of other regions of the world, were excluded. Studies that featured clients from multiple ethnoracial or national groups were included only if they provided specific, separate results on Indigenous clients.

Psychotherapy. Only articles about psychotherapy were included in this review. For the purpose of this study, psychotherapy was operationalized as attempts to make personal adjustments to life challenges facing an individual in the primary context of mental health, deployed to individuals or small groups through the use of psychological means, provided directly (face to face) by a single clinician or small teams of clinicians. "Small groups" are defined as containing no more than 30 clients. Although considerably larger than what is often thought of as effective group size for group therapy (see Kivlighan, London, & Miles, 2012), a size of 30 was selected to allow for a broad definition of therapy that might capture any relevant treatment programs. "Small teams of clinicians" are defined as including no more than five clinicians, including only those directly delivering some form of treatment using psychological means. Cases that appeared to meet this rule but did not explicitly state the number of clinicians were included in order to maximize inclusion of relevant studies. "Psychological means" are defined as attempts to adjust a person's attitudes, behaviors, or life situations using any forms of talk therapy, behavior therapy, somatic therapy, and other therapies associated with psychology and its associated disciplines, including activity therapies such as art therapy.

To be included in the review, therapy needed to be conducted within the broad arena of mental health professionals or paraprofessionals in disciplines such as psychology, psychiatry, and social work. Thus, excluded from this review were treatments that rely only on tribal elders or traditional healers as therapists. Treatments where elders and/or traditional healers are brought in as part of treatment or act in tandem with psychotherapists were included in this review. Preventive approaches that pooled participants from preexisting settings with no measure of distress or questions regarding distress were also excluded.

Psychotherapy clients. For the purpose of this review, we were interested in Indigenous psychotherapy clients. As such, to be included, studies needed to focus at least partially on questions related to *clients in therapy*. Studies assessing training programs for clinicians were excluded, as were assessments of treatment centers that were not focused on the psychotherapeutic treatment provided. Studies about clinician experiences in psychotherapy to the exclusion of impacts or implications for clients were excluded.

Extraction of Study Information

Information from each of the consensually identified studies was extracted by the first author for this review. For each study, findings, research method, treatment method (if specified), participant status (e.g., clinician, client, community member), number of participants, gender, age, ethnoracial identity, and specific distress/diagnosis under consideration (if specified) were summarized in written form. This in-depth extraction process was recorded in written summaries of 1–2 single-spaced pages in length for each article—collectively yielding 46 pages of summary—to facilitate analysis for this review. These article summaries are available on request from the first author.

Results

After an initial return of 2,634 articles in a search across the 10 databases, 33 peer-reviewed articles and an additional 11 dissertations on this topic were identified. Three of the peer-reviewed articles were based on the included dissertations. Figure 1 presents these results in a PRISMA flow diagram (Moher, Liberati, Tetzlaff, Altman, & the PRISMA Group, 2009). The initial screening by the first and second authors yielded disagreement about the inclusion of 23 articles. Following the consensus meeting between these authors, 21 of the disputed articles were found to not meet criteria. Two of the disputed articles were found to meet criteria and subsequently included.

Research on Indigenous peoples of the United States dominated the studies found here, as seen in Table 2. Qualitative analyses were featured in over one half of the publications, which may reflect the predominance of open-ended research with these populations. Our findings indicate a sudden increase in research on Indigenous populations, with over one third of the articles being published between 2010 and 2016. However, as can be seen in Figure 2, this shift may represent ever-evolving trends in psychological research and is not necessarily indicative of sustained interest or funding for research regarding Indigenous clients in psychotherapy. In addition to a recent drop off in publications since the high mark of seven published in 2011, it should be noted that there were zero publications between 1976 and 1986, which appears as a single point in this figure but that represents 10 years in which no empirical work in this domain was identified. Among the 23 publications addressing treatment for specific mental health diagnoses, substance use disorders were the most common, with 14 publications addressing treatment for some form of substance use. Seven publications looked at treatment for anxiety and/or depression. Two addressed treatment for posttraumatic stress disorder (PTSD). No studies were found addressing many of the more serious mental illnesses including bipolar disorder, schizophrenia, any personality disorder, or any eating disorder. Across the entire body of literature, cultural adaptations to therapy and assessments of acculturation were emphasized.

Aside from these findings, the literature was too scattered to present coherent conclusions regarding how to conduct evidence-based or empirically supported treatment with Indigenous clients. However, the literature did group into broad categories that are broken down for further analysis subsequently. For this review, research studies were classified into four categories based on thematic description of each study recorded during the extraction process: treatment evaluations ($n = 20$), therapy expectations ($n = 10$), client experiences ($n = 7$), and clinician perspectives ($n = 7$).

Treatment Evaluations

The treatment evaluation research was divided into research on adult clients ($n = 11$; as shown in Table 3) and adolescent clients ($n = 9$; as shown in Table 4), with a single peer-reviewed study based on a dissertation in each of these categories (Brave Heart, 1998; Brave Heart-Jordan, 1995; Listug-Lunde, 2004; Listug-Lunde, Vogeltanz-Holm, & Collins, 2013). No studies were found on psychotherapy with Indigenous youths under 11 years old.

The state of the treatment evaluation research with Indigenous clients would be best described as preliminary. Only one controlled outcome trial for assessing treatment efficacy or effective-
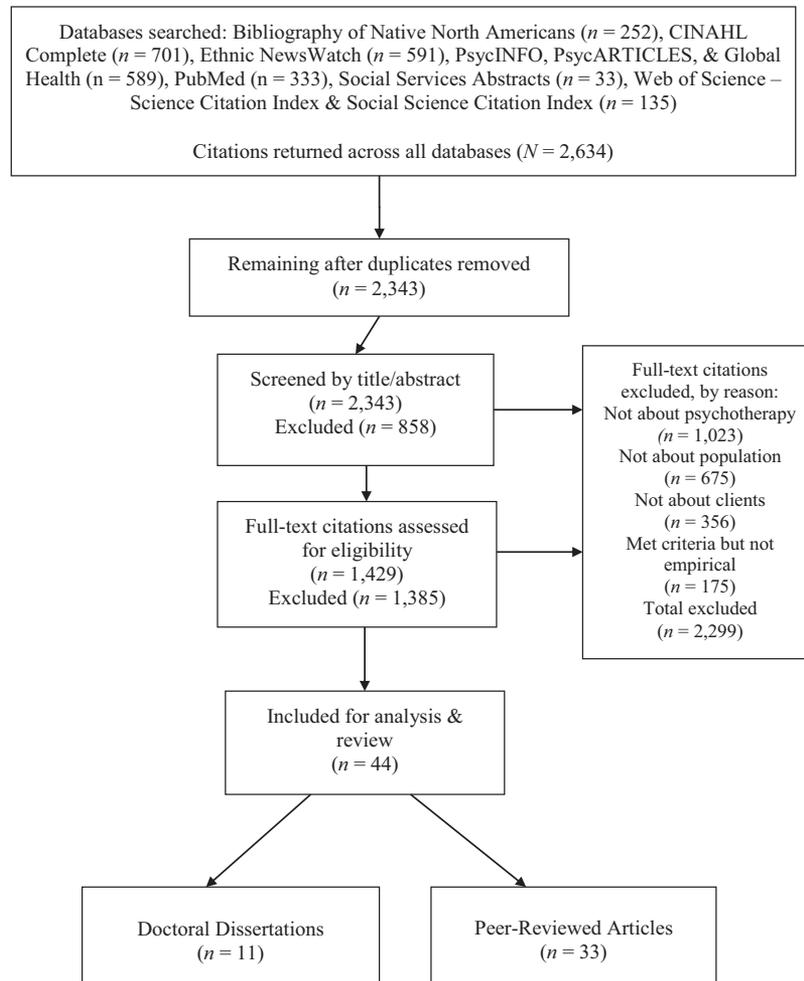
Figure 1. PRISMA flow diagram, adapted from Moher et al. (2009).

ness was found across the entire body of literature for adults (Nagel, Robinson, Condon, & Trauer, 2009) and only a single example of such a trial was found with adolescents, reported in the literature in both a dissertation and a subsequent associated peer-reviewed publication (Listug-Lunde, 2004; Listug-Lunde et al., 2013). The former is self-described as an "early pilot study", and the latter found no difference between a classroom-based treatment and treatment-as-usual.

As a consequence, our review is unable to answer an important question for the profession, namely which psychotherapeutic treatments "work" for Indigenous clients with specified mental health problems. As a result, the efficacy of novel or adapted treatments and the generalizability of established empirically supported treatments for use with these populations is currently unknown relative to typical definitions of empirical support (Borkovec & Castonguay, 1998). In fact, two of these studies point to dissatisfaction with the commitment to disseminate empirically supported treatments for use with Indigenous clients, as reported by both clinicians and community members (Gone, 2009; Goodkind et al., 2011).

Group versus individual therapy. Among the articles with adult clients, over 60% were focused on either group or residential treatment; that is, only four articles were identified across the treatment evaluation literature that explored individual psychotherapy treatments for adult Indigenous clients. All studies on adolescents focused on group, residential, or classroom-based treatments; no interventions comprising individual therapies for Indigenous youth were identified. Some studies reported that group treatments were especially relevant to Indigenous clients because they are perceived as "collectivist" rather than "individualist" (e.g., Ashby, Gilchrist, & Miramontez, 1987; Kahn, Lewis, & Galvez, 1974).

Targeted problems. Among studies with adults, substance use disorder was the most common mental health problem being addressed, comprising five of the 11 publications in this category. As seen in Table 3, there was also a single study on treatment for anxiety and depression and a single study on "historical trauma" comprising two publications (for an explication of Indigenous historical trauma, see Kirmayer, Gone, & Moses, 2014). Two studies were focused on evaluation of a treatment program that was aimed at multiple mental health problems broadly defined as opposed to a single specified disorder (Gone, 2009, 2011). As seen in Table 4, PTSD and substance use were the most common disorders in the adolescent literature, with two studies evaluating treatment for each of those conditions.

Table 2

Characteristics of 44 Reviewed Studies

Characteristic	n	%
Nation of study		
United States	33	75.0
Canada	5	11.4
Australia	5	11.4
New Zealand	1	2.3
Decade		
1970s	2	4.5
1980s	1	2.3
1990s	9	20.5
2000s	15	34.1
2010s	17	38.6
Method of data analysis		
Quantitative	20	45.5
Qualitative	16	36.4
Both	8	18.2

*Note.* Percentages may not add up to 100% due to rounding.

Research designs. Only three of 11 publications with adults used an experimental or quasi-experimental design with comparison groups (Fisher, Lankford, & Galea, 1996; Nagel et al., 2009; Villanueva, Tonigan, & Miller, 2007). Nagel et al. (2009) also used a qualitatively analyzed component as part of the study to establish how to adapt the treatment for Indigenous Australian clients. Two studies evaluated treatments on the basis of single-group quantitative designs (Brave Heart, 1998; Brave Heart-Jordan, 1995; Dickerson et al., 2014; Mathieson, Mihaere, Collings, Dowell, & Stanley, 2012), with Dickerson et al. (2014) and Mathieson et al. (2012) also using a qualitatively analyzed component as part of the study. One study used a nonexperimental quantitative design (D'Silva, Schillo, Sandman, Leonard, & Boyle, 2011). Three studies used qualitative designs (see Table 3). One of the studies with adolescents used an experimental design (Listug-Lunde, 2004; Listug-Lunde et al., 2013). Five studies used single-group quantitative designs (Ashby et al., 1987; Beckstead, Lambert, DuBose, & Linehan, 2015; Goodkind, Lanoue, & Milford, 2010; Kahn et al., 1974; Smallbone, Crissman, & Rayment-McHugh, 2009). Two studies used qualitative approaches to evaluate ongoing treatment programs (see Table 3).

Cultural adaptations. The undertaking of cultural adaptations across the treatment evaluation literature was nearly universal; nine adult studies included extensive cultural adaptation, with seven focused on Indigenous-specific treatment programs that went beyond adaptation of existing therapies to the incorporation of cultural practices as a part of the therapeutic endeavor. Although cultural adaptations were present in seven studies with adolescent clients, only a single study (Ashby et al., 1987) used an approach specifically designed for Indigenous clients rather than using an adaptation of an existing therapy approach.

Treatments with changes to the "core" (as opposed to the "surface") constituents of the intervention (see Castro, Barrera, & Holleran Steiker, 2010) that essentially reimagined psychotherapy in Indigenous terms (incorporating cultural practices and education) were associated with more positive impressions generally. Two important exceptions, however, were Villanueva et al. (2007), and Nagel et al. (2009); both conducted treatment tests with comparison groups and found statistically significant differences for motivational treatment approaches. Relevance was also important; adaptations were described as needing to occur in contexts that respected the diversity of Indigenous traditions, including the consideration of the gendered nature of some traditional practices (Dickerson et al., 2014) and cultural taboos specific only to some specific Indigenous groups (Goodkind et al., 2010).

Examples of two adaptation efforts. In a single group study, Goodkind et al. (2010) evaluated Cognitive Behavioral Intervention for Trauma in Schools (CBITS), a classroom-based form of cognitive behavioral therapy (CBT) for PTSD, with surface adaptations to treatment in which minor changes were made to an existing psychotherapy. Imagery in many of the exercises was altered to contain more nature-centered themes, changes were made to avoid taboos around discussing the dead, and some participants were referred out for traditional healing depending on the individual's connection and interest regarding traditional practices. Minor additional adjustments were made on the fly as problems presented themselves. Statistically significant improve-

Number of Articles by Year of Publication
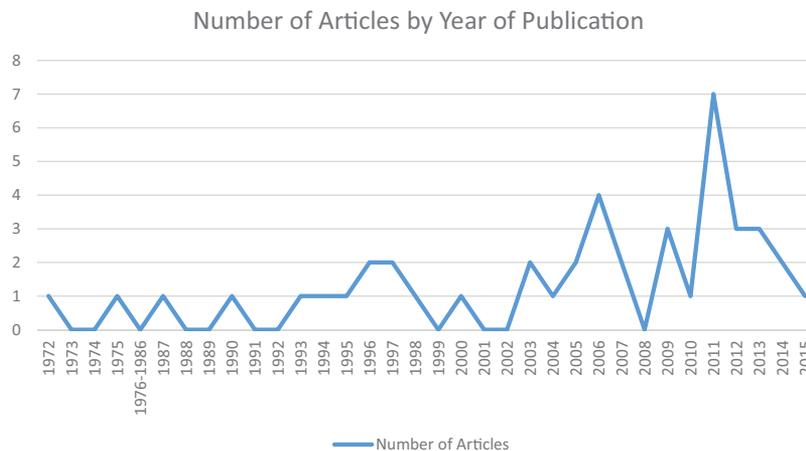
Figure 2. Empirical articles published on Indigenous psychotherapy clients, 1972–2015. See the online article for the color version of this figure.

Table 3
Characteristics of Treatment Evaluation Studies (Adults; n = 11)

Author and year[a]	n	Participant type	Age	Population	Treatment	Method	Disorder	Research question	Findings
Brave Heart-Jordan (1995) (Dissertation)	45	Clients	M = 43	AI (U.S.)	Group	Quantitative (IS)	Historical trauma	Are traditional healing approaches effective for historical trauma?	Group therapy with traditional healing was effective.
Brave Heart (1998)	45	Clients	M = 43	AI (U.S.)	Group	Quantitative (IS)	Historical trauma		
Dickerson et al. (2014)	21	Clients, Clinicians, Community Leaders	19–71	AI/AN (18), Other (3) (U.S.)	DARTNA	Both (IS)	Substance use disorder	Does DARTNA work, and how can it be improved?	DARTNA was liked by clients; should connect with local tribal activities.
D'Silva et al. (2011)	141	Clients	18–65+	AI (Ojibwe) (U.S.)	FDL Program	Quantitative (DS)	Substance use disorder	Does a culturally tailored approach work?	Results were better than with past non-tailored treatments.
Fisher et al. (1996)	791	Clients	N/A	AN (210), Other (581) (U.S.)	Residential	Quantitative (IS)	Substance use disorder	Can cultural adaptations reduce dropout rates for AN clients?	Adaptations eliminated the gap in treatment dropout.
Gone (2009)	19	Clients, Clinicians, Administrators	20s 60s	First Nations (Canada)	N/A	Qualitative	N/A	How does an indigenous center approach mental health?	Indigenous treatment challenges current ideas of evidence-based therapy.
Gone (2011)	19	Clients, Clinicians, Administrators	20s 60s	First Nations (Canada)	N/A	Qualitative	N/A	How does critical cultural engagement facilitate healing?	Cultural practices blend with therapy and community efforts
Mathieson et al. (2012)	20	Clients, Clinicians	20–65	Maori (N.Z.)	UBI-M	Both (IS)	Anxiety, depression	Can ultra-brief interventions be adapted for Maori clients?	Results suggest potential for use of UBI-M with Maori.
Nagel et al. (2009)	49	Clients	M = 33	Indigenous Australian	MCP	Both (IS)	Substance use disorder	Is MCP better than treatment-as-usual for substance use disorder and well-being?	MCP with cultural adaptations was more effective than treatment-as-usual.
Thomas and Bellefeuille (2006)	6	Clients	20–65	Aboriginal (Canada)	Group	Qualitative	N/A	What are client perspectives on an aboriginal treatment program?	Treatment should be holistic & have depth in adaptation
Villanueva et al. (2007)	25	Clients	M = 35	AI (U.S.)	CBT, TSF, and MI	Quantitative (IS)	Substance use disorder	Is there a difference between TSF, CBT, and MI in outcome?	MI was statistically significantly more effective.

Note. Statistics are presented for clients only; study did not report age or racial/ethnic background of clinicians. AI = American Indian; AN = Alaska Native; U.S. = United States; N.Z. = New Zealand; DARTNA = Drum-Assisted Recovery Therapy for Native Americans; FDL = Fond du Lac; UBI-M = Ultra Brief Intervention for Maori; MCP = motivational care planning; CBT: cognitive-behavioral therapy; TSF: 12-step facilitation; MI = motivational interviewing; IS = inferential statistics; DS = descriptive statistics.
[a] Peer-reviewed studies that were based on dissertations appear directly below the relevant dissertation in this table, with the columns on research questions and findings left blank as research questions and findings in the peer-reviewed studies did not differ from those of the dissertations on which they were based.

Table 4
Characteristics of Treatment Evaluation Studies (Adolescents; n = 9)

Author and year[a]	n	Participant type	Age	Population	Treatment	Method	Disorder	Research question	Findings
Ashby et al. (1987)	9	Clients	12–17	AI (U.S.)	Group	Quantitative (DS)	PTSD	Is a native-specific group treatment acceptable/effective?	Native-specific treatment was acceptable and effective.
Beckstead et al. (2015)	229	Clients	12–18	AI/AN (U.S.)	DBT	Quantitative (IS)	Substance Use Disorder	Is DBT combined with cultural practices effective to treat indigenous youth substance use?	The combined approach demonstrated clinically significant improvements
Dell et al. (2011)	15	Clients	12–14	First Nations and Inuit (Canada)	EAL	Qualitative	Substance Use Disorder	Can equine-assisted treatments be healing for indigenous youth?	Equine based treatment is relevant for indigenous youth.
Goodkind et al. (2010)	23	Clients	12–15	AI (U.S.)	CBITS	Quantitative (IS)	PTSD	Is CBITS an effective treatment for AI youth with PTSD?	Improvements were found, but reverted at six months.
Goodkind et al. (2011)	111	Clinicians, Community Members/Leaders	N/A	AI (78), Other (34) (U.S.)	N/A	Qualitative	N/A	What are challenges with AI youth services and causes of disparities?	Services are too mainstream, not tailored to AI worldviews.
Kahn et al. (1974)	15	Clients	~16	AI (O'ohdam) (U.S.)	Group	Quantitative (DS)	N/A	Can group therapy be used in the treatment of AI youth?	Group therapy reduced truancy and conduct problems.
Listug-Lunde (2004) (D)	17	Clients	11–14	AI (U.S.)	CWD-A	Both (IS)	Depression	Is CWD-A effective as a treatment with AI youth?	CWD-A was as effective as treatment-as-usual.
Listug-Lunde et al. (2013)	16	Clients	11–14	AI (U.S.)	CWD-A	Both (IS)	Depression		
Smallbone et al. (2009)	159	Clients	11–18	Indigenous (56), Other (103) (Australia)	N/A	Quantitative (IS)	N/A	Does cultural competence training Indigenous youth sex offender treatment engagement?	Cultural competence enhanced engagement independent of client race.

Note. AI = American Indian; PTSD = posttraumatic stress disorder; AN = Alaska Native; U.S. = United States; DBT = dialectical behavior therapy; EAL = equine-assisted learning; CBITS = cognitive-behavioral intervention for trauma in schools; CWD-A = Adolescent Coping with Depression; IS = inferential statistics, DS = descriptive statistics.
[a] Peer-reviewed studies that were based on dissertations appear directly below the relevant dissertation in this table, with the columns on research questions and findings left blank as research questions and findings in the peer-reviewed studies did not differ from those of the dissertations on which they were based.

ments in PTSD and anxiety symptoms were found after the end of treatment and at 3-months follow-up, along with a reduction in avoidant coping. A 6-month follow-up found that the PTSD symptoms and avoidant coping had returned to pretreatment levels. The authors suggested that "the attenuation of our positive findings, as well as concerns with feasibility and acceptability, suggest that more deep structure adaptations to CBITS may be warranted for AI youth in rural reservation communities" (Goodkind et al., 2010, p. 869).

Fisher et al. (1996) presented a model of residential treatment with core adaptations for Alaska Natives in therapy for substance use disorder. Group therapy was made less confrontational, the number of meetings was reduced, and the groups were led by native counselors. "Cultural awareness activities" were added to treatment; these included subsistence hunting trips, drum and dance groups, production of traditional crafts and foods, attendance and involvement in community cultural events, and education on traditional cultural practices across different Alaska Native language groups. Alaska Native clients were given orientation to the treatment center and the urban environment in which it was located. They were also given additional individual therapy sessions, particularly early on in treatment. These changes reportedly eliminated a previously existing gap in treatment retention between Alaska Native clients and others.

The state of treatment evaluation research. Treatment evaluation work remains limited in accumulation and interpretability, owing to the lack of controlled outcome studies with samples large enough to detect causally robust and clinically meaningful effects. Several trends are suggested by this literature that might be used to inform practice casually, but the limitations of the methods and findings for these studies—and their general lack of replication—render it impossible to offer any evidence-based recommendations at this time.

Therapy Expectations

Ten publications examined therapy expectations of Indigenous peoples, including one peer-reviewed publication based on included dissertations (Jackson, 2003; Jackson, Schmutzer, Wenzel, & Tyler, 2006), as shown in Table 5. Although five of these publications were about expectations regarding psychotherapy generally, others examined preferences for specific therapeutic modalities (see Table 5). Five of the publications did not specify a disorder in considering expectations of therapy. Three publications concerned treatments for substance use disorders, and two concerned treatments for depression (see Table 5). All seven publications that used solely quantitative approaches utilized nonexperimental quantitative designs. Two studies used a qualitative design, and one study used both qualitative and quantitative approaches (see Table 5).

This subset of the literature is based on nonclinical populations and thus does not necessarily reflect the needs of actual Indigenous clients, but instead may reveal what clients might prefer upon entering therapy. In keeping with the results surrounding cultural adaptation in the treatment evaluation literature that we described earlier, studies suggested that Indigenous participants emphasized the importance of respect for and knowledge about local Indigenous culture on the part of therapists (Dickerson, Robichaud, Teruya, Nagaran, & Hser, 2012; Dussair, 1993; Stewart, Swift,

Freitas-Murrell, & Whipple, 2013; Vicary & Bishop, 2005) and that significant preference differences between Indigenous and non-Indigenous clients may indicate the need for cultural adaptations (Fiferman, 1990; Jackson, 2003; Jackson et al., 2006; Stewart et al., 2013).

Client Experiences

This category contains seven studies as presented in Table 6. Four of seven studies concerned experiences in group or residential treatment, with one of these four also including unspecified individual therapy. These four studies were all addressed to treatments for substance use disorders. The remaining three studies examined client experiences of individual therapy without reference to specific psychotherapeutic approaches or to specific disorders. One of seven studies used a quasi-experimental design (Dickerson et al., 2011). Four of seven studies used nonexperimental quantitative designs, one of which also included a qualitative component. Two studies used only a qualitative design (see Table 6).

The importance of cultural awareness and cultural adaptation was again emphasized in this category. One dissertation, however, contradicted this trend and did not find a statistically significant difference between American Indians whose attachment to tribal values was high and those for whom it was low, on a measure of what they found important in therapy for substance use disorders (Wilson, 1997). The author noted that the results may not be broadly applicable, however. Of the six other articles, half included questions or measures of cultural attributes, and all of these found the inclusion of cultural adaptations to be connected to positive client experiences. Specifically, three studies noted the importance of adaptation. Edwards (2003) noted that traditional cultural components were among the primary parts of a treatment that clients found helpful. Lokken (1996) found in her dissertation that a group of American Indian analog clients felt cultural adaptation was necessary and that nondirective and humanistic approaches would be preferred. Another dissertation found that American Indian clients rated the therapeutic alliance as more important than did typical non-Indigenous samples and also found that they valued discussion of cultural issues in therapy (Lopez, 2006).

Two studies noted the high rates of dropout for Indigenous clients (Fickenscher, Novins, & Beals, 2006; Dickerson et al., 2011). Taking these two studies in the context of the broader literature emphasizing clients' preference for culturally relevant treatment, it may be that significant adaptations could ameliorate the problem of dropout, as found by one study already mentioned in the treatment evaluation category (Fisher et al., 1996). However, as with the rest of this review, the limited nature of the client experiences literature resists any strong conclusions.

Clinician Perspectives

Our final category concerns clinician perspectives on Indigenous clients, and included seven studies as shown in Table 7. One study was aimed at perspectives on a treatment for depression and anxiety, one was on therapy for historical trauma, and the other five did not address specific disorders (see Table 7). One study used both qualitative and quantitative approaches, with a nonex-

Table 5

Characteristics of Therapy Expectations Studies (n = 10)

Author and year[a]	n	Participant type	Age	Population	Treatment	Method	Disorder	Research question	Findings
Arnold (1994) (Dissertation)	128	Students	18–50+	AI (U.S.)	N/A	Both (IS)	N/A	How do AIs rate MHPs for helping with problems?	MHPs rated below family, community, spiritual help.
Calabria et al. (2013)	116	General Population	18–72	Indigenous (110) Other (6) (Aus.)	CRA/CRAFT	Quantitative (DS)	Substance use disorder	Are CRA and CRAFT acceptable to Indigenous community members?	Community members rated CRA and CRAFT highly.
Dickerson et al. (2012)	18	Clients, Clinicians, Community Leaders	27–64	AI/AN (U.S.)	DARTNA	Qualitative	Substance use disorder	What is the potential for drumming in treatment?	Drumming in treatments may be relevant & effective.
Dussair (1993) (D)	110	General Population	18–65	AI (Eastern Cherokee) (U.S.)	N/A	Quantitative (DS)	N/A	How do Eastern Cherokee values inform counseling preferences?	Respect & comfort w/ cultural differences are important.
Fiferman (1990) (Dissertation)	50	Students	18+	AI (25), White (25) (U.S.)	Multiple	Quantitative (IS)	Depression	Is there a difference between AI and White preferences for modality?	AI clients are more likely to prefer humanistic approaches.
Gilder et al. (2011)	36	Community Members/Leaders	N/A	AI (U.S.)	MI	Quantitative (IS)	Substance use disorder	Is MI acceptable for use with AI youth for substance use disorders?	Community members found MI acceptable in most cases.
Jackson (2003) (Dissertation)	82	General Population	M = 35	AI (41), White (41) (U.S.)	CBT	Quantitative (IS)	Depression	Are CBT components equally applicable to White and AI people?	AIs rated CBT lower on some scales; CBT needs adaptation.
Jackson et al. (2006)	82	General Population	M = 35	AI (41), White (41) (U.S.)	CBT	Quantitative (IS)	Depression		
Stewart et al. (2013)	172	Students	M = 24	AN (67), White (105) (U.S.)	N/A	Quantitative (IS)	N/A	How do AN and White students differ in treatment preferences?	Assessment of acculturation should inform ANs treatment.
Vicary and Bishop (2005)	70	General Population	N/A	Aboriginal (Australia)	N/A	Qualitative	N/A	How can mental health services better serve aboriginal needs?	Services should be holistic & culturally grounded.

Note. AI = American Indian; AN = Alaska Native; U.S. = United States; CRA = community reinforcement approach; CRAFT = community reinforcement and family training; DARTNA = Drum-Assisted Recovery Therapy for Native Americans; MI = motivational interviewing; CBT = cognitive-behavioral therapy; IS = inferential statistics, DS: descriptive statistics; MHP = mental health professional.

[a] Peer-reviewed studies that were based on dissertations appear directly below the relevant dissertation in this table, with the columns on research questions and findings left blank as research questions and findings in the peer-reviewed studies did not differ from those of the dissertations on which they were based.

Table 6
Characteristics of Client Experience Studies (n = 7)

Author and year[a]	n	Participant type	Age	Population	Treatment	Method	Disorder	Research question	Findings
Dickerson et al. (2011)	558	Clients	M = 37	AI/AN (279), Other (279) (U.S.)	N/A	Quantitative (IS)	Substance use disorder	What are the differences in dropout rates between AI/AN and other clients?	AI/AN clients are more likely to drop out of treatment.
Edwards (2003)	12	Clients	23–51	AI (U.S.)	Residential	Qualitative	Substance use disorder	What aspects of a native-specific treatment do clients find healing?	Sense of community allowed healing work to be done.
Fickenscher et al. (2006)	86	Clients	13–18	AI (U.S.)	RSATP	Quantitative (IS)	Substance use disorder	What determines dropout from treatment among AI youth?	Age, desire for help, and legal problems predict drop-out.
Hendrie and Hanson (1972)	136	Clients	N/A	First Nations & Metis (64), Other (72) (Canada)	N/A	Both (IS)	N/A	What differences exist for therapy referrals after inpatient treatment?	Indigenous clients were less likely to be referred for outpatient therapy.
Lokken (1996) (D)	12	Clients (analog)	22–38	AI (U.S.)	N/A	Qualitative	N/A	Is individual therapy for AI clients an effective approach?	Participants reported therapy could be helpful if adapted.
Lopez (2006) (D)	113	Clients	18–64	AI (U.S.)	N/A	Quantitative (IS)	N/A	How important are ethnicity & alliance to AI clients?	Culturally aware therapists & the alliance were rated highly.
Wilson (1997) (D)	60	Clients	18–73	AI (U.S.)	Group	Quantitative (IS)	Substance use disorder	Do AI values influence what clients find important in therapy?	No difference was found between clients with high and low AI values.

Note. AI = American Indian; AN = Alaska Native; U.S. = United States; RSATP = Residential Substance Abuse Treatment Program; IS = inferential statistics; DS = descriptive statistics.
[a] Peer-reviewed studies that were based on dissertations appear directly below the relevant dissertation in this table, with the columns on research questions and findings left blank as research questions and findings in the peer-reviewed studies did not differ from those of the dissertations on which they were based.

Table 7
Characteristics of Clinician Perspective Studies (n = 7)

Author and year[a]	n	Participant type	Age	Population	Treatment	Method	Disorder	Research question	Findings
AuCoin Lee (1997)	10	Clinicians	N/A	AI (4), White (5), Latina (1) (U.S.)	N/A	Qualitative	N/A	How do AI clients differ in their therapeutic needs?	Major shifts in approach may be needed due to cultural differences.
Bennett-Levy et al. (2014)	5	Clinicians	N/A	Indigenous Australian	CBT	Qualitative	Anxiety, Depression	Is CBT acceptable for use with Indigenous Australian clients?	Clinicians found CBT acceptable with some cultural adaptations.
Cadieux (2010) (D)	10	Clinicians	N/A	AI (U.S.)	N/A	Qualitative	N/A	What do experienced AI clinicians recommend for treating AI clients?	Clinicians should seek education and local AI community contacts.
Limb and Hodge (2011)	50	Clinicians	M = 49	AI (42), Other (8) (U.S.)	Spiritual Ecogram	Both (IS)	N/A	Do Spiritual Ecograms align with AI values?	Spiritual Ecograms were rated moderate, requiring changes.
Martin (2012) (D)	6	Clients, Clinicians	19–70	AI (U.S.)	N/A	Qualitative	Historical Trauma	How should therapy be adapted for AI clients?	A humanistic and holistic AI approach is recommended.
Wihak and Merali (2005)	8	Clinicians	N/A	White (U.S.)	N/A	Qualitative	N/A	How can clinicians apply knowledge of Inuit spirituality?	Learning via contact & being reflective allows application.
Wihak and Merali (2007)	8	Clinicians	N/A	White (U.S.)	N/A	Qualitative	N/A	What ethical adaptations are made by clinicians working with Inuit clients?	Adaptations were made to rules of confidentiality and boundaries.

Note. AI = American Indian; U.S. = United States; CBT = cognitive-behavioral therapy; IS = inferential statistics, DS = descriptive statistics.
[a] Peer-reviewed studies that were based on dissertations appear directly below the relevant dissertation in this table, with the columns on research questions and findings left blank as research questions and findings in the peer-reviewed studies did not differ from those of the dissertations on which they were based.

perimental design for the quantitative portion (Limb & Hodge, 2011). The other six studies used qualitative methodologies.

In keeping with the other categories, clinicians in these studies reported that it was important to adapt therapeutic approaches to Indigenous cultural values and needs. In the study using both quantitative and qualitative approaches, Limb and Hodge (2011) found that clinicians rated spiritual ecograms as moderately consistent with American Indian values on a quantitative scale, though it was rated lower by those who were older and those who had greater clinical experience. Qualitative studies of clinicians generally noted the belief in a need for "holistic" client-directed approaches and knowledge of the local community's specific cultural practices and values (AuCoin Lee, 1997; Cadieux, 2010; Martin, 2012; Wihak & Merali, 2007).

Three articles elaborated on these specific practices and values with American Indians on the Wind River reservation (AuCoin Lee, 1997) and Inuit communities in Canada (Wihak & Merali, 2005; Wihak & Merali, 2007). Although it provided similar contextual information for Indigenous Australians, Bennett-Levy et al. (2014) considered this question in the specific context of CBT, finding that clinicians felt CBT requires some adaptation for use with these populations and that with these adaptations it could be effective.

Summary

The state of the research as reviewed here makes it difficult to draw clear conclusions about psychotherapy with Indigenous clients. Cultural and spiritual practices are clearly an emphasis within this literature, but strong evidence for or against the inclusion of such practices is lacking. Further research into psychotherapy with Indigenous clients is vital at this time to make strong recommendations about the best solutions for addressing the pressing mental health needs of these populations.

Discussion

The absence of controlled outcome trials in the empirical psychotherapy literature with Indigenous populations is a serious gap that renders evidence-based recommendations for specific treatments impossible at this time. Across the entire body of psychotherapy literature with Indigenous clients, only four experimental or quasi-experimental studies have been found. This gap in the research is a serious problem, especially given that those studies that have investigated the topic have found differences between Indigenous therapy clients and other ethnoracial groups (e.g., Fiferman, 1990; Villanueva et al., 2007). Research evaluating individual psychotherapy for adolescents appears to be completely lacking, and the state of research with adult clients comprises only the four studies already noted. No research, whether evaluative or otherwise, considered Indigenous clients under the age of 11. This finding was disquieting given the importance of early intervention for any number of youth behavioral health concerns ranging from behavior problems (e.g., McNeil, Capage, Bahl, & Blanc, 1999) to autism spectrum disorders (e.g., Koegel, Koegel, Ashbaugh, & Bradshaw, 2014). In addition, research has largely focused on substance use disorders to the exclusion of other serious mental health conditions. Given the alarmingly high rates of mental health problems within Indigenous populations as discussed earlier, the need for increased research in this area at this time is especially imperative.

In answer to our first research question ("How much. . .?"), this systematic review identified more empirical work on the topic than the authors would have predicted. On the basis of past reviews of the literature on Indigenous clients (e.g., Gone & Alcántara, 2007), the authors expected the body of literature to be considerably smaller than the 44 results found here. It is worth noting, however, that eight of the articles found, or 18%, were dissertations that were not later published as articles in peer-reviewed journals. This may indicate a further gap between the body of knowledge of which clinicians are aware and the full range of work that has been conducted in this area. Although it is difficult to pinpoint the exact reason for this research-publication gap, it is worth noting that the handful of "pipeline" PhD programs tailored for American Indian students in clinical psychology in the United States emphasizes training in professional practice more so than in research productivity. Moreover, financial support for these graduate students frequently entails a "pay back" requirement based on full-time clinical service delivery to the exclusion of research careers upon graduation (Indian Health Service, 2014). In answer to our second research question ("What types. . .?"), much of the work is at the earliest stages of development as indicated by the high percentage of observational and open-ended inquiry in this literature. However, this also reflects a stated preference for qualitatively inquiry with Indigenous research participants, a key reason for the adoption of qualitative methods in many of the studies reviewed here (see also Wendt & Gone, 2012). This absence of an accrual of knowledge across studies may explain the disparity between our expectations and our actual findings regarding how much literature exists at this time.

In answer to our third research question ("What major findings. . .?"), there was a predominant concern with cultural adaptations and their importance to treatment and retention. However, only two controlled outcome trials were identified and much of the rest of the literature was too scattered to yield strong conclusions. In answer to the final research question ("What is currently known. . .?"), as we have noted, it is difficult to provide a definitive characterization of established knowledge about psychotherapy with Indigenous clients. There is simply not enough empirical research—including replication of questions and methodologies across studies—to draw well-supported conclusions about any aspect of psychotherapy undertaken with Indigenous populations from this research corpus.

Indigenizing Psychotherapy

These trends also speak to a broader tension within the literature at this time. As noted earlier, some studies have found a sense of community discontent with current evidence-based practice and its potential application to treatment of Indigenous populations and the methods that are used to establish them (Gone, 2009; Goodkind et al., 2011). Indeed, in response to institutional pressures to implement empirically supported treatments, some Indigenous mental health professionals and advocates have insisted that "we already know what works in our communities" (Gone & Alcántara, 2007, p. 360) and proposed that Indigenous therapeutic approaches (such as traditional healing) should be accorded legitimacy in clinical contexts despite the lack of scientifically controlled outcome research. In contrast to evidence-based practice, such advocates contend that centuries of cultural tradition support the use of traditional therapies on the grounds of "practice-based evidence" (Isaacs, Huang, Hernandez, & Echo-Hawk, 2005). Thus, some efforts have been made to juxtapose these "Indigenous ways of knowing" with current scientific ap-

proaches to knowledge (e.g., Gone, 2016; Rowan et al., 2015). Crafting such approaches specifically for use in mental health treatment evaluation in a way that will be acceptable to both Indigenous community members concerned with cultural reclamation and psychologists concerned with empirical rigor remains a serious hurdle, however (Gone, 2009).

Furthermore, whether and how to adapt psychotherapy for Indigenous clients remains a topic of debate that is visible within this literature. There are at least four positions that mental health researchers and professionals might adopt regarding the role and significance of cultural adaptation for psychotherapy with Indigenous populations. One position is that mental health services for Indigenous clients are generally of such low quality that promoting empirically supported treatments in these settings without the distraction of cultural adaptation is already challenging enough. In this view, established treatments might be expected to benefit Indigenous clients (Miranda et al., 2005), and so dissemination and implementation of empirically supported psychotherapeutic treatments such as motivational enhancement therapy for alcohol use disorder or exposure therapy for PTSD in clinical settings that serve Indigenous populations would be the most pressing priority. A second position is that mental health services for Indigenous clients require sophisticated in-session adaptations of empirically supported treatments by therapeutically deft clinicians who have been trained to think fluidly about culture and context. In this view, cultivation of cultural competence among clinicians would be the order of the day (Sue, Zane, Nagamaya Hall, & Berger, 2009), in which professional training includes orientation and experience to cultural differences in general and Indigenous cultural practices specifically (Gone, 2004).

A third position is that mental health services for Indigenous clients require significant adaptations prior to dissemination in these settings to ensure cultural relevance and resonance. In this view, established treatment protocols would benefit from symbolic or structural adaptation in response to local cultural orientations and practices prior to delivery with Indigenous clients. For example, Venner, Feldstein, and Tafoya (2006) adapted motivational interviewing following consultation with tribal community constituents to achieve greater cultural relevance with this approach. Finally, a fourth position is that mental health services for Indigenous clients are culturally "Eurocentric," and any benefit that empirically supported treatments might yield within these settings are offset by their assimilationist tendencies such that bottom-up development of Indigenous therapeutic alternatives is the order of the day. Development of such alternatives requires extensive community consultation that can result in unusual, albeit self-determined, treatment approaches in Indigenous community settings. For example, Gone and Calf Looking (2011, 2015) created and piloted a radical alternative to the treatment of substance use disorders on the basis of local therapeutic traditions among the Pikuni Blackfeet in Montana.

On the basis of this view, it would seem that the first of these positions is unpopular with stakeholders in Indigenous mental health, but the scientific evidence is not strong enough to speak to any conclusions about whether it is valid. It may be that even if cultural components are not an "active ingredient" of psychotherapy with Indigenous clients with mental illness, it is necessary to add adaptations in order to make treatment acceptable enough that Indigenous clients will participate. At the same time, we simply do not know enough to suggest that empirically supported treatments validated with other groups will work for Indigenous clients, or that Indigenous-specific psychotherapy approaches would not be the better choice. An expansive, systematic, and rigorous program of research will be required to begin answering these questions and to address these gaps in the literature.

Limitations

There were several limitations apparent in this review. Our search strategy considered several Indigenous populations together; however, only five empirical studies from outside North America were found. Future reviews may benefit from finding access to and utilizing databases specific to mental health in other nations. However, a recent systematic review of child psychometric measures across these same Indigenous populations by Australian researchers also found that little work was published in Australia, Canada, and New Zealand, with the bulk of the studies focusing on Indigenous groups in the United States (Williamson et al., 2014). The studies from other nations that were identified described similar concepts surrounding psychotherapy with Indigenous clients of the Pacific and those of North America, demonstrating the potential of taking a broad view on Indigenous mental health treatment.

The definition of psychotherapy limited treatment approaches under consideration to individual clinicians or small teams of clinicians, of no more than five. Some studies included here may have included larger teams, but could not be excluded because the number of clinicians was not specified. In focusing on psychotherapy for mental health, our review may have excluded some relevant counseling literature. Preventive and supportive therapies intended for broad populations with no current mental health concerns were intentionally excluded, but research on these topics may have implications for mental health and Indigenous wellness beyond the context of psychotherapy to which this study was limited. Finally, obvious limitations exist in attempting to generalize so broadly across such a diverse set of peoples. Caution is warranted in interpreting and extrapolating from this review. The individual context of the psychotherapy client is always vitally important to consider.

Conclusion

This review has confirmed that a sizable, albeit limited, body of empirical research on psychotherapy with Indigenous clients exists. Qualitative work and pilot studies compose the majority of the literature, with very few controlled outcomes trials. The inclusion of cultural practices is viewed positively by those involved in Indigenous mental health, but the extent to which these practices have a specific effect on therapy is not well understood at this time. Despite the inability to offer empirically supported treatment recommendations on the basis of this review, these studies provide some potential future research questions for psychotherapy researchers and researchers concerned with Indigenous populations. Future research should investigate the role of cultural adaptations in therapy with Indigenous clients and the effectiveness of Indigenous-specific approaches to mental health. New treatment evaluation research should address individual psychotherapy approaches and treatments for disorders aside from substance abuse. Research addressing the psychotherapeutic needs of Indigenous populations is sorely needed at this time, and this review may provide some specific direction for researchers taking up this worthy challenge.

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