

## The Society of Indian Psychologists

**Executive Board** 

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April 21, 2019

Dear Dr. Schuler:

I have been asked to communicate on behalf of our presidential trio, who are included in this message.

We had heard about CAAPS indirectly from leaders of other Ethnic Minority Psychological Associations (EMPA) that were invited to the summit last fall. To be quite frank, we were distressed that some EMPAs had been invited whereas others had not, including the Society of Indian Psychologists (SIP) in the group not invited. Overlooking us continues a historical pattern where Native Americans, including in psychology and other clinical sciences, have been systematically excluded and snubbed historically from mainstream activities in American society, which is the context in which we process this message from you. We do appreciate that you have contacted us now for consultation at some level, but we do wonder why it is two years into the process. We also wonder why our consultation is requested after the definition of evidence based practice has already been established by this group, perpetuating the sense of exclusion and certainly ensuring that American Indigenous perspectives have not been part of the process of developing this definition. So, to be quite frank, we wonder what our participation might accomplish at this point.

As you may know, health and mental health disparities are more the norm than the exception among Native Americans. Besides the systematic and historical oppression by colonial societies, and the continued barriers of bias and poverty, main stream scientists who may have meant well have transported ill-informed and culturally irrelevant mainstream methods into Indian country due to ignorance and a lack of cultural humility with their methods. The use of RCTs is culturally at odds with Indigenous perspectives, and yet those methods continue to be pushed by the mainstream scientists as the gold standard for all people. The top-down approach of believing that mainstream interventions can be transported into Indigenous communities and should work well because they worked in mainstream samples, continues a paternalistic approach that has been expressed historically toward Indigenous Americans. Many mainstream clinical scientists have avoided working with Indigenous Americans altogether because it is difficult to learn appropriate methods of working in Indian country and is inconvenient geographically. Perhaps that is the ethically appropriate response. Others have tried but failed because they attempted research on their terms rather than in collaboration with communities. The net result is that Native Americans might be the most misunderstood ethnic group in America when it comes to health concerns, including disparities. This disconnect has been noted widely, most recently in the clinical practice guidelines for various disorders produced by APA. Research concerning our people are typically presented with the caveat about too little research to know what constitutes best practices. Being able to speak intelligently about health disparities in Indigenous communities is limited to a very few people, and certainly not the domain of mainstream clinical science. It takes a very special

scientist to discard the baggage of their mainstream training to relearn a new way to conceptualize science, practice, and health from a communal Indigenous perspective.

With these sentiments in mind, we would ask some clarification on what you anticipate might come from our association with CAAPS. Thank you very much for your time.

With Best Regards,

Art W. Blume, PhD

**Immediate Past President** 

Gayle Skawen:nio Morse, Ph.D.

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