
Ethical Considerations in First Nations Counselling and Research

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Abstract

This paper discusses ethical considerations in First Nations counselling and research. In addition to examining relevant sections of the ethical guidelines of the Canadian Guidance and Counselling Association (CGCA), the paper illustrates the unique ethical issues and considerations that Canadian counselling practitioners and researchers need to be aware of in working with First Nations people.

Résumé

Il est question dans cet article des aspects déontologiques du counseling et de la recherche visant les premières nations. Les auteurs abordent les sections pertinentes du code d'éthique de la Société canadienne d'orientation et de consultation (SCOC) et mettent en évidence les questions et les considérations déontologiques particulières dont doivent tenir compte les conseillers praticiens et les chercheurs intervenant auprès des premières nations.

Ethical guidelines for counselling associations are developed by their members in an attempt to define principles and directions for professional conduct. These guidelines reflect an organization's consensus as to what behaviours it considers appropriate for its members; they may also include recommendations for how members should respond to the behaviour of others (eg., clients, research participants). Although development of ethical codes is desirable, it is important to note that such guidelines are the product of the culture that created them. The guidelines, through necessity, reflect the beliefs and values of that culture.

An ethics code's cultural base becomes problematic when members of one culture are asked to evaluate the behaviours of members of another culture. Although there may be practical reasons for such efforts, it is not always possible to evaluate the behaviour of others in the cultural context in which that behaviour was learned. In examining ethical guidelines, it is important to be aware that both the client and counsellor who are from different cultural backgrounds are likely to have a different way of seeing the world.

CULTURAL ENCAPSULATION

It is estimated that there are approximately 250 systems of psychotherapy in existence (Corsini, 1984). Most of these models of counselling are based on the belief system and values of the "accepted" majority point of view (Ibrahim, 1984). This point of view, or worldview, inevitably affects our belief systems, decision making, assumptions, and modes of problem

solving (Ibrahim, 1984). Worldview can be described as the understanding that an individual has about how things and people relate to one another. The realization that different worldviews affect the field of counselling has led to the development of the specialized fields of intercultural counselling and indigenous counselling.

Intercultural counselling has been described as "any counselling encounter in which two or more of the participants are culturally different" (Atkinson, Morton, & Sue, 1989, p.9). Intercultural counselling, or cross-cultural counselling, arose in response to the human rights movement and the attention given to the needs of women, ethnic minorities and the disabled (Margolis, 1986). Counsellors and other mental health practitioners were concerned that the culturally-bound approaches they were using were causing great harm to the culturally different (Ponterotto & Benesch, 1988; Sue & Sue, 1990; Ponterotto & Casas, 1991). More recently, the field of indigenous counselling has appeared to address the distinctive needs of indigenous people. Like intercultural counselling, the field of indigenous counselling has attracted interest among members of the mental health profession, based on the realization that general psychology tends to be both culture blind and culture-bound (Kim & Berry, 1993).

In contrast to scientific psychology, indigenous psychologies have been described as being grounded in generally accepted psychological claims that are "culturally pervasive and not invented" (Heelas & Lock, 1981). Heelas and Lock believe that indigenous psychologies seek to interpret reality, whereas scientific psychologies seek to transform it. As the term "indigenous" implies, these psychologies are about people and their relationship to the world. They are also characteristic of the region or culture in which they originated and are not intended to apply to other cultures. Heelas and Lock (1981) contend that indigenous psychologies are necessary with respect to three functions: "sustaining the inner self, sustaining the self with respect to the sociocultural, and enabling sociocultural institutions to operate." (p.13). Indigenous psychologies exist in order to help people of one culture/community understand their lives in the context of that culture or community. Healing from an indigenous psychological perspective means that illnesses are locally understood, treated, managed, and classified (Gaines, 1992). This differs from traditional cross-cultural psychology which, in its attempts to examine local variation, has used Western categories and classifications, assuming that such practices are universally acceptable (Gaines, 1992).

Research on intercultural counselling and indigenous psychologies indicates that Western psychologists have gained a greater awareness of the culture-bound quality of the categories and models that drive Western psychological theory building (Schwartz, White, & Lutz, 1992). Even with this increased awareness, many western psychologists continue to

apply methods of healing developed within a majority-culture perspective despite their inappropriateness. Dinges, Trimble, Manson, and Pasquale (1986) describe the situation as follows:

The hurried introduction of Western mental health theory and practices among Indian cultures may contribute to the wholesale substitution of Western cultural functions and dysfunctions for that of the host culture. As the problems which arise among Indian groups partly as a result of the patterns of behaviours and explanation encouraged by Western mental health theory became progressively more Western in nature and etiology, practitioners would be able to respond to the problems which they shaped over time to fit their own therapeutic concepts and techniques. (p.248)

The risk of ethical and professional inappropriateness from such action is readily apparent. It is, therefore, unfortunate that the Canadian Guidance and Counselling Association does not have clear ethical guidelines concerning the inherent risks associated with cultural encapsulation. An examination of the CGCA ethical guidelines reveals the following statement: "The member takes into account and shows prudential regard for the social codes and moral expectations of the community within which the member works" (CGCA p.12). This statement has some relevance to cultural encapsulation but it is too vaguely worded to be a useful guideline in this regard. Not surprisingly, the ethical guidelines of other counselling organizations do not adequately address the concern of cultural encapsulation, either. One reason for this failure to address cultural encapsulation is that ethical guidelines themselves are "culturally encapsulated." Pederson (1997) suggests that flexibility is called for:

Most providers come from a majority culture whereas most clients are members of minority cultures. If the standard practices of mental health services are themselves encapsulated, as suggested by the 1996 report of the NAMHC, then the criteria for ethical judgements need to be relocated outside the patterns of accepted practice. (p.23)

It is hoped that, with the growth of the fields of intercultural counselling and indigenous counselling, counsellors will move beyond cultural encapsulation both in counselling practice and in establishing criteria for ethical judgements of that practice.

COUNSELLOR'S KNOWLEDGE OF A FIRST NATIONS CLIENT'S CULTURE

What priority do we assign to the counsellor's knowledge of the First Nations client's culture? Ethnopsychiatrists such as Torrey (1972) make a strong case that counselling cannot take place without communication and that we cannot communicate with someone unless we have a shared language and worldview. In order to communicate with and counsel First Nations people effectively, counselling service providers must understand the traditional worldview of First Nations people. Despite the working assumption of some non-Native counsellors that many forms of

therapy are "value free," all counselling makes inherent assumptions. These assumptions are rooted in philosophical views of human nature and people's place in the world (Wachtel, 1977). Mental health professionals, like most members of a community, lack insight into their own culturally learned ideas and values (Torrey, 1972).

To work effectively in a cross-cultural capacity a counsellor must, according to Cormier and Hackney (1987), "choose approaches and strategies that pace or match both the personal and cultural background of the client and avoid relying on just their favorite or typical unimodal approach" (p.117). Sue and Sue (1990) concur, stating that an effective cross-cultural counsellor must have a sensitivity to and appreciation of cultural differences. The cross-cultural counsellor listens and learns from the client to gain an understanding of the client's assumptions regarding the nature of humanity. This knowledge provides the counsellor with an understanding of what motivates the client, how problems occur for her, how healing occurs for her, and what the client and counsellor roles are in the healing process. After obtaining this knowledge, the counsellor can then develop new concepts, services and methods that are appropriate to the life experiences of the culturally diverse client.

Nwachuku and Ivey (1991), in their promotion of culture-specific counselling, argue that counselling research must start with an exploration of the natural helping styles of a culture before developing theories and approaches for it. This is contrasted with the belief that Western counselling theory can be adapted to fit any specific culture (Gaines, 1992). There clearly exists a value in mobilizing the belief system and healing resources of participants to facilitate healing for them. To ignore these belief systems, or to impose a contrary one, is to overlook potentially important healing resources and undermine the working relationship between counsellor and client.

According to the ethical guidelines of the Canadian Guidance and Counselling Association (CGCA):

A member shall decline to initiate or shall terminate a counselling relationship when the member cannot be of professional assistance to the counsellee either because of lack of competence or personal limitation. In such instances, the counsellee shall be referred to an appropriate (professional) specialist. If the counsellee declines the suggested referral, the member is not obligated to continue the relationship. (CGCA, p.8)

This statement raises the question as to whether all non-Native counsellors who lack a knowledge of First Nations worldview and culture could be considered to lack the competence necessary to provide therapy ethically to this population. This possibility raises yet another ethical dilemma in that there are very few counsellors who possess a comprehensive knowledge of First Nations culture.

The American Psychological Association attempted to address this issue at their annual conference in 1973 (Ponterotto & Casa, 1991). A resolution was adopted which stated that it was unethical to serve clients from culturally defined backgrounds when a counsellor is not competent to work with that group. The resolution further stated that it is equally unethical to deny such persons professional services because the staff is inadequately prepared (Lafromboise, Foster, & James, 1996). Essentially, this resolution recommended that counsellors must ethically obtain the cultural knowledge necessary to competently serve their clients. To obtain this cultural knowledge counsellors must therefore understand the belief system and worldview of a culture before applying theories and techniques of healing. Belief systems, decision-making strategies, models of problem solving, assumptions about how problems arise, and how change occurs are all connected to how we see the world (Torrey, 1972; Ibrahim, 1984). Lack of knowledge of First Nations values, belief systems, and worldview can, for example, lead to faulty assumptions concerning the diagnosis of the problem, and the strategy used in solving the problem. This lack of knowledge can also mean that both therapist and client will overlook the wonderful variety of healing methods available to First Nations people.

A further consideration in working with First Nations people is that a "First Nations worldview" is not something that can be generalized to all First Nations people. Lafromboise, Trimble, and Mohatt, (1990) state:

Knowledge of and respect for an Indian worldview and value system which varies according to the client's tribe, level of acculturation, and other personal characteristics is fundamental not only for creating the trusting counselor-client relationship vital to the helping process but also for defining the counseling style or approach most appropriate for each client. (p.629)

An important point to be drawn from this statement is that the counsellor must take into account the client's level of acculturation, Nation, and personal characteristics when obtaining information about the client's worldview. The acculturative status of First Nations clients is a particularly important consideration because two centuries of assimilation have had differing effects on First Nations people in this country. Some First Nations people have voluntarily accepted assimilation and have adopted majority values and culture while others have resisted it outright. The counsellor must therefore make adjustments in his/her counselling style to adjust for this.

GOALS OF COUNSELLING

Effective and ethical counselling means that both the client and counsellor are in agreement about the goals of counselling and the means and procedures used to achieve those goals. Client's rights are not respected

when goals are not developed mutually or when counsellors fail to provide information sufficient for a client's informed choice about entering, continuing, or terminating therapy (Lafromboise et al., 1996).

Although there can be personal variations between clients, as stated in the previous paragraphs, it is safe to say that the means and ends of counselling for First Nations people tend to differ from Western therapeutic approaches. An important aim of healing for many First Nations people, for example, is that of attaining and maintaining balance between the four dimensions of the person: physical, mental, emotional, and spiritual. In contrast, Western therapeutic approaches can be seen as imbalanced, as they overemphasize one dimension of the person by focusing, for example, on emotional or on cognitive modification. Another difference in the view of the means and ends of counselling is that effective healing for many First Nations people focuses on interconnectedness rather than on autonomy, which is a more common goal for Western therapy. For First Nations people, connecting with family, community, culture, nature, and spirituality all seem important in successful healing (McCormick, 1996). Similarly, First Nations healing often requires the individual to transcend the ego rather than strengthen it, as Western counselling aims to do (Lafromboise, Trimble, & Mohatt, 1990).

How First Nations people see health, itself, tends to differ from the view held by the majority culture. An appropriate description of First Nations health can be found in a recent report on Aboriginal Health and Healing in Canada:

Throughout the history of First Nations people—the definition of health evolved around the whole being of each person—the physical, emotional, mental and spiritual aspects of a person being in balance and harmony with each other as well as with the environment and other beings. This has clashed with the Western medical model which, until very recently, has perpetuated the concept of health as being “the absence of disease.” (Favel-King, 1993, p.125)

An understanding of these cultural differences in health, healing, and the goals of counselling are part of the knowledge base necessary for counsellors to ethically and effectively counsel First Nations clients. It is, therefore, necessary for the professional associations representing counsellors to acknowledge these ethical considerations in their ethical guidelines.

The goal of this paper is to present some of the considerations that counselling practitioners and researchers should be aware of in working with First Nations people in a general way. It is not a discussion of specific issues relevant to working with First Nations people. It may, however, be helpful to provide one example that illustrates the importance of having a knowledge of First Nations culture. The issue of multiple relationships, frequently noted as problematic in the ethical guidelines of most psychological associations, illustrates how guidelines based on the beliefs and

values of one culture do not fit with the beliefs and values of another culture. The assumption is that multiple relationships with clients who share social, financial, business, familial, or close personal relationships with the counsellor are to be avoided because the dual relationship might impair professional judgement and increase the risk of harm to clients (Lafromboise et al., 1996). In many minority cultures, it may be impossible and undesirable for a counsellor not to counsel friends and relations. In some cultures, the counsellor is sought out by clients specifically because of the opportunity for a dual relationship of "reciprocal trust and connectedness" (Pederson, 1997). This can be particularly true of First Nations communities, where the counsellor is likely to be related to the majority of people in the community. Lafromboise et al. (1996) believe that examples such as this serve to illustrate how the guidelines reflect the individualistic orientation of the majority culture.

NEED FOR MULTICULTURAL COUNSELLOR TRAINING

One of the ways that counsellors can gain knowledge of their clients' worldview is through training in multicultural counselling. The ethical guidelines of the American Counselling Association (ACA, 1995) describe the need for counsellors to "demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population" (American Counseling Association, 1995, p.7). Despite the recommendations of the ACA and other organizations, little work has been done to establish training programs to provide counsellors with the opportunity to obtain such training. McCormick (1997) describes both the need for and absence of professional counsellor training programs specific to counselling First Nations people. For counsellor training in general, the efforts to support intercultural training may be considered nothing more than multicultural platitudes and rhetoric (Lafromboise et al. 1996; Pederson, 1997). Counsellor training programs are not "walking their talk" despite good intentions on behalf of counsellor educators. It seems that the gap between the needs of counselling professionals for this knowledge and the availability of relevant training grows ever wider.

Until and unless specific and practical measures for ensuring multicultural competency are enacted, this discrepancy between the real conditions and the idealized rhetoric may be perceived by minority clients as hypocritical and an evasion of responsibility. (Pederson, 1997, p.27)

University counselling programs are unlikely to offer intercultural counselling training until such time that the counselling profession and its members insist on such training. Specific ethical guidelines emphasizing this need will certainly help in facilitating this development.

ETHICAL ISSUES CONCERNING COUNSELLING PRACTICE WITH FIRST NATIONS PEOPLE

A basic ethical issue concerning counselling practice is the question of whether counselling approaches used with First Nations people are even supported by research. In the field of counselling, the literature often provides advice to counsellors so that they can be more effective with First Nation clients, but does not provide empirical evidence to support such advice. A number of researchers (Dauphinais, Dauphinais, & Rowe, 1981; Wohl, 1989) refer to the lack of empirical studies that examine the effectiveness of specific counselling approaches with First Nations people. Several mental health researchers have pointed out the need to understand the cultural background and values of their First Nation clients so they can provide appropriate mental health services to them (Heinrich & Corbine, 1990, Wohl, 1989, Everett & Proctor, 1983). Lafromboise (1988), for example, suggests that psychologists need to become familiar with mental health prevention processes that work for First Nations people.

It seems that what is needed is an understanding of what facilitates healing for First Nations people. This will require the study of psychotherapy for First Nations people and the development of a uniquely First Nations psychotherapy literature (Neligh, 1990). It can be argued that there is an urgent and critical need for understanding the appropriateness of various counselling methods presently being used in the treatment of First Nations clients (York, 1990). As with cross-cultural counselling research with other cultural groups, the research literature does not address the different and often incompatible philosophical assumptions that people hold (Ibrahim, 1984; Casas, 1985; Ponterotto & Casas, 1991). What is needed is a theoretical framework incorporating First Nations worldview and values that can also incorporate recommendations made by the research literature.

ETHICAL ISSUES CONCERNING COUNSELLING RESEARCH WITH FIRST NATIONS PEOPLE

Counselling research with First Nations people and other ethnically diverse cultures is facing a disturbing trend. Lafromboise et al. (1996) noted that research with ethnically diverse clients is not only not meeting the demand for information but it is actually decreasing. Analysis of APA journals over a recent 20-year period has indicated that the number of empirical research articles related to ethnic minorities has been steadily decreasing (Lafromboise et al., 1996). The decreasing level of empirical research with minority cultures raises ethical issues given the increasing percentage of minority cultures in Canada and the United States. Minority cultures experience a disproportionate number of psychosocial problems that merit serious research attention. To not conduct research with

these populations could be considered unethical. Ponterotto and Casas (1991) note that researchers need to move beyond non-empirical and impractical research with minorities and begin to conduct pragmatic research that directly addresses the psycho-social problems faced by these populations. Researchers must "ethically direct their efforts to conducting relevant and responsive research that can help these communities to effectively confront and eventually overcome such problems" (Ponterotto & Casas, 1991, p. 145).

In examining the state of mental health for First Nations people in British Columbia and Canada, it is clear that First Nations suffer a disproportionately high level of mental health problems (York, 1990). In British Columbia alone, the suicide rate for First Nations teens is seven times higher than the national average (Bellett, 1994). Other mental health problems such as depression and substance abuse are also significantly higher (Nelson & McCoy, 1992). It is, therefore, critical that more research on First Nations mental health be undertaken so that mental health professionals can design effective, ethical, and culturally appropriate interventions.

Another ethical issue in intercultural counselling research is that little attention has been given to the ways in which various cultural groups have organized their own means for obtaining help. These traditions are apt to reveal what is effective or sensible. In a study of the history of traditional First Nations healing, Katz and Rolde (1981) argue that helping networks have been in operation for many years. As Sue and Sue (1990) explain, some of these methods of healing have been dismissed as "unscientific, unprofessional, and supernatural." They argue that the mental health profession needs to examine the viability of traditional methods of healing and determine how they might be combined with Western healing (Sue & Sue, 1990).

It is unfortunate that very little research has focused on the strengths of First Nations people. To continuously focus on the "pathology" of any one culture while ignoring the natural healing resources of that culture is to continue to disenfranchise and disempower. In an extensive review of multicultural counselling research, Ponterotto and Casas (1991) noted that very few studies focused on the mental health strengths of minority cultures. They recommended that researchers direct their "efforts to psychocultural strengths inherent in minority individuals and communities." This would help to overcome historical racism and discrimination.

In an effort to ensure that counselling researchers present an accurate picture of their research findings, the Canadian Guidance and Counselling Association provides the following statement: "a member must conduct research so as to minimize the possibility of misleading findings" (CGCA pt.5). This can be problematic in conducting research in minor-

ity cultures. Without an accurate and sensitive understanding of the culture under study, the research outcomes are likely to fall short of methodological validity and/or pragmatic value. An example of this might be when a researcher chooses to use quantitative methodology when a more exploratory and qualitative approach is called for. Unless the researcher has a clear understanding of the variables involved in the cultural phenomena under study, quantitative analysis of such variables is a very risky venture. The findings of such research are even likely to have a negative impact on the community under study (Ponterotto & Casas, 1991). In reporting research findings, the Canadian Guidance and Counselling Association provides the following guidance in its ethical guidelines: "The member must publish a full report mentioning any variables and conditions that might affect the outcome of the investigation or the interpretation of the findings (CGCA, pt. 6) This statement is pertinent to First Nations counselling research as inaccurate or partial acknowledgement of variables and conditions in research findings has resulted in inaccurate and damaging generalizations about First Nations people.

How can these inaccuracies and mistakes be avoided? Involvement of minority research assistants and minority research advisory groups in research projects studying minorities have been noted as an important method to ensure that the research maintains relevance to the needs and reality of the community under study (Ponterotto & Casas, 1991). In addition to maintaining relevance and accuracy, such involvement can provide the necessary role modelling and mentoring that will lead to increased numbers of minority researchers. The experience of minority participation in research can be further enhanced if it is appropriately credited and acknowledged by the principal researchers. The ethical guidelines of the Canadian Guidance and Counselling Association addresses this need with the statement: "A member has an obligation to give due credit to those who have contributed significantly to the research, in accordance with their contributions" (CGCA pt. 9).

DIAGNOSIS, ASSESSMENT, TESTING

Although it undoubtedly makes the task of the mental health professional easier, diagnostic systems such as the Diagnostic and Statistical Manual of Mental Disorders (DSM IV), developed by the American Psychiatric Association, should not be expected to apply in all ways to members of another culture (Neligh, 1990). Despite seemingly good intentions on behalf of the mental health professions, one culture should not impose its concepts of causation or systems of classification on another culture (Torrey, 1972). The danger in using any one system of diagnosis, assessment, and testing interculturally is that, like interventions, they are a product of the specific culture that developed them. It

may be convenient to believe that the diagnosis of mental health problems may adhere to a universal standard, but, most mental health professionals base their diagnosis of culturally different clients against the standard of the white middle class (Levine, 1982). Although many mental health professionals are intuitively aware of the culturally encapsulated nature of diagnosis, assessment, and testing, they nevertheless continue to use such tools inappropriately. Pederson (1997) summarizes a report by the National Advisory Mental Health Council in the United States that documented the extent of cultural encapsulation of mental health services:

First, anthropological and cross-cultural research has demonstrated that cultural beliefs influence the diagnosis and treatment of mental illness. Second, the diagnosis of mental illness differs across cultures. Third, research has revealed differences in how individuals express symptoms in different cultural contexts. Fourth, culturally based variations in diagnosis vary according to the diagnostic categories relevant to the majority population. (p. 23)

Professional counselling associations have been slow to acknowledge the ethics of diagnosis, assessment, and testing in their ethical guidelines. It is, therefore, reassuring to see that three statements are provided in the ethical guidelines of the Canadian Guidance and Counselling Association addressing this issue:

1. "Members must consider carefully the specific validity, reliability and appropriateness of the test(s) before selecting them for use in a given situation or with a particular counsellee." (CGCA, pt.2)
2. "In general, test results provide only one factor of a variety of pertinent data for personnel and guidance decisions. It is the responsibility of the member to supply adequate orientation and information to the examinee(s) so that the results of the testing may be placed in proper perspective with other relevant factors. The effects of socio-economic, ethnic and cultural factors on test scores will therefore have to be recognized." (CGCA pt. 3)
3. "The member must proceed with caution in evaluating and interpreting the performance of minority group members or to other persons who are not represented in the norm group on which the instrument was standardized." (CGCA, pt. 10)

With such guidelines in place, it is hoped that counselling professionals will use this knowledge to guide their practice with First Nations and other cultural minorities. It is hoped that the lack of culturally relevant tools will motivate counsellors and other mental health professionals to seek the development of culturally relevant instruments.

MULTICULTURAL ETHICS TRAINING

As counsellor training programs incorporate research and ethics in their curricula, they need to include a multi-cultural perspective on ethics. Lafromboise et al. (1996) note that various reviews of ethics counselling casebooks yield very little reference to ethnic minority issues and mis-

takenly give the impression that ethical issues are culturally neutral or universal. Pederson (1997), for example, notes that the ethical guidelines of the American Psychological Association indicate a preference for individualism over collectivism. For reasons such as this, it can be problematic when ethical guidelines are reduced to a set of rules because they impose one set of behaviours on all groups without regard to the client's or counsellor's different cultural background (Pederson, 1997). In examining these issues, a number of alternatives emerge. A preferable alternative to understanding ethical guidelines as a set of rules, for example, is to analyze ethical cases and scenarios that depict ethical dilemmas. Lafromboise et al. (1996) note that training should include situations commonly encountered in working with different cultures. For First Nations people, scenarios in which a counsellor attends a special event with a client, or accepts gifts from a client would be relevant. Approaches such as this will help counsellors to understand the cultural background, beliefs, and values of First Nations clients.

CONCLUSION

The time has come for counselling practitioners and researchers to move beyond a culturally encapsulated view of the world and to consider the unique world views of clients with whom they work. Knowledge of First Nations clients' culture will help to ensure that counsellors understand their clients' view of health and healing. This understanding will enable counsellors and clients to work together to establish appropriate goals and strategies. Multicultural counsellor training that includes ethical scenarios depicting ethical dilemmas in different cultures can also add to this understanding. Research, diagnosis, assessment, and testing are some of the areas that will also benefit from such a perspective. The Canadian Guidance and Counselling Association has attempted to address some of these issues and considerations in working with First Nations people and other cultures but does not do so in a comprehensive manner. The absence of ethical guidelines in working with First Nations people must be addressed if the profession is to be responsive to the need to provide counselling services to First Nations people in an effective, ethical, and culturally appropriate manner.

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