

Session Quality and Impact in Psychotherapy With American Indian Clients

Laurelle L. Myhra¹, Joseph P. Gone^{2, 3}, Declan T. Barry^{4, 5}, Christopher J. Cutter^{4, 5},
Alessandra Brussel Faria⁶, and Mark Beitel^{4, 5, 6}

¹ Native American Community Clinic, Minneapolis, Minnesota, United States

² Department of Anthropology, Harvard University

³ Department of Global Health and Social Medicine, Harvard Medical School

⁴ Child Study Center, Yale School of Medicine

⁵ Department of Psychiatry, Yale School of Medicine

⁶ Ethnicity, Race, and Migration, Yale College

The quality and impact of psychotherapy sessions are primary concerns in service delivery. However, no published investigations of quality or impact of psychotherapy sessions with American Indian (AI) patients could be found in the scientific literature. We sought to demonstrate that collecting such data is feasible as well as to inform the development of evidence-based practices and cultural adaptations. To this end, we asked psychotherapists treating AIs in outpatient psychotherapy within an urban community clinic to rate the quality and impact of sessions delivered to their clients. Eight psychotherapists self-reported session quality and impact with the Session Evaluation Questionnaire, Form 5 (SEQ-5; Stiles, 1980, 1984) immediately following service delivery to 112 separate, consecutive clients. Session quality was assessed with measures of depth and smoothness. Post-session impact was assessed with measures of positivity and emotional arousal. Overall, sessions were rated as equally deep, but smoother, more positive, and less emotionally arousing in comparison to a sample of experienced university-based psychotherapists (Cummings et al., 1993). However, sessions provided by AI psychotherapists were rated as deeper, less positive, and more emotionally arousing than sessions provided by White psychotherapists. Replicating this study in a larger sample and including client as well as observer ratings will help to move this nascent line of research forward.

Impact Statement

Given the absence of studies reporting on session quality and impact with American Indian psychotherapy clients, we wondered about the quality and impact of psychotherapy with this group. Overall, sessions were rated by therapists as equally deep, but smoother, more positive, and less emotionally arousing in comparison to a sample of experienced university-based psychotherapists. However, sessions provided by AI psychotherapists were rated as deeper, less positive, and more emotionally arousing than sessions provided by White psychotherapists. The findings show that measuring session quality and impact is feasible and that measuring these constructs can provide important quality assessment information for stakeholders. Session quality and impact ratings in this study compare favorably to a sample of experienced university-based therapists, suggesting high quality service provision. Researchers and clinic directors working in American Indian healthcare settings are encouraged to measure session quality and impact.

Keywords: psychotherapy process, session quality, American Indians

Psychotherapy is a mainstay of the American behavioral health-care delivery system. Norcross (1990) defined psychotherapy as “. . . the informed and intentional application of clinical methods

and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable” (pp. 218–220). Psychotherapy is a well-established treatment for the population at large (Seligman, 1995; Smith et al., 1980; Wampold, 2001). However, there are 5.2M AIs in the United States and 574 federally recognized tribes (U.S. Census Bureau, 2010) for whom the processes and outcomes of psychotherapy are neither well documented nor well understood due to a paucity of empirical research in this area. There has been significant theorizing regarding psychotherapy with AIs, most notably Duran (1990, 2019) as well as Duran and Duran (1995). Theorists and clinicians have suggested various psychotherapy

This article was published Online First March 17, 2022.

Laurelle L. Myhra  <https://orcid.org/0000-0003-3484-313X>

Joseph P. Gone  <https://orcid.org/0000-0002-0572-1179>

Alessandra Brussel Faria  <https://orcid.org/0000-0003-2663-2957>

Mark Beitel  <https://orcid.org/0000-0001-5201-6547>

Correspondence concerning this article should be addressed to Mark Beitel, Child Study Center, Yale School of Medicine, 230 South Frontage Road, New Haven, CT 06519, United States. Email: mark.beitel@yale.edu

techniques for use with this population, including nondirective (Devereux, 1951; Duran & Duran, 1995; Wise & Miller, 1983) and directive (Herring, 1997; Trimble & LaFromboise, 1985) approaches. However, AIs have not been included in psychotherapy research studies that might illuminate the appropriateness and efficacy of treatment with this population.

The lack of psychotherapy research is determined by multiple factors. First, it takes extra effort to include a significant number of AIs in research due to issues of geography and, to a lesser extent, to differences in language and culture. Consequently, AIs have been neglected by psychotherapy researchers. Second, there is a degree of healthy skepticism regarding research in many AI communities due to a history of White cultural imperialism and appropriation in general (see Meyer & Royer, 2001 for a review) as well as to decades of exploitation and outright deceit on the part of the researchers in some disciplines (see Hodge, 2012 for a review). Third, AIs are not well represented in academic psychology (Gone, 2009), and consequently, have been misunderstood, misrepresented, and mistreated. This has led to great suffering among AIs, who have some of the greatest medical and mental health disparities, as well as inequities in care (American Psychiatric Association [APA], 2020; Indian Health Service, 2014; Gone & Alcántara, 2007; Gone & Trimble, 2012; Gray & Rose, 2012; Pomerville et al., 2016).

AIs are at high risk of mortality and medical morbidity (e.g., chronic physical pain, diabetes, and hypertension) (IHS, Trends 2014; Jimenez et al., 2011), as well as psychiatric conditions (Dinges & Duong-Tran, 1993; Evans-Campbell et al., 2006; Gone & Trimble, 2012; Robin et al., 1997). AI clients receive hundreds of thousands of behavioral health contacts per year (Gone, 2004) that might productively address some of these issues; however, willingness to access care continues to be a concern (APA, 2020). Historically, access to services (Levinson, 2011), treatment retention (Sue et al., 1978), and questions about the cultural appropriateness of psychotherapy (Gone & Trimble, 2012) have been barriers to treatment for this population. Outpatient programs continue to lack appropriate cultural responsiveness (APA, 2020). Given this, the evidence would suggest that conducting psychotherapy research in AI clinics is not particularly feasible. However, more recent evidence suggests that AIs are willing to avail themselves of treatment when offered (Levinson, 2011) and receive benefits comparable to White patients in comprehensive interventions, of which psychotherapy is a part (Beckstead et al., 2015; Dickerson et al., 2011; Lambert et al., 2006). With respect to psychotherapy specifically, nonpatient community members (see Beitel et al., 2012 for a review) as well as treatment seekers (Aubuchon-Endsley et al., 2014) report a variety of expectations about counseling. Psychotherapists working with AI clients report using a wide variety of psychotherapeutic techniques (Beitel et al., 2018) and provide high working alliance ratings (Beitel et al., 2021).

The empirical assessment of session quality is another way to understand the nature of psychotherapy with AIs. In psychotherapy, clients and psychotherapists continuously evaluate the quality of the experience in which they are engaged. Several instruments have been designed to evaluate psychotherapy sessions empirically (Barak & LaCrosse, 1975; Elliott & Wexler, 1994; Orlinsky & Howard, 1975; Stiles, 1980; Stiles & Snow, 1984a, 1984b). The Session Evaluation Questionnaire (SEQ) is the most frequently used evaluation tool, providing for session evaluation along two dimensions: depth, which describes a session's power and value, and smoothness, which

describes its comfort and relaxation. Stiles (1980) has shown that psychotherapists and clients utilize the same dimensions to describe session quality. Good sessions can be described as either deep or smooth. Both depth and smoothness are positively associated with post-session mood, particularly with positivity (Hafkenscheid, 2009; Rocco et al., 2017; Stiles, 1980; Stiles et al., 1994), and the therapeutic alliance (Mallinckrodt, 1993; Muran et al., 2009).

While psychotherapists and clients have strong and internally consistent opinions of session quality, they do not always rate sessions the same way. In this regard, psychotherapists tend to value depth and patients tend to value smoothness (Stiles, 1980). Depth has been associated with sessions that are challenging, emotion-focused, and/or linguistically complex. Smoothness has been associated with sessions that are supportive and/or psychoeducational. Consequently, these dimensions are related to treatment approach: Psychotherapists (but not clients) rate unstructured, exploratory sessions (e.g., psychodynamic, experiential) as deep and all raters (clients, psychotherapists, observers) rate structured, psychoeducational (e.g., cognitive-behavioral) sessions as smooth. Both depth and smoothness increase over the course of psychotherapy (Reynolds et al., 1996). For clients, early shallow ratings predict dropout (Joyce & Piper, 1990; Samstag et al., 1998) and can predict a client's decision to return for a second counseling session (Tryon, 1990). There is evidence that client's depth ratings are positively associated with psychotherapy outcome (Mallinckrodt, 1993; Thompson & Hill, 1993). However, one study did not find this association (Stiles et al., 1990).

We could find no published studies of session quality and impact with AI psychotherapy clients, so we conducted a study to demonstrate that measuring session quality in an AI community clinic is feasible and to gain a preliminary understanding of service delivery quality and impact from the psychotherapist's perspective. We chose to assess psychotherapists, rather than clients, to inaugurate this line of research because professional psychotherapists are less vulnerable than clients. Our strategy has been to take small but meaningful steps to build trust between the clinical and research partners. A broader goal is to increase understanding of psychotherapy process and disseminate this knowledge to increase cultural-responsiveness to this population. Finally, we hope to promote the use of session quality measurement to enhance reflective practice and to improve service quality for AI clients.

Method

Participants

Participants included eight psychotherapists providing individual outpatient psychotherapy to AI clients in an urban AI health clinic. All psychotherapists in this study were female. Four therapists identified as AI and four identified as White. AI psychotherapists provided 41 sessions and White psychotherapists provided 71 sessions. The psychotherapists ranged in age from 26 to 50, with a mean of 35 years ($SD = 7$). There were six master's level and two doctoral level psychotherapists. Seven psychotherapists were licensed in their state; one was a clinical psychology trainee (post-master's degree). The psychotherapists had 7 years of clinical experience ($SD = 5$) and provided an average of 27 sessions per week ($SD = 8$). The therapists identified their primary theoretical orientation as family systems ($n = 3$), humanistic ($n = 2$), cognitive

or cognitive behavioral ($n = 1$), integrative ($n = 1$), and narrative/postmodern ($n = 1$) and the following number of sessions were provided from each orientation: family systems ($n = 35$), cognitive or cognitive-behavioral ($n = 25$), narrative/postmodern ($n = 25$), humanistic ($n = 19$), and integrative ($n = 8$).

The psychotherapists rated 112 psychotherapy sessions. Of the 112 separate clients whose sessions were rated, 73 were female and 39 were male. The mean age was 38 years ($SD = 14$); all were AI. Depression and anxiety were the most frequently occurring primary diagnoses ($n = 57$ and $n = 49$, respectively). In descending frequency, the next most common primary diagnoses were post-traumatic stress disorder ($n = 40$), substance use disorder ($n = 22$), substance use disorder in remission ($n = 17$), and bipolar disorder ($n = 16$). Nine clients had a diagnosis of adjustment disorder and five had a diagnosis of attention deficit disorder. In total, the 112 clients had 233 separate psychiatric diagnoses, and 66% had more than one diagnosis. Psychotherapists rated 26% of clients as having mild psychological problems ($n_{\text{patients}} = 29$), 42% as having moderate psychological problems ($n_{\text{patients}} = 47$), and 32% as having severe psychological problems ($n_{\text{patients}} = 36$).

Measures

Session Evaluation Questionnaire

The Session Evaluation Questionnaire (SEQ) is a self-report tool that consists of 21 bipolar adjective scales presented in a 7-point semantic format (Stiles, 1980; Stiles et al., 1994). Participants are directed to select the appropriate number from 1 to 7 that represents how they feel about the session or that reflects their post-session mood. Higher scores indicate more of the measured construct. The SEQ has been used in ethnographically diverse clinical contexts in the United States (Gregory & Leslie, 1996; Kim et al., 2005; Zane et al., 2005) and has been translated into nearly a dozen languages for use abroad (Stiles, 2021).

The SEQ scales evaluate four basic dimensions: depth, smoothness, positivity and arousal. The dimensions are split into session evaluation factors, depth and smoothness, and postsession mood variables, positivity and arousal. As described, depth refers to the participant's perspective of the session's value and power, whereas smoothness refers to the participant's perspective of the session's ease and comfort. The postsession mood variables measure the emotional state of the participant. Positivity describes how happy, satisfied, and confident the participant is and arousal describes the participant's level of calm or excitement. In this study, the Cronbach's alphas for the four subscales were $\alpha = .87$ for depth, $\alpha = .93$ for smoothness, $\alpha = .87$ for positivity and $\alpha = .86$ for arousal.

Demographic Questionnaire

Each participating psychotherapist filled out a brief self-report questionnaire to assess age, gender, ethnoracial status, degree/license type, and years of experience. The psychotherapists provided client demographic information (age, gender, and race/ethnicity) for each rated session. Psychotherapists also provided the number of psychotherapy sessions provided to date and the clients' primary diagnosis. Finally, psychotherapists rated level of client functioning on a 3-point scale (low, medium, and high). Clients were not involved in this particular study, so client data

came from psychotherapists' knowledge of the particular clients they were treating.

Procedure

The Native American Community Clinic (NACC) in Minneapolis, MN, was the very first clinic that came up in an internet search by the senior author. Its director, at the time, and first author (LM) and staff value the clinical research process and use it to enhance practice. In fact, our group has published a paper on the working alliance from this dataset (Beitel et al., 2021): That study assessed the relationship between therapists and clients empirically with the Working Alliance Inventory-12 item short form (Tracey & Kokotovic, 1989), which measures alliance in terms of the quality of the emotional bond and agreement on in session tasks and treatment goals (in accordance with Bordin's 1979 transtheoretical model) but did not examine session quality.

For the present study, the eight available psychotherapists were invited to rate sessions and all did so. The participants were asked to rate sessions, immediately following service delivery, for unique, consecutive sessions: No clients had more than one session rated. Each psychotherapist rated as many sessions as possible within the data collection timeframe: 25, 25, 25, 13, 8, 7, 6, and 3. Not all therapists were able to collect the target number of sessions during the study timeframe. Given the possibility of differential therapist effects, we control for therapist in our analyses. This study received an exemption from the Human Investigations Committee at Yale School of Medicine. The Board and Directors of the NACC authorized this research and approved its publication.

Data Analysis

Data analytic strategies were appropriate for categorical and continuous data. SEQ scale score intercorrelations were assessed with partial correlations. SEQ scale scores were compared to a sample of ratings produced by experienced, university-based therapists (Cummings et al., 1993) via one-sample t -tests. The Cummings sample was chosen because it contained rating on all four SEQ dimensions. The effects of potential covariates were assessed with multivariate analysis of covariance (MANCOVA). Session ratings were not completely independent from one another because the psychotherapists rated multiple sessions. Therefore, the effects of therapist ID were controlled where applicable. Statistical significance was set to $p < .05$ for all tests. Statistical analyses were performed with SPSS Version 25 for Windows.

Results

Descriptive statistics and intercorrelations for therapist-reported session evaluation and impact variables are presented in Table 1. One multivariate outlier was detected and deleted: this case had a relatively low positivity score. There were no univariate outliers following the deletion of this case. Estimates of internal consistency for the total score and subscales (see Table 1) were in line with published norms, which ranged from .86 for Arousal to .93 for Smoothness (Stiles et al., 1988; Stiles & Snow, 1984a). Session quality and impact variables were approximately normally distributed.

Mean elevations on therapist-rated session depth (see Table 1) did not differ from the comparison sample (Cummings et al., 1993),

Table 1
Scale Descriptive Statistics and Intercorrelations

Subscale	<i>M</i>	<i>SD</i>	α	1	2	3	4
1. Depth	4.82	0.84	.87	—			
2. Smoothness	4.91	1.20	.93	.01	—		
3. Positivity	5.30	0.85	.87	.22*	.67**	—	
4. Arousal	3.52	1.06	.86	.12	-.41**	-.25**	—

Note. Partial correlations, controlling for therapist ID, are presented.
* $p < .05$. ** $p < .01$.

as assessed by one-sample *t*-test ($M_{\text{experienced}} = 4.90$, $t = -0.88$, $p > .05$). However, sessions in this study were rated as smoother ($M_{\text{experienced}} = 3.98$, $t = 7.90$, $p < .001$) than in the university-based sample. In terms of session impact, psychotherapists reported feeling more positive ($M_{\text{experienced}} = 4.64$, $t = 7.21$, $p < .001$) but less emotionally aroused ($M_{\text{experienced}} = 4.58$, $t = -10.66$, $p < .001$) than the experienced psychotherapists in the Cummings et al. (1993) sample.

Client Variables

The effects of client demographics (age and gender) on therapist-rated session quality and impact, controlling for therapist, were assessed through MANCOVA: Neither main effects nor interactions were statistically significant. MANCOVA was also used to assess the impact of client diagnostic variables (active substance use disorder, posttraumatic stress disorder, and level of functioning) on session quality and impact. Neither the presence of active substance abuse nor posttraumatic stress disorder exerted statistically significant main or interactive effects on the session quality and impact variables. However, psychotherapist rating of client level of functioning ($F = 2.75$, $p < .05$) was significantly related to session evaluation and impact variables: higher problem severity ratings were associated with lower smoothness ($F = 10.42$, $p < .01$) and positivity ($F = 6.56$, $p < .05$).

Psychotherapist Variables

The effects of therapist ID and psychotherapist ethnoraical status on session quality and impact variables were assessed through MANCOVA: Both were significant ($F_{\text{ID}} = 4.83$, $p < .01$ and $F_{\text{Ethnoraical}} = 8.32$, $p < .001$). The psychotherapists differed from one another on Depth ($F = 10.31$, $p < .01$) and Arousal ($F = 5.33$, $p < .05$). Depth ratings ranged from 4.30 to 6.11. Arousal ratings ranged from 2.65 to 4.50. AI psychotherapists rated their sessions as deeper ($F = 8.31$, $p < .01$; $M = 5.01$, $SD = .73$), less positive ($F = 4.71$, $p < .05$; $M = 5.07$, $SD = .88$), and more emotionally arousing ($F = 17.15$, $p < .001$; $M = 4.00$, $SD = .96$) than their White counterparts ($M_{\text{Depth}} = 4.72$, $SD = .89$; $M_{\text{Positivity}} = 5.37$, $SD = .92$; $M_{\text{Arousal}} = 3.25$, $SD = 1.03$). The effects of psychotherapist gender on session quality and impact could not be assessed because the psychotherapists in the sample were all female. There were too few participants in each orientation type to test the effects of therapist theoretical orientation on session quality and impact.

Number of Previous Therapy Sessions

Number of previous therapy sessions was right-skewed with a range of 2–75 ($Mode = 4$); therefore, a logarithmic transformation

was applied to improve normality. The transformation produced virtually identical results to analyses with the untransformed variable; so, it was not used in the final analysis. The effects of number of previous therapy sessions on therapist-rated session quality and impact, controlling for therapist ID, was assessed through MANCOVA. Neither main effects nor interactions were statistically significant.

Discussion

The quality and impact of psychotherapy sessions are primary concerns in service delivery across schools of psychotherapy; however, we found no published investigations of these variables with AI clients. Therefore, we sought to demonstrate the feasibility of collecting such data in a busy urban AI clinic. We found that the data collection was straightforward suggesting that doing so is indeed feasible. We also sought to understand the nature of session quality in psychotherapy with AI clients. We found that sessions were rated as equally deep, but smoother, more positive, and less emotionally arousing in comparison to a sample of experienced university-based psychotherapists (Cummings et al., 1993). Because of the novelty of this research, we did not craft strong a priori hypotheses but expected the professional psychotherapists in this setting to function similar to the professional therapists in the comparison sample. Therefore, equality of depth is not surprising because both sets of psychotherapists were trained to similar professional standards in graduate school.

What is intriguing is that the psychotherapists in this clinic reported smoother, more positive, and less emotionally arousing ratings than their mainstream counterparts. It is possible that this finding has something to do with the setting. Wendt and Gone (2012) summarized respondents' descriptions of an urban AI clinic as "(a) a vital place to be with other American Indians and feel connected with Native culture, (b) a home-like place where one feels welcome and comfortable, and (c) a place where health care is especially relational and hospitable" (p. 1031). It is very likely that the psychotherapists in this study espoused a similar ethos and that it permeates their work with clients. It is also possible that clinicians who choose to provide services in a specialty clinic are highly motivated to provide excellent service due to a special interest or talent. In contrast, university-based settings are associated with research and large institutions with a history and pattern of pathologizing, stigmatizing groups, and other ethical infringements, particularly with AIs (Cochran et al., 2007; Manson et al., 2004).

Another intriguing finding is that sessions provided by AI psychotherapists were rated as deeper, less positive, and more emotionally arousing than sessions provided by White psychotherapists. While this is an admittedly small sample of rated sessions, provided by a small number of therapists, it does suggest the presence of a trend that merits discussion as well as further investigation. It is possible that the ethnic and likely cultural match between AI client and psychotherapist facilitates trust and rapport, which might allow AI psychotherapists to go deeper with AI clients, due in part to shared history and experiences.¹ AI psychotherapists

¹ Ethnoraical phenomena can impact psychotherapy process (see Carter, 1995; Muran, 2007 for reviews) but the effects of ethnoraical client-psychotherapist match on psychotherapy outcome are less straightforward (Cabral & Smith, 2011; Karlsson, 2005; Maramba & Hall, 2002).

may exhibit a more natural tendency toward cultural humility given the great value placed on both humility and courage among AI groups. Additionally, AI psychotherapists and clients may connect on a spiritual level. For example, AI psychotherapists in this study offer AI clients traditional medicines (e.g., sage and sweetgrass) both for smudging in clinic and to take with them. Likewise, AI psychotherapists might also experience greater empathy for their AI clients. On the other hand, the shared history and experiences might be emotionally triggering for AI psychotherapists, who may be on their own healing journeys from historical and intergenerational trauma.² AI psychotherapists might be more impacted by traumatic and troubling stories than their White counterparts and overtime these sessions could lead to secondary trauma (Stamm, 1995) or compassion fatigue (Figley, 1995).

Although exposure to trauma memories and increases in accompanying stress tolerance through processing trauma narratives might be considered a positive outcome in the long-term (e.g., reframing and meaning making), it is likely experienced as less positive in the moment. Further, pervasive racial stereotypes could affect these psychotherapists, albeit in different ways. For example, the White psychotherapists might be enacting their own implicit prejudices (e.g., doubting the potential for positive change among AI clients), even as the AI psychotherapists might be struggling with internalized stereotypes (e.g., doubting their own professional convictions or competence) as a result of being socialized into a society that privileges White American experiences. These dynamics require frequent and high-quality supervision or consultation from expert psychotherapists and AI elders. In fact, psychotherapists in this study receive weekly clinical consultation with both Elders-in-Residence and clinical supervisors. Additionally, the Elders-in-Residence consult on multiple clinical teams each week and play a key role in the well-being of staff and trainees on these multidisciplinary teams. An Elder-in-Residence provides cultural and spiritual guidance and ensures culturally responsive care. These individuals are recognized as respected elders within the community and they integrate their traditional healing knowledge with their formal education and experience. For example, one elder has a master's degree in Holistic Health Studies and another is a faculty member with the Center for Mind-Body Medicine. Supervision coupled with ongoing training and development, will increase the ability to be culturally responsive throughout the therapeutic process and decrease the likelihood of negative experiences such as burnout and turnover.

Clinical Considerations

Providing high quality, culturally responsive psychotherapy for AIs requires specialized knowledge and skill. In fact, Duran (2020) would consider it unethical to provide psychotherapy without seeking specialized training. It is important to note that AI clients often present with psychological and intergenerational trauma and can be misdiagnosed with depression or borderline personality disorder (APA, 2020). Psychotherapists must take care not to pathologize AI clients and their culture, creating more traumas and doing further harm defining the "problem" from the client and community perspective. In this case, the impact of colonization and historical trauma on generations of AIs is the underlying problem that led to the many of the social ills we see today. Additionally, AIs are working to preserve their culture and being pulled between two different worlds.

As Duran (2020) put it "If you don't know who you are, and there's no identity, it's real easy to kill yourself. If there's somebody there, it's a lot harder to commit suicide." This is counter to the often-adversarial experience of AIs in healthcare; and leads with respect for AI culture and traditions and establishing a relationship built on trust and dignity.

The psychotherapist should first acknowledge and validate the historical trauma³ and its impact as well as highlight the strength and resilience of the client and their ancestors (APA, 2020). In AI clients with a high degree of cultural commitment, standard psychotherapy alone has not been seen to be effective without an understanding of AI culture and historical trauma (Duran, 2020) as well as everyday experiences of racism and oppression (Sue, 2010). This is evidenced by AIs' low participation and high dropout rates in psychotherapy. However, even with training and ongoing consultation, psychotherapy can be ineffective without establishing a genuine relationship of care and concern.

Limitations

While this study has many strengths, it also has important limitations to be acknowledged. First, the ratings are gathered from a single perspective (i.e., the psychotherapist), as we did not collect ratings from clients and/or neutral session raters (observers). Having multiple raters would allow us to understand session quality in this population more comprehensively. Second, the ratings are drawn from a small number of psychotherapists working at a single clinic, which might limit generalizability. Third, as a correlational study lacking random selection and assignment to conditions, causality cannot be inferred from the findings. Fourth, the quantitative nature of the study disallows for the examination of psychotherapists' lived experiences. A richer, but less standardized and quantified, description of session quality might emerge from qualitative interviews (Gone, 2014). Fifth, as an instance of practice-based evidence (Bigfoot & Bartgis, 2010; Echo-Hawk, 2011), this dataset certainly contains more heterogeneity in term of therapists (i.e., theoretical orientation) and clients (i.e., diagnosis and level of functioning) than clinical trials data. Nevertheless, it provides an important window on treatment that did not exist before.

Future Directions

There is much more to be learned about session quality in settings that provide culturally responsive psychotherapy to AI clients. The burden of enhancing cultural knowledge and ability lies both with the individual psychotherapist and also with the agencies that employ them. Providing care to AI clients requires cultural humility in the form of self-awareness, respect, and value for others, as well as continued self-evaluation for attitudes of superiority and growth (Davis et al., 2011; Hook et al., 2017). The

² Countertransference [see Hayes et al. (2018) for a review] might be one useful way in which to understand and to manage this process. It is possible that an increased push for depth is not always in the client's interest. Countertransference issues might also contribute to smoothness and positivity reported by White therapists: In this case, there might be a clinical need to go deeper and to get more uncomfortable.

³ Historical trauma can be understood as a clinical condition, a life stressor, or as critical discourse (see Hartmann et al., 2019).

role of these variables in the quality of service delivery deserves further study. In general, much more psychotherapy research is required to inform the development of culturally responsive care for AI clients. This could involve client and observer ratings, the coding of psychotherapy transcripts for utterances, interactions, and other phenomena. Further investigation of the process and outcome implications of client–therapist ethnoracial match will be important to explore in future studies. Licensing boards and payers, and others with invested interest, can set training expectations that enhance accountability. These efforts will help to close the gap on disparities in access to high-quality psychotherapy for AIs. More and more, clinics and larger institutions serving AIs are doing the hard work to assess and address policies and procedures that are contributing to disproportionate rates of mental health and other health concerns.

References

- American Psychiatric Association (APA). (2020). *Working with Indigenous/Native American patients prepared by Mary Hasbah Roessel, M.D.* <https://www.psychiatry.org/psychiatrists/cultural-competency/education/best-practice-highlights/working-with-native-american-patients>
- Aubuchon-Endsley, N., Callahan, J. L., & Scott, S. (2014). Role expectancies, race, and treatment outcome in rural mental health. *American Journal of Psychotherapy*, 68, 339–354. <https://doi.org/10.1176/appi.psychotherapy.2014.68.3.339>
- Barak, A., & LaCrosse, M. B. (1975). Multidimensional perception of counselor behavior. *Journal of Counseling Psychology*, 22(6), 471–476. <https://doi.org/10.1037/0022-0167.22.6.471>
- Bigfoot, D., & Bartgis, J. (2010). *History and background of promising practices. Healthy Indian country initiative promising prevention practices resource guide.* https://www.nihb.org/docs/04072010/2398_NIHB%20HICI%20Book_web.pdf
- Beckstead, D. J., Lambert, M. J., DuBose, A. P., & Linehan, M. (2015). Dialectical behavior therapy with American Indian/Alaska Native adolescents diagnosed with substance use disorders: Combining an evidence based treatment with cultural, traditional, and spiritual beliefs. *Addictive Behaviors*, 51, 84–87. <https://doi.org/10.1016/j.addbeh.2015.07.018>
- Beitel, M., Andrada Allahjah, A., Cutter, C. J., Blackhawk, N., Van Alst, T., & Barry, D. T. (2012). Expectations and preferences for counseling and psychotherapy in Native Americans. *Journal of Indigenous Research*, 2, Article 2. <https://digitalcommons.usu.edu/kicjir/vol2/iss1/2>
- Beitel, M., Gone, J. P., Myhra, L. L., Cutter, C. J., & Barry, D. T. (2021). A first look at the working alliance in psychotherapy with American Indians. *Psychotherapy: Theory, Research, & Practice*, 58(2), 248–253. <https://doi.org/10.1037/pst0000338>
- Beitel, M., Myhra, L. L., Gone, J. P., Barber, J. P., Miller, A., Rasband, A., Cutter, C. J., Schottenfeld, R. S., & Barry, D. T. (2018). Psychotherapy with American Indians: An exploration of therapist-rated techniques in three urban clinics. *Psychotherapy: Theory, Research, & Practice*, 55, 45–51. <https://doi.org/10.1037/pst0000156>
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research, & Practice*, 16, 252–260. <https://doi.org/10.1037/h0085885>
- Cabral, R. R., & Smith, T. B. (2011). Racial/ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology*, 58, 537–554. <https://doi.org/10.1037/a0025266>
- Carter, R. T. (1995). *The influence of race and racial identity in psychotherapy: Toward a racially inclusive model.* Wiley.
- Cochran, P. A., Marshall, C. A., Garcia-Downing, C., Kendall, E., Cook, D., McCubbin, L., & Gover, R. M. (2007). Indigenous ways of knowing: Implications for participatory research and community. *American Journal of Public Health*, 98, 22–27. <https://doi.org/10.2105/AJPH.2006.093641>
- Cummings, A. L., Slemmon, A. G., & Hallberg, E. T. (1993). Session evaluation and recall of important events as a function of counselor experience. *Journal of Counseling Psychology*, 40(2), 156–165. <https://doi.org/10.1037/0022-0167.40.2.156>
- Davis, D. E., Hook, J. N., Worthington, E. L., Jr., Van Tongeren, D. R., Gartner, A. L., Jennings, D. J., II, & Emmons, R. A. (2011). Relational humility: Conceptualizing and measuring humility as a personality judgment. *Journal of Personality Assessment*, 93, 225–234. <https://doi.org/10.1080/00223891.2011.558871>
- Devereux, G. (1951). *Reality and dream; Psychotherapy of a Plains Indian.* International Universities Press.
- Dickerson, D. L., Spear, S., Marinelli-Casey, P., Rawson, R., Li, L., & Hser, Y. I. (2011). American Indians/Alaska Natives and substance abuse treatment outcomes: Positive signs and continuing challenges. *Journal of Addictive Diseases*, 30, 63–74. <https://doi.org/10.1080/10550887.2010.531665>
- Dinges, N. G., & Duong-Tran, Q. (1993). Stressful life events and co-occurring depression, substance abuse and suicidality among American Indian and Alaska Native adolescents. *Culture, Medicine and Psychiatry*, 16, 487–502. <https://doi.org/10.1007/BF00053589>
- Duran, E. (1990). *Transforming the soul wound: A theoretical/clinical approach to American Indian psychology.* Archana Publications.
- Duran, E. (2019). *Healing the soul wound: Trauma-informed counseling for indigenous communities* (2nd ed.). Columbia University Teachers College Press.
- Duran, E. (2020, April 10). *Healing the soul wound with Dr. Eduardo Duran.* <https://www.youtube.com/watch?v=TKVTzJYyyRY>
- Duran, E., & Duran, B. (1995). *Native American postcolonial psychology.* State University of New York Press.
- Echo-Hawk, H. (2011). Indigenous communities and evidence building. *Journal of Psychoactive Drugs*, 43, 269–275. <https://doi.org/10.1080/02791072.2011.628920>
- Elliott, R., & Wexler, M. M. (1994). Measuring the impact of sessions in process-experiential therapy of depression: The Session Impacts Scale. *Journal of Counseling Psychology*, 41(2), 166–174. <https://doi.org/10.1037/0022-0167.41.2.166>
- Evans-Campbell, T., Lindhorst, T., Huang, B., & Walters, K. L. (2006). Interpersonal violence in the lives of urban American Indian and Alaska Native women: Implications for health, mental health, and help-seeking. *American Journal of Public Health*, 96, 1416–1422. <https://doi.org/10.2105/AJPH.2004.054213>
- Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized.* Brunner/Mazel.
- Gone, J. P. (2004). Mental health services for Native Americans in the 21st century United States. *Professional Psychology, Research and Practice*, 35, 10–18. <https://doi.org/10.1037/0735-7028.35.1.10>
- Gone, J. P. (2009). Encountering professional psychology: Re-envisioning mental health services for Native North America. In L. J. Kirmayer & G. G. Valaskakis (Eds.), *Healing traditions: The mental health of Aboriginal peoples in Canada* (pp. 419–439). University of British Columbia Press.
- Gone, J. P. (2014). Advancing cultural–clinical psychology: Reflections on the special issue. *Journal of Social and Clinical Psychology*, 33(10), 954–965. <https://doi.org/10.1521/jscp.2014.33.10.954>
- Gone, J. P., & Alcántara, C. (2007). Identifying effective mental health interventions for American Indians and Alaska Natives: A review of the literature. *Cultural Diversity & Ethnic Minority Psychology*, 13, 356–363. <https://doi.org/10.1037/1099-9809.13.4.356>
- Gone, J. P., & Trimble, J. E. (2012). American Indian and Alaska Native mental health: Diverse perspectives on enduring disparities. *Annual Review of Clinical Psychology*, 8, 131–160. <https://doi.org/10.1146/annurev-clinpsy-032511-143127>

- Gray, J. S., & Rose, W. J. (2012). Cultural adaptation for therapy with American Indians and Alaska Natives. *Journal of Multicultural Counseling and Development, 40*, 82–92. <https://doi.org/10.1002/j.2161-1912.2012.00008.x>
- Gregory, M. A., & Leslie, L. A. (1996). Different lenses: Variations in clients' perception of family therapy by race and gender. *Journal of Marital and Family Therapy, 22*, 239–251. <https://doi.org/10.1111/j.1752-0606.1996.tb00201.x>
- Hafkenscheid, A. (2009). The impact of psychotherapy sessions: Internal structure of the Dutch Session Evaluation Questionnaire (SEQ). *Psychology and Psychotherapy: Theory, Research and Practice, 82*(Pt. 1), 99–111. <https://doi.org/10.1348/147608308X380750>
- Hartmann, W. E., Wendt, D. C., Burrage, R. L., Pomerville, A., & Gone, J. P. (2019). American Indian historical trauma: Anticolonial prescriptions for healing, resilience, and survivance. *American Psychologist, 74*(1), 6–19. <https://doi.org/10.1037/amp0000326>
- Hayes, J. A., Gelso, C. J., Goldberg, S., & Kivlighan, D. M. (2018). Countertransference management and effective psychotherapy: Meta-analytic findings. *Psychotherapy: Theory, Research, & Practice, 55*, 496–507. <https://doi.org/10.1037/pst0000189>
- Herring, R. (1997). The creative arts: An avenue to wellness among Native American Indians. *The Journal of Humanistic Education and Development, 36*(2), 105–113. <https://doi.org/10.1002/j.2164-4683.1997.tb00379.x>
- Hodge, F. S. (2012). No meaningful apology for American Indian unethical research abuses. *Ethics & Behavior, 22*, 431–444. <https://doi.org/10.1080/10508422.2012.730788>
- Hook, J. N., Davis, D., Owen, J., & DeBlaere, C. (2017). *Cultural humility: Engaging diverse identities in therapy*. American Psychological Association; <https://doi.org/10.1037/0000037-000>
- Jimenez, N., Garrouette, E., Kundu, A., Morales, L., & Buchwald, D. (2011). A review of the experience, epidemiology, and management of pain among American Indian, Alaska Native, and Aboriginal Canadian peoples. *Journal of Pain, 12*, 511–522. <https://doi.org/10.1016/j.jpain.2010.12.002>
- Joyce, A. S., & Piper, W. E. (1990). An examination of Mann model of time-limited individual psychotherapy. *Canadian Journal of Psychiatry, 35*(1), 41–49. <https://doi.org/10.1177/070674379003500107>
- Karlsson, R. (2005). Ethnic matching between therapist and patient in psychotherapy: An overview of findings, together with methodological and conceptual issues. *Cultural Diversity & Ethnic Minority Psychology, 11*(2), 113–129. <https://doi.org/10.1037/1099-9809.11.2.113>
- Kim, B. S. K., Ng, G. F., & Ahn, A. J. (2005). Effects of client expectation for counseling success, client–counselor worldview match, and client adherence to Asian and European American cultural values on counseling process with Asian Americans. *Journal of Counseling Psychology, 52*, 67–76. <https://doi.org/10.1037/0022-0167.52.1.67>
- Lambert, M. J., Smart, D. W., Campbell, M. P., Hawkins, E. J., Harmon, C., & Slade, K. L. (2006). Psychotherapy outcome, as measured by the OQ-45, in African American, Asian/Pacific Islander, Latino/a, and Native American clients compared with matched Caucasian clients. *Journal of College Student Psychotherapy, 20*, 17–29. https://doi.org/10.1300/J035v20n04_03
- Levinson, D. R. (2011). *Access to mental health services at Indian Health Service and tribal facilities*. Department of Health and Human Services. Office of the Inspector General [OEI-09-08-00580].
- Mallinckrodt, B. (1993). Session impact, working alliance, and treatment outcome in brief counseling. *Journal of Counseling Psychology, 40*, 25–32. <https://doi.org/10.1037/0022-0167.40.1.25>
- Manson, S. M., Garrouette, E., Goins, R. T., & Henderson, P. N. (2004). Access, relevance, and control in the research process: Lessons from Indian country. *Journal of Aging and Health, 16*(Suppl.), 58S–77S. <https://doi.org/10.1177/0898264304268149>
- Maramba, G. G., & Hall, G. C. (2002). Meta-analyses of ethnic match as a predictor of dropout, utilization, and level of functioning. *Cultural Diversity & Ethnic Minority Psychology, 8*, 290–297. <https://doi.org/10.1037/1099-9809.8.3.290>
- C. J. Meyer, & D. Royer (Eds.). (2001). *Selling the Indian: Commercializing and appropriating American Indian culture*. University of Arizona Press. <https://doi.org/10.2307/j.ctv1qwwjfd>
- Indian Health Service. (2014). *Trends in Indian health*. Office of Public Health Support, Division of Program Statistics. https://www.ihs.gov/sites/dps/themes/responsive2017/display_objects/documents/Trends2014Book508.pdf
- Muran, J. C. (Ed.). (2007). *Dialogues on difference: Studies of diversity in the therapeutic relationship*. American Psychological Association.
- Muran, J. C., Safran, J. D., Gorman, B. S., Samstag, L. W., Eubanks-Carter, C., & Winston, A. (2009). The relationship of early alliance ruptures and their resolution to process and outcome in three time-limited psychotherapies for personality disorders. *Psychotherapy: Theory, Research, & Practice, 46*, 233–248. <https://doi.org/10.1037/a0016085>
- Norcross, J. C. (1990). An eclectic definition of psychotherapy. In J. K. Zeig & W. M. Munion (Eds.), *What is psychotherapy? Contemporary perspectives* (pp. 218–220). Jossey-Bass.
- Orlinsky, D. E., & Howard, K. I. (1975). *Varieties of psychotherapeutic experience: Multivariate analyses of patients' and therapists reports*. Teachers College Press.
- Pomerville, A., Burrage, R. L., & Gone, J. P. (2016). Empirical findings from psychotherapy research with indigenous populations: A systematic review. *Journal of Consulting and Clinical Psychology, 84*(12), 1023–1038. <https://doi.org/10.1037/ccp0000150>
- Reynolds, S., Stiles, W. B., Barkham, M., Shapiro, D. A., Hardy, G. E., & Rees, A. (1996). Acceleration of changes in session impact during contrasting time-limited psychotherapies. *Journal of Consulting and Clinical Psychology, 64*(3), 577–586. <https://doi.org/10.1037/0022-006X.64.3.577>
- Robin, R. W., Chester, B., Rasmussen, J. K., Jaranson, J. M., & Goldman, D. (1997). Factors influencing utilization of mental health and substance abuse services by American Indian men and women. *Psychiatric Services, 48*, 826–832. <https://doi.org/10.1176/ps.48.6.826>
- Rocco, D., Salcuni, S., & Antonelli, E. (2017). A pilot study of the Italian adaptation of the Session Evaluation Questionnaire fourth version. *Research in Psychotherapy, 20*(2), Article 269. <https://doi.org/10.4081/ripppo.2017.269>
- Samstag, L. W., Batchelder, S. T., Muran, J. C., Safran, J. D., & Winston, A. (1998). Early identification of treatment failures in short-term psychotherapy. An assessment of therapeutic alliance and interpersonal behavior. *The Journal of Psychotherapy Practice and Research, 7*(2), 126–143.
- Seligman, M. E. P. (1995). The effectiveness of psychotherapy. The consumer reports study. *American Psychologist, 50*(12), 965–974. <https://doi.org/10.1037/0003-066X.50.12.965>
- Smith, M. L., Glass, G. V., & Miller, T. I. (1980). *The benefits of psychotherapy*. Johns Hopkins University Press.
- Stamm, B. H. (Ed.). (1995). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators*. The Sidran Press.
- Stiles, W. B. (1980). Measurement of the impact of psychotherapy sessions. *Journal of Consulting and Clinical Psychology, 48*, 176–185. <https://doi.org/10.1037/0022-006X.48.2.176>
- Stiles, W. B. (1984). *Client disclosure and psychotherapy session evaluations*. British Psychological Society. <https://doi.org/10.1111/j.2044-8260.1984.tb01305.x>
- Stiles, W. B. (2021, March 25). *Session Evaluation Questionnaire: Structure and use*. http://www.users.miamioh.edu/stileswb/session_evaluation_questionnaire.htm
- Stiles, W. B., Reynolds, S., Hardy, G. E., Rees, A., Barkham, M., & Shapiro, D. A. (1994). Evaluation and description of psychotherapy sessions by clients using the Session Evaluation Questionnaire and the Session Impacts Scale. *Journal of Counseling Psychology, 41*(2), 175–185. <https://doi.org/10.1037/0022-0167.41.2.175>

- Stiles, W. B., Shapiro, D. A., & Firth-Cozens, J. A. (1988). Do sessions of different treatments have different impacts? *Journal of Counseling Psychology, 35*, 391–396. <https://doi.org/10.1037/0022-0167.35.4.391>
- Stiles, W. B., Shapiro, D. A., & Firth-Cozens, J. A. (1990). Correlations of session evaluations with treatment outcome. *British Journal of Clinical Psychology, 29*, 13–21. <https://doi.org/10.1111/j.2044-8260.1990.tb00844.x>
- Stiles, W. B., & Snow, J. S. (1984a). Counseling session impact as viewed by novice counselors and their clients. *Journal of Counseling Psychology, 31*, 3–12. <https://doi.org/10.1037/0022-0167.31.1.3>
- Stiles, W. B., & Snow, J. S. (1984b). Dimensions of psychotherapy session impact across sessions and across clients. *British Journal of Clinical Psychology, 23*, 59–63. <https://doi.org/10.1111/j.2044-8260.1984.tb00627.x>
- Sue, D. (2010). *Microaggressions in everyday life: Race, gender, and sexual orientation* (1st ed.). Wiley.
- Sue, S., Allen, D. B., & Conaway, L. (1978). The responsiveness and equality of mental health care to Chicanos and Native Americans. *American Journal of Community Psychology, 6*, 137–146. <https://doi.org/10.1007/BF00881035>
- Thompson, B. J., & Hill, C. E. (1993). Client perceptions of therapist competence. *Psychotherapy Research, 3*, 124–130. <https://doi.org/10.1080/10503309312331333729>
- Tracey, T. J., & Kokotovic, A. M. (1989). Factor structure of the Working Alliance Inventory. *Psychological Assessment, 1*, 207–210. <https://doi.org/10.1037/1040-3590.1.3.207>
- Trimble, J. E., & LaFromboise, T. D. (1985). American Indians and the counseling process: Culture, adaptation, and style. In P. Pedersen (Ed.), *Handbook of cross-cultural mental health services* (pp. 127–134). Sage Publications.
- Tryon, G. S. (1990). Session depth and smoothness in relation to the concept of engagement in counseling. *Journal of Counseling Psychology, 37*, 248–253. <https://doi.org/10.1037/0022-0167.37.3.248>
- U.S. Census Bureau. (2010). *Census 2010 American Indian and Alaska Native Summary File; table: PCT2; urban and rural; universe total population; population group name: American Indian and Alaska Native alone or in combination with one or more races*.
- Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Lawrence Erlbaum.
- Wendt, D. C., & Gone, J. P. (2012). Urban-indigenous therapeutic landscapes: A case study of an urban American Indian health organization. *Health & Place, 18*, 1025–1033. <https://doi.org/10.1016/j.healthplace.2012.06.004>
- Wise, F., & Miller, N. B. (1983). The mental health of American Indian children. In G. J. Powell, J. Yamamoto, A. Romero, & A. Morales (Eds.), *The psychological development of minority group children* (pp. 344–361). Brunner/Mazel.
- Zane, N., Sue, S., Chang, J., Huang, L., Huang, J., Lowe, S., Srinivasan, S., Chun, K., Kurasaki, K., & Lee, E. (2005). Beyond ethnic match: Effects of client-therapist cognitive match in problem perception, coping orientation, and therapy goals on treatment outcomes. *Journal of Community Psychology, 33*, 569–585. <https://doi.org/10.1002/jcop.20067>

Received September 28, 2020

Revision received April 9, 2021

Accepted January 9, 2022 ■