

# The Elements of Cultural Competence: Applications with Native American Clients

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**ABSTRACT.** Although Native people remain invisible to many Americans, they are clients of helping professionals, willingly or unwillingly, in disproportionate numbers. In the last decade the human services literature has reflected a demand for cultural competence; yet the elements of cultural competence have not been clearly defined for specific populations. This article reports the results of a survey of Native American social workers, nurses, and psychologists regarding their beliefs about culturally competent helping practices with Native clients. As both helping professionals and Native Americans, these respondents are in an excellent position to identify elements of culturally competent helping with this population. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2004 by The Haworth Press, Inc. All rights reserved.]*

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## INTRODUCTION

During recent decades social scientists have drawn attention to increasing ethnic diversity in the U.S. population. While immigration is a powerful

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source of diversity, the original inhabitants of North America, the Native Americans or American Indians, still exist in distinct cultural communities and should not be overlooked. Although Native people remain invisible to many Americans, they are clients of helping professionals, willingly or unwillingly, in disproportionate numbers. Helping professionals are likely to have contact with indigenous people whether they are prepared to work with this population or not.

In the last decade the human services literature has moved from a call for cultural sensitivity to a demand for cultural competence, not merely an awareness but an ability to respect a client's cultural context and act appropriately. While there is agreement on the need for cultural competence, operationalizing this concept presents a challenge. The elements of cultural competence for specific populations have not been clearly defined.

This article reports the results of a survey of Native American social workers, nurses, and psychologists and their beliefs about culturally competent helping practices with Native clients. The purpose of the study was to begin to identify the specific knowledge, skills, and values or attitudes associated with culturally competent services for Native Americans. As both helping professionals and Native Americans, these respondents are in an excellent position to identify elements of culturally competent helping practices with this population. Additionally, this cross-disciplinary sample offers an opportunity to explore beliefs about culturally competent helping across professions.

### ***LITERATURE REVIEW***

The importance of culture in the helping process has been recognized in a variety of disciplines (Suominen, Kovasin, & Ketola, 1997). Culture can influence what is perceived as a problem, how problems are manifested, beliefs about causes of problems, and perceptions about appropriate solutions (Applewhite, 1998; Marsella & Yamada, 2000; Mason, Benjamin, & Lewis, 1996; Rodriguez, 1996). Many scholars have come to the conclusion that the heart of effective helping involves responding to cultural dynamics (Abdullah, 1995; Coleman, 1998; Kavanaugh, 1993; Leininger, 1988). Indeed, cultural competence has been identified as an ethical imperative (NASW, 1999). While culture can be defined in various ways, here the term is used to represent values, beliefs, and world views held in common to a greater or lesser extent by members of an ethnic group.

Cultural competence is an area that is receiving increasing attention in the helping professions. The large bodies of work done by Sue in counseling (for example, see Sue, 1996; Sue, Carter, Casas, Fouad, Ivey, Jensen, LaFromboise,

Manese, Ponterotto, & Vasquez-Nutall, 1998; Sue, Ivey, & Pedersen, 1996; Sue & Sue, 1999) and Leininger in nursing (for example, see Leininger, 1988; 1991; 1998) are building blocks in this important area of scholarship.

Cultural competence involves not only recognizing a client's culture and its influence on the helping process, but also being able to provide culturally congruent services. A culturally competent helper must have knowledge about a client's culture, have certain values and attitudes that include respect for diversity and emphasize helper self-awareness, and have the ability to integrate this knowledge and values/attitudes with helping skills (Campinha-Bacote, 1995; Weaver, 1999). Although some scholars tend to focus on one or more of these areas, there is a growing consensus that all three aspects: (1) knowledge, (2) values/attitudes, and (3) skills are necessary for true cultural competence. The process of striving for cultural competence requires personal development as well as intellectual growth. Helping professionals need to be aware of their own biases in addition to learning about other cultures (Van Soest & Garcia, 2003).

Cultural competence requires a proactive stance of confronting oppression (Van Soest & Garcia, 2003). The social justice aspect of cultural competence has often been obscured by a conceptualization of cultural competence that has been highly focused on individual interactions. A stronger focus on social justice and confronting racism as important components of culturally competent care is needed (Culley, 1996; Hopton, 1995; Mulholland, 1995).

Although an extensive body of practice wisdom has developed around cultural competence, little empirical work exists to provide professionals with specific principles or procedures for effective cross-cultural work (Tsang & Bogo, 1997). Indeed, little has been done to operationalize the specific elements of cultural competence with different populations. One exception to this is the work of Applewhite (1998), who identified specific elements of cultural competence with the elderly Latino population.

The lack of specific guidance for culturally competent helping practices with American Indian populations continues to hinder work with Native clients. The relationship between helping professionals and indigenous people is often strained. In a classic article, Native social worker Jimm Good Tracks (1973) clearly articulates how social work interventions may inherently be perceived as antithetical to Native American values. More recently, Voss, Douville, Little Soldier, and Twiss (1999) propose that if social policies and interventions are not flexible in incorporating cultural dynamics, they may "rigidly reinforce a kind of clinical colonialism (promoting 'therapeutic progress') with the goal of 'civilizing' the Indian" (p. 233).

Although mistrust often exists between indigenous people and helping professionals, there are aspects of helping philosophies that are compatible with

Native values (Hobus, 1990). For example, traditional Lakota values fit with a strengths perspective in helping (Voss et al., 1999). This perspective, associated with Saleeby (1992), is receiving increasing emphasis in social work. Indeed, helping professionals may be able to learn from indigenous practices and philosophies. Voss et al. (1999) predict helping professionals will increasingly recognize the limitations and ethnocentrism of many models of helping and move toward including more spirituality and grassroots involvement in their work.

### **METHODS**

A survey research design was employed to gather information from Native American social workers, nurses, and psychologists, as well as students in these professions, on their beliefs about culturally competent services for Native clients. The study replicates work conducted with Maori helping professionals in New Zealand by the author and colleagues (Weaver, Nikora, & Moeke-Pickering, 1998). The written survey was modified for a Native American cultural context by the author (a Native American) and a Native doctoral student.

#### ***The Instrument***

In addition to demographic questions, the qualitative instrument used open-ended questions that reflected the elements of cultural competence consistently identified in the human services literature. The following questions were asked: (1) What *knowledge* should a helping professional bring to working with Native American clients or groups in a culturally competent manner? Explain; (2) What *skills* should a helping professional bring to working with Native American clients in a culturally competent manner? Explain; and (3) What *attitudes or values* should a helping professional bring to working with Native American clients in a culturally competent manner? Explain.

Open-ended questions were designed to maximize respondents' freedom to choose their answers while guiding them to use the organizing framework of knowledge, skills, and values/attitudes identified in the literature. Written surveys were chosen as a way to reach respondents around the country. Open-ended questions were seen as preferable to closed-ended questions as they were less likely to lead respondents in a particular direction or limit them by offering a specific menu of options.

### *Obtaining the Sample*

Surveys were distributed in eight social work programs, two nursing programs, and one psychology education program identified as having Native American students. Additionally, surveys were mailed to members of the American Indian Social Work Educators' Association, attendees at the 1998 Indian Health Service conference, and attendees at the Society of Indian Psychologists conference in 1995-97. Snowball sampling techniques were used to identify other Native helping professionals and students. Batches of surveys were sent to schools since precise numbers of Native American students were often unknown or contact people also anticipated distributing surveys to Native helping professionals (e.g., 25 surveys may have been sent to a contact at a particular school but fewer were probably distributed). While the exact number of surveys that reached potential respondents is unknown, 730 were sent out, 132 usable surveys were returned, 51 were returned by the post office, 14 were completed by people who did not meet study criteria (Native Americans in social work, nursing, or psychology), and 11 were returned with incomplete data. It is not possible to determine if those who did not respond differed from those who completed the survey; however, respondents came from a variety of tribal backgrounds representative of the population of Native Americans.

### *Data Analysis*

The data were reviewed by the author and categorized according to themes. Data were organized, in part, according to the categories on the survey, i.e., in the categories of knowledge, skills, and values/attitudes. The author was immersed in the data beginning with data entry through a multistage sorting process. Data were reviewed separately for each discipline. Similar responses were grouped into themes. This emergent nature of themes is a common characteristic of qualitative research (Holliday, 2002). For example, in response to the question about knowledge, many respondents indicated that familiarity with Native American history was imperative. Each response that discussed history was sorted into a group that became the history theme described in the next section. Although percentages are not commonly reported in qualitative research, many of the responses were brief, left little room for subjective interpretation, and were easy to tally. Thus, percentages are used to reflect the strength of particular themes.

The author's immersion in the data over an extended period helped insure the quality of the analysis. Additionally, a non-Native researcher independently reviewed the data. The fact that both a Native and non-Native researcher identified the same themes reinforces the reliability of the analysis. The work

in progress was reviewed by a group of qualitative researchers and modified. Having additional researchers review the material helped manage the subjectivity inherent in qualitative data interpretation (Holliday, 2002).

## ***FINDINGS***

### ***Demographics***

Of 132 helping professionals, 63 were social workers (47%), 40 were nurses (30%), and 31 (23%) were psychologists. One respondent had degrees in both nursing and psychology and identified with both professions; another had degrees in both social work and psychology and identified with both professions. The majority ( $n = 92$ ; 68%) of the respondents were female. Nursing was the profession with the highest percentage of females (88%). Social work was 70% female. Forty-two respondents (32%) were male, and psychology was the profession with the largest percentage of male respondents (58%). Social work had the highest percentage of students (59%) followed by nursing (43%) and psychology (16%). Doctoral students with other professional roles were included in the student count. Respondents came from 52 Native nations (confederacies were counted as one nation). Just under 1/3 of the sample identified with more than one nation (see Table 1).

### ***Emergent Themes***

Themes were identified in the categories of knowledge, skills, and values/attitudes associated with culturally competent services for Native American clients. Important areas of knowledge were identified as: (1) culture, (2) diversity, (3) history, and (4) contemporary realities. Important skills included: (1) generic helping skills, (2) containment/listening skills, and (3) culture specific skills. Important values or attitudes noted were: (1) being open/nonjudgmental, (2) valuing diversity, (3) helper wellness, (4) willingness to learn, (5) social justice, and (6) caring. Subsequent quotations are the words of respondents.

### ***Knowledge***

Eighty-eight percent (88%) of nurses, 60% of social workers, and 58% of psychologists thought knowledge of culture including values, beliefs, spirituality, and traditions was important (see Table 2). Helping professionals were expected to be knowledgeable about family structures as well as structures of clans, bands, and tribes. As a social worker stated, helping professionals need to be familiar with “the matriarchal construct [and understand] the spirituality

TABLE 1. Demographics

	Social Work		Nursing		Psychology	
	N	%	N	%	N	%
Gender						
Female	44	(70%)	35	(88%)	13	(42%)
Male	19	(30%)	5	(13%)	18	(58%)
Age						
18-25	4	(6%)	7	(18%)	1	(3%)
26-35	17	(27%)	8	(20%)	4	(13%)
36-45	18	(29%)	14	(35%)	10	(32%)
46+	24	(38%)	11	(31%)	15	(48%)
Nation						
Lakota/Dakota	15	(24%)	12	(30%)	4	(13%)
Navajo/Dine	7	(11%)	5	(13%)	0	(0%)
Chippewa/Ojibwa	7	(11%)	7	(18%)	6	(19%)
Haudenosaunee	7	(11%)	7	(18%)	3	(10%)
Colville	6	(10%)	0	(0%)	0	(0%)
Cherokee	5	(8%)	3	(8%)	10	(32%)
Blackfeet	5	(8%)	0	(0%)	0	(0%)
Choctaw	0	(0%)	0	(0%)	3	(10%)

TABLE 2. Knowledge Themes

	Social Work		Nursing		Psychology	
	N	%	N	%	N	%
Culture	38	(60%)	35	(88%)	18	(58%)
Diversity	15	(24%)	9	(23%)	16	(52%)
History	22	(35%)	8	(20%)	12	(39%)
Contemporary realities	9	(14%)	0	(0%)	10	(32%)

and concern for things viewed for their own true, intrinsic value (i.e., accumulation of wealth isn't Indian-respect peoples of the world-respect for the things of Mother Earth and that we ought not to take them for granted)." A psychologist stated, helping professionals need to have "good background information on the culture and its social interactions, i.e., rites of passage, death, lineage of families, clans, etc." A nurse added "knowledge of the religion, importance of family, respect, [and] understanding of how they view health." A psychologist stated that there needs to be a "recognition that [the indigenous cultural] perspective is not only entirely different from, but often in conflict

with [the] European-American perspective; e.g., emphasis on balance, responsibility to self and others, traditionally less fearful and avoidant of death and grieving issues, less comfortable with resources, relationships, etc., being 'disposable.'"

Fifty-two percent (52%) of psychologists, 24% of social workers, and 23% of nurses thought knowledge of diversity among and within nations was important. As one social worker stated, "All tribes/bands are different and that there are a great many of them in existence. So no stereotypes, just to be open-minded to the differences." A psychologist noted, "Each person brings to a situation her/his own history and abilities. Among Native Americans there is great diversity in tribal affiliations and degrees of assimilation. Each person should be respected within that context." A social worker emphasized that helping professionals need an "awareness of the diversity of beliefs and cultures among American Indian peoples. [This includes an] ability to challenge common myths like the 'firewater myth' and the stereotype of the drunken Indian."

Thirty-nine percent (39%) of psychologists, 35% of social workers, and 20% of nurses identified knowledge of history as important. In particular, helping professionals need to know the history of U.S. social policies pertaining to health, education, and social services. A social worker stated that helping professionals need "knowledge of the history of government relations and the creation of dependency. Knowledge about the amount of loss on all levels that Indian people have experienced." Another social worker added that it is "important to be able to understand *and* explain historical atrocities. America has its own 'holocaust' with unresolved pain" [emphasis in original]. A psychologist emphasized: "Knowledge of broad history of Native-European American history, relations, and laws . . . Knowledge of [the] fact that bands as well as tribes/nations have histories which are often unique and often detail conflicts with each other."

Thirty-two percent (32%) of psychologists and 14% of social workers identified knowledge of contemporary realities of indigenous people as important. Helping professionals need to be aware of current policies like the Indian Child Welfare Act passed in response to large numbers of Native children being removed from their families and communities. Additionally, as a social worker stated, helping professionals need to be familiar with the "structure of Indian Health Service, Bureau of Indian Affairs, reservation systems, and urban Indian communities. [It is important to know about the] present lifestyle of Indian people, this also includes strength of Indian people as well as problems facing Indian people today." A psychologist noted that it is important to have "knowledge of difference between urban and rural Native lifestyles and [the] impact of urbanization."

### *Skills*

Generic helping skills that are not specific to a cultural context were rated important by 81% of psychologists, 57% of social workers and 35% of nurses. Many respondents thought skills did not differ for different populations (see Table 3). Communication was frequently emphasized as a critical skill. A social worker identified “dealing with resistance, anger management, engagement skills, reflective listening, genogram and ecological mapping, tolerance of difference, [and] dealing with depression” as important skills. Another social worker mentioned an “ability to work with diverse groups, consensus building, personal skills in 1-1 communication, patience with individual, group, and community actions, [and an] ability to utilize extended family and community services.”

Listening and other containment skills were considered important by 59% of social workers, 58% of psychologists, and 35% of nurses. Containment skills involve using patience and refraining from speaking or intervening. As a social worker put it, helping professionals need an “ability to sit and listen, not feel like talking constantly. Ability to tolerate silence. Patience.” Another social worker stated that helping professionals need “the skill to listen, not so much to the words, but the feeling of the words. Hear the pain, sadness, the fear, and the loneliness, or the joy and the happiness.” A nurse emphasized the “ability to be quiet [and] listen. Patience, patience, patience.”

Thirty-five percent (35%) of nurses and 35% of psychologists identified culture-specific skills as important. Several professionals pointed out the importance of speaking Native languages and using techniques such as storytelling as ways of communicating with clients. Helping professionals need to be able to work within the political contexts of reservations and in Native-specific agencies such as Indian Health Service, tribal programs, and the Bureau of Indian Affairs. A nurse stated that helpers need an “ability to meld Western and Indian practices whenever possible.” The ability to consult with traditional Native healers and seek their help in culturally appropriate ways was mentioned as important. A psychologist stated, “There are some techniques such as ‘mixing smoke.’ Avoiding dashing to the heart of the complaint.

TABLE 3. Skills

	Social Work		Nursing		Psychology	
	N	%	N	%	N	%
Generic helping	36	(57%)	14	(35%)	25	(81%)
Containment/listening	37	(59%)	14	(35%)	18	(58%)
Culture specific	0	( 0%)	14	(35%)	11	(35%)

Maybe even having a meal with [a] client and/or family that are helpful, but which might be considered unethical in virtually all other settings and patient populations.”

### *Values/Attitudes*

Eighty-eight percent (88%) of nurses, 73% of social workers, and 42% of psychologists identified the importance of being open to differences and being nonjudgmental (see Table 4). It was viewed as important that helping professionals not impose their own values or a Eurocentric perspective on clients. As a nurse stated, helping professionals should remember “to keep [their] own attitudes and cultural beliefs at the door when they come to work.” A psychologist recommended “attitudes of acceptance, respect, a strong sense of family. An attitude of working together; not ‘I can/will make you better.’”

Fifty-two percent (52%) of psychologists and 45% of nurses emphasized valuing diversity and traditions. The respondents felt that Native cultures should be valued, not simply tolerated. As a nurse stated, it is important to show “respect for traditional lifestyles and beliefs. These are too often dismissed as cute, misguided, or insincere.” A psychologist noted, “Most important is the value of diversity and cultural differences . . . Value collective rather than pure individualism. Value the role and place of spirituality in one’s life.”

Social workers were the only group to identify helper wellness and self-awareness as a key value. This was identified as important by 29% of social workers. They believed helping professionals should be “spiritually balanced, emotionally healthy, mentally healthy, . . . [have] strong boundaries and [a] strong support network. [The helper should be a] happy, well adjusted professional; *not* hung up on professionalism to create distance” [emphasis in original]. Many social workers expressed concern about helping

TABLE 4. Values/Attitudes

	Social Work		Nursing		Psychology	
	N	%	N	%	N	%
Open/nonjudgmental	46	(73%)	35	(88%)	13	(42%)
Valuing diversity	0	( 0%)	18	(45%)	16	(52%)
Helper wellness	18	(29%)	0	( 0%)	0	( 0%)
Willingness to learn	14	(22%)	0	( 0%)	15	(48%)
Social justice	20	(32%)	0	( 0%)	5	(16%)
Caring	0	( 0%)	7	(18%)	4	(13%)

professionals who try to engage Native clients by asserting distant Native heritage. “Sometimes I encounter colleagues who think by telling me their great grandmother was an Indian princess—we’ve bonded. Colleagues/students if they have Indian blood should be proud, but at the same time don’t ‘broadcast it’ because Indian people may be offended . . . do not try to ‘fit in’—it may not work.” Furthermore, some respondents were concerned that helping professionals who do not have their own sense of balance may attempt to meet their own needs through learning about a Native client’s spirituality, values, and way of life. This was viewed as unhealthy and inappropriate.

Forty-eight percent (48%) of psychologists and 22% of social workers emphasized humility and willingness to learn. A respondent with degrees in both psychology and social work recommended helping professionals display an “openness to new ideas, new ways of approaching problems . . . To value the knowledge of the elders. To set aside ‘professionalism’ and use cultural wisdom when appropriate. To acknowledge each client’s innate wisdom. Try to see the humor in situations. Laugh and cry with your clients.” Respondents felt that assumptions, preconceived notions, and stereotypes should be set aside, and helping professionals should start fresh with a willingness to learn from their clients. A social worker emphasized the need to be “adaptable, flexible, the skill to accept what you don’t understand. The desire to learn what you don’t know. A respect for what you do *and* don’t understand [emphasis in original].”

Thirty-two percent (32%) of social workers and 16% of psychologists identified the need to strive for social justice. Social justice begins with an “acknowledgement that oppression, prejudice, and discrimination are practiced by others. That it is not a figment of the client’s imagination,” stated a social worker. Additionally, the respondents indicated that helping professionals must understand and support the concept of tribal sovereignty and self-determination. They must be aware of how their own values and beliefs have been affected by the colonial process and their own class status. Another social worker stated, “the helping professional should see oneself as an agent of change, not an agent of control or accommodation.”

Eighteen percent (18%) of nurses and 13% of the psychologists identified caring as critical. As a psychologist put it, “Helping professionals should actually care. They should be involved in their community in more than just a professional manner. The community should know them personally, and they should be open to having their integrity and values challenged on an ongoing basis.”

### **DISCUSSION**

This study provides preliminary information as to what knowledge, skills, and values/attitudes are associated with culturally competent helping with Native Americans. With this information, it is possible to build a model of cultural competence specific to Native people. The three major model components, knowledge, skills, and values/attitudes, are primary areas that have been identified consistently by scholars as the core of cultural competence with various populations. Beyond that, the Native American model that emerges from this research identifies four specific elements of knowledge, three types of skills, and six types of values/attitudes as important ingredients of culturally competent helping with Native American clientele.

The overall results indicate that it is important to be knowledgeable about culture, history, and contemporary realities of Native clients. Since these factors vary depending on the client's nation and level of attachment to culture, helping professionals must keep in mind diversity among and within indigenous nations rather than apply stereotypical perceptions. Helping professionals are likely to use similar helping skills across a variety of client groups; however, containment skills may be particularly important with Native clients. Additionally, there may be times when culturally specific skills are needed, such as speaking an indigenous language or negotiating tribal systems. Competent professionals need to enter the helping relationship with a set of values or attitudes that include being nonjudgmental, open to learning, caring, promoting social justice, and truly valuing diversity. In addition, they need to be balanced and healthy as professionals rather than trying to meet their own needs through interactions with clients.

The values and attitudes associated with culturally competent helping may be, in part, innate. It is qualities such as these that lead people to become helping professionals. Additionally, helping professionals may cultivate these attitudes. For example, if they become aware of tendencies to be judgmental, closed to learning, and focused primarily on a micro level rather than a more holistic perspective that includes social justice, they can actively focus on addressing these limitations. Helping professionals should possess a broad repertoire of general skills gained through their education that can be applied with Native clients. They can hone containment skills such as patience and allowing silences through practice. Culturally specific skills could be learned through specialized workshops, classes, practica in Native settings, or working in a Native context.

While content on Native clients should be included in all curricula for the helping professions, it is not possible for programs to include content on every Native American group. It is likely that helping professionals will need to seek

additional knowledge after completing their formal education. In addition to specialized workshops or classes, professionals can learn about Native cultures, history, and contemporary realities through reading and consultations with Native helping professionals, traditional healers, and community members. Reservations and urban areas are likely to have Native American human service centers that can be useful resources.

Professionals from the three disciplines identified many common areas associated with culturally competent helping, although minor differences sometimes existed in the emphasis on the various categories. Additionally, some themes or areas associated with culturally competent helping arose with members of some professions and not others. These differences may exist because of differences in the professions themselves (e.g., different values) or for reasons associated with the nature of the sample. For instance, the psychologists were more likely to be men and to be older than nurses and social workers. It is not possible to say whether differences existed because psychologists held different views than other professionals, men held different views than women, or older people held different views than younger people. Further research with a larger sample is needed to determine the source of differences identified in this study.

One of the most striking similarities across professions is the agreement on the areas of knowledge necessary for cultural competence with Native Americans. Professionals from all categories identified culture, diversity, and history as important things to understand. Additionally, all three professional groups emphasized culture more than the other areas. Contemporary realities was mentioned as a fourth knowledge theme by social workers and psychologists. However, neither of these professional groups emphasized it as much as the other knowledge themes, and nurses did not highlight this area. In general, there was consensus across the professions on the knowledge themes.

There was some variation across cultural groups as to the skills necessary for culturally competent helping. While all groups mentioned general helping skills, this was emphasized much more by psychologists than other professionals. All professional groups also highlighted the need for containment and listening skills. Unlike the other professionals, however, social workers did not regularly mention the need for culture-specific skills.

The most significant differences across professional groups were found in the area of values/attitudes necessary for cultural competence with Native Americans. In fact, the only theme (and the strongest) to be identified by all three groups was the importance of being open and nonjudgmental. Each of the other themes was mentioned by only two of the professional groups, or in the case of helper wellness, was only identified by social workers. There ap-

pear to be discrepancies in the values of the different professional groups. These differences are probably rooted in the different philosophies espoused by these related, but distinct, helping professions.

### *LIMITATIONS*

This research is preliminary in nature. It takes a step toward an important goal: identifying knowledge, skills, and values/attitudes associated with culturally competent helping with Native Americans. The study is limited in that it is not known how many surveys reached potential participants. Because of this, it is not possible to calculate a precise response rate. Further research is needed to examine if similar factors are associated with culturally competent help for other populations. Also, it should be clear that this study examined beliefs about culturally competent helping. Actions may be different from beliefs. This study did not include clients' perceptions of cultural competence. That perspective will be explored in another component of this project.

Another area that deserves study is how best to cultivate the factors associated with cultural competence. Although the literature suggests exposure to diverse cultures, particularly through experiential types of learning, is a good way to teach cultural competence (see Weaver, 1998, for a review of the literature), this belief has not been systematically examined.

### *IMPLICATIONS*

The current findings have clear implications for practice. The themes identified in this research can guide helping professionals to better serve their Native American clients. Practitioners can strive to educate themselves in the areas of knowledge and skills identified by the respondents. Additionally, the values and attitudes identified in the study can serve as guiding principles to enhance practice.

Policy makers can also use the findings to inform their work. Values such as a willingness to learn, valuing diversity, and emphasizing social justice provide an important foundation for developing culturally competent policies. Additionally, policy makers who are well informed in the identified areas of knowledge are better positioned to develop appropriate and effective policies.

The study findings can also inform culturally competent research. It is important for researchers to establish trust with Native American people much in the same way that clinicians need to engage their clients. The knowledge and

values/attitudes identified here can help researchers gain access to Native American communities and develop partnerships that result in inclusive, non-biased research.

### CONCLUSION

Historically, the relationship between Native Americans and helping professionals has been strained and often nonproductive. It does not need to be that way. The voices of indigenous helping professionals, those who have sought to bridge the gap between their own cultures and Western ways of helping, have a lot to tell us about working with Native clients. Listening and a willingness to learn are elements of striving for cultural competence. It is the author's hope that helping professionals will listen to the voices of Native professionals contained here and will continue the learning process so they can better serve Native clients.

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