A Native American Perspective on Spiritual Assessment: The Strengths and Limitations of a Complementary Set of Assessment Tools

David R. Hodge and Gordon E. Limb

Mental health practitioners are increasingly called on to administer spiritual assessments with Native American clients, in spite of limited training on the topic. To help practitioners better understand the strengths and limitations of various assessment instruments from a Native perspective, this study used a sample of recognized experts in Native American culture ($N = 50$) to evaluate a complementary set of spiritual assessment instruments or tools. Specifically, each instrument's degree of consistency with Native culture was evaluated along with its strengths and limitations for use with Native clients. A brief overview of each instrument is provided, along with the results, to familiarize readers with a repertoire of spiritual assessment tools so that the most culturally appropriate method can be selected in a given clinical context.

KEY WORDS: *American Indians; Native Americans; religion; spiritual assessment; spirituality*

The legacy of oppression continues to affect the mental health status of Native Americans (Harris, Edlund, & Larson, 2005). In some cases, the mechanisms of oppression are relatively apparent. Discrimination in the health care system serves as a case in point (Burgess, Ding, Hargreaves, van Ryn, & Phalan, 2008).

In other cases, however, the mechanisms are more subtle (Fanon, 1952/1957, 1961/1968). Master narratives, created by elites with social and cultural power, reflect the interests of dominant groups (Yellow Bird, 2004). Indigenous assets that support health and wellness are often framed negatively. Conversely, expressions—even unhealthy expressions—of dominant groups are framed positively.

Driven by the power of a pervasive media complex, these culture-shaping narratives exhibit a potent socializing effect (Yellow Bird, 2004). In keeping with social cognitive theory, these master narratives shape the public's understanding of themselves, the meaning of life, and what values should be affirmed or discounted (Signorielli, 2004; Stone, English, Ekman, & Fujimori, 2008). As a result, people are subtly encouraged to accept the perception of societally dominant groups as normative, even when this conflicts with healthy self- and group interest (Yellow Bird, 2004). Thus, as healthy ways of being are unconsciously exchanged for culturally foreign, destructive modes of existence, these master narratives, in a certain sense, impose various forms of ill-health on minority groups (Fanon, 1952/1957, 1961/1968).

In recognition of the deleterious effects such dominant narratives can exert, some observers have emphasized the importance of research designed to increase the level of cultural competence among mental health practitioners (Sue & Sue, 2008). As various professional documents testify, the social work profession is committed to providing effective, culturally competent services, particularly to vulnerable populations such as Native Americans (NASW, 2001, 2008). Yet—somewhat paradoxically given the profession's stated commitments—Weaver (1999) reported that empirical work on cultural competency with Native Americans was essentially absent from the social work literature.

As just implied, cultural competency is critical for effective service provision to Native Americans because they tend to operate from a different worldview than does the dominant secular culture (French, 2004; Whitbeck, 2006). Consequently, the assumptions that inform wellness in mainstream mental health discourse are frequently incongruent with Native suppositions regarding wellness (Gone, 2004; Pace et al., 2006). Native Americans often have different understandings of wellness and the

CCC Code: 0360-7283/10 $3.00

Indeed, although the dominant secular narrative often ignores spirituality, or even frames it as pathological, spirituality plays a central role in health and wellness for many Native Americans.

road that must be traveled to achieve it (Weaver, 2002, 2005).

Concurrently, the considerable diversity among the millions of Native Americans living in the United States should also be borne in mind (U. S. Census Bureau, 2000). There are over 550 federally recognized tribes (and many more that are unrecognized), each having its own distinct set of beliefs and values (Fuller-Thomson & Minkler, 2005; Goldston et al., 2008). Tribal values can overlap with those of the dominant secular culture, and some individual Native Americans have adopted mainstream perspectives. Although this diversity must always be considered in any discussion of tribal peoples, a number of commonalities serve to demarcate Native Americans as a relatively distinct cultural group. Among these factors are a shared history of oppression and the centrality of spirituality to existence.

Although various understandings of spirituality exist among tribes, most affirm an interconnected, spiritually based view of reality (Gilgun, 2002; Miller, 2003; Trujillo, 2000). Within this relational worldview, lack of wellness is caused by an imbalance in one's spirit, mind, and body (Cross, 1997; Weaver, 2002). Indeed, although the dominant secular narrative often ignores spirituality, or even frames it as pathological, spirituality plays a central role in health and wellness for many Native Americans (Cross, 2001; Limb & Hodge, 2008; Napoli, 1999).

THE JOINT COMMISSION AND CULTURALLY VALID ASSESSMENT

In a progressive development, the pivotal role that spirituality often plays in health care has been recognized by the Joint Commission—the largest health care accrediting organization in the United States (Hodge, 2004; Koenig, 2007). Since 2001, spiritual assessments have been required in many health care settings frequented by Native Americans, including hospitals and behavioral health organizations providing addiction services (Hodge, 2006).

Although conducting a spiritual assessment to understand clients' spirituality is often essential to helping Native Americans (Gesino, 2001; Napoli, 1999), it is also important that the assessment instrument, tool, or approach be culturally valid (Weaver, 2005). One way to understand the concept of cultural validity is the degree to which members of a culture believe that a given intervention is consistent with their values and aspirations (Foster & Mash, 1999; Solano-Flores & Nelson-Barber, 2001; Wolf, 1978). Because of the differences in worldviews discussed earlier, it is crucial that culturally relevant assessment tools be used with Native clients (Zvolensky, McNeil, Porter, & Stewart, 2001). If assessment tools are perceived as inconsistent with the values and goals of Native Americans, then—at best—assessments will not be successfully completed, and—at worst—clients may be harmed (Foster & Mash, 1999; Napoli, 1999; Weaver, 2005).

This study will help mental health practitioners conduct culturally appropriate assessments with Native clients with a widely disseminated complementary set of spiritual assessment instruments—namely, verbally based spiritual histories and four pen-and-paper, diagrammatic approaches: spiritual lifemaps, spiritual genograms, spiritual eco-maps, and spiritual ecograms (Hodge, 2005a, 2005b). Toward this end, individuals conversant in Native American culture were asked to evaluate each instrument's level of cultural consistency, strengths, and limitations from a Native perspective.

METHOD

Sample

As noted, the epistemological suppositions that inform mental health discourse differ substantially from those held by most Native people and tribal communities (Coates, Gray, & Hetherington, 2006; Gone, 2004). Consequently, traditional validation approaches may be ineffective with Native Americans because these are largely based on the same presuppositions that inform mainstream discourse (Pace et al., 2006). To address this problem, Pace et al. recommended qualitative validation research in which individuals conversant in Native American culture provide feedback on items from a Native perspective.

To identify individuals with specialized knowledge of Native American culture, we used a hybrid

purposive/snowball sampling strategy. One member of the research team was a Native American academic who has considerable educational, research, and practice involvement with Native tribes, professional organizations, and funding sources. Through this extensive socialization process, this individual was aware of a number of people who are widely recognized as having expertise regarding Native American culture. These individuals were selected to begin the sampling process. In turn, the purpose of the research project was explained, and these individuals were asked to identify other experts with similar knowledge.

Using this approach, we identified 67 experts, of whom 50 agreed to participate in the study (75 percent response rate). Although no attempt was made to select or control for tribal diversity, the respondents came from a relatively wide range of tribal and geographic backgrounds (see Table 1).

Table 1: Sample Characteristics (N = 50)

Characteristic	M	SD	n	%
Age (years)	49.92	11.71		
Gender				
Female			32	64.0
Male			18	36.0
Tribal nation				
Lakota			4	8.0
Navajo/Dine			4	8.0
Chippewa/Ojibwa			6	12.0
Cherokee			5	10.0
Other tribal affiliation			17	34.0
Mixed blood/American Indian			6	12.0
Non-Native			8	16.0
Area currently residing				
Northwest			7	14.0
Southwest			9	18.0
West			14	28.0
Midwest			14	28.0
East			6	12.0
Spiritual/religious affiliation				
Traditional (Native)			22	44.0
Christian			17	34.0
Other			9	18.0
None			2	4.0
Years professional experience	16.97	10.21		
Social work degree (yes)			45	90.0
Years in social work (n = 45)	18.00	9.97		

The average age was approximately 50 years, close to two-thirds of the participants were female, and 90 percent had a social work degree.

Survey Instrument

As part of a larger research project, this study sought to validate five assessment tools created for general use with Native American clients. Each tool was described conceptually, and the diagrammatic tools were pictorially illustrated to demonstrate how they are typically operationalized. Potential respondents were asked to assess the consistency of each instrument with Native American culture on an 11-point scale (0 = complete absence of consistency, 10 = complete consistency with Native American culture) (Hodge & Gillespie, 2007).

Two open-ended questions were used to identify the strengths and limitations of each assessment tool in terms of working with Native clients ("In terms of working with Native Americans, what are the strengths [limitations] of spiritual histories?"). To clarify what was meant by the term "Native American culture," it was noted that many differences exist among Native American tribes. Concurrently, a number of values are also widely shared among Native Americans, serving to demarcate them as a group. Accordingly, respondents were informed that *Native American culture* signifies "this general, common culture that serves to distinguish Native Americans as a distinct population."

The survey instrument was pilot tested with a convenience sample of five individuals attending the American Indian/Alaska Native Social Work Educators Association Meeting. These individuals were asked to review the survey's content and design and to assess its face validity. No major concerns were identified. The instrument was updated to include the minor changes suggested by the participants.

Procedures

After institutional review board approval was received, the survey instrument was placed online, and the URL link was e-mailed to individuals who agreed to participate in the study. Research suggests that response rates for paper- and Web-based surveys are comparable and that the data produced are generally similar in content (Kaplowitz, Hadlock, & Levine, 2004). Some evidence suggests that online surveys may yield longer answers for open-ended, text-based questions, although the differences are

likely not sufficient to affect the results of the analyses (Denscombe, 2006).

Data Analysis

For the cultural consistency measures, means, standard deviations, ranges, and modes were computed. To identify strengths and limitations, we used a constant comparative methodology in which the qualitative data were examined for similarities, patterns, and commonalities (Glaser & Strauss, 1967; Thompson, 2000). In a recursive process, the emerging themes for each question were continually compared with similar phenomena across survey instruments. Primary themes were identified, labeled, and rank ordered. The results are reported in the next section along with a brief overview of each instrument.

RESULTS

Spiritual Histories

In keeping with their name, spiritually histories allow clients to relate their spiritual journeys (Hodge, 2001a). The instrument consists of two question sets or frameworks, which are used to help mental health practitioners explore clients' spiritual stories in a nonintrusive manner. The *narrative framework* provides questions that can be used to help clients tell their stories, typically moving from childhood to present. The *anthropological framework* is designed to elicit spiritual information as clients relate their stories.

The anthropological framework posits that the three dimensions of personality—affect, will, and cognition—can be supplemented by three dimensions of the spirit—communion, conscience, and intuition. *Communion* refers to one's relationship with the Transcendent (that is, the Creator, God or some other type of Transcendent dimension). *Conscience* refers to sense of right and wrong. *Intuition* refers to the ability to know—to come up with insights that bypass normal cognitive channels. Questions are provided to explore clients' spiritual realities in each of these six dimensions.

As clients relate their spiritual stories (prompted as necessary by questions drawn from the narrative framework), they tend to touch on some of the six dimensions just mentioned. Practitioners can use questions drawn from the anthropological framework to more fully explore clients' spiritual realities in the natural flow of conversation. In short, the narrative questions help clients to tell their own stories, whereas the anthropological questions assist workers in eliciting clinically important spiritual information as the stories unfold.

As can be seen in Table 2, spiritual histories ranked highest on the cultural consistency measure. The mean on the 0 to 10 scale was 7.06. A third of the respondents selected either 9 or 10, indicating that the instrument was essentially consistent with the broad understanding of Native culture used in this study. Nevertheless, it is important to qualify this result in keeping with the extensive diversity that exists among Native Americans (U.S. Census Bureau, 2000).

The instrument's most prominent strength was its congruence with the common Native American practice of oral storytelling (see Table 3). Perhaps because the notion of telling one's story is widespread in Native cultures, the instrument was also viewed as a good vehicle for identifying personal, tribal, and community assets and resources. Respondents also felt that the process of conducting a spiritual history helped to facilitate wellness by reconnecting clients with their traditions. For instance, hope and self-esteem might be engendered in the present as clients realize the challenges they have overcome in the past. Other, less prominent strengths included the instrument's nonlinear orientation, its ability to provide context and insight into clients' worldviews, and its client directedness.

In terms of limitations, the instrument may touch on spiritual beliefs and practices that should not be discussed with those who are not part of a tribal group (see Table 4). Some spiritual ceremonies, for instance, should not be discussed with nontribal members. Similarly, some tribes are prohibited from discussing some ceremonies with other tribes. Related to this concern is the relatively high level of knowledge and skill required to conduct a spiritual

Table 2: Native American Perceptions of Cultural Consistency

Instrument	*M*	*SD*	Mode
Spiritual history	7.06	2.49	9
Spiritual lifemap	6.58	2.67	8
Spiritual genogram	5.40	2.94	5
Spiritual eco-map	6.36	2.72	5/8[a]
Spiritual ecogram	5.96	2.75	8

Note: Instruments were rated by 50 experts on a scale of 0 (complete absence of consistency with Native American culture) to 10 (complete consistency with Native American culture).
[a]The values 5 and 8 were both selected with the same degree of frequency.

Table 3: Strengths of the Surveyed Spiritual Assessment Instruments	
Instrument	**Strength**
Spiritual history	• Oral storytelling is commonly used to relate personal experiences
	• Identifies strengths and resources
	• Promotes wellness by reconnecting clients with their traditions
	• Nonlinear approach to assessment
	• Provides context and insight into clients' worldviews
	• Client centered/directed
Spiritual lifemap	• Visually oriented (for example, drawing pictures is a common cultural tradition)
	• Allows for creativity and artistic expression
	• Implicitly honors nonverbal talents and strengths
	• Minimally intrusive
	• Client constructed
	• Incorporates the "zig-zag," overlapping, circular nature of life
	• Discusses life in terms of a "journey"
Spiritual genogram	• Visually charts spirituality across generations
	• Explicitly includes extended family
	• May be helpful in understanding family patterns, challenges, and assets
Spiritual eco-map	• Visual, pictorial format
	• Circular orientation
	• Holistic/systemwide perspective
	• Ability to identify environmental strengths and resources
	• Present, here-and-now focus
	• Ability to depict often complex relationships in a diagrammatic format
	• Client centeredness
Spiritual ecogram	• Provides a more holistic view
	• Connects past experience with present influences
	• Visual
	• Somewhat circular orientation
	• Incorporates family

assessment using this instrument. Exploring the six dimensions comprised by the anthropological framework can produce a wealth of knowledge. However, if a particular dimension or content area is broached in a culturally insensitive manner, the practitioner–client relationship may be harmed. In some cases, respondents noted that the harm to the therapeutic relationship may be irreparable. Less prominent limitations were the amount of time required to conduct a spiritual history appropriately and the instrument's potentially limited validity with younger clients who may not have reflected on their spiritual histories.

Spiritual Lifemaps

A *spiritual lifemap* is a pictorial account of a client's spiritual journey (Hodge, 2005c). Put differently, a spiritual lifemap is an illustrated description of a client's relationship with the Creator over time—a map of his or her spiritual life. Much like road maps, spiritual lifemaps tell us where we have come from, where we are now, and where we are going.

At the most basic level, drawing instruments are used to sketch spiritually significant life events on paper. Pens, markers, scissors, glue sticks, construction paper, and other media are used to map the spiritual journey on a large sheet of paper. A client's human journey might be depicted on a path or roadway, challenges might be represented as hills or clouds, and various symbols could be used to portray strategies that have been used to successfully address challenges.

In addition to the drawing of the spiritual lifemap, the instrument includes a question set, broken down into four areas, to help operationalize a client's spiritual information. The four areas are relationship

Table 4: Limitations of Surveyed Spiritual Assessment Instruments

Instrument	Limitation
Spiritual history	• May touch on private, personal areas that should remain undisclosed
	• Stories may address areas requiring high practitioner skill levels
	• Amount of time required to conduct appropriately
	• Limited validity with younger clients unconnected with their histories
Spiritual lifemap	• Some clients may lack artistic skills or dislike drawing
	• Clients may feel uncomfortable sharing (or drawing) some aspects their spiritual life, particularly if sufficient trust has not been developed
	• May elicit painful memories
	• Fitting one's life on a sheet of paper may oversimplify complex realities
	• Can be time intensive to construct
Spiritual genogram	• Complex, especially with many Native families
	• Time-consuming to construct
	• Speaking of those who have passed on is forbidden in many tribes
	• Very structured
	• Relatively linear
Spiritual eco-map	• May touch on private, personal areas that should remain undisclosed
	• Potentially complex to explain and construct
	• The time involved in constructing the map
	• Difficult to capture complex, multifaceted relationships
Spiritual ecogram	• Complicated to understand and draw
	• Time-consuming to construct
	• Speaking of those who have passed on may be taboo

to or with the Creator, spiritual beliefs, spiritual rituals, and social support. The aim is to develop an environment in which the client can creatively express his or her spiritual journey.

Spiritual lifemaps ranked second highest on the cultural consistency measure, with a mean of 6.58 (see Table 2). Ten experts gave this instrument a rating of 8 (mode). Taken as a whole, the quantitative results suggest that the instrument was perceived to be generally consistent with Native culture.

A number of strengths were related to the instrument's visual orientation (see Table 3). For example, the portrayal of pictures, images, and symbols was seen by many respondents as a culturally familiar way to relate information. Alternatively, others noted that the visual depiction of clients' spiritual journeys might provoke fresh insights, allowing clients to identify and harness previously unidentified strengths. Lifemaps were also viewed as facilitating creativity and artistic expression while also implicitly honoring nonverbal talents and strengths. Other strengths included the fact that lifemaps are client constructed and, therefore, minimally invasive. In other words, the values of mental health practitioners play a relatively secondary role in the assessment because clients usually take the lead in constructing their own lifemaps. Other strengths included the instrument's ability to capture the wandering, often circular or medicine wheel–like nature of human existence and its use of the life-as-a-journey concept as a central organizing principle.

The primary limitation associated with spiritual lifemaps was clients' level of artistic ability and their interest in drawing (see Table 4). For clients without such abilities, or who are uninterested in drawing, the use of lifemaps may actually increase anxiety and stress, particularly if practitioners do not adequately explain the assessment tool and process. Another noted limitation was the possibility that some clients may feel uncomfortable sharing, or even drawing, certain aspects of their spiritual lives. Further limitations were the fact that the concrete depiction of past events can elicit painful memories (which practitioners may be unprepared to handle appropriately), that depicting one's life experience on a single sheet of paper may oversimplify complex

realities, and that the construction of lifemaps can be rather time intensive.

Spiritual Genograms

Through the use of a modified family tree, spiritual genograms illustrate the flow of spirituality across at least three generations (Hodge, 2001b). As such, they help foster understanding of historically rooted spiritual patterns through time. In short, spiritual genograms provide visual blueprints of often complex intergenerational spiritual information.

After delineation of the basic family system in accordance with standard genogram conventions, color coding is used to provide a graphic "color snapshot" of the overall spiritual composition of the family system (for example, red might symbolize traditional Native spirituality, black the Native American Church). A change in affiliation can be signified by drawing a larger circle outside the figure representing the individual, filling in the space between the circle and the figure with the appropriate color, and listing the date of the change outside the larger circle. This procedure indicates the stability versus fluidity of the person's beliefs over time. Symbols and short summary statements can also be used to denote significant events, strengths, and other pertinent information on the genogram.

Although genograms are common in mental health circles, this instrument received the lowest score on the cultural consistency measure (see Table 2). The mean did, however, fall on the consistency end of the continuum. The standard deviation ranked highest across all five instruments, suggesting a relatively wide range of views on the instrument's degree of consistency with Native American culture.

In keeping with the relatively low quantitative score, fewer strengths were cited than for other instruments, which complicated the identification of discrete themes. The strengths that did emerge overlapped considerably (see Table 3). In keeping with foregoing themes, the concrete, visual depiction of intergenerational spirituality was cited as a strength. However, such comments were often implicitly qualified. Some respondents suggested that the graphic portrayal of intergenerational spirituality may be of more use to practitioners (who are familiar with the approach) than to clients. Other strengths were the explicit inclusion of extended family members and the fact that the instrument may help identify family patterns, challenges, and assets. For example, spiritual genograms might be used to identify the effects of U.S. government policy on traditional spiritual practices across generations or to identify family members who might help ameliorate challenges.

Among the limitations that arose was the instrument's complexity (see Table 4). Although genograms are inherently somewhat complicated to construct, the difficulty is compounded by the more diverse, nonnuclear Native family structure. Construction of a spiritual genogram with multiple parents, a common situation among Native clients, becomes convoluted very quickly. Another limitation is that spiritual genograms explicitly inquire about elders, some of whom may have passed on. As respondents noted, speaking of such individuals is forbidden in many tribes, and breaking such prohibitions may engender further negative effect. Additional limitations were the instrument's very structured format and its relatively linear orientation.

Spiritual Eco-Maps

Whereas the instruments already discussed highlight various aspects of clients' life histories, spiritual eco-maps focus on clients' current spiritual relationships (Hodge & Williams, 2002). Put differently, this instrument highlights clients' present, existential relationships to spiritual systems. Rather than focusing on what has happened in the past, spiritual eco-maps focus on the here and now.

The client or family system is depicted in the center of a piece of paper, in keeping with traditional eco-map construction. Significant spiritual systems are depicted around the family system. The heart of the spiritual eco-map is the relationships between the family system and the spiritual systems. These relationships are represented by various types of sketched lines, which represent the state of a client's current relationships with various spiritual assets, resources, or systems. As is the case with the other diagrammatic instruments, symbols and short summary statements can be incorporated into the map to depict other relevant information.

This instrument ranked third on the cultural consistency measure (see Table 2). In absolute terms, the score of 6.36 indicates that spiritual eco-maps were perceived to be relatively consistent with Native American culture. Twelve percent of respondents ranked the level of consistency as three or less, whereas 52 percent selected a value of seven or above.

Spiritual ecograms implicitly acknowledge the interconnection of everything and provide clients and practitioners with an opportunity to see the "big picture."

The strengths cited included the instrument's visual format, its circular orientation, its holistic/systemwide perspective, its ability to identify environmental strengths and resources, its focus on the present, and its ability to depict often complex relationships with a significant degree of relational nuance (see Table 3). The eco-map's emphasis on here-and-now relationships was perceived to be highly congruent with the common Native belief in a relational universe in which all entities are connected to one another. It was also seen as being client centered in the sense that clients could easily be incorporated into the process of constructing a spiritual eco-map.

A key limitation was that any discussion of environmental spiritual systems may implicitly address secret or taboo information (see Table 4). In other words, some environmental systems that are sources of spiritual strength may only be discussed among certain tribal members. The process of constructing a spiritual eco-map implicitly underscores all spiritual systems, including those that Native clients may be prohibited from discussing with outsiders. Other limitations were the somewhat complex nature of the instrument; the time involved in constructing a spiritual eco-map; and the difficulty of capturing complex, multifaceted relationships on the map.

Spiritual Ecograms

Spiritual ecograms combine the assets of spiritual eco-maps and genograms in a single instrument (Hodge, 2005d). They tap information that exists in existential space, as well as that which exists across time. In short, spiritual ecograms tap information that exists in space and across time.

The client is drawn in the center of a piece of paper. As discussed in the Spiritual Genograms section, the top half of the page is used to chart the flow of spirituality across three generations. The bottom half of the page is used to chart the client's current relationships to spiritual resources, as discussed in the Spiritual Eco-Maps section.

In this configuration, the family history functions as a spiritual system. In other words, the family history can also be seen as a spiritual system alongside other spiritual systems depicted by clients. This allows individuals to see the various connections between past and present functioning on one diagrammatic assessment. Historical influences on current systems can be seen along with present relationships with historical influences.

This instrument ranked second to last on the cultural consistency measure (see Table 2). In keeping with its close relationship with spiritual genograms and spiritual eco-maps, spiritual ecograms scored in between the former two approaches. The standard deviation was relatively high, and the most frequently occurring values were 8, 5, and 9, suggesting a fairly diverse range of opinions regarding the instrument's level of consistency with Native American culture.

One of the biggest strengths identified was that spiritual ecograms allow for a more holistic view, which may be appropriate in some situations (see Table 3). Spiritual ecograms implicitly acknowledge the interconnection of everything and provide clients and practitioners with an opportunity to see the "big picture." As part of this process, spiritual ecograms also weave past experience with present or current influences, offering a more relationally based understanding of personal and environmental influences. Similar to other tools, spiritual ecograms were cited as being visual and somewhat circular in their layout and as explicitly incorporating the family into the assessment.

Three major limitations were associated with this instrument (see Table 4). Most prominent was the complexity of the approach. Integrating concepts drawn from spiritual genograms and spiritual eco-maps into a single diagrammatic instrument can be difficult. For example, the complexity of depicting extended Native families is accentuated by having to add information related to present relationships. As a result, the construction of a spiritual ecogram is often very time-consuming. As noted, speaking of the dead is taboo in some tribal communities, and this instrument implicitly addresses that topic.

DISCUSSION

In keeping with the assessment requirements instituted by the Joint Commission (Koenig, 2007), most practitioners affirm the importance of administering spiritual assessments in practice settings (Canda

& Furman, 1999; Heyman, Buchanan, Musgrave, & Menz, 2006; Murdock, 2005; Sheridan, 2004; Stewart, Koeske, & Koeske, 2006). Yet, in spite of growing recognition of the link between spirituality and effective service provision, most practitioners report receiving little, if any, training in spirituality during their graduate educations (Canda & Furman, 1999; Heyman et al., 2006; Murdock, 2005; Sheridan, 2004). In a similar manner, content analysis reveals that material on spirituality is essentially absent from a wide array of professional literatures (Cnaan, Wineburg, & Boddie, 1999; Hodge, Baughman, & Cummings, 2006; Tompkins, Larkin, & Rosen, 2006).

The present study aimed to address this educational gap by helping mental health practitioners conduct more culturally competent assessments with Native Americans. Toward this end, each instrument in a complementary set of spiritual assessment instruments was evaluated from a Native American perspective. Specifically, each instrument's degree of consistency with Native culture was assessed along with its strengths and limitations for use with Native clients.

Taken as a whole, this information provides practitioners with a working template regarding how many Native clients may be inclined to view various assessment approaches. Concurrently, the malleable, working nature of this template should be emphasized given the diversity that exists among various tribes (Goldston et al., 2008; Trujillo, 2000). Within these parameters, however, the study's results give practitioners a sense of the respective strengths and limitations of various assessment approaches from a Native perspective.

Understanding the strengths and limitations of various instruments can enhance cultural competency by helping practitioners select the tool that best fits the needs of their clients in a given setting (Hodge, 2005a). Both clients and practitioners have a variety of needs and interests in any given clinical context. Consequently, some assessment approaches will work better in some situations, whereas other models will be a more appropriate choice in other settings.

For instance, genogram-based assessment approaches may be most familiar to mental health practitioners (McGoldrick, Gerson, & Petry, 2008). Given this acceptance in mainstream mental health discourse, it is possible that many practitioners will be inclined to conduct spiritual assessments using this approach. Spiritual genograms, however, received relatively low cultural consistency ratings, with few strengths and some major limitations noted (for example, the requirement that departed relatives be discussed). If genogram-based assessments are widely used by practitioners, this relatively poor evaluation may help explain why many Native Americans perceive professional services to be minimally effective (Walls, Johnson, Whitbeck, & Hoyt, 2006).

The comparatively negative evaluation of spiritual genograms implies that other assessment options might be initially explored, particularly with clients who have complex family backgrounds. For instance, verbally based spiritual histories might be suggested. Alternatively, spiritual lifemaps might be a good fit for more artistically oriented clients or those more comfortable with silence.

This is not to say that instruments such as spiritual genograms or spiritual ecograms should never be used (all the evaluated instruments have some strengths and were characterized by at least a moderate degree of cultural consistency). Rather, by developing awareness of the limitations that Native clients may have regarding certain approaches, practitioners can make informed choices about the possible drawbacks of an approach prior to implementation.

For instance, in clinical settings in which an exploration of historical factors may be pertinent, practitioners can explore potential limitations of the relevant assessment tools with clients. Clients' degree of comfort with an approach can be sounded out while communicating a desire to demonstrate sensitivity about issues that many Native clients may be uncomfortable discussing (for example, those who have passed on, secret healing ceremonies). Indeed, developing a working understanding of the strengths and limitations of each instrument can help practitioners conduct more culturally sensitive assessments by heightening their awareness of potential pitfalls, regardless of the instrument that is ultimately selected.

LIMITATIONS

In terms of the study's limitations, the use of a nonprobability sampling methodology precludes generalization of the results beyond the present respondents. Although the sampling strategy limits generalizibility, this methodology represents an appropriate choice in light of the few individuals with specialized knowledge of Native American

culture (Babbie, 2007). Another limitation is the small sample size. Surveying experts affiliated with a different constellation of tribes might have produced different results (Goldstôn et al., 2008). The sample was, however, similar in size to previous, related research (Weaver, 1999, 2000).

CONCLUSION

This study adds to the limited empirical knowledge base on culturally competent practice with Native Americans (Weaver, 1999, 2000). By determining the cultural consistency, strengths, and limitations of a complementary family of assessment instruments, practitioners are better positioned to select the approach that best fits the needs of a given situation. In effect, this article provides social workers with a preliminary assessment "toolbox." Rather than relying on a one-size-fits-all approach, practitioners can co-select with clients the instrument that best suits the given environmental context.

Further research, however, is essential. Given the diversity that exists among various Native American cultures (Goldston et al., 2008), future researchers might replicate this study with individual tribes. The findings reported in this study—which should be considered preliminary—must be built upon to ensure that Native clients receive the culturally competent services to which they are ethically entitled. HSW

REFERENCES

Babbie, E. (2007). *The practice of social research* (11th ed.). Belmont, CA: Thomson/Wadsworth.

Burgess, D. J., Ding, Y., Hargreaves, M., van Ryn, M., & Phalan, S. (2008). An association between perceived discrimination and underutilization of needed medical and mental health care in a multi-ethnic community sample. *Journal of Health Care for the Poor and Underserved, 19,* 894–911.

Canda, E. R., & Furman, L. D. (1999). *Spiritual diversity in social work practice.* New York: Free Press.

Cnaan, R. A., Wineburg, R. J., & Boddie, S. C. (1999). *The newer deal: Social work and religion in partnership.* New York: Columbia University Press.

Coates, J., Gray, M., & Hetherington, T. (2006). An "ecospiritual" perspective: Finally, a place for indigenous approaches. *British Journal of Social Work, 36,* 381–399.

Cross, T. (1997). Understanding the relational worldview in Indian families. *Pathways Practice Digest, 12*(4). Retrieved from http://www.nicwa.org/services/techassist/worldview/worldview.htm

Cross, T. (2001). Spirituality and mental health: A Native American perspective. *Focal Point, 15*(2), 37–38.

Denscombe, M. (2006). Web-based questionnaires and mode effect: An evaluation based on completion rates and data contents of near-identical questionnaires delivered in different modes. *Social Science Computer Review, 24,* 246–254.

Fanon, F. (1957). *Black skin, white masks* (C. L. Markmann, Trans.). New York: Grove Press. (Original work published 1952)

Fanon, F. (1968). *The wretched of the earth* (C. Farrington, Trans.). New York: Grove Press. (Original work published 1961)

Foster, S. L., & Mash, E. J. (1999). Assessing social validity in clinical treatment research: Issues and procedures. *Journal of Consulting and Clinical Psychology, 67,* 308–319.

French, L. A. (2004). Alcohol and other drug addictions among Native Americans: The movement toward tribal-centric treatment programs. *Alcoholism Treatment Quarterly, 22*(1), 81–91.

Fuller-Thomson, E., & Minkler, M. (2005). American Indian/Alaskan Native grandparents raising grandchildren: Findings from the Census 2000 Supplementary Survey. *Social Work, 50,* 131–139.

Gesino, J. P. (2001). Native Americans: Oppression and social work practice. In G. A. Appleby, E. Colon, & J. Hamilton (Eds.), *Diversity, oppression, and social functioning* (pp. 109–130). Needham Heights, MA: Allyn & Bacon.

Gilgun, J. F. (2002). Completing the circle: American Indian medicine wheels and the promotion of resilience of children and youth in care. *Journal of Human Behavior in the Social Environment, 6*(2), 65–84.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory.* New York: Aldine de Gruyter.

Goldston, D. B., Molock, S. D., Whitbeck, L. B., Murakami, J. L., Zayas, L. H., & Hall, G.C.N. (2008). Cultural considerations in adolescent suicide prevention and psychological treatment. *American Psychologist, 63,* 14–31.

Gone, J. P. (2004). Mental health services for Native Americans in the 21st century United States. *Professional Psychology: Research and Practice, 35,* 10–18.

Harris, K. M., Edlund, M. J., & Larson, S. (2005). Racial and ethnic differences in the mental health problems and use of mental health care. *Medical Care, 43,* 775–784.

Heyman, J., Buchanan, R., Musgrave, B., & Menz, V. (2006). Social workers attention to clients' spirituality: Use of spiritual interventions in practice. *Arête, 30*(1), 78–89.

Hodge, D. R. (2001a). Spiritual assessment: A review of major qualitative methods and a new framework for assessing spirituality. *Social Work, 46,* 203–214.

Hodge, D. R. (2001b). Spiritual genograms: A generational approach to assessing spirituality. *Families in Society, 82,* 35–48.

Hodge, D. R. (2004). Spirituality and people with mental illness: Developing spiritual competency in assessment and intervention. *Families in Society, 85,* 36–44.

Hodge, D. R. (2005a). Developing a spiritual assessment toolbox: A discussion of the strengths and limitations of five different assessment methods. *Health & Social Work, 30,* 314–323.

Hodge, D. R. (2005b). Spiritual assessment in marital and family therapy: A methodological framework for selecting between six qualitative assessment tools. *Journal of Marital and Family Therapy, 31,* 341-356.

Hodge, D. R. (2005c). Spiritual life maps: A client-centered pictorial instrument for spiritual assessment, planning, and intervention. *Social Work, 50,* 77–87.

Hodge, D. R. (2005d). Spiritual ecograms: A new assessment instrument for identifying clients' spiritual strengths in space and across time. *Families in Society, 86,* 287–296.

Hodge, D. R. (2006). A template for spiritual assessment: A review of the JCAHO requirements and guidelines for implementation. *Social Work, 51,* 317–326.

Hodge, D. R., Baughman, L. M., & Cummings, J. A. (2006). Moving toward spiritual competency: Deconstructing religious stereotypes and spiritual prejudices in social work literature. *Journal of Social Service Research, 32,* 211–232.

Hodge, D. R., & Gillespie, D. F. (2007). Phrase completion scales: A better measurement approach than Likert scales? *Journal of Social Service Research, 44*(4), 1–12.

Hodge, D. R., & Williams, T. R. (2002). Assessing African American spirituality with spiritual eco-maps. *Families in Society, 83,* 585–595.

Kaplowitz, M. D., Hadlock, T. D., & Levine, R. (2004). A comparison of web and mail survey response rates. *Public Opinion Quarterly, 68,* 94–101.

Koenig, H. G. (2007). *Spirituality in patient care* (2nd ed.). Philadelphia: Templeton Foundation Press.

Limb, G. E., & Hodge, D. R. (2008). Developing spiritual competency with Native Americans: Promoting wellness through balance and harmony. *Families in Society, 89,* 615–622.

McGoldrick, M., Gerson, R., & Petry, S. S. (2008). *Genograms: Assessment and intervention* (3rd ed.). New York: W. W. Norton.

Miller, G. (2003). *Incorporating spirituality in counseling and psychotherapy.* Hoboken, NJ: John Wiley & Sons.

Murdock, V. (2005). Guided by ethics: Religion and spirituality in gerontological social work practice. *Journal of Gerontological Social Work, 45*(1/2), 131–154.

Napoli, M. (1999). The non-Indian therapist working with American Indian clients: Transference–countertransference implications. *Psychoanalytic Social Work, 6*(1), 25–47.

National Association of Social Workers. (2001). *Standards for cultural competence in social work practice.* Retrieved from http://www.socialworkers.org/sections/credentials/cultural_comp.asp.

National Association of Social Workers. (2008). *Code of ethics.* Retrieved from http://www.socialworkers.org/pubs/code/code.asp

Pace, T. M., Robbins, R. R., Choney, S. K., Hill, J. S., Lacey, K., & Blair, G. (2006). A cultural-contextual perspective on the validity of the MMPI–2 with American Indians. *Cultural Diversity and Ethnic Minority Psychology, 12,* 320–333.

Sheridan, M. J. (2004). Predicting the use of spiritually-derived interventions in social work practice: A survey of practitioners. *Journal of Religion and Spirituality in Social Work, 23*(4), 5–25.

Signorielli, N. (2004). Aging on television: Messages relating to gender, race, and occupation in prime time. *Journal of Broadcasting and Electronic Media, 48,* 279–301.

Solano-Flores, G., & Nelson-Barber, S. (2001). On the cultural validity of science assessments. *Journal of Research in Science Teaching, 38,* 553–573.

Stewart, C., Koeske, G. F., & Koeske, R. D. (2006). Personal religiosity and spirituality associated with social work practitioners' use of religious-based intervention practices. *Journal of Religion and Spirituality in Social Work, 25*(1), 69–85.

Stone, S., English, D., Ekman, E., & Fujimori, S. (2008). Collaboration among social work and journalism students and faculty: An instructional model. *Journal of Social Work Education, 44*(1), 163–172.

Sue, D., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice* (5th ed.). Hoboken, NJ: John Wiley & Sons.

Thompson, E. A. (2000). Mothers' experiences of an adult child's HIV/AIDS diagnosis: Maternal responses to and resolutions of accountability for AIDS. *Family Relations, 49,* 155–164.

Tompkins, C. J., Larkin, H., & Rosen, A. L. (2006). An analysis of social work textbooks for aging content: How well do social work foundation texts prepare students for our aging society? *Journal of Social Work Education, 42*(1), 3–23.

Trujillo, A. (2000). Psychotherapy with Native Americans: A view into the role of religion and spirituality. In R. P. Scott & A. E. Bergin (Eds.), *Handbook of psychotherapy and religious diversity* (pp. 445–466). Washington, DC: American Psychological Association.

U.S. Census Bureau. (2000). *Census 2000 special tabulation.* Retrieved from http://www.census.gov/population/www/socdemo/race/censr-28.pdf

Walls, M. L., Johnson, K. D., Whitbeck, L. B., & Hoyt, D. R. (2006). Mental health and substance abuse services preferences among American Indian people of the northern Midwest. *Community Mental Health Journal, 42,* 521–535.

Weaver, H. N. (1999). Indigenous people and the social work profession: Defining culturally competent services. *Social Work, 44,* 217–225.

Weaver, H. N. (2000). Culture and professional educators: The experiences of Native American social workers. *Journal of Social Work Education, 36,* 415–428.

Weaver, H. N. (2002). Perspectives on wellness: Journeys on the red road. *Journal of Sociology and Social Welfare, 29*(1), 5–15.

Weaver, H. N. (2005). *Explorations in cultural competence.* Belmont, CA: Thomson Brooks/Cole.

Whitbeck, L. B. (2006). Some guiding assumptions and a theoretical model for developing culturally specific preventions with Native American people. *Journal of Community Psychology, 34,* 183–192.

Wolf, M. (1978). Social validity: The case for subjective measurement. *Journal of Applied Behavior Analysis, 11,* 203–214.

Yellow Bird. (2004). Cowboys and Indians: Toys of genocide, icons of American colonialism. *Wicazo Sa Review, 19*(2), 33–48.

Zvolensky, M. J., McNeil, D. W., Porter, C. A., & Stewart, S. H. (2001). Assessment of anxiety sensitivity in young American Indians and Alaska Natives. *Behaviour Research and Therapy, 39,* 477–493.

David R. Hodge, PhD, *is assistant professor, School of Social Work, Arizona State University, Phoenix, and senior nonresident fellow, Program for Research on Religion and Urban Civil Society, University of Pennsylvania, Philadelphia.* ***Gordon E. Limb, PhD,*** *is associate professor and director, School of Social Work, Brigham Young University, Provo, UT. Address correspondence to David R. Hodge, Mail Code 3920, School of Social Work, Arizona State University, 411 North Central, Suite 800, Phoenix, AZ, 85004-0689.*

Original manuscript received December 4, 2008
Final revision received June 19, 2009
Accepted October 10, 2009