

Proof-Reading Three Literature Reviews for A Paper on Public Health & Native Americans

The purpose of this exercise is to improve student's proof-reading skills, and to sensitize them to criteria used to evaluate the quality of scholarship represented in a review of the literature.

Directions: Read each review of the literature and assess each one based on the rubric that follows Sample C. Determine which review is the best and explain why. [*Each essay is embedded with errors*]

Sample A

American Indians generally do not experience the same impact of economic cycles in the national economy that have adverse effects on unemployment and inflation because their level of poverty is so low and the incidence of their poverty is so persistent that they live in a perpetual state of deprivation not experienced by most Americans even when the economy is sluggish.ⁱ In 1976, there was only one psychologist of non-caucasian background to serve every 43,000 Native Americans. By 1985, there was one native American psychologist to serve 8,333 Native Americans.ⁱⁱ Also, by 1985, there was only one native American employed by the national Institute of Mental Health and one employed by the American psychological Association which mean that Native Americans had almost no voice in policy-making that impacted the quality of mental health care in their own communities.

Psychological services have been available to Native Americans for decades and have been administered largely through the federal Bureau of Indian Affairs (BIA) which serves approximately 280 tribes across the United States. The largest provider of mental health care to Native Americans is the Indian Health Service (IHS), which funds outpatient care for Native Americans living in both rural and urban communities. In 1985, the HIS spent about \$10.5 million on mental health care, while spending roughly \$24 million on treatment for alcoholism. Many native Americans drink heavily out of depression.

Native American living on reservations were empowered to create health care services through the Indian Self-Determination Education Assistance Act of 1975. Under the auspices of this legislation, in 1985 less than one half of the programs developed by Native American communities included a mental health component. (Ibid) Many Native Americans prefer traditional interventions for psychological illnesses which involved methods that aimed to restore the patient's sense of identity and spiritual foundations. Moreover, many Native Americans reject Western medical responses to psychological crises because they lack a naturalistic and spiritualistic appreciation for the self, and Native American psychologists believe that mental illnesses are often the result of the individual's failure to live in harmony with his or her community and traditional values. (Ibid) Whereas the goal of therapy in Western medicine is to restore and fortify the ego, the objective in Native American therapy is to transcend the ego and to help people recognize their place in the community and to honor and respect their place as something sacred and meaningful.

These methods have met with mixed results. Mohatt and Blue (1982) reported that interventions that reinforced Native American identities were successful forms of clinical treatment,ⁱⁱⁱ while Dinges, Trimble, Manson, and Pasquale, 1981 concluded they were not. Dinges, N., Trimble, J., Manson, S., & Pasquale, F. (1981). With such mixed messages, it cannot be said that there is any one intervention that is the best for preventing suicides in this vulnerable population. Since there is not a lot of literature on this subject, it is hard to know what is the best practice and intervention, but it seems reasonable to say

that nurses should talk to their patients about what they think is best. There needs to be better testing of what methods work best.

Sample B

Research indicates that traditional western interventions to psychological illnesses in the Native American population may not be effective as Native American communities do not perceive the nature of the illness in the same way as do western physicians and psychologists. Native Americans believe that psychological distress is largely the result of the individual's loss of his or her sense of community and identity, and that wellness is a matter of maintaining spiritual harmony by honoring tribal traditions and sacred laws.^{iv} In addition, psychological wellness in Native American culture is anchored in the individual's connections with family and tribe, and mental illness represents the loss or disruption of such connections.^v Many scholars have observed that the colonial experience of Native Americans, whereby communities have been forced to live on reservations, speak English, and assimilate culture that is not their own, contributes to Native Americans' sense of loss and despair.

The Native American concept of medicine differs significantly from the western concept. Whereas western medicine is viewed as physical and pharmaceutical interventions, Native Americans hold that medicine is a pathway of life or a way of being that constantly honors harmony between individuals and all of life.^{vi} ^{vii}Medicine men and women play a special role in restoring mental health, as they facilitate rituals and provide story-telling that help the suffering individual re-connect with his or her sacred purpose and place on Earth, and Native American elders are especially important in maintaining the health of individuals as they possess a lifetime of experience and the wisdom that comes of it.^{viii}

In the Native American tradition, elders are keepers and teachers of culture and spiritual traditions who are characterized not by age or the acquisition of educational degrees, but by the wisdom they hold.^{ix} Elders help those suffering from suicidal thoughts by guiding the individual's reflection and understanding of their pain. Often, the healer will acknowledge that death is a transition that may bring relief from pain, and will explore the value of pursuing transitions away from pain that can be achieved while living. This intervention focuses on pain as a lesson about one's spirit. The intervention includes guided imagery and rituals such as sweat lodge sessions, pipe ceremony, and vision quests that provide a physical representation of spiritual events.^x

Studies indicate that one of the greatest challenges to integrating elders into mental health interventions is a lack of understanding on the part of western health care providers of the value of Native American medicine and thus the spiritual dimensions of healing.^{xi} Moreover, the distribution of Native American psychologists is relatively poor, with only one Native American psychologist for every 30,000 Native Americans.^{xii}

Research also reveals that Native Americans respond more positively to interventions that are culturally competent than those that are exclusively western.^{xiii} ^{xiv} Researchers also report that since approximately one half of Native Americans who seek counseling services will not use tribal sources, it is important for practitioners certified by western institutions to become culturally competent and to learn how to integrate tribal resources into their interventions.^{xv}

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- ⁱ LaFromboise, T. D. (1988). American Indian mental health policy. *American Psychologist*, 43(5), 388-397.
- ⁱⁱ Stapp, J., Tucker, A. M., & VanendBros, G. R. (1985) Census of psychological personnel: 1983 *American Psychologist*, 40: 1317-1351.)
- ⁱⁱⁱ Mohatt, G. V. & blue, A. W. (1982). Primary prevention as it relates to traditionality and empirical measures of social deviance, in S. M. Manson (Ed.), *New directions in prevention among American Indian and Alaskan Native communities*. (pp. 91-116) Portland, OR: National Center for American Indian and Alaska Native Mental health Research
- ^{iv} Locust, C. (1985). *American Native American Indian beliefs concerning health and unwellness. (Native American Research and Training Center Monograph)*. Flagstaff, AZ: University of Arizona Press.
- ^v Garrett, J. T., & Garrett, M. W. (1994). The path of good medicine: Understanding and counseling Native American Indians. *Journal of Multicultural Counseling and development*, 22(3), 134-144.
- ^{vi} Ibid.
- ^{vii} Portman, T. A, & Garrett, M. T. (2014). Native American healing Traditions. *International Journal of Disability Development and Education*, 53(4), 453-469.
- ^{viii} Garrett, M. T., & Herring, R. D. (2001). Honoring the power of relation: Counseling Native adults. *The Journal of Humanistic Counseling, Education and Development*, 40(2), 139-160.
- ^{ix} Hill, D. M. (2003). Traditional medicine in contemporary contexts. *Protecting and respecting indigenous knowledge and medicine. National Aboriginal Health Organization, Ottawa*.
- ^x Duran, E., & Duran, B. (1995). *Native American postcolonial psychology*. SUNY Press.
- ^{xi} LaFromboise, T. D. (1988). American Indian mental health policy. *American Psychologist*, 43(5), 388-397.
- ^{xii} Rabasca, L. (2000). Helping American Indians earn psychology degrees. *Monitor* (31)3, 52. American Psychological Association. Retrieved from <http://www.apa.org/monitor/mar00/indiandegrees.aspx>.
- ^{xiii} Gary, F., Baker, M., & Grandbois, D. M. (2005). Perspectives on suicide prevention among American Indian and Alaska Native children and adolescents: A call for help. *Online journal of issues in nursing*, 10(2).
- ^{xiv} LaFromboise, T. D., Trimble, J. E., & Mohatt, G. V. (1990). Counseling Intervention and American Indian Tradition An Integrative Approach. *The Counseling Psychologist*, 18(4), 628-654.
- ^{xv} Harper, F. G. (2011). With all my relations; counseling American Indians with Alaska natives within a family context. *The Family Journal*, 19(4), 436-442.

Sample C

Cultural competence represents one of the cardinal skills required to provide effective patient-centered care (American Association of Colleges of Nursing, 2008). The objective of culturally competent care is to integrate an understanding and respect for cultural diversity as it impacts the way health care providers overcome disparities in health care (Institute of Medicine of the National Academies, 2002). Research also reveals that Native Americans respond more positively to interventions that are culturally competent than those that are exclusively western (Gary, Baker, & Grandbois, 2005; LaFromboise, Trimble, & Mohatt, 1990) Researchers also report that since approximately one half of Native Americans who seek counseling services will not use tribal sources, it is important for practitioners certified by western institutions to become culturally competent and to learn how to integrate tribal resources into their interventions (Harper, 2011). Cultural competence with serving the health care needs of Native Americas begins with an understanding of Native American approaches to wellness.

The Native American concept of medicine differs significantly from the western concept. Whereas western medicine is viewed as physical and pharmaceutical interventions, Native Americans hold that medicine is a pathway of life or a way of being that constantly honors harmony between individuals and all of life (Portman, & Garrett, 2014; Harper, 2011) Medicine men and women play a special role in restoring mental health, as they facilitate rituals and provide story-telling that help the suffering individual re-connect with his or her sacred purpose and place on Earth, and Native American elders are

especially important in maintaining the health of individuals as they possess a lifetime of experience and the wisdom that comes of it (Garrett & Herring, 2001).

Native American elders are keepers and teachers of spiritual traditions who are characterized not by age or educational degrees, but by the wisdom they hold (Hill, 2003). Elders help those suffering from suicidal by helping the individual restore their spiritual sense of self. The intervention includes guided imagery and rituals such as sweat lodge sessions, pipe ceremony, and vision quests that provide a physical representation of spiritual events (Duran & Duran, 1995). Research has demonstrated that in Native American populations, there is a strong relationship between prayer and people's perceptions of their mental health (Meisenhelder, & Chandler, 2000).

Research indicates that traditional western interventions to psychological illnesses in the Native American population may not be effective as Native American communities do not perceive the nature of the illness in the same way as do western physicians and psychologists. Native Americans believe that psychological distress is largely the result of the individual's loss of his or her sense of community and identity, and that wellness is a matter of maintaining spiritual harmony by honoring tribal traditions and sacred laws (Locust, 1985). In addition, psychological wellness in Native American culture is anchored in the individual's connections with family and tribe, and mental illness is sometimes the result of the loss or disruption of such connections (Garrett & Garrett, 1994). Further, loss is a constant variable in Native Americans populations as People have been forced to live on reservations and assimilate culture that is not their own.

Studies indicate that one of the greatest challenges to integrating elders into mental health interventions is a lack of understanding on the part of western health care providers of the value of Native American medicine and thus the spiritual dimensions of healing (LaFromboise, 1988). Moreover, the distribution of Native American psychologists is relatively poor, with only one Native American psychologists for every 30,000 Native Americans (Rabasca, 2000).

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Paper on Public Health & Native Americans
Grading Rubric for the Literature Review

Element	1	2	3	4
Introduction	Little background; vague sense of need; lacks main idea, direction, and currency of health problem	Some background and need; vague main idea, direction; weak currency of health problem	Clear background and need; clear main idea with some direction; sufficient currency of health problem	Clear and robust background, need, and currency of health problem; clear direction and main ideas
Scope and Currency of Literature	Few dimensions of the issue represented; lacks depth, relevancy, and currency	Some dimensions of the issue addressed, little depth, largely relevant and current information	Many dimensions of issue addressed, some tangential; good depth and currency	Exemplary representation of dimensions, depth, relevancy and currency
Analysis and Comprehension of Literature	Demonstrates little understanding of the issues and their complexity; fails to see strengths and limitations of research	Shows some understanding of the issues and their complexity; sees a few strengths and limitations of research	Good understanding of the issues and their complexity; recognizes many strengths and limitations of research	Exemplary understanding of the issues and their complexity; sees strengths and limitations of research; offers insights to how to improve research
Organization of Discussion	Poorly organized; difficult to follow discussion; lacks clear intention	Somewhat organized, intentions emerging	Well-organized; some uneven discussion; minor straying from logic	Excellent organization; clarity and logic sustained throughout discussion

Proper use of Grammar and Spelling	Consistent misuse of English grammar and misspelling; inappropriate use of slang	Several grammatical errors; minor misspelling	Few minor misspellings and grammatical mistakes	Exemplary
APA Style	Little or poor use of quotations, citations, titles, and page formatting	Inconsistent and mediocre use of quotations, titles, citations and page formatting	Largely good use of quotations, titles, citations, and page formatting	Exemplary use of quotations, titles, citations, and page formatting

What grade would you award Sample A and why?

What grade would you award Sample B and why?

What grade would you award sample C and why?
