

## AI/AN Historical Context and Standardization Overview

American Indian and Alaska Natives (AI/AN) are estimated to represent about 1.5 percent of the total population, or approximately 4.5 million people (U.S. Census, 2007). The AI/AN population includes over 560 federally recognized American Indian tribes and Alaska Native communities (Bureau of Indian Affairs, 1991). In addition, approximately half of AI/AN individuals live in urban areas of the United States, while the other half live in rural communities on or near reservations.

Established research with AI/AN populations has shed light on increased rates of health disparities, suicide, mental illness, poverty, and social injustice with these communities. Brave Heart and colleagues (Brave Heart, 1998; 1999a, Brave Heart & DeBruyn, 1998; Brave Heart-Jordan & DeBruyn, 1995) have attributed many of the aforementioned consequences to the more than 400 years of genocide, cultural purification, and coerced acculturation (Whitbeck et al., 2004).

When considering doing research within AI/AN communities it is necessary to utilize standardized psychological tests/measures, assessments and scoring procedures. Psychological tests establish pragmatically generated information, allowing for a more uniform measure of the participant's functioning and characteristics (Okazaki & Sue, 2003). Standardization also decreases legal and ethical issues, in that such procedures lessen the occurrence of unintended bias that might negatively impact the participant (Okazaki & Sue, 2003). Standardized measures are normed, which allow for the research participant to be compared with a relevant group of peers (e.g., patterns of behavior, characteristics, etc.; Okazaki & Sue, 2003).

In addition, research that includes the reliability and validity of specific test scales distinguishes a formal assessment from other means of clinical data gathering (Okazaki & Sue, 2003). Reliability focuses on the consistency of measuring observations such that the tests researchers give are able to measure what is claimed over time (e.g., test-retest; Kazdin, 1998). Validity is the extent to which scientific observations approximate what is claimed to be measured or the ability for a test to measure what it is intended to measure (e.g., construct; Kazdin, 1998).

### Overview: Literature Review Conducted

A brief review of the AI/AN literature was conducted in effort to identify trends related to instrument standardization for educational, diagnostic, and personality (e.g., functioning). Specific data bases and a main text were the primary resources utilized in the review (see below). Key words were combined during the search which led to approximately 120 identified dissertation abstracts, book chapters, and articles focused on AI/AN populations and standardization (see below). Ninety-four references were focused on for the current review.

Four categories (education, diagnostic, personality, and other) were derived to separate the references found. **Education:** included research that used tests to measure achievement, aptitude, intelligence, etc. (e.g., WISC-R, WIAT, PIAT, CTONI). **Diagnostic:** Clinical and psychological instruments used to identify diagnostic criteria or related symptoms (e.g., CES-D, ATQ-NA, IDD). **Personality:** Studies utilizing objective and projective measures for the purpose of the development of standardized norms or scoring for AI/AN populations (e.g., MMPI, Rorschach, DAP). **Other:** several studies focused on other culturally related concepts and constructs (e.g., acculturation, spirituality, developmental level, self-esteem, medical, etc.) (e.g., ASE5, Life Events, Indian Culturation Test). Frequencies of the participants characteristics were identified (e.g., age range, tribal affiliation/region/state). Poster identifies tribes to demonstrate the range of tribes represented in the literature (see grouping below). Age ranges were children (0-13), adolescents (14-18), Adults (18+), & college.

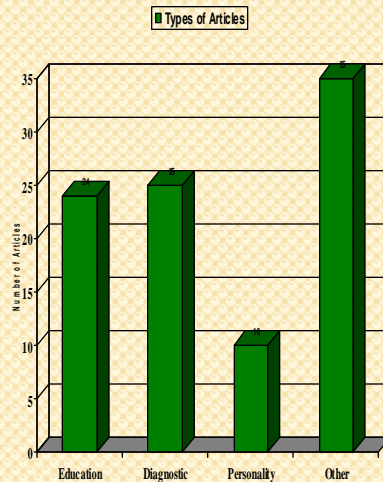
## Data Bases & Main Text Reviewed

Sources:	Years Searched:
• Psych Info	1974-2007
• PubMed	1974-2007
• Source	1974-2007

**Main Text:**  
• Bibliographies In Psychology: North American Indians & Alaska Natives Abstracts of the Psychological and Behavioral Literature, 1967-1994 [Trimble & Bagwell Eds, 1995]

## Categories Identified in the Literature Review

Category	#of Articles	Percentage
Education	24	(25.5%)
Diagnostic/Clinical	25	(26.6)
Personality	10	(10.6)
Other	35	(37.2%)
Total Articles	94	



## AI/AN Tribal Affiliation or Region/State Identified by Participants/Authors:

Tribal Affiliations:	Region/State AI/AN Identified:
Cheyenne (Northern)	Arizona
Cree	Colville North west Tribe
Eskimo	Eastern Woodland (tribe)
Hopi	New Mexico
Inuit (Canadian)	Northern Plains
Mayan	Pacific North west (tribe)
Miccosukee	South west (tribe)
Native Canadian/First Nations/Aboriginal	Urban/Mid west
Navajo	West
Ojibwa (or Chippewa)	

## Key Words Searched

- Native Americans, American Indian, Alaska Native,
- Native American veterans, American Indian/Alaska
- Native veterans, testing, psychology, clinical,
- assessments, measures, measurements,
- psychological testing, standardized tests, validity,
- reliability, American Indian & psychometric properties,
- Native American & anxiety scales, Native American &
- depression scales

## Barriers to establishing standardized norms for AI/AN populations

- Cultural diversity & distinctiveness of individual tribes
- Contending with participants' family orientation
- Acculturation, traditional healing practices, tribal identity, etc.
- Historical trauma & grief (e.g. historical genocide, previous unethical research in tribal communities, etc.)
- Stigma related to mental health and illness may reduce participation
- Connection within tribal communities (Noe, Manson, Croy, McGough, Henderson, & Buchwald, 2006)

## Recommendations

• As there are more than 560 federal recognized tribes, it may be impossible to establish standardized norms for each tribe. In effort to respect the cultural identity of AI/AN participants/patients and obtain some data related to tribal affiliation, it may be helpful to provide a description of the region from which participants/patients originate (e.g. Northern Plains). This will aid in the establishment of regional normative data for the AI/AN sociocultural groups.

• Previous unethical research conducted in Native communities has set precedence for researchers to build relationships with Native communities prior to conducting research. Relationship building with elders in the community (e.g. tribal council) and/or a cultural liaison to gain insight about the tribal community, reservation, and culture can be mutually beneficial. This will likely increase researchers' awareness about the tribal culture as well as the community. Additionally, increasing Native community members' insight about the researchers' intentions.

• It is also necessary to provide specific information to Native communities about the meaningfulness of the standardized research and the implications it will have for the community (e.g., increased medical resources, specific educational support, etc.). Allowing the community to have rights to data (e.g. permission for tribe for any utilization of data) will also increase the trust in relationships built with AI/AN community members.

## Discussion

The brief review of the literature revealed efforts toward standardization for new concepts and constructs related to AI/AN populations (e.g., traditionalism, acculturation, developmental levels), as the Other category accounted for approximately 37.2% or (35 of the 94 studies) identified in the literature review. While, recent research focusing on standardization with AI/AN communities for the purpose of education or diagnosis are about equal, accounted for by 25.5% and 26.6% respectively of the studies reviewed. Finally, the fewest amount of studies identified in the personality category (10.6%) suggest limited efforts toward standardization for AI/AN norms. This might also be related to the inherent difficulty with standardizing projective personality measures (accounted for 5.3% or half of the studies in the category). In general these findings suggest the need to continue to establish norms in research with regards to AI/AN populations. Without adequate norms it is difficult to assess functioning with the use of psychological tests available. APA (2002) established ethical codes that indicate the need for psychologists to be proficient in multicultural assessment procedures and instrumentation.

There are a variety of cultural considerations that should be established in the involvement of the standardization of tests and clinical diagnoses of AI/AN populations. In most instances, tribe-specific measures do not exist and the available standardized tests lack sufficient validated research and demonstration of linguistic, theoretical, and psychometric equivalence (Allen, 1998). A number of Native and non-Native professionals have provided a wealth of research on the implications of psychological testing and clinical assessments with regards to AI/AN populations (cf. Allen, 1998; Brescia & Fortune, 1989; Dana, 1995; Dauphinais & King, 1992; Hornby, 1993; Trimble & Fischer, 2006).

Researchers have advocated for the establishment of standardized tests/measures in which norms include Native populations. Furthermore, the development of instruments that account for culturally defined illnesses has also been posited (Allen, 1998). Clinical/diagnostic measures have not adequately captured illnesses that are ingrained within AI/AN communities. In addition, the consideration of the cultural and linguistic context of AI/AN communities and service utilizes should be developed (Dana, 1995; Dauphinais & King, 1992; Noe, Manson, Croy, McGough, Henderson, & Buchwald, 2006).

*"Tell me and I'll forget. Show me, and I may not remember. Involve me, and I'll understand."*

*tribe unknown*