“Walking in Two Worlds”: Towards an Indigenist Ecological Systems Model for Group Therapy

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Direct correspondence to Jillian Fish, fishx174@umn.edu. We acknowledge that the University of Minnesota, Twin Cities occupies the traditional homelands of the Dakhóta Oyáte (Dakota people). Minnesota comes from the Dakota word for the region, Mni Sota Maḵoce — "the land where the waters reflect the skies." We extend our gratitude to José Causadias, PhD, Mitchell Radin, PsyD and Ren Stinson, PhD, ABPP for reviewing and commenting on an earlier draft of the manuscript, and for conversations regarding the Indigenist Ecological Systems Model that have shaped parts of our conceptualization. We also extend our gratitude to Jillian Rowan at the Circle of Indigenous Nations for partnering with us for *Walking in Two Worlds*, and the psychologists at the Indian Health Board of Minneapolis for consulting with us and supporting our endeavor.

Public significant statement

This manuscript describes a culturally-adapted model of human development for Indigenous Peoples, which in turn, informs recommendations for counseling psychologists who want to engage more meaningfully and effectively with Indigenous Peoples in science and practice. Specifically, the recommendations focus on group psychotherapy and how counseling psychologists can integrate Indigenous cultures and histories into group interventions.

Abstract

Walking in two worlds is a common metaphor Indigenous Peoples use to describe their experiences navigating the differences between Indigenous and Western epistemological and ontological worldviews across various contexts. Despite wide support for this phenomena, there have been few attempts to address Indigenous-Western cultural incongruities through structural changes in counseling psychology, though as a profession, we are well-equipped to do so. Thus, we propose for counseling psychology to move towards an Indigenist Ecological Systems Model (IESM; Fish & Syed, 2018) as an integrative framework for promoting Indigenous epistemologies and ontologies in science and practice. We provide a brief overview of IESM and a direct application of the model through a case illustration of *Walking in Two Worlds*, a psychotherapy group for Indigenous Peoples. With IESM, we describe creating an Indigenous-informed clinical intervention that leverages Indigenous epistemologies and ontologies, prompting real ecological change. We conclude with implications IESM has for counseling psychology.

Keywords: Indigenous psychology, Indigenous ontologies, Indigenous epistemologies, ecological systems model, group therapy.

“Walking in Two Worlds”: Towards an Indigenist Ecological Systems Model for Group Therapy

“So many Indigenous people talk about the difficulty of “living in two worlds.” The overuse of the phrase does not really diminish the truth of it. In one world I float effortlessly, and then in the other, I struggle to walk and have to learn a new gravity. The one I struggle in often depends on how long I spend in the other. The two worlds don’t often meet nicely, but maybe someday they will.”

- Teague, Bois Forte Band of Ojibwe

“I have spent years walking between two cultures. The colonized world and the Ojibwe world. I spent half of my time in the city and the other half on the reservation, two very different ways of living.”

- Alyxis, Grand Portage Band of Ojibwe

“Not fitting in either culture was hard as a teenager and young adult with no sense of belonging in either world...”

- Maria, Turtle Mountain Band of Ojibwe¹

Indigenizing Counseling Psychology

Counseling psychology is concerned with adaptation and development across the lifespan with an emphasis on cultural diversity, social justice, and advocacy (Frazier et al., 2006). With specialized training in cultural considerations of human development, counseling psychologists are well-positioned to contribute to emancipatory efforts concerning Indigenous Peoples through innovative and relevant research and interventions. However, there is currently no overarching theoretical framework that aligns Indigenous cultures with science and practice in counseling psychology. That is, there is no general paradigm for counseling psychologists to use that privileges Indigenous epistemologies and ontologies as legitimate scientific knowledge that

¹ These excerpts are from larger narratives collected as a part of an IRB approved community-based research project in which the first author was the principal investigator, working under the supervision of the third author. While data analysis stemming from this project is not central to this manuscript, these are useful excerpts to gain insight into first-hand accounts of what it means to *walk in two worlds*. Moreover, to take what we are proposing seriously - an Indigenist Ecological Systems Model - we as counseling psychologists must begin to think about science and practice differently. Part of this is considering first-person, narrated accounts (i.e., stories) as data, as well as a psychological intervention. Thus, inclusion of these excerpts is a paradigm-shifting exercise intended to move us towards an Indigenist Ecological Systems Model. Please refer to our Open Science Framework page for additional resources related to this project (<https://osf.io/4zsh6/>) and guidance on using stories in research.

informs practice, advocacy, and research. To achieve Indigenous justice and equity, we must transform how psychology as a discipline views Indigenous knowledge systems in Western contexts and how psychologists approach their work with Indigenous Peoples. We propose counseling psychology move toward an Indigenist Ecological Systems Model (IESM; Fish & Syed, 2018) to center Indigenous Peoples and their worldviews in science and practice in order to effectively level the playing field between Indigenous and Western knowledge systems. We demonstrate the need for indigenist perspectives in counseling psychology, describe IESM as a response to this need, provide a case study of an intervention (i.e., indigenist group psychotherapy) from IESM, and conclude with suggestions for how Western psychotherapy and research can bring balance to unequitable conditions inherent in systems of coloniality.

Walking in Two Worlds: A Metaphor

Indigenous and Western knowledge systems can be understood through *walking in two worlds* – a common colloquialism used by Indigenous communities in the U.S. (Crozier-Hogle et al., 2010), Canada (McGregor, 2013), and Australia (Fitzgerald, 2006) that describes the phenomena of navigating two cultures (Karki, 2016) with distinct epistemologies (i.e., ways of knowing) and ontologies (i.e., ways of being; Halverson, 2011; Styres et al., 2010). Scholars across disciplines worldwide have long discussed *how* to reconcile Indigenous and Western knowledge systems in science (Smith, 2012; Wilson, 2001) and practice (Duran, 2019), including in counseling psychology (Gone, 2010; LaFromboise et al., 1990). We use *walking in two worlds* as a root metaphor – not to overgeneralize or minimize the complexities of Indigeneity (Henze & Vanett, 1993), but as an organizing analogy for colonialism’s legacy on the present day experiences of Indigenous Peoples worldwide, as well as Western practitioners.

Indigenist Scholarship

‘Radical Indigenism’ posits that Indigenous Peoples possess legitimate knowledge systems for understanding the world, and was developed in response to disciplinary research that seeks to control and dominate Indigenous Peoples (Garrouette, 2005). The latter is described as psy-colonization in psychology, wherein Indigenous Peoples must forego their cultural practices for empirically validated psychological interventions (Gone, 2019a). This process reflects the assimilation model of culture acquisition (i.e., Indigenous Peoples move from a seemingly less preferred culture to be absorbed into a more superior one; Gordon, 1978; LaFromboise et al., 1993), and is rooted in an enduring legacy of Western supremacy and colonial subjugation (Fish et al., 2017). To challenge this legacy, Indigenous scholars have called attention to assumptions about Indigenous epistemologies and ontologies that lead to their subjugation and instead, recognizes them as tools for creating new knowledge (Garrouette, 2005; Gone, 2019b; Wilson, 2001). IESM is a contribution to such efforts in counseling psychology.

Indigenist Clinical Practice and Research

Psychology has contributed to colonization’s impact on Indigenous Peoples through clinical practice and research that occurs at the micro- (i.e., the individual) rather than the macro-level (i.e., cultural contexts; Duran, 2019). Without context, the former pathologizes and loses its relevance for Indigenous Peoples experiencing enduring and complex sociohistorical problems. To liberate Indigenous worldviews from oppression, Duran (2019) calls for Western practitioners to approach research and interventions from the perspective of *epistemological hybridism*, which acknowledges there are multiple ways of knowing the world. Indeed, Indigenous Peoples have taken this approach for years (i.e., *walking in two worlds*), navigating Indigenous and Western cultures without sacrifice (i.e., biculturalism, Lafromboise et al., 1993; e.g., the Chamorro people of Guam, Taimanglo, 1998; e.g., the Arawak people of Guyana, Provost & Quintana, 2010) in an

important departure from neocolonial notions of cultural acquisition. Such concepts are central to IESM, which provides counseling psychologists a framework for understanding Indigenous epistemologies and ontologies as critical to the worldviews of Indigenous Peoples, as well as legitimate pathways to knowing and healing (e.g., Haitian health beliefs; Nicolas & Rendón, 2010; LaFromboise et al., 1993) that Indigenous Peoples cannot – and should not have to – sacrifice or forego. This necessitates that counseling psychologists honor Indigenous lifeways throughout the different domains of our profession (Leung & Chen, 2009).

If approaching clinical practice and research with Indigenous Peoples through the lens of Indigenous worldviews is the solution to oppression, how do psychologists engage in this process? Thirty years ago in *The Counseling Psychologist (TCP)*, LaFromboise et al (1990) proposed that psychologists cast aside conventional clinical principles for culturally sensitive approaches that integrate traditional healing methods into psychotherapy modalities resonant with Indigenous Peoples in North America. LaFromboise et al's (1990) integrative approach reflected the multicultural counseling zeitgeist of the late 20th century (Vera & Spleight, 2003) to the 2000s, shaping psychology's multicultural competencies (Pope-Davis et al., 2003). Ten years ago in *TCP*, Gone (2010) critiqued “culturally competent” psychotherapy as running the risk of engaging Indigenous Peoples – in this case, American Indians – in psychotherapy that has been superficially tailored, noting that substantial integration is required to avoid neocolonial forms of psychotherapy. Ultimately, Gone (2010) highlighted challenges to integrating psychotherapy and traditional healing, and recommended psychologists alter local traditional healing practices to standard psychological convention as a decolonial integrative approach. Indeed, scholars have long advocated for the integration of Indigenous Peoples' epistemologies and ontologies into counseling psychology and practice in North America and beyond, including in Indigenous

communities in China (Leung & Chen, 2009), the Māori of New Zealand (Bennett et al., 2016), Indigenous Peoples in Botswana (Moeti & Mokgolodi, 2017), among many others (Nicolas & Rendón, 2010; Taimanglo, 1998). As a result, we propose IESM as a framework to further efforts to integrate Indigenous worldviews with counseling psychology.

Summary

What is most critical, yet often overlooked about this scholarship is its premise; Indigenous Peoples have been healing their communities without Western legitimization for centuries, predating Western psychologies and modalities of healing. Given that we are still seeking to center Indigenous epistemologies and ontologies in psychological science and practice demonstrates the critical need for an integrative framework that will effectively indigenize counseling psychology; an indigenization that enables counseling psychologists to recognize and honor the worldviews of Indigenous Peoples in all aspects of our work. Following LaFromboise et al (1990) and Gone (2010), we propose IESM as a rich and descriptive taxonomy for counseling psychologists to organize their lifeworlds and those of the Indigenous Peoples they work with to promote anticolonial science, practice, and advocacy, which we describe next.

An Indigenist Ecological Systems Model for Group Therapy

IESM occurs at the intersection of Indigenous and developmental frameworks. The former advocates for Indigenous paradigms to interpret the world (Gone, 2019b; Wilson, 2001), and the latter emphasizes cultural and sociohistorical contexts of development (Bronfenbrenner, 1979). IESM is an adaptation of Bronfenbrenner's (1979) ecological systems model highlighting the influence that interactions between individuals, their environments, and the broader context have on development. These environments are conceptualized from the individual's perspective, including the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (see

Bronfenbrenner, 1997). IESM includes the environments from the original model, but offers a divergent conceptualization of their order and meaning – one that privileges Indigenous Peoples’ histories and cultures in their development (Duran, 2019), and as the foundation of their well-being (Gone, 2010; LaFromboise et al., 1990). IESM offers counseling psychologists a tool – not to *examine* Indigenous Peoples – but for understanding differences in ways of knowing and being (Garrouette, 2005), and the bearing such incongruities have on Indigenous Peoples’ well-being. To bridge the gap between two epistemological worlds, IESM asks counseling psychologists to recognize Indigenous histories and cultures as sources of profound knowledge with great potential for healing. This requires counseling psychologists to examine Western epistemological assumptions about Indigenous ways of knowing, including actively engaging in critical self- (i.e., your own ecology) and structural- (i.e., the ecology of Western psychotherapy) examinations. In other words, co-initiating a healing journey with Indigenous clients in psychotherapy necessitates asking, *What am I doing that oppresses Indigenous ways and knowing and being? How are the spaces and places I inhabit further marginalizing Indigenous Peoples? And most importantly: How does this impact Indigenous Peoples’ development?* Thus, IESM is an invitation for counseling psychologists to step out of Western worldviews and into those of their Indigenous clients, hence the term *Indigenist*. We describe IESM below in the order we conceptualize the environments in (see Fish & Syed, 2018 for full review):

Chronosystem

The chronosystem captures the influence of time on development. As a result, it is depicted as a three-dimensional environment that spans the other environments in the original ecological systems model (Bronfenbrenner, 1997). However, we conceptualize the chronosystem as 1) the center of and 2) third-dimension in IESM. As depicted in Figure 1, the chronosystem is

the foundation on which the remaining environments are stacked. Rather than equate time with chronological age, the chronosystem measures change and stability over an individual's lifetime, and historical and cohort shifts across generations. The chronosystem extends *backwards* before an individual's lifetime to circumstances and events that occurred prior to their lifespan, but without a doubt shaped it (e.g., historical trauma, Brave Heart et al. 2011). In the opposite direction, we also conceptualize time as extending *forward* beyond an individual's lifetime, leaving a legacy for following generations. Diverging from our past definition (see Fish & Syed, 2018), the chronosystem has a bidirectional relationship with the other environments in IESM (illustrated by the solid arrows on Figure 1); history affects individuals' interactions with other environments (e.g., colonialism), and other environments affect history (e.g., erasure). While our focus is on Indigenous Peoples, counseling psychologists would benefit from a self-examination of their chronosystem when pursuing anticolonial efforts to glean insight into the legacies that have shaped them.

Macrosystem

In IESM, the macrosystem is the second environment, rather than the fifth as in the original ecological systems model (Bronfenbrenner, 1979). Macrosystems are generally thought of as patterns in lifestyles, beliefs, ideologies, customs, and opportunity structures (i.e., cultures or subcultures) within and between environments. While not Bronfenbrenner's (1979) intention, scholars often neglect culture at the outskirts of the model, which is a criticism of evidence-based interventions in psychotherapy (Castro et al., 2010) noted by Indigenous psychologists (Duran, 2019; Gone, 2010; LaFromboise et al. 1990). Thus, we situate the macrosystem as proximal to development, making it difficult to ignore elements of culture, similar to what other scholars have advocated for (see García Coll & Magnuson, 1999; Juang et al., 2012; Vélez-Agosto et al.,

2017). This move prevents further marginalization of Indigenous epistemologies and ontologies that are central to Indigenous Peoples' development (e.g., tribe, Syed & Fish, 2018; relationality, Cowie et al., 2016; language, Horse, 2005; spirituality, Gone, 2010). Like the chronosystem, the macrosystem has a bidirectional relationship with the environments in IESM, as indicated by the dashed arrows on Figure 1. Consequently, macrosystems (i.e., cultures) can be limited due to constraints of the chronosystem. For instance, the legacy of settler colonial histories has obfuscated the ease with which Indigenous Peoples can access their cultures in environments shaped by the dominant one. Accordingly, macrosystems have great potential to provide counseling psychologists with rich, descriptive information regarding the lifeworlds of Indigenous Peoples, as well as counseling psychologists' own backgrounds, assumptions, worldviews, and guiding philosophies.

Individual

The individual is the the starting point of the original ecological systems model, as this is where core psychological phenomena (e.g., acculturation, Berry, 1997; mental health, Jahoda, 1958; identity, Erikson, 1959) are located. However, this arrangement necessitates scholars start and end their inquiry at the level of the individual, encouraging a deficit perspective that runs the risk of situating problems in individuals and their communities. To the contrary, our arrangement contextualizes individuals' experiences with the environments they are nested within – the chronosystem (i.e., history) and the macrosystem (i.e., culture). As a result, the individual is the third level of IESM to situate Indigenous Peoples within a broader historical and cultural context, rendering it impossible to ignore the role of these factors on development. Consequently, we cannot consider an individual separate from the histories and cultures that affect them. This includes the incongruities between an Indigenous Peoples' histories and cultures and our own,

and the histories and cultures of the environments that Indigenous Peoples interact with, as described below.

Microsystem

The microsystem is the fourth environment in IESM, and the first environment after the individual in the original ecological systems model (Bronfenbrenner, 1979). The microsystem follows the individual because it captures patterns in roles, activities, and interactions within a person's *immediate* environment (e.g., reservations, urban areas, family and peer relationships, psychotherapy, college campuses, Fish & Syed, 2018). As environments that are most salient to Indigenous Peoples, microsystems have great potential to influence development, especially when considering potential historical and cultural congruities or incongruities that have a bearing on Indigenous Peoples' experiences *walking in two worlds* (Fish & Syed, 2018).

Mesosystem

Though the mesosystem is the second environment in the original ecological systems model (Bronfenbrenner, 1979), it is the fifth in IESM. The mesosystem refers to interactions between environments that are most salient to the individual (i.e., a relationship between microsystems). As their own environment, microsystems have great potential to influence Indigenous Peoples' development, however, mesosystems have far more significant implications for addressing systemic inequities in environments shaped by legacies of Western supremacy and colonization. For instance, if there are incongruities between Indigenous Peoples and their microsystems, mesosystems (i.e., partnerships) can bridge the gap. Mesosystems have been used to create educational partnerships (Cooper et al., 2005) to address the need for healthcare professionals in tribal communities and universities who serve Indigenous Peoples (see Campbell, 2007), and to form community-based partnerships with Aboriginal stakeholders to

improve health care delivery in Australia (Reifels et al., 2018). Mesosystems have the potential to address issues with Western societal structures found in the chrono- and macrosystem, and decrease the need for Indigenous Peoples to *walk in two worlds* by closing the epistemological and ontological gap between Indigenous and Western worlds. As we discuss below, the mesosystem is the foundation of our case illustration.

Exosystem

In IESM, the exosystem is the final environment, though it is the third in the original ecological systems model (Bronfenbrenner, 1979). Exosystems are one or more environments that are distal to the individual; exosystems do not involve the individual as an active participant. While the previous environments are proximal to Indigenous Peoples, exosystems might not be. Despite this, exosystems indirectly influence Indigenous Peoples, as the decisions and policies of distal environments trickle down to the spaces and places Indigenous Peoples directly interact with. Indeed, exosystems often operate without input from Indigenous Peoples, which can change through collaborations between exosystems and environments that are proximal to Indigenous Peoples (i.e., microsystems). Distal environments, such as the government, could partner with Indigenous communities to produce meaningful changes in programming and policy that are centered on Indigenous epistemologies and ontologies (e.g., the National Institute of Health's [2019 Traditional Medicine Summit](#)).

Case Illustration: Walking in Two Worlds

While IESM provides counseling psychologists with a descriptive framework for understanding the sources of cultural incongruities between Indigenous Peoples, Western environments, and interventions to address them with, we focus our attention on an intervention

from the mesosystem – an indigenist psychotherapy group with Indigenous Peoples of North and Central America, *Walking in Two Worlds*.

An Indigenist Ecological Needs Assessment

Walking in Two Worlds (WTW) was born out of the need to provide Indigenous Peoples with a space that privileges Indigenous epistemologies and ontologies in processing the actual experience of *walking in two worlds* at a university (i.e., microsystem). All universities in the U.S. are established with resources appropriated from Indigenous Peoples (i.e., Indigenous land) and have their institutional roots in settler colonialism (Stein, 2016). Thus, university culture often reflects the dominant, Western culture, and permeates spaces on campus intended to provide direct support to Indigenous students, such as counseling centers (i.e., microsystems). While university counselors tend to value being knowledgeable about chronosystems (i.e., histories of oppression), macrosystems (e.g., multiculturalism), and their effects (e.g., marginalization), few are trained to integrate Indigenous epistemologies and ontologies into treatment to counter Western ecological systems (LeViness et al., 2018; Portman, 2014). Thus, Indigenous approaches to healing including spirituality, connections to the land and community, and relationality are overlooked (Lokken & Twohey, 2004). Indeed, these are failings of Western psychology training programs occurring at the level of the chrono- and macrosystem that have a direct impact on Indigenous students seeking services (Willmott et al., 2016). Alas, there is much work to do to support Indigenous Peoples in seeking out (Eisenberg et al., 2011) and sustaining engagement in mental health services (Miranda et al., 2015) that do not merely integrate Indigenous epistemologies and ontologies into treatment, but are the foundation of it. Ergo, we introduce WTW – a cultural, strengths-based, clinical intervention to counter coloniality in Western psychotherapy (see Figure 1).

Creating an Indigenist Psychotherapy Group

To address the lack of culturally appropriate psychotherapy services for Indigenous students, the first author facilitated a collaboration (i.e., a mesosystem) between the Circle of Indigenous Nations (COIN) and Student Counseling Services (SCS) at the University of Minnesota, Twin Cities (i.e., microsystems). To provide greater context of the first author's ecology, she identifies as a cisgender female from the Tuscarora Nation of the Haudenosaunee Confederacy, which is where generations of her family were born and raised, in addition to herself. During WTW, she was a PhD student in counseling psychology gaining experience with local healing practices as a practicum student at the Indian Health Board of Minneapolis. With encouragement from the Indian Health Board, she initiated a partnership between COIN and SCS to provide group psychotherapy to Indigenous students. COIN is an office of academic support for Indigenous students; its mission is to promote cultural values and build community, whereas SCS is a university counseling center with a broad vision of empowering students to reach their goals. The second author was the director of SCS during WTW, which he served for 11 years. The second author is a White, cisgender male with considerable privilege as the director of SCS and Assistant Vice Provost of Student Affairs. He is a second generation European Jewish American whose immediate family fled Poland and Austria prior to WWII because of anti-semitic fueled violence. While both COIN and SCS were enthusiastic about WTW, it did present challenges. Counseling centers rarely have Indigenous staff, tend to use Western counseling techniques and concepts, and operate within rule-bound, hierarchical structures of the university and the mental health profession, which was true of SCS. Though located adjacent to COIN, few Indigenous students accepted referrals to SCS. Thus, we proposed the following group psychotherapy procedures, which were radically different from psychotherapy groups at SCS:

- The group would use Indigenous epistemologies and ontologies to promote healing, including local traditional medicines and cultural healing practices
- WTW would attend to Indigenous students experiences of *walking in two worlds*, and include discussions on historical trauma, survivance, and Indigenous identities, among other topics
- WTW would be facilitated in COIN, not SCS
- As an Indigenous space, the first author (a Tuscarora woman) would facilitate WTW
- To avoid pathologizing Indigenous Peoples and to decrease barriers to seeking services, students would not be clients of SCS or be required to complete a formal intake
- WTW would meet after business hours, when COIN is closed, to maintain Indigenous students' privacy. No faculty or staff would be permitted
- WTW would be open to self-identified Indigenous students and closed to non-Indigenous students

We were guided to these points through careful consideration of the differences in approaches to mental health treatment between Western institutions and Indigenous healing (i.e., macrosystems), as well as through consultation with the Indian Health Board. We considered the historical and cultural landscape of Minneapolis-St.Paul, which includes one of the nation's largest and most heterogeneous urban Indigenous populations in the U.S. The first author was familiar with local customs through her volunteer and clinical work, and suggested facilitating WTW with traditional medicines (i.e., sage, cedar, and sweetgrass) and in the format of a talking circle – a common cultural practice used by Indigenous Peoples in North America that allows individuals to speak and be heard in a non-hierarchical manner (Kelley & Lowe, 2018). SCS viewed potential concerns regarding risk management, client record-keeping, and adherence to university and professional policies as opportunities to address the settler colonial structure of

the counseling center. To strike a balance between the need for documentation and decreasing barriers, the first author wrote a weekly summary of WTW and met with the second author for supervision. We agreed there would be a licensed mental health professional available in SCS for consultation while WTW met, which was often the second author. To create a safe environment, WTW would have an Indigenous facilitator, be held in a non-traditional space for psychotherapy, and be advertised to Indigenous student groups affiliated with COIN with a contingency plan for non-Indigenous students to be compliant with the University's non-discrimination policies.

Implementing and Facilitating WTW

WTW Practicalities

WTW met weekly during the 15-week university semester from Spring 2017-2018. The director of COIN provided the space for the first author to facilitate the 90-minute group. While there is limited Western empirical research supporting the use of Indigenous healing practices and traditional medicines, there is growing support for their inclusion in mental health care as legitimate sources of healing (Gone, 2010; Hartmann & Gone, 2012). To honor this, traditional medicines were an integral component of WTW, and talking circle began with smudging. As one example of mesosystem support, SCS advocated for an exemption for the university's open fire prohibition and COIN was permitted to use traditional medicines through the American Indian Religious Freedom Act. In accordance with talking circle practices, there was no cross-talk (i.e., back-and-forth), and group members could share as much or as little as was comfortable. To signify sharing, participants passed a talking piece from one another clockwise until the session was over. From consulting with the Indian Health Board, we decided that the end time would be flexible to ensure WTW ended with a complete circle (i.e., each group member had a chance to

share). After additional consultation, we decided to end WTW with group members sharing two words describing their feelings.

Over the course of three semesters, WTW served 19 Indigenous undergraduate and graduate students, who ranged in age from their late teens through late thirties, and included males, females, and two-spirit people. The Indigenous students who attended WTW were largely from North and Central America, and were representative of the Ojibwe and Dakota nations in Mni Sota Makoce and the Midwest, as well as Cherokee, Menominee, and Kickapoo nations (to name a few). There were also First Nations students, students Indigenous to Mexico, and students who identified as biracial and mixed in addition to Indigenous. To prevent barriers to participation that reflected colonial power dynamics or systems with histories of coloniality (e.g., blood quantum laws, government recognition of Indigeneity, Simpson, 2014), students did not have to be enrolled members of their tribal nation (if applicable) to participate in WTW, but joined based on self-identification. Group members were not required to attend regularly or all sessions, but rather, could attend up to their discretion to decrease potential barriers to attendance (*“WTW is here when you need it”*) and mental health engagement. Thus, the size of WTW varied from 2-6 group members per session. If there were not enough group members present for WTW to occur (e.g., 0-1 group members), the facilitator cancelled group or checked-in with the single group member who presented. On average, there were three cancellations per semester.

WTW Group Processes

During the beginning stages of WTW, the first author initiated sharing until trust and safety was established, which occurred when group members initiated sharing themselves. Group members often shared about trauma (e.g., intergenerational, personal, historical), racism and oppression, relationships, spirituality, academia, identity, mental health, and gender. These

themes were often discussed in the context of Indigeneity, in reference to Western cultures or institutions, as well as colonial and Indigenous histories. As topics that are not given much “airtime” in PWIs and due to the nature of the talking circle (i.e., no cross-talk), student sharing was often a richly descriptive narration of their relationship to these themes. Students who did not previously have access to spaces to explore their experiences as an Indigenous person could be both enlightened and challenged in WTW.

On a basic level, WTW was a new microsystem made possible by a mesosystem partnership. On a much deeper level, WTW was a microcosm of IESM, wherein students could integrate their Indigenous histories and cultures into their sense of selves, and grapple with what this meant when interacting with their environments. This was especially true for students who attended regularly and felt a sense of community in WTW. Indigenous students grappled with questions like, *What does it mean to be Indigenous? What histories have shaped me (and my family)? What does it mean to be a White-passing Indigenous person in relation to a brown Indigenous person at a PWI? And even, What does it feel like to be a brown Indigenous person in relation to a White-passing Indigenous person in WTW?* Indeed, these questions traversed the various environments in IESM, occurring at the intersection of the individual, their immediate environments (i.e., microsystems), institutional structures (i.e., exosystems), and the nuances afforded by chrono- and macrosystems. In the beginning, students discussed these questions in the context of a PWI, however, these eventually became questions students grappled with in WTW itself. As students did so, they created a new ecological landscape to understand their experiences in; one in which their Indigenous histories and cultures were front and center in, as well as permeated every facet of the healing experience. Rather than using Indigenous epistemologies (e.g., creation stories, relationships to the land, animals, dreams) and ontologies

(e.g., traditional medicines, spiritual practices) as tools in the healer's toolbox, WTW considered Indigenous epistemologies and ontologies as foundational to group member's ecologies and provided a space that empowered Indigenous Peoples to leverage them in their healing, reconfiguring Indigenous Peoples' relations with colonial structures.

While there was no cross-talk, the content and process of sharing could result in complex group dynamics. For instance, White-passing/lighter complexion group members' sharing about their identities as People of Color could trigger students who were identifiably of color. This was further complicated if students shared for an extended period of time, making the distribution of time students had to share disproportionate. Group conflict was not *simply* group conflict, but rather, was further contextualized by students' diverse chrono- and macrosystems that, when unexplored, could cause rifts between group members who had considered these facets of their self in relation to their current privileges or lack thereof. While the first author was tasked with highlighting the effect of *what* and *how* group members shared on others and prompting further exploration into chrono- and macrosystems and perhaps, their resulting inequities, it was the students' own sharing that deepened the intra- and interpersonal processing in the group. Other group dynamics included students offering one another traditional medicines when sharing an emotionally salient experience. Thus, while group members showed up to WTW to share, they also showed up to support each other with cultural and historical practices long marginalized in Western society, but central to WTW. Another important feature of WTW was *humor as medicine*. Before WTW started and after it ended, group members engaged in small-talk and deepened their connections through jokes and laughter. This was also an important tool students used to bring levity to a discussion, and to ground it in a broader shared cultural experience – that of humor. The richness of WTW was not due to group processing alone, but rather due to the

diverse ecologies of students afforded by the various layers of their chrono- and macrosystems. Like IESM, chrono- and macrosystems – i.e., histories and cultures – were not static descriptors of students' backgrounds, but living and breathing organisms for students to interact with and leverage in their healing, and that of others, when in talking circle.

There were no measure-based evaluations of WTW. Instead, group members reflected on their experiences and provided recommendations at the end of each semester. Students described increases in their well-being (*"I know how to talk about my feelings now"*), and their sense of community in a Western institution. One student who attended the group for three semesters told the first author, *"I came because my friend wanted me to come. I didn't think I was going to come back, but I've come every semester since."* Other students described using WTW as replacing individual psychotherapy (*"I was looking for a therapist but stopped after coming to WTW"*) and Western psychotherapy (*"Counselors don't understand what I'm talking about, but people in WTW do"*). Students also described feeling encouraged to seek out traditional healers from their communities. Thus, WTW served as a space in which students created new futures and possibilities connecting to practices and traditions steeped in chrono- and macrosystems that previously went untapped. Constructive feedback included ensuring sharing occurs equitably, suggestions for welcoming new group members, and maintaining a sense of safety when conflict arises. Both facilitating and being in circle with group members and their ecologies was a dynamic process that evolved with WTW, which was bolstered by a robust supervision process.

Supervising WTW

The second author, who had only modest knowledge of and no experience with Indigenous healing practices, supervised the first author for WTW. Supervision focused on WTW practicalities and processes, and was enhanced by exploratory conversations about the

first and second author's historical and cultural differences (and even similarities). Nerburn (2009) noted that European-heritage Americans tend to either vilify or romanticize Indigenous Peoples. During supervision, the second author became aware of a personal history of the latter perspective. While he had done considerable reading about Indigenous experiences, it was the direct, relational experience with the first author that contributed to a more balanced, human perspective, whereas the second author gained a much deeper understanding of ethical and clinical considerations of Indigenous mental health. As a student herself, it was not uncommon for the first author to have dual relationships with group members, which we navigated with support from the Society of Indian Psychologists' (SIP) commentary on APA's code of ethics (SIP & García, 2014). While the supervisor did not have the expertise to supervise Indigenous healing practices, the first author kept him informed about practices used in WTW, bearing in mind the connections she had within the local community to consult if needed. This knowledge was shared with SCS to create wider structural (i.e., macrosystem) changes in approaches to the mental health care of marginalized students. Though macrosystems are often the result of histories from long before us, we do have the mechanisms to change them to create environments that give freedom to and empower Indigenous ways of knowing and being, such as WTW.

Discussion

Moving towards an Indigenist Ecological Systems Model is crucial for counseling psychologists to align science and practice with culture to bridge the gap between Indigenous-Western binaries for Indigenous Peoples. Historically, counseling psychology has and continues to aspire to integrate Indigenous healing practices into Western psychotherapy to promote the health, well-being, and liberation of Indigenous Peoples worldwide (Gone, 2010; LaFromboise et al., 1990; Moeti, & Mokgolodi, 2017; Taimanglo, 1998). We offer IESM as an indigenized

paradigm that provides counseling psychologists with a dynamic framework for delving into the rich and complex cultural and historical forces within and between Indigenous and Western peoples – forces that shape our interactions, ability to connect with, and truly serve Indigenous Peoples. Through a case illustration of *Walking in Two Worlds*, we provided an application of IESM that enabled us to assess and address the mental health needs of Indigenous Peoples from North and Central America with a bottom-up, contextual, clinical intervention that leveraged participants' ways of knowing and being to counter colonial legacies through a mesosystem partnership. Implications on practice, advocacy, training, and research are discussed next.

Implications for Practice

IESM equips counseling psychologists with a paradigm to view Indigenous Peoples' worlds through, while simultaneously prompting counseling psychologists to delve deeper into their own worlds to understand their biases, assumptions, and limitations in knowledge that are a barrier to effectively serving Indigenous Peoples – which was evidenced in our case illustration, specifically, the depth of the interactions between group members, the facilitator, and even the supervisor. Although counseling psychology has been addressing the necessity of multicultural counseling since the 1980s (Sue et al., 1982), it has only recently begun to recognize Indigenous traditional healing as a viable counseling intervention (Stewart, 2008), with increasing evidence that cultural adaptations can improve treatment (e.g., diagnosis, Kleinman, 1996) and outcomes (e.g., explanation of illness, Benish et al., 2011; e.g., psychotherapies that consider cultural, linguistic, social, and economic factors, Bernal et al., 2009). IESM is the latest contribution to multicultural efforts in counseling psychology, and more specifically, indigenist efforts that can inform a successful group psychotherapy that centers Indigenous Peoples worldviews. While we understand that many counseling psychologists are eager for Indigenous paradigms to increase

their effectiveness with Indigenous clients, we must also note that using IESM requires meaningful and intentional efforts to identify and address Indigenous-Western incongruities, and to prevent psychologist missteps like cultural appropriation.

While there were several features of WTW that are cornerstones of group psychotherapy (e.g., installation of hope, universality, interpersonal learning, group cohesiveness, Yalom & Leszcz, 2005), there were also several points of departure that were informed by IESM (i.e., student chrono- and macrosystems), including the use of traditional medicines, talking circles, and talking pieces, in addition to engaging group members in discussions regarding their cultural practices and beliefs that were steeped in rich familial, ancestral, land-based, and tribal histories. As mentioned earlier, we considered these to be living and breathing elements of WTW – elements that the facilitator uncovered through a careful consideration of IESM within the context of group, and worked with throughout the group process. This necessitated deep knowledge of and local experience with traditional medicines and associated teachings (i.e., their healing properties, appropriate use, appropriate harvesting of medicines), talking circles (i.e., how to facilitate them, how to open and close them), and group members' ecologies – not just the epistemologies and ontologies underlying their Indigeneity, but how individuals uniquely relate to them (i.e., individual differences). Regarding the latter, there must be an Indigenous-centered *space* – literally and figuratively – in which Indigenous Peoples are given the power to be the author of their own cultural and historical narratives, and thus, bring these features of their selves into psychotherapy, whether it is group or individual. In our case example, WTW served as the literal space (i.e., a new microsystem) for Indigenous clients to feel empowered to invite their cultures and histories into psychotherapy, however, the facilitator and group members also created a figurative space for students to engage with their ecologies with the first author.

We caution against a surface-level treatment of Indigenous clients' epistemologies and ontologies, or in other words, treating such integral features of the self as checkbox items to be assessed for and known by counseling psychologists. While knowledge of Indigenous clients' epistemologies and ontologies *is* important, it is just as critical to attend to the process of how counseling psychologists are accessing that knowledge. For instance, non-hierarchical, first-person narrated accounts of Indigenous epistemologies and ontologies were cornerstones of WTW, which contrasts with the standard intake process (i.e., intake forms, hierarchical, role-bound communication) – an incongruity that we identified through IESM before implementing WTW. However, knowledge derived from IESM is incomplete without first-hand experiences with Indigenous Peoples themselves, as the first author also had awareness of this through her professional training at the Indian Health Board. While we hesitate to be prescriptive about who can and cannot use the integrative methods highlighted here, several of the indigenist features of WTW (i.e., traditional medicines, talking circles) *cannot* and *should not* be implemented by counseling psychologists who do not have significant first-hand experience with traditional healing methods in a local Indigenous context (i.e., the Indigenous context relevant to the Indigenous client(s) a counseling psychologist is working with); to do so would be cultural appropriation and would be harmful, furthering Indigenous Peoples marginalization in counseling psychology (Duran, 2019). This applies to whether the counseling psychologist is Indigenous or non-Indigenous. For example, the first author is from a different tribe and geographic area of WTW, and prepared to implement and facilitate WTW after volunteering and completing clinical training for two and a half years in the local urban Indigenous community.

Implications for Advocacy

While interventions offered by IESM – like implementing indigenist group psychotherapy – may present challenges to counseling psychologists, approaching such challenges as opportunities for growth is imperative to advance integrative models of Indigenous healing and Western psychotherapy in counseling psychology (Gone, 2010; LaFromboise et al., 1990). Although we contend that IESM has the potential to effectively indigenize counseling psychology by providing counseling psychologists with an organizing taxonomy for Indigenous Peoples' ecologies, counseling psychologists' ecologies, and potential points of intervention to bridge the gap between the two, few counseling psychologists likely feel equipped to do so. Thus, for an indigenization of counseling psychology to occur, counseling psychologists must advocate for institutional-wide efforts to address barriers to providing Indigenous clients with culturally appropriate services, as we did with WTW. However, our application of IESM also identified challenges that counseling psychology as a profession must overcome to be able to address the needs of Indigenous Peoples in a therapeutic environment. We encourage counseling psychologists to use IESM to continue engaging in a critical self-examination of their personal ecologies to know their limitations, their capabilities, and their areas of growth when it comes to engaging in anticolonial work, which starts with committed individuals willing to advocate for more just Indigenous futures, starting with training programs and supervision.

Implications for Training

Multicultural competencies are an accepted and required professional standard for counseling psychology training programs (APA, 2002), yet there continue to be issues with the training itself. Multicultural training can still consist of “learning about” Indigenous Peoples, instead of having direct, relational learning experiences with Indigenous communities. While broad multicultural training is helpful for increasing trainee self- (e.g., biases) and general

awareness (Chao et al., 2011; Toporek & Pope-Davis, 2005), this training is insufficient for learning about Indigenous histories and cultures – which vary between and within Indigenous Peoples. Due to the dynamic nature between Indigenous Peoples' histories, cultures, and their environments, we suggest learning through action and in context. However, for this to occur, there needs to be training experiences and opportunities that provide a greater understanding of Indigenous Peoples' conceptualizations of wellness and mental health, and increased recognition of Indigenous healing and health-maintenance practices. Both of which can be enhanced by observing, partnering with, and practicing under the supervision of Indigenous healers and practitioners in a broader partnership between training programs and Indigenous communities. For instance, in the Minneapolis-Saint Paul area alone, there are three training programs that are specific for working with Indigenous Peoples, including the Indian Health Board, the Native American Community Clinic, and the American Indian Family Center. All of which have mental health practitioners and community members with traditional and spiritual knowledge related to healing on staff. We suggest doctoral programs identify Indigenous organizations such as these for training opportunities, whether it is presentations, practicum opportunities, or internship, and encourage students to seek this training out. Indeed, for a paradigm shift to occur, counseling psychologists must see indigenist cultural competence as essential to our profession, which necessitates that we relate to histories and cultures as fundamental to Indigenous Peoples' lived experiences and our own, thus, influencing our clinical practice with Indigenous peoples.

Implications for Research

There is a significant need for additional inquiry into the integration of Indigenous and Western healing practices (Gone, 2010; Hartmann & Gone, 2012). The need for Western legitimization via empirical research is a colonial one that is predicated on hierarchical

recognition of what is *true* according to Western standards (Duran, 2019). However, it is difficult to advance the scholarship with the growing but limited literature. Gone (2010) proposed that Indigenous communities and researchers collaborate to develop innovative interventions, like the partnerships seen in IESM. Developing trusting relationships with Indigenous communities can bridge the research gap by prioritizing the needs of Indigenous Peoples in empirical research. An element of these collaborations is that Indigenous Peoples are stakeholders in research, meaning that research is not just for Indigenous Peoples, but that it is *by* them as well, thus, positioning Indigenous Peoples to own and manage their data (see First Nations Principles of Ownership, Control, Access, and Possession, First Nations Information Governance Centre, 2014). This is crucial, as reconfiguring colonial relations requires Indigenous Peoples be in non-hierarchical partnerships with researchers. For a group like WTW, future research could focus on additional case examples using Indigenous-aligned methods, such as ethnographically contextualized case studies (Gone & Alcántara, 2010; Kral, 2007). While some may be inclined to focus on outcome data, and pre- and post-tests, we recommend proceeding cautiously as such methods are more congruent with Western forms of knowledge production.

Conclusion

When we include Indigenous epistemologies and ontologies into Western narratives of health and wellbeing, we are giving voice to Indigenous Peoples' experiences in places and spaces where it has long been oppressed. With IESM (Fish & Syed, 2018), we can no longer neglect diverse and varied iterations of Indigeneity in science and practice. Through an intervention offered by IESM, we implemented an Indigenous-focused clinical intervention that initiated reciprocal change in Indigenous and Western ecologies. That is, Indigenous Peoples had access to an anticolonial healing space at a Western institution that was not previously part of

their personal ecology or the ecology of the institution, thus, transforming them. For a similar transformation to occur in counseling psychology, we must be active proponents of and allies to Indigenous Peoples. As Teague says, *“I keep fighting for my values[,] trying to get these two worlds to join. Like my grandmother, I can always use these traditions to build the framework and the new rules for how I will live.”* Accordingly, IESM is an invitation for counseling psychologists to join in this endeavor with Indigenous Peoples.

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Figure 1

Three-Dimensional Figure of the Indigenist Ecological Systems Model