PREDICTIVE FACTORS OF PSYCHOLOGICAL HELP-SEEKING AMONG NATIVE AMERICANS IN NORTH CAROLINA AND SOUTH CAROLINA

by

Christopher Gene Locklear

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Approved by:

_____
Dr. Lyndon Abrams

_____
Dr. Tabitha Haynes

_____
Dr. Hank Harris

_____
Dr. Edward Wierzalis

_____
Dr. Stella Kim

_____
Dr. Sandra Dika

ABSTRACT

CHRISTOPHER GENE LOCKLER: Predictive Factors of Psychological Help-Seeking among Native Americans in North Carolina and South Carolina.
(Under the direction of: DR. LYNDON ABRAMS)

Despite being the original inhabitants of the United States, Native Americans have been subjected to (1) colonization, (2) assimilation, and (3) acculturation (Finding et al., 2019). This cultural takeover was accomplished through (1) forced relocation, (2) boarding schools, (3) genocide, (4) forced sterilization, (5) environmental degradation, (5) discrimination, and (6) segregation (Findling et al., 2019). These adverse experiences have led to the high prevalence of hospitalizations, post-traumatic stress disorders, depression, displacement, substance abuse, suicide, homicide, poverty, loss of cultural identity, and death among the Native American population; yet mental health services remain underutilized within this population despite the need for services (Alcántara & Gone, 2014; Brave Heart et al., 2011; Burnette & Figely, 2017; Dennis, 2016). The present study examines a sample of (N=199) exploring how (1) acculturation, (2) centrality of religiosity, (3) gender (4) socioeconomic status, and (5) social support influence attitudes toward seeking professional psychological help among North Carolina and South Carolina Native Americans? A multiple linear regression model of the predictor variables indicated that cultural self-expression and higher levels of social support were predictive of a greater likelihood of the utilization of professional psychological help seeking among the participants. The regression model accounted for 12.6% of the variance in psychological help seeking.

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To GOD, who am I that you have blessed me with this honor and knowledge? When I was told that I would never amount to anything and I would turn out to be just like my dad, you intervened and declared that I was yours and the plans you had for me would surpass any doubt, negativity or the words of any person that counted me out. God, I give you **ALL** the glory because you have been with me the during the long dark days and nights, countless papers, tests, presentations, and this dissertation. Thank you God for your many blessings and I cannot wait to see where you will guide me next.

Isaiah 60:22- WHEN THE TIME IS RIGHT, I, THE LORD, WILL MAKE IT HAPPEN.

To my mother: Mama, you had to endure single motherhood while going through the toughest times in your life and throughout it all you provided, sacrificed, and gave me all the love a mother could give. We have endured a lifetime of struggle, but one thing always stayed consistent, your determination to push me past my own expectations. I never would have thought that I would be writing this acknowledgement to you, but here we are. I am forever grateful for the moments when I would call you and you'd immediately know I needed words of encouragement and love to push me closer and closer to the finish line. I love you beyond words, and without you and God, I would not be where I am and the man that I am today. You and Avaeh are my motivations to work as hard as I do in this life.

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To my PhD cohort: Thank you for pushing me, being my role models and always being open to learning about my culture and experiences. I hope and pray that each of you exceed your own expectations in life and remember our time together was life changing in many ways.

DEDICATION

I dedicate this work to all Indigenous people and tribes everywhere. This work is to highlight and bring awareness to the struggles that our ancestors had to endure and the price that our communities are still facing today due to greed and entitlement of others. Native Americans make up one percent of PhD graduates worldwide and I am now a part of that one percent. I will continue to lay down a pathway for other Indigenous people's success and shine a light on the oppression that Indigenous people still face in society today. Not all of us have the opportunity to have our voices heard, but for those that do, I encourage you to stand in the gap with me and to raise our voices and be bold. Being a representative of The Lumbee Tribe of North Carolina, it is my duty to educate others of who we were, who we are, and who we will become.

To my Lumbee people and Native matriarchs, thank you for instilling in me the values, traditions, and the importance of representation as I left home to embark on this PhD journey. I pray that I have made you proud and brought honor to our people and our land.

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LIST OF ABBREVEATIONS

CACREP	Council for Accreditation of Counseling and Related Educational Programs
NAAS	Native American Acculturation Scale
CRS	The Centrality of Religiosity Scale
MSPSS/MPSS	Multidimensional Scale of Perceived Social Support
ATSPSH-SF	Attitudes Toward Seeking Professional Psychological Help-Short Form

CHAPTER 1: INTRODUCTION

Psychosocial stressors and mental health disorders are among the leading factors linked to the high prevalence of substance abuse usage among the Native American population (Alcántara & Gone, 2014; Brave Heart et al., 2011; Dennis, 2016). The National Indian Council on Aging (2022) reported that Native Americans have the lowest life expectancy at 71.8 years of age compared to Caucasians at 78.8 years, African Americans at 74.8 years, and Hispanics at 81.9 years. There are 574 federally and 63 state-recognized Native American tribes in the United States. Among these tribes, 8.75 million individuals account for 2.6% of the United States population (Gilligan, 2022). While Native Americans represent a small percentage of the American people, Native Americans experience the highest rates of psychological distress and diagnosable psychological illnesses when compared to other cultural groups (Brown-Rice, 2014; Moorehead et al., 2015; Thomason, 2013; West et al., 2012). In 2019, 24,113 Native Americans died in the United States due to various health issues such as cancer, and hypertension. Additionally, Native Americans have a 65-80% higher suicide and homicide rate than any other ethnicity (Brockie et al., 2015; Key Substance Use and Mental Health Indicators in the United States, 2017; The National Indian Council of Aging, 2022). Subsequently, mental health disparities are the leading causes of hospitalizations and deaths among Native Americans (Kwon & Saadabadi, 2022). While scholars, clinicians, and researchers continue to express the need to acknowledge decades of oppression and genocide, many individuals still ignore the lived experiences of the Native American population (Findling et al., 2019).

In 2024, Native Americans continue to experience displacement and severe levels of anxiety as a result of decades of acculturation, thus causing an ongoing conflict among many

Native individuals establishing a stronger sense of cultural identity (Garrett & Pichette, 2000; Iwamasa et al., 2013). The concept of acculturation aims to assimilate the Native American way of life into the dominant cultures norms in order to fit into American civilization (Garrett & Pichette, 2000; Sun et al., 2016). While acculturation differs in severity, many Native Americans settlements in certain areas have additional factors influencing their health pathway, such as religion (Weinstein et al., 2017).

According to the Native American population by State (2023) database, the Southeast region of the United States is home to some of the largest tribes East of the Mississippi River. These states include North Carolina, with 130 thousand Native members and South Carolina, with 24.3 thousand Native members. Although Native Americans experience similar factors that influence their daily functioning, lifestyle, and worldview, individuals residing in Southeast region of the United States are a part of the Bible Belt (Scott et al., 2021). The Bible Belt is the Southeast region of the United States, where church attendance is 77% higher than the national average. Additionally, 78% of church attendees in the Southeast are classified as Christians of the conservative Protestant faith (Scott et al., 2021). As noted by Bear et al. (2018), Christianity and spiritual beliefs can influence the perception of mental health needs and treatment styles depending on specific Native tribes geographics. As stated before, many Native American communities differ in their way of life and one of the biggest differences highlighted by Garroutte et al. (2009), is that tribal groups have differing religious and/ or spiritual dimensions that influence social, health, and behavioral outcomes. Additional factors such as gender, socioeconomic status (SES), and social support notably influence healthcare outcomes as well (Weinstein et al., 2017).

The present study is divided into five chapters. The purpose of chapter one provides statistical background information on the state of Native Americans living and the stressors the population continues to face. Additionally, this chapter contains sections addressing (1) the statement of problem, (2) the purpose of the study, (3) the population of interest, (4) the theoretical framework, (5) the research question, (6) the significance of the study, (7) the assumptions, (8) delimitations, (9) limitations, (10) operational definitions, and (11) summary of the chapter.

Statement of problem

Native Americans are among the least-served cultural groups. (Sue et al., 2009). Bassett et al. (2012) suggested that many Native Americans mistrust modernized ways of healing due to the horrific past between Native Americans and the United States government. Native Americans have faced a wide variety of challenges due to (1) forced relocation, (2) the boarding school era, (3) genocide, (4) forced sterilization, (5) environmental degradation, (5) discrimination, and (6) segregation. These challenges have resulted in the vast general and mental health disparities in Native American communities, yet mental health services remain underutilized within this population despite the need for services (Burnette & Figely, 2017; Freeman et al., 2016; Hack et al., 2014).

According to Heinrich et al. (1990), helping professionals are encouraged to demonstrate sincere interest, genuineness, and to use culturally sensitive approaches when providing mental health services to Native Americans. Skews and Blume (2019) suggested that when working with Native American communities, it is vital to encompass oneself into their community to identify any cultural barriers and gain a deeper understanding of cultural influence. Grayshield et

al. (2015) suggested that tribal elders are the key to assisting professionals in exploring Native American healing practices.

Purpose of the study

The purpose of this study was to examine how (1) acculturation, (2) centrality of religiosity, (3) gender (4) socioeconomic status, and (5) social support influence attitudes toward seeking professional psychological help among North Carolina and South Carolina Native Americans. Additionally, this study was designed to assist scholars, researchers, counseling education programs, and mental health providers in identifying factors that could contribute to the developing positive attitudes toward seeking professional psychological treatment among this population.

The population of interest

A review of the pertinent literature found a continuous cycle of intergenerational trauma among Native Americans (Brave Heart et al., 2011; Freitas-Murrell & Swift, 2015). As shown in the Native American population by State (2023) data base, North Carolina and South Carolina are the home to some of the largest Native tribes in the United States. However, there is a lack of literature that specifically examines these tribes and their members' lived experiences. To fill the literature gap, this study explicitly examined Native American tribes in North Carolina and South Carolina. The tribes that were examined included, but were not limited to, the Lumbee Tribe, the Eastern Cherokee, Coharie, Haliwa-Saponi, Meherrin, Sapony, Occaneechi Band, Waccamaw Siouan, Catawba, Pee Dee, Chicora, Edisto, Santee, Yamassee, and Chicora-Waccamaw.

Theoretical Framework

Bronfenbrenner's (1974) Ecological Systems Theory conceptualized how individuals respond to environmental factors that affect them directly and indirectly. The theory identified

family, school, religion, society, culture, community, government, and global aspects as contributing factors. Through this model, Bronfenbrenner (1977) further explored how an individual's environment and the contributing factors interacted to shape an individual's functioning and worldview. The literature search highlighted that many of Bronfenbrenner's Ecological Systems Theory factors align with factors that influence Native Americans development and their worldview. These parallel factors include cultural influences, relationships, family, government policies, and religious beliefs. Bronfenbrenner's (1974) Ecological System Theory allowed for a breakdown of how these common factors influence Native Americans perception of psychological help-seeking.

Research Question

1. How does (1) acculturation, (2) centrality of religiosity, (3) gender, (4) socioeconomic status, and (5) social support influence attitudes toward seeking professional psychological help among North Carolina and South Carolina Native Americans?

Significance of the study

In this study, the findings provide valuable information for counseling education programs, scholars, researchers, mental health providers, and tribal communities to utilize in further understanding what factors contribute to the attitudes toward seeking professional psychological help among Native Americans in North Carolina and South Carolina, and future research to consider when examining this population as a whole.

Assumptions

The assumptions in the study:

1. Participants were able to understand and sign their consent.

2. Participants were able to answer all questions in the survey.
3. Participants were able to candidly answer the survey questions.
4. Participants had some shared experiences of being a Native American.
5. Participants did have different connections to their cultural identity and tribes.
6. Utilized scales used for the study were accurate and measurable.

Delimitation

The components I controlled were:

1. Participants were be limited to Native Americans that are from or reside in North or South Carolina.
2. Participants had to be part of a federally or state-recognized Native American tribe in North or South Carolina.
3. The participant self-identified as being a part of a Native American tribe.
4. Convenience and snowball sampling was utilized for the recruitment of participants.
5. Collected data were obtained through self-report scales and surveys.

Limitations

The components I could not control include:

1. Lack of previous literature on the research area.
2. Social desirability bias may have been a limitation as some participants responded to survey questions in the way they feel others see as favorable.
3. Online recruitment may have excluded individuals that do not have access to electronic means such as email or Facebook services.

Operational Definitions

Acculturation **-** Cultural adjustment of an individual, group, or people by modifying one's own culture to fit in or borrowing traits from another culture (typically the dominant culture) (Flynn et al., 2014; Garrett et al., 2014).

Assimilation- Becoming a part of the dominant society's values, behaviors, and expectations (Garrett et al., 2014).

Attitude- A general evaluation of a person, object, group, concept, or issue that ranges from negative to positive. Attitudes provide assumptions based on specific beliefs, past behaviors, or emotions (Fazio, 2007).

Centrality of Religiosity **-** The importance or prominence of religious values that impact an individual's personality and way of life (Huber & Huber, 2012).

Colonization- A process of dominance that can lead to the loss of land, culture, religion, and personal freedoms (Hartmann & Gone, 2014).

Counseling **-** The provisional assistance in resolving personal, emotional, behavioral, marital, educational, realization, social, or psychological problems and difficulties (synonymous with psychotherapy, therapy, mental health services, and mental health treatment) (APA Dictionary of Psychology, n.d).

Help-Seeking **-** An adaptive coping process in which an individual seeks external assistance to deal with mental health problems (Rickwood & Thomas, 2012).

Intergenerational Trauma- A phenomenon that affects the descendants of groups lived experience of terrifying events that prompted adverse emotional and behavioral reactions. These reactions can differ by generation but are often described by shame, elevated anxiety, and guilt, vulnerability, and helplessness, low self-esteem, suicidality, depression, dissociation,

hypervigilance, intrusive thoughts, substance abuse, inconsistent relationships and attachment to others, aggression, extreme reaction to stress (Bombay et al., 2014).

Native American- Members of a tribe that originally inhabited North America before Europeans arrived; also referred to as American Indians (Paul, 2016).

Oppression- People are denied freedom and opportunities because of an unfair and cruel system of government (Van Wormer, 2015).

Sex- The physical and biological traits that distinguish between males and females (Mauvais-Jarvis et al., 2020).

Social Support - The comfort or assistance from others that facilitates coping with biological, psychological, and social stressors. It may be defined as relationships within a member's social group, family members, neighbors, friends, religious groups, co-workers, and other support groups. Includes offering material and emotional support that allows the individual to feel valued, understood, and accepted (Ozbay et al., 2007).

Socioeconomic Status (SES) - An economic and social level of a person's work experience that involves income, education level, occupation, residence, and in some cases ethnic origin and or religious background (Winkleby et al., 1992).

Stigma- A negative social attitude that is correlated with a characteristic of a person that is described by a physical, mental, or social deficiency. A stigma displays social rejection and can be associated with discrimination against or exclusion of others (Santos, 2016).

Traditional Healing- Native American healing customs, ceremonies, and beliefs promote physical, mental, and spiritual balance. **(**Freeman et al., 2016).

Tribal affiliation **-** An individual's affiliation with a tribe or band of Indigenous people (Tribal Affiliation, 2022).

Summary

Ka'apu and Burnette (2019) found that the underutilization of mental health services within minority groups remains a significant barrier to their overall well-being. Decades of efforts have failed to integrate traditional forms of healing into culturally sensitive treatment when serving the Native American population. Given that a common theme within the literature indicated that culture influences the perceptions of help-seeking, it is essential to understand the lived experiences, influences, and barriers contributing to the underutilization of mental health services among Native Americans. In this study, I have conceptualized how (1) acculturation, (2) centrality of religiosity, (3) gender, (4) socioeconomic status, and (5) social support influence attitudes toward seeking professional psychological help among North Carolina and South Carolina Native Americans.

Organization of the study

Chapter One included a (1) introduction to the topic (2) the statement of problem, (3) the purpose of the study, (4) the population of interest, (5) the theoretical framework, (6) the research question, (7) the significance of the study, (8) the assumptions, (9) delimitations, (10) limitations, (11) operational definitions, and (12) summary of the chapter. Additionally, a deeper understanding of the overall problem is explored in Chapter Two, as well as an exploration of the independent variables and dependent variable within the existing literature. In Chapter Three, the methodology outlines and explains how the study's results were produced. Chapter Four reports the findings of the study, and Chapter Five presents (1) a discussion of the study's findings, (2) the implications of the study's findings, (3) limitations of the study, (4) recommendations for further research, and (5) the conclusion.

"You think I'm an ignorant savage

And you've been so many places

I guess it must be so

But still I cannot see

If the savage one is me

How can there be so much that you don't know

You don't know

You think you own whatever land you land on

The Earth is just a dead thing you can claim

But I know every rock and tree and creature

Has a life, has a spirit, has a name

You think the only people who are people

Are the people who look and think like you

But if you walk the footsteps of a stranger

You'll learn things you never knew, you never knew" – Menken & Schwartz (1995)

CHAPTER 2: LITERATURE REVIEW

The focus of this study was to examine how (1) acculturation, (2) centrality of religiosity, (3) gender (4) socioeconomic status, and (5) social support influence attitudes toward seeking professional psychological help among North Carolina and South Carolina Native Americans? Analysis of literature included an overview of the (1) History of Native American Oppression, the (2) History of Native American Oppression in North and South Carolina, (3) Mental Health outcomes of Native Americans, (4) Mental health outcomes of North and South Carolina Native Americans, (5) Culturally Sensitive Mental Health Service among Native Americans, (6) Variables of the study (7) Psychological Help-Seeking, (8) Barriers to Native American help-seeking, (9) Bronfenbrenner's Ecological Systems Theory and finally (10) a summary of the literature review.

Literature Search

A literature search was conducted to find common themes in previous research studies that examined attitudes toward professional psychological help-seeking among Native Americans. The search consisted of the key terms of Native American, American Indian, Indigenous or Native tribes, Native people, help-seeking or treatment-seeking, treatment engagement, and service utilization. Additional terms were later added to the database filter, including trauma, modern medicine, historical, generational, and mental health. Narrowing down the examination of the overall population's experiences, North and South Carolina was added to the search to examine the specific population of interest.

Attitudes toward help-seeking research shows to be growing topic within the mental health field; however, few studies have examined help-seeking attitudes in Native American communities (Brave Heart et al., 2011). A common theme found in the literature search showed

that mental health professionals are continuing to struggle to meet Native Americans needs (O'Keefe et al., 2021). Brave Heart et al. (2011) added that due to Native Americans extensive history of oppression, historical and intergenerational trauma, this population continues to experience cycles of generational poverty, low educational levels, barriers to health services, and problematic substance abuse. Sotero (2006) suggested that individualistic experiences also indicate how or if an individual will ask for help. Additional factors include weighing societal and cultural stigma, life events, and socioeconomic status (SES) (Schomerus et al., 2009).

History of Native American Oppression

Despite being the original inhabitants of the United States, Native Americans have been subjected to (1) colonization, (2) assimilation, and (3) acculturation (Findling et al., 2019). This cultural takeover was accomplished through (1) forced relocation, (2) boarding schools, (3) genocide, (4) forced sterilization, (5) environmental degradation, (5) discrimination, and (6) segregation (Findling et al., 2019). The Indian Removal Act signed by President Andrew Jackson on May 28th, 1830, began the Trail of Tears, where thousands of Native Americans were forced to move from their ancestral lands onto reservations in rural and isolated areas of the United States (National Geographic Society, 2022). According to Treisman (2021), Native Americans have lost 99% of their ancestral lands since the policy was implemented in 1830. The forced relocation provided many white settlements with lucrative and fertile farmland across Florida, Georgia, North Carolina, Tennessee, Alabama, Mississippi, and Arkansas. As a result of violent altercations with the American military forces and starvation, more than 4,000 Native Americans died during the Trail of Tears era (National Geographic Society, 2022).

According to Bear (2008), following the Indian Removal Act of 1830, the government created boarding schools to address the country's "Indian problem". Many reports described the

boarding schools as centers of abuse and desecration of culture (Bear, 2008). Native Americans and Freedom of Religion (2022) emphasized boarding schools as the product of the Peace Policy, which sought to eliminate "Indianness" through assimilation to a more Eurocentric paradigm. The method of the boarding school era consisted of forcibly removing Native American children from their families and relocating them to residential government schools to introduce them to an American lifestyle (Native Americans and Freedom of Religion, 2022). Mejia (2022) reported that approximately 357 boarding schools were operating within 30 states and housed 60,000 Native American children. Among the 357 boarding schools, Mejia (2022) found that a third of these boarding schools operated under Christian faith-based principles. Native students were denied the right to speak their Native language and suffered various forms of abuse, including physical, sexual, cultural, and spiritual punishments. Several of these ways of punishment resulted in infections, diseases, and death (Mejia, 2022). Bear (2008) described this desecration of culture as "killing the Indian and saving the man". Figure 1., shows Tom Torlino, a Navajo Indian. The picture shows Torlino as he entered the Carlisle Indian School in 1882 and three years later.

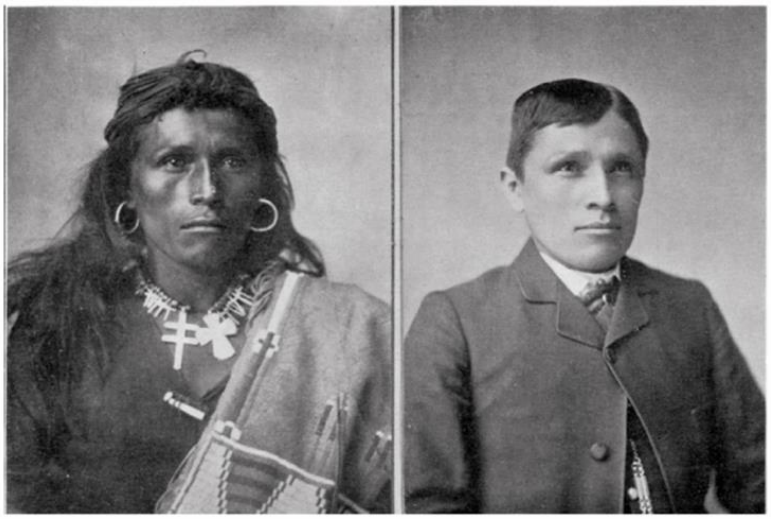


Figure 1.

Fixico (2018) argued that genocide was a multi-layered component of oppression. Since many settlers were forbidden from inheriting European lands, many came to America eager to acquire Native lands and resources. Native people were regarded as different from the dominant culture regarding their skin tone, language, and worldview (Fixico, 2018). Since Native Americans were perceived as uncivilized savages, numerous massacres were justified by the government as acts of civilization. Some of the large-scale massacres included the Sand Creek Massacre of 1864, the Bear River Massacre of 1863, and the Wounded Knee Massacre of 1890 (Fixico, 2018). The Wounded Knee Massacre of 1890 serves as one of the most referenced acts of indigenous genocide slaughtering approximately 150-300 members of the Lakota Tribe on the Pine Ridge Indian Reservation in South Dakota. These acts of mass genocide occurred to warn other Native American tribes as to what the United States Army would do if met with resistance. Figure 2., shows a portrait Burial of the Lakota dead at the battle of Wounded Knee, South Dakota, in 1890.

Figure 2.

In addition to the genocide of thousands of Native Americans and the desecration of their culture, Adams (2019) reported that the United States Government instituted policies that resulted in the forced sterilization of 42 percent of Native American women, preventing them from having children. This gave the government further control over Native American families. European Americans wanted the land and resources, and to get it, Native Americans had to be eliminated by any means necessary. This included sterilization, forced removal, and genocide (Adams, 2019).

History of Native American Oppression in North and South Carolina

While each Native American tribe have differing experiences, most Native tribes share similar experiences of oppression. According to Cobb (2021), Native American tribes were forcibly removed from their ancestral lands by treaties, military forces, and white supremacy. Several tribal areas were specifically targeted by settlers for their agricultural land access in the mountains and to the ocean along the east coast (Cobb, 2021). To implement forced relocation, the Dawes Act of 1887 allowed the government to divide Native American lands into plots and sold to non-Native Americans (U.S. Department of the Interior, 2021).

Mental Health outcomes of Native Americans

Shiels et al. (2017) showed that the high prevalence of substance use as a coping mechanism in Native American communities have resulted in liver disease, cirrhosis, suicide, homicide, and other life-threatening injuries. Additionally, there is a prevalent trend in the literature that shows health service providers' have the inability to recognize how to assist Native Americans culturally and competently in walking their path (Mental Health Care for American Indians and Alaska Natives, 2001). Throughout the history of exploring mental health and ethnicity, Barnes et al. (2010) found that Native American individuals have the most significant

risk of psychological distress, manifesting in poor physical, emotional, and mental health due to the extensive unresolved trauma processing, grief, and continuing cycle of unmet needs (Brave Heart & DeBruyn, 1998). Based on the significant mistrust between Native American communities and mental health professionals, Whitbeck et al. (2004) concluded that this ongoing trauma will adversely affect social, environmental, and psychological functions for decades to come. In addition, Brown-Rice (2014) indicated that the absence of public acknowledgment of historical trauma has resulted in ongoing mourning, shame, powerlessness, and subordination among Native American individuals, families, and communities.

Using historical data, Findling et al. (2019) demonstrated that Native Americans traumatic experiences significantly influenced the psychological, emotional, and physical well-being of Native American communities. A stigma attached to seeking professional assistance further discourages many individuals from seeking such assistance; instead, many Native individuals are choosing to use traditional healing methods, family support, or unhealthy coping strategies that result in heavy substance abuse (Gone, 2009).

In a report by Landmark Recovery (2019), Native Americans have an extensive embedded mistrust with help providers, thus many Native individuals self-medicate using substances, such as drugs or alcohol. Jorm et al. (2004) indicated that many Native individuals would rather explore self-coping or more traditional ways of coping before seeking psychological assistance from a health provider. Depending on the severity of psychological symptoms, Jorm et al. (2004) emphasized that self-medicating is not an effective treatment style and can make the psychological symptoms worse. Brave Heart et al. (2011) found that minorities are at the highest risk of negative life experiences, thus impacting their general overall well-being. Adverse experiences are shown to be more prevalent among Native American

populations, which have led to generational outcomes of post-traumatic stress disorder (PTSD), depression, displacement, substance abuse, poverty, loss of cultural identity, and suicide (Kwon & Saadabadi, 2022; Native and Indigenous Communities and Mental Health, n.d.). Furthermore, these outcomes result in Native Americans experiencing psychological distress at a percentage of 2.5 times greater than the general population within a month (Native and Indigenous Communities and Mental Health, n.d.). Brave Heart et al. (2011) further emphasized the need to explore Native American communities' persistent stressors impacting their quality of life to bridge the gap.

Mental Health outcomes of North and South Carolina Native Americans

As in many Indigenous communities across the United States, Native Americans in North and South Carolina have experienced colonization, forced removal from ancestral lands, cultural genocide, and discrimination (Perez & Hirschman, 2009). These oppressive acts have left many Native Americans in North and South Carolina experiencing high poverty levels, high levels of violence, and a lack of educational and healthcare resources and funding. Brown (2022) referred to a section of Interstate 95 that passes through North and South Carolina as the corridor of shame. Along this corridor, there are predominantly minority settlements in addition to the largest settlements for southeastern Native American tribes, including the Waccamaw, Cheraw, Lumbee, Halliwa-Saponi, Coharie, Santee, Sewee, and numerous others, spanning over 20 counties in North and South Carolina (Brown, 2022). Tribal or community needs may vary from one another, but despite this, they share many of the same difficulties associated with multiple forms of oppression with few culturally sensitive psychological services available.

Culturally Sensitive Mental Health Services among Native Americans

Galderisi et al. (2015) describes Mental Health as the collective components of an individual's emotional, psychological, and social well-being. Mental health impacts an individual's basic functioning of thought, feeling, and behaviors, as well as determines how an individual deals with stress, peer interaction, and healthy choices (Galderisi et al., 2015) Jurewicz (2015) states that mental health develops and evolves from childhood to adulthood.

There are several factors that make up mental health. The factors include biological, psychological, social, and lifestyle influences (The Centers for Disease Control and Prevention, n.d.). Biological influences include genetics and biological factors, such as brain chemistry and hormone levels. Psychological influences include coping mechanisms, early childhood experiences, and personality (Sheffler et al., 2019). Social influences include factors such as poverty, discrimination, and accessibility to healthcare (Chelak & Chakole, 2023). Lastly, lifestyle influences include dieting, exercise, and healthy sleeping habits (Oftedal et al., 2019). Several negative consequences may arise if these components are negatively affected or inadequately addressed. O'Keefe et al. (2021) noted that mental health is a complex component of health and influences vary depending on the individual and value of their mental state.

Lastly, The Substance Abuse and Mental Health Services Administration (n.d) pointed out that many traditional Native American healing practices have been disrupted or lost. Native Americans may not feel comfortable seeking help from mainstream mental health services that are not culturally sensitive. O'Keefe et al. (2021) added that there is a more significant stigma around seeking help for mental health issues in some Native American communities than in others. Mental health professionals must consider these unique cultural, historical, and socio-economic factors when working with Native American clients. Ranjbar et al. (2020) pinpointed

that culturally sensitive and trauma-informed approaches can more effectively address the mental health concerns of Native American individuals, families, and communities.

Counseling can be helpful with any population, but as Meyer and Zane (2013) emphasized there is a need for traditional healing practices if providers are aiming to address this population's needs. Despite continuous efforts to bridge the gap between mental health providers and Native American communities, many scholars and researchers agree that more analysis of Native Americans' views of mental health and their disparities is necessary (Gone, 2009; Hartmann and Gone, 2014).

Variables of the study

This portion of the literature review will focus on how (1) acculturation, (2) centrality of religiosity, (3) gender (4) socioeconomic status, and (5) social support has already been previously examined in their relationship to attitudes toward seeking professional psychological help.

Psychological Help seeking

Several factors are related to attitudes toward seeking professional psychological treatment (Chen et al., 2020; Vogel et al., 2007). Among these factors are both external and internal variables. Internal variables include age, gender, perceptions of the stigma associated with mental disorders, past and present experiences with mental illnesses, and individualistic personality characteristics (Chen et al., 2020). To meet life's challenges, one must be willing to initiate the process of seeking help (Cornally & McCarthy, 2011).

External variables include marital, work status, educational level, sociological and cultural factors (culture prejudice), social support, and mental health knowledge (Chen et al., 2020). When evaluating their attitude towards seeking professional psychological assistance, an

individual can be influenced by many factors. Based on Vogel et al. (2007) findings, negative attitudes toward help-seeking behaviors are formed by social stigma, fears of being emotionally vulnerable, and self-disclosure. Positive attitudes lead to more people reaching out for assistance. Studies have reported that cultural, racial, social, and family factors impact help-seeking outcomes (Gurin et al., 1960; Hollingshead & Redlich, 2007).

Heine et al. (2008) stated that Native Americans operate in a collectivist orientation in which group values are prioritized above individual values (Markus & Kitayama, 1991). Based on the shared cultural influence that Native American culture has on an individual, Eley et al. (2019) stated that many individuals are influenced by cultural norms and values when seeking assistance. Wolsko et al. (2007) showed that little research has been conducted on help-seeking in Native American communities. As Price and McNeill (1992) found when assessing Native American college students, those correlated with having a strong cultural identity had a negative attitude toward counseling, a negative view of mental health providers, and a low willingness to engage in therapeutic techniques. In addition, Constantine et al. (2003) demonstrated that minority groups are less likely to seek help due to the fear of stigmatization and their cultural beliefs. While there are studies examining African Americans and Alaskan Natives that can be cross-correlated with Native Americans, there is still little to no research or theory that examines Native Americans' attitudes toward help-seeking services and what they may experience.

Low use of Psychological Help-Seeking

Help-seeking is defined by Rickwood and Thomas (2012) as the process by which individuals seek assistance in improving their physical, mental, emotional, and spiritual well-being. Individuals can obtain mental health support in two ways (Gourash, 1978). The first type of help request is formal, in which a psychiatrist, counselor, psychologist, or general practitioner

is requested for assistance due to a circumstance in their life (D'Avanzo et al., 2012). D'Avanzo et al. (2012) described the second type as an informal way of asking for help from a partner, boyfriend, friend, parent, sibling, teacher, or even a helpline. Earlier research has shown that Native American tribes receive professional psychological assistance irregularly (Sue & Sue, 2002). A study by Komiya et al. (2000) indicated that most people suffering from mental health disparities do not seek professional assistance. As little as 12.6% of the overall population of Native Americans sought help, while others engaged in unhealthy coping behaviors (Duran et al., 2005). Duran et al. (2005) pinpointed reasons for low utilization, such as mistrust, communication problems, and discrimination, which prevent Native Americans from seeking help.

Consequently, Native Americans continue to experience systemic oppression and inadequate access to appropriate quality of services, treatment outcomes, and prevention services (O'Keefe et al., 2021; Substance Abuse and Mental Health Services Administration, 2017). A significant barrier for Native Americans' low utilization of mental health services remains accessibility, availability, and acceptability (Substance Abuse and Mental Health Services Administration, 2017). A report by the Substance Abuse and Mental Health Services Administration (2017) stated that the mental health field lacks a basic standard of respect, a focus on strength, and the ability to address underlying historical issues on a personal, family, and community level. Studies examining the utilization of mental health services among western Native American communities have been conducted and have found similar findings of low utilization percentages (Costello et al., 1997 & Novins et al., 2000). Several unmet needs continue to be recycled through Native American generations (Mental Health Care for American Indians and Alaska Natives, 2001).

Demographics and Help-seeking

A literature search was conducted using the search terms help-seeking, attitudes, behaviors, demographics, and minorities and found that help-seeking attitudes and minority groups had been examined before this study (Price & McNeill, 1992; Smith et al., 2005; Vogel & Wester, 2003). The findings indicated that help-seeking attitudes are influenced by the factors of race, age, gender/sex, and sexual orientation (Balsam et al., 2015). Koydemir-Özden and Erel (2010) go further to say that education and income are additional variables when examining the relationship between demographic and psychological help-seeking. Based on a study conducted by Garland and Zigler (1994), females participate more in help-seeking than males since they have closer friendships and are socialized to assist others. Researchers have demonstrated that attitudes toward seeking help vary depending on the severity of distress attributed to an individual (Ingham & Miller, 1986). Kira et al. (2014) concluded that providers understanding of acculturation and these various other factors are critical in understanding mental health help-seeking perceptions and one's ability to cope.

Acculturation and Help-Seeking

The method of acculturation is an extreme form of assimilation which Brown and Bean (2006) defined as the process by which a minority group adopts the customs, values, and behaviors of the dominant culture until they cannot distinguish themselves from the majority group; thus, give up their original culture as a result. Native Americans have been shown to suffer adverse mental health effects due to acculturation and assimilation. Goebert et al. (2019) found that increased acculturation and assimilation are associated with higher rates of depression and suicide among Native American youth.

There may be several reasons for this, including the loss of traditional practices, values and the experience of discrimination and marginalization. Even though both coexist in Native American history and communities, acculturation will be examined as the primary variable since assimilation is an extreme form of acculturation. As noted by Kuo (2014), acculturation can be conceptualized as an individualistic process that produces different outcomes depending on various factors.

Despite the efforts of Native American communities to preserve traditional values, O'Keefe et al. (2021) emphasized that there has been a long history of cultural assaults, and oppression, all of which have contributed to the prevalence of mental health and substance abuse disorders among Native Americans. As Sun et al. (2016) pointed out, racial minorities remain underserved despite suffering more psychological distress than the dominant ethnic groups. Cultural influences and level of acculturation may affect how help is sought, participation, and financial availability to access services (Fox et al., 2017).

Centrality of Religiosity and Help-Seeking

Oakley (2007) reported that North and South Carolina are home to thousands of Native American communities divided into regions. The Western Band of Cherokee are largely located in the Western Carolinas. Other significant tribes settled in the Eastern part of the Carolinas, which include Robeson, Halifax, Sampson, Dillon, Horry, Hoke, Brunswick, and Columbus counties. These counties are the settlements for various tribes which include the Lumbee, Croatian, Catawba, Haliwa-Saponi, Santee, Waccamaw Siouan, and many more.

According to Jim Crow legislation, people were categorized as either white or colored. During this time, the southern states referred to colored people only as black, thus grouping others of color as such (Oakley, 2007). Native Americans in the Southeast experienced

difficulties accessing white facilities and felt that if they used colored facilities, they would lose their cultural identities. Rather than being forced into segregation, Oakley (2007) explained that many Native American communities opposed the system that would group them into the colored category and created Indian-only establishments, such as churches. Among the Native American churches founded in Robeson County are Union Chapel, Thessalonica, Saddletree, Prospect, and Sandy Plains (Oakley, 2007). Many groups adopted Baptist, Pentecostal, and Methodist religious values to guide their lifestyles and merged these denominations with ancestral traditions (Oakley, 2007).

The definition of religious values consists of variables relating to an individual's religious affiliation, ritual participation, practices, attendance at church, beliefs, and practices. These variables are associated with one's perception of coping or protective measures for mental health disorders (Bear et al., 2018; Bronelli & Koenig, 2013; Koenig, 2012). According to Bear et al. (2018), several studies have demonstrated a positive relationship between religion and mental health in ethnic populations (Assari, 2013). Bear et al. (2018) stated that few studies have focused on the centrality of Native Americans' religion regarding helping-seeking attitudes.

Fahmy (2018) revealed that 96% of Americans believe in God or a higher power and that religion/spirituality play an essential role in maintaining sobriety. Greenfield et al. (2015) pointed out that religion/spirituality are at the center of many Native American tribal regions and are often critical factors in the recovery of individuals from substance abuse. Among Native American churches, Bear et al. (2018) found that faith and spirituality play a significant role in preventing mental health problems, substance abuse, anxiety, and stress. Greenfield et al. (2015) found that prayers and daily spiritual experiences were more effective than formal treatment styles.

Sex and Help-Seeking

The role of males and females in Native American communities have been well-defined and shown to be equally crucial to the functioning of Native society (Liddell et al., 2021). A study by Southwest Gender Roles & Family (n.d.) and Liddell (et al., 2021) suggested that Native men were raised to undertake activities that acquire strength and masculinity, such as hunting, warfare, providing income, and leadership roles in ceremonies. Equally valued, Indigenous women performed more nurturing and family-building functions such as childcare, home maintenance, family, clothing, and food preparation. With the progressive development of tribes, Liddell et al. (2021) suggested that women have taken over traditional men's roles while men have become more supportive. The realization of this switch in roles presents challenges to the traditional portrayal of masculinity of Native men.

As shown in the literature review, women are more inclined to seek professional psychological assistance than men (Nam et al., 2010). Men's conceptualization of mental health services varies depending on personal counseling experiences (Blazina & Marks, 2001). Minority men are less likely to make a voluntary commitment to seek help because of the fear that their masculinity might be questioned (Turner et al., 2024). According to Pederson and Vogel (2007), men may view being vulnerable as weak, regardless of their social or cultural context. Further research should emphasize that the level of help-seeking for psychological assistance is primarily determined by self-esteem, cultural stigma/barriers, and social self-perception (Pederson & Vogel, 2007).

SES and Help-Seeking

Thompson and Dvorscek (2013) found that socioeconomic or social status are related to a person's desire for assistance; finding that low-income individuals and households were more

likely than high-income individuals and families to fear the stigma associated with seeking help. Given this findings, Native Americans have the highest poverty rate among all minority groups, thus impacting their desirability to seek help (Asante-Muhammad, 2022). When compared to the national poverty rate of 17.6%, the Native American poverty rate is 25.4% (Asante-Muhammad, 2022)

Social Support and Help-Seeking

Social support is the comfort or assistance an individual receives from others that helps them to cope with biological, psychological, and social stressors. Social support can include relationships among members of a social group, family, neighbors, friends, religious groups, coworkers, and other support groups, offering material and emotional support that allows the individual to feel valued, understood, and accepted (Ozbay et al., 2007). As shown by Miville and Constantine (2006), Native individuals value family support and utilize close relatives as a source of support when faced with challenges, thus, help-seeking has shown to be related to social support (Vogel & Wei, 2005

Based on a study conducted with Indigenous populations ages 15 and over, Richmond et al. (2007) reported that the higher the social support, the higher the percentage of people reporting a positive health status. In this study, Richmond et al. (2007) confirmed that the older the individual, the lower the level of social support, which is concerning considering that social support is at its lowest when an individual is in the greatest need of assistance. Minority individuals with more negative attitudes toward mental health services, such as counseling, tend to receive more support from their immediate family members (Jimenez et al., 2013). Social support in Native American communities strengthens health outcomes; however, due to the limited evidence of social support and health among Native American communities, more

studies are needed to understand how social support can develop health-promoting interventions (Conte et al., 2015).

Barriers to Native American/American Indian Help-Seeking

Cultural Barriers and Cultural Competency of Helpers

Recognizing and understanding values, norms, and diverse ways of knowing is central to cultural competency (Chu et al., 2016). Culturally congruent care remains challenging for diverse populations, despite the United States' conceptualization of multicultural history (Marrone, 2016). Counselors are considered culturally competent when they listen to their clients and understand their worldviews (Sue et al., 2009). The problem, however, is that practitioners often fail to acknowledge their client's experiences, barriers, and perspectives (Kulis et al., 2013). Counselors who fail to acknowledge their clients' barriers diminish their perspectives and abilities to achieve their goals (Marsiglia & Booth, 2015). Various approaches are needed in conceptualizing mental disparities among Native and Indigenous communities (Native and Indigenous Communities and Mental Health, n.d.).

Stigma

The literature search found that stigma is a common barrier among Native American individuals when examining help-seeking perceptions (Duran et al., 2005; Venner et al., 2019). These forms of stigma include (1) public-stigma, (2) self-stigma, and (3) cultural stigma. Public stigma refers to the negative perceptions others hold of an individual, whether from the public or the individual's social network (Bathje & Pryor, 2011). Self-stigma is defined by one’s own perception of themselves (Cooper et al., 2003). Last, cultural stigma refers to the negative perception of oneself based through a cultural lens (Bracke et al., 2019). Many Native American

individuals fail to seek assistance due to concerns about how others perceive them (Freitas-Murrell & Swift, 2015).

Resource Barrier and Rural access issues

A survey of the Native American Population in 2022 indicated that 78% of Native Americans live outside reservations, while 22% of Native Americans live on reservations. Due to the isolated and rural locations in which Native and Indigenous individuals reside, they face significant barriers to accessing mental health services (Native and Indigenous Communities and Mental Health, n.d.). The number of uninsured Native American individuals and families is almost three times higher than that of non-Hispanic whites, 5.9 percent for non-Hispanic whites versus 14.9% for Native Americans. Native and Indigenous Communities and Mental Health (n.d.) also emphasized that access to Native and Indigenous Health Services is restricted to individuals residing outside tribal reservations.

Ecological Systems Theory

As seen in Figure 3., Bronfenbrenner's Ecological Systems Theory (1974), displays the various components of an individual's life that may directly or indirectly impact their daily functioning and worldview. This theory illustrates a progressive method of examining how an individual's environment influences his or her development (Guy-Evans, 2024). Bronfenbrenner (1977) noted that the theory conceptualizes that humans are not simply blank slates, but that their environment plays a crucial role in their development.

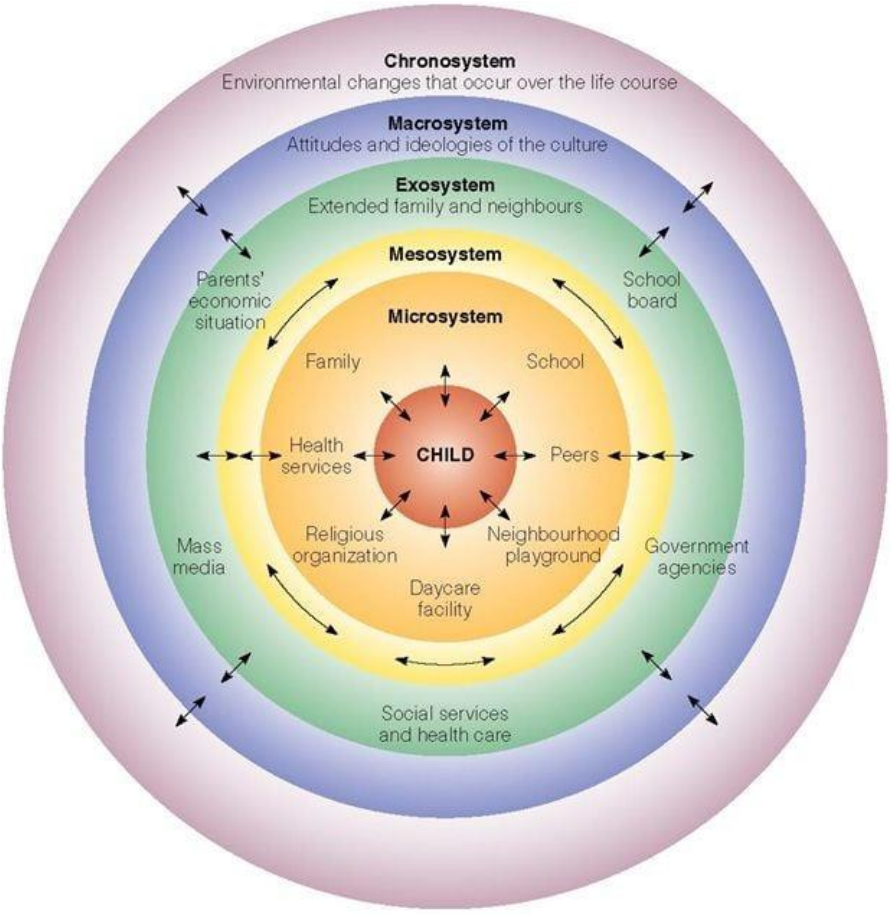


Figure 3.

Based on the analysis of Bronfenbrenner (1974), the ecological system is divided into five levels, including (1) microsystem, (2) mesosystem, (3) ecosystem, (4) macrosystem, and (5)

chronosystem. Guy-Evans (2024) identified the microsystem as the first level of Ecological System Theory, which includes factors such as the individual's family, school peers, teachers, church, and sports that directly affect their lives. Secondly, the mesosystem analyzes the interactions between the components of the individual's microsystem (Bronfenbrenner, 1974). As Guy-Evans (2024) explained, individuals do not operate independently but are connected and influence one another. The third aspect is the ecosystem, which involves factors that do not directly affect the individual but rather indirectly influence the individual's microsystem (Guy-Evans, 2020). Ecosystems include various components, including government, social policies, media, community, and parental or guardian workplaces (Bronfenbrenner, 1974; Guy-Evans, 2024). The fourth component is the macrosystem, which explores the impact of cultural factors on the development of an individual (Guy-Evans, 2024). At this level, Bronfenbrenner (1974) notes that socioeconomic status (SES), ethnicity, wealth, poverty, cultural ideologies, and geographical location all affect an individual's experiences. Lastly, according to Bronfenbrenner (1974), the chronosystem encompasses all environmental changes that influence the development of an individual throughout their lifetime. Events such as wars and recessions are included within the chronosystem system, and micro- and mesosystem changes, include death of a loved one, a divorce, or the beginning of school (Guy-Evans, 2024).

Bronfenbrenner's Ecological System Theory has provided sociologists, educators, counselors, psychologists, and other health professionals a framework for analyzing individuals' family systems and other factors influencing their lifespan development (Hayes et al., 2017). Additionally, Guy-Evans (2024) stated that the theory also considers aspects of an individual's life that do not directly affect them yet impact their daily lives. According to Spector and Fox (2005), utilizing this framework, researchers can study how minorities learn to maintain health,

recognize illness, and deal with disparities based on their cultural background. As a result, Spector and Fox (2005) stated that minority groups attach culturally bound values to health disparities and illnesses. The use of Bronfenbrenner's model in this study will assist in providing a valuable approach to examining what influences Native Americans' attitudes toward psychological help-seeking. The examination of the developing individual and their interactive settings of demographic region, culture, religion, sex, socioeconomic status (SES), and social support will assist in a better conceptualization of Native Americans' experiences.

Summary

Despite research gaps, there are known themes that indicate oppression and cultural factors contribute significantly to inconsistent help-seeking patterns. Native and Indigenous Communities and Mental Health (n.d.) suggested that Native American tribes' way of life is characterized by resilient family dynamics, openness to nature, adaptability, elder guidance, traditions, and spirituality when addressing mental health and healing practices. It is imperative to understand the cultural views, traditions, and practices associated with this population's healing concept (Goodkind et al., 2010). Unfortunately, there are limited services that integrate traditional healing practices into mainstream health services outside of reservations, and research on working with Native American patients using traditional methods remains limited (Bassett et al., 2012). With limited services available that offer conventional ways of healing, many Native American individuals do not seek help for professional psychological services, but instead rely upon social support and self-coping (Substance Abuse and Mental Health Services Administration, 2017). These barriers influencing mental health attitudes have led Native Americans to favor traditional healing (Brave Heart et al., 2011).

CHAPTER 3: METHODOLOGY

The purpose of this study was to examine the relationship between the independent variables of (1) acculturation, (2) centrality of religiosity, (3) gender, (4) socioeconomic status, and (5) social support, in relation to the outcome variable of attitudes toward help-seeking among Native Americans populations in North and South Carolina. Several studies have found that Native American populations have the lowest rate of counseling usage and are less likely to return to helping services after the initial session (Hack et al., 2014 & West et al., 2012).

This study aimed to assist counseling education program, scholars, researchers, and mental health providers in understanding what influences Native Americans' attitudes toward seeking psychological treatment. This chapter provides an overview of the study's methodology, including the (1) research question, (2) research design, (3) inclusion criteria, (4) exclusion criteria, (5) sampling, (6) instruments, (7) collection procedures, (8) study's analyses, and (9) summary.

Research Question

1. How does (1) acculturation, (2) centrality of religiosity, (3) gender, (4) socioeconomic status, and (5) social support influence attitudes toward seeking professional psychological help among North Carolina and South Carolina Native Americans?

Research Design

This study analyzed the predictive impacts of how (1) acculturation, (2) centrality of religiosity, (3) gender, (4) socioeconomic status, and (5) social support influence attitudes toward seeking professional psychological services among North and South Carolina Native Americans using a non-experimental bivariate correlational research design and multiple regression.

Participants

Inclusion criteria for this study included the following:

1. Self-identified as a Native Americans, American Indians, or Indigenous peoples.
2. A person who is 18 years or older when the data is collected.
3. Residing in or raised in North Carolina or South Carolina.

Exclusion criteria for this study included the following:

1. Minors under the age of 18 are not eligible to participate in this study.
2. Individuals who do not identify as Native Americans, American Indians, or Indigenous.
3. Individuals who are Native Americans, American Indians, or Indigenous who were not born and raised in North and South Carolina.
4. Native American, American Indian, Indigenous, or any other ethnic group member who is not a member of a Native American, American Indian, or Indigenous tribe in North or South Carolina.

Sampling

These inclusion and exclusion criteria guided the recruitment process, in allowing for a more thorough examination of qualified participants. Considering the specific target population, a convenient and purposeful sampling was implemented for the recruitment strategy. Convenient and purposive sampling allowed for a wide stratification in exploring and gaining in-depth information on variables of interest. (Lopez & Whitehead, 2013). This strategy permitted participants to be grouped by pre-selected components based on the population for which data is sought (Lopez & Whitehead, 2013). Additionally, a snowball sampling technique was used in the study. Due to the variety of demographics in the study region, the researcher encouraged participants to share the survey link with family members and other contacts.

A G*power analysis was conducted and concluded that 110 participants were required at a minimum (f2=.10, a=.05, p=.95, and predictors = 6), to achieve a sufficient power level. Research target sample was 200 participants with a minimum of 110.

Instrumentation

The survey was created by using the Qualtrics composite instrument and consisted of four pre-existing instruments, and a demographic component. The researcher explored in greater detail, (a) the Native American Acculturation Scale (NAAS; Garrett & Pichette, 2000), (b) The Centrality of Religiosity Scale (CRS; Huber & Huber, 2012), (c) Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), and (d) Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPSH-SF, Fischer & Farina, 1995).

Data Collection Procedures

The study and survey were approved by the University of North Carolina at Charlotte's Institutional Review Board (IRB). After approval, a survey flyer was sent out via social media platforms which include Facebook, Instagram, Snapchat, and Twitter, that assisted in reaching a wide variety of potential participants in North and South Carolina. Recruiting posts described the purpose of the study, eligibility criteria, and contact information of the researcher. Upon self-verification, participants that meet inclusion criteria, were prompted to read, and sign an informed consent, outlining the study's purpose, confidentiality, potential risks, and benefits.

As part of the informed consent package, the survey prompted a required response from the participate that noted that their contribution is voluntary. As voluntary participants, participants were able to withdraw from the study without explanation or penalty. Participants were allowed to review the informed consent and inclusion criteria before agreeing or

disagreeing with the study's terms and conditions. Once participants consented to be a part of the study, they will be directed to the survey questionnaire.

The online survey questionnaire included five instruments: (a) a demographic questionnaire, (b) the Native American Acculturation Scale (NAAS; Garrett & Pichette, 2000), (c) The Centrality of Religiosity Scale (CRS; Huber & Huber, 2012), (d) Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), and (e) Attitudes Toward Seeking Professional Psychological Help-Short Form (Fischer & Farina, 1995). A total of 65 items were included in the survey. Participants completed the survey in a minimum of 6 minutes and a maximum of 20 minutes. The survey collected no personal identifying data. This was done to ensure greater confidentiality. The data was collected and then exported to the Statistical Package for Social Sciences (SPSS), version 29.0.2 (5725-A54) to conduct the studies analyses.

Demographic Questionnaire

The demographic questionnaire for this study consisted of nine questions. Questions related to tribal affiliation, sex, age, county of residence, state of residence, highest educational level completed, current marital status, mother's educational background, and employment status. Questions such as What is your highest level of education? and What is your tribal affiliation? were asked. See Appendix (A).

Native American Acculturation Scale (NAAS)

The Native American Acculturation Scale (NAAS; Garett & Pichette, 2000) explained the degree of acculturation for Native Americans. It was developed by merging the Acculturation Rating Scale for Mexican Americans (ARSMA), and the Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA; Cuellar et al., 1980). The scaled included 20 Likert-type questions ranging from 1 to 5. A low score indicated less acculturation and a stronger cultural

identity. A score of 3 indicated a bicultural identity, and a score of 5 indicated that the individual has been acculturated in a more multicultural way. There were three subscales presented in the instrument. The first was the core self, which is dependent on factors that included where the individual was raised, involvement with other tribal members, and parental/guardian cultural identity (Reynolds et al., 2012). Participants scoring higher on this component were less likely to have Native cultural influences central to their identity. A low score indicated a strong impact of Native culture on a person's identity (Reynolds et al., 2012).

The second subscale was the cultural expression of self, which examined the use of English or tribal languages to reflect their life their life experiences. Lower scores reported that their Native language was their first language of communication and a higher score on this scale indicated that the participant was more likely to communicate their experiences using English as their first language (Reynolds et al., 2012).

The final subscale of NAAS examined community and cultural engagement, to identify participants' level of engagement and pride in their culture (Reynolds et al., 2012). If the participant received a lower score, it indicated that the individual was more involved in their Native culture and had a solid Native identity. A higher rating indicated alignment with the dominant culture and less likely to participate in the Native culture, according to Reynolds et al. (2012). Additionally, the NAAS included components related to language, identity, friendships, behavior, geography, and attitudes (Garrett & Pichette, 2000). Some questions included: What language do you speak? What language do you think? How much pride do you have in your Native culture? and do you participate in Native American traditions, ceremonies, occasions? Scores were calculated by summing the numerical ratings from 1-5 for all 20 then dividing them by 20. Researchers Garrett and Pichette (2000) and Reynolds et al. (2012) conducted studies that

found that when the scale and both alpha coefficients were administered to Native American students in high school and college, the scores ranged between .90 and .91. It was determined that the validity of a higher dimension of Native American acculturation can be supported by confirmatory factor analysis as part of the study. Garrett and Pichette (2000) categorized cut-off scores as traditional, bicultural, or assimilated to determine the content and construct validity; see Appendix (B).

The Centrality of Religiosity Scale (CRS)

The Centrality of Religiosity Scale measured the intensity, salience, and importance that religion has in an individual's life (Huber and Huber, 2012). There are 3 versions of this instrument: CRS-15, CRS-10, and CRS-5. For its highest dimensional discrimination, this study used CRS-15 dimensions. A total of 15 Likert-type questions were included in the CRS-15. The survey asked questions such as: How meaningful is it to you to be connected to a religious community? and how often do you attend religious services? Participants are to respond on a numerical scale of 1 to 5. These numerical scores were described as such; (1) never, (2) rarely, (3) occasionally, (4) often and (5) very often. A lower score indicated no or only marginal presence of religious influence; moderate scores indicated some presence of religious influence, and a high score indicated a clear presence of religious influence. Huber and Huber (2012) reported that previous studies demonstrated that the CRS-15 had the most accuracy and reliability. In these previous studies, reliability scores ranged from 0.80 to 0.92 for individual scales and from 0.92 to 0.96 for scales overall (Huber & Huber, 2012). According to Huber and Huber (2012), the CRS-15 was constructed based on probabilistic logic, indicating that individuals with higher scores had a greater religious identity, while those with lower scores had

a moderate or low religious identity. Furthermore, the scale's construct validity has been empirically confirmed (Huber & Huber, 2012); see Appendix (C).

Multidimensional Scale of Perceived Social Support (MSPSS)

Social support was defined by Ozbay (2007) as a network of friends, family, neighbors, and community members who provide psychological, physical, and financial support. According to Zimett et al. (1988), social support is a growing component of coping skills for individuals experiencing stressful life events. A Multidimensional Scale of Perceived Social Support, known as MSPSS, was designed to examine how individuals perceive their social support from three primary sources of family, friends, and significant others. The MSPSS has previously indicated that social support differs between married and unmarried participants. Several factors have shown to influence the ratings, including culture, nationality, age, and gender. There were 12 Likert type items in the MSPSS, that ranged as followed (1) Very Strongly Disagree, (2) Strongly Disagree, (3) Mildly Disagree, (4) Neutral, (5) Mildly Agree, (6) Strongly Agree, (7) Very Strongly Agree. There were three subscales of MSPSS: Significant Others (Sum across items 1, 2, 5, & 10), Families (Sum across items 3, 4, 8, & 11), and Friends (Sum across items 6, 7, 9, & 12). Within the 3 subscales, questions were asked such as: I get the emotional help & support I need from my family, or I have a special person who is a real source of comfort to me? The totals for each subscale are divided by 4 for each subscale. The sum of the 12 items were divided by 12 to calculate the total score. Scores between 1 and 2.9 indicated low support, scores between 3 and 5 indicated moderate support, and scores between 5.1 and 7 indicated high support. Using MSPSS, Zigmett (1988) found that the scores for Significant Other, Family, and Friends were .91, .87, and .85, respectively, with a total score of .88. This suggested that the scale and the subscales individually exhibit high internal reliability. Previous finding showed that

MSPSS subscales positively correlate with the Depression and Anxiety subscales of the Hopkins Symptom Checklist (HSCL), thus Zigmett (1988) indicated that MSPSS has reliable construct validity; see Appendix (D).

Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF)

The ATSPPH-SF is a self-report scale designed to measure a participant's overall opinion or belief about the usefulness of counseling for personal or emotional problems (Fischer & Farina, 1995). Questions such as: If I believed I was having a mental breakdown my first inclination would be to get professional attention and If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy were asked. Participants rated each item using a response ranging from "0" disagree, "1" partly disagree, "2" partly agree, and "3" agree. A higher score on the scale indicated a greater receptiveness toward seeking assistance. Price and McNeill (1992) examined Native American college students, utilizing the more comprehensive version of the ATSPPH-SF, and found that female students scored greater than male students. Using ATSPPHS with Native college populations, Fischer and Farina (1995) reported an alpha value of 0.71. Elhai et al. (2008) used a correlational study which reported that the ATSPPH-SF scale demonstrated high construct validity, with higher scores showing a more favorable outcome for treatment attitudes; see Appendix (E).

Data Analyses

Each scale score was computed by using the Statistical Package for the Social Sciences (SPSS), version 29.0.2 (5725-A54). Each variable was examined through a three-step analyses including: (1) analysis of descriptive statistics, (2) bivariate analyses, and (3) multilinear regression analyses. The descriptive statistics analysis provided the mean, median, mode, range,

and standard deviation of each variable outcome. The data was examined to identify any missing data, outliers, and any data entry errors. Secondly, the bivariate analysis concentrated on a correlational matrix that will examine how the independent variables are related. Lastly, the multilinear regression analysis examined the relations between the significant independent variables and the outcome variable. Further, the data was assessed to ensure that assumptions for multilinear regression analysis were meet, including (1) linearity, (2) homoskedasticity, (3) multicollinearity (4), independence of errors, (5) normality (6) normal distribution.

Statistical Analyses

In this study, to establish a 95% confidence interval, the significance criterion (α) was set to .05 ($\alpha = .05$) for all statistical analyses. Descriptive statistics were used to describe the participant population, which included tribal affiliation, gender, age, state of residence, highest educational level completed, current marital status, and employment status. Additionally, a bivariate correlation and multiple linear regression analyses examined the relations between each independent variable and the outcome variable.

Summary

Chapter 3 described the (1) research question, (2) research design, (3) inclusion criteria, (4) exclusion criteria, (5) sampling, (6) instruments, (7) collection procedures, (8) study's analyses, and (9) summary. These components allowed for an exploration of the process in examining how the independent variables of (1) acculturation, (2) religious centrality, (3) sex, (4) socioeconomic status, and (5) social support impact the outcome of attitudes toward help-seeking psychological professional help among North Carolina and South Carolina Native Americans.

CHAPTER 4: RESULTS

The goal of this study was to bridge a gap in the literature by exploring what factors influence Native Americans in North Carolina and South Carolina to seek professional psychological help. The study was conducted with a targeted sample population of Native Americans born and/or raised in North Carolina and South Carolina. Targeted tribes included, but were not limited to, the Lumbee Tribe of North Carolina, Eastern Band of Cherokee, Coharie, Haliwa-Saponi, Meherrin, Sapony, Occaneechi Band, Waccamaw Siouan, Catawba, Pee Dee, Chicora, Edisto, Santee, Yamassee, and Chicora-Waccamaw. The study aimed to explore the relationship between (1) acculturation, (2) centrality of religiosity, (3) gender, (4) socioeconomic status, and (5) social support influence attitudes toward seeking professional psychological help among North Carolina and South Carolina Native Americans. Additionally, this study aimed to further assist scholars, researchers, counselor education programs, and mental health providers in identifying possible factors that could contribute to the developing attitudes toward seeking professional psychological treatment among Native Americans in North Carolina and South Carolina.

The findings were produced by utilizing the SPSS 29.0.2 (5725-A54) (Statistical Package for the Social Sciences) software system to explore the study's descriptive statistics, bivariate correlations analyses, and the multiple linear regression analyses. First, a brief overview of the data will be presented, examining descriptive statistics that include the mean, standard deviation, median, mode, and range of each variable of interest. Secondly, the findings from the bivariate correlation are presented using a correlation matrix that examined how all variables are related. Lastly, the chapter presented the findings from the multiple linear regression analyses that examined the relations between each independent variable and the outcome variable.

Data Preparation

Participants completed a survey using a Qualtrics composite instrument or a hard copy of the survey. The survey data was exported from Qualtrics into an SPSS.sav data file and was examined for any missing data. One hundred ninety-seven participants completed the survey online using a survey link or QR code. Ten participants completed a hard copy of the survey, which were recorded into the Qualtrics survey system and shredded. A total of 207 participants were recorded, and 8 participants were removed from the data set due to incomplete survey responses. Upon further observation, there were no other missing values observed, totaling in a final sample size of N=199.

Study Participants

The final study sample size consisted of 199 self-reported Native Americans born and/or raised in North Carolina and South Carolina. Approximately 44.2% (n=88) were identified as Male; 53.8% (n=107) identified as female; and 2.0% (n=4) identified as nonbinary. Subsequently due to only 4 participants identifying as nonbinary, the impact of the variable being presented alone would show little to no impact in the determination if this gender variable influenced Attitudes Toward Seeking Professional Psychological Help. Additionally, the researcher decided to group nonbinary participants with female identifiers, resulting in a combined female sample size of 55.8% (n=111). Participants age range consisted of 35.2% (n=70) ranging from 18-25; 53.3% (n=106) ranging from 26-35; 7% (n=14) ranging from 36-45; and 4.5% (n=9) above 45 years of age. Approximately 80.4% (n=160) of participants were raised in North Carolina, 18.6% (n=37) participants were raised in South Carolina and 1% (n=2) were raised in New Jersey/Louisiana and Tennessee. Precisely 73.9% (n=147) identified as single, 24.6% (n=49) identified as married, 1% (n=2) identified as divorced, and 0.5% (n=1) identified as widowed.

Approximately 5.0% (n=10) reported their employment status as unemployed, 14.1% (n=28) identified as pa rt-time employed, and 80.9% (n=161) identified as fulltime employed. Lastly 56.8% (n=113) participants reported their salary ranged from $0-$48,5000 and 43.2% (n=86) reported a range of $48,501-$150,499. The demographic tribal affiliation of the participants is presented in the Demographic Tribal Affiliation Table.

Demographic Tribal Affiliation Table

What is your tribal affiliation? (e.g., Lumbee, Cherokee, Sappony, Lakota)

	N	%
Beaver Creek	1	0.5%
Cape Fear	1	0.5%
Catawba	8	4.0%
Cheraw	6	3.0%
Cherokee	29	14.6%
Cherokee and Lumbee	3	1.5%
Choctaw	4	2.0%
Coharie	12	6.0%
Croatan	1	0.5%
Eastern Band of Cherokee, Lenni Lenape	1	0.5%
Haliwa Saponi	5	2.5%
Lakota and Lumbee	1	0.5%
Lumbee	103	51.8%
Lumbee and African American	1	0.5%
Lumbee and Choctaw	1	0.5%
Meherrin	1	0.5%
Santee	3	1.5%
Sappony	3	1.5%
Tuscarora	5	2.5%
Waccamaw Siouan	8	4.0%
Waxhaw people	1	0.5%
Yamasee and Lumbee	1	0.5%

Preliminary Analyses

Instruments used in this study examined: (a) demographic questionnaire, exploring tribal affiliation, sex, age, state of residence, highest educational level completed, current marital status, and employment status; (b) level of acculturation, through the Native American

Acculturation Scale (NAAS; Garrett & Pichette, 2000, Reynolds et al., 2012); (c) influence of religion, through the Centrality of Religiosity Scale (CRS; Huber & Huber, 2012); (d) perceived social support, through the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988); and (e) attitudes toward psychological help seeking, through the Attitudes Toward Seeking Professional Psychological Help-Short Form (Fischer & Farina, 1995). Descriptive statistics for instruments are presented in the Statistics table below.

Statistics Table

Statistics

		Acculturation_NAAS_AVG	Religion_CRS_AVG	Support_MPSS_AVG	HelpSeeking_ATSPPH_SF_AVG
N	Valid	199	199	199	199
	Missing	0	0	0	0
Mean		2.9854	4.0489	6.0733	2.9196
Median		3.0000	4.0667	6.0000	2.9000
Mode		3.05	4.00	7.00	2.90
Std. Deviation		.30312	.56104	.96391	.33024
Range		2.10	2.60	4.92	2.20

The Native American Acculturation Scale (NAAS_AVG) was constructed of 20 Likert-type items with rating responses ranging from 1 (less acculturation response) to 5 (heavily acculturated response). A low score under 3 indicated less acculturation and a stronger cultural identity. A score of 3 indicated a bicultural identity, and a score of 5 indicated that the individual has been acculturated in a more multicultural way. The total mean score of (NAAS_AVG) was 2.98 (SD=.303), with a median (3.0), mode (3.05), and range (2.10), meaning participants reported less acculturation and a stronger cultural or bicultural identity. Additionally, the NAAS Core Self (NAAS_CS_AVG) subscale was measured by questions (3,4,5,6,7,11,12 &13). The

total mean score was 1.62 (SD= .442), with median (1.50), mode (1.50), and range (3.13). This indicated that participants personal identity was strongly impacted by Native American culture and less acculturated. Secondly, the NAAS Cultural Self Expression (NAAS_CCE_AVG) subscale was measured by questions (1,2,15,16, &17). The total mean score for (NAAS_CCE_AVG) was 4.85 (SD= .305), with a median (5), mode (5), min (3.20), max (5), and a range (1.80), meaning that participants were more likely to communicate their experiences (thinking, speaking, writing, feeling) using English as their first language instead of Native language, which indicated a higher level of acculturation. Lastly, the NAAS Cultural and Community Engagement subscale (NAAS_CCE_AVG) subscale was measured by questions (8,9,10,14,18,19, & 20). The total mean score for (NAAS_CCE_AVG) was 3.20 (SD = .448), with a median (.031), mode (3.14), and range (3.29). Furthermore, participants had a moderate to higher rating of acculturation in cultural and community engagement, meaning a stronger alignment with the dominant culture and less likely participation in the Native American culture.

The Centrality of Religiosity Scale (CRS-15) was constructed of 15 Likert-type items ranging responses from: (1) never, (2) rarely, (3) occasionally, (4) often, and (5) very often. A lower score indicated no or only marginal presence of religious influence, moderate scores indicated some presence of religious influence, and a high score indicated a clear presence of religious influence. The mean of the Centrality of Religiosity Scale (CRS_AVG) was 4.04 (SD = .561), with a median (4.06), mode (4), min (2.40), max (5), with a variance (.315). Thus, indicating participants reported a greater sense of a religious identity.

The Multidimensional Scale of Perceived Social Support (MPSS _AVG) scale was constructed of 12 Likert-type items with rating responses ranging from: (1) Very Strongly Disagree, (2) Strongly Disagree, (3) Mildly Disagree, (4) Neutral, (5) Mildly Agree, (6) Strongly

Agree, (7) Very Strongly Agree. Scores between 1 and 2.9 indicated low support, scores between 3 and 5 indicated moderate support, and scores between 5.1 and 7 indicated high support. On the Multidimensional Scale of Perceived Social Support (MPSS _AVG) scale participants produced a mean of 6.07 (SD = .963), with a median (6), mode (7), and range (4.92), indicating participants reported a higher sense of perceived social support from the three domains of Significant Others, Family and Friends. The Multidimensional Scale of Perceived Social Support subscale of Significant Others (MPSS_SO_AVG) was measured by questions (1,2,5, & 10). The Significant Others subscale (MPSS_SO_AVG) mean was 6.07 (SD = 1.00), with a median (6), mode (7), and range (5). This indicated that participants had a higher rate of perceived support from their significant others. Secondly, The Multidimensional Scale of Perceived Social Support subscale of Family (MPSS_FAM_AVG) was measured by questions (3, 4, 8, & 11). The Family subscale (MPSS_FAM_AVG) mean was 5.99 (SD = 1.08), with a median (6.00), mode (6.00), and range (5.25), indicating that participants reported a high rate of perceived support from their family. Lastly, The Multidimensional Scale of Perceived Social Support subscale of Friends (MPSS_FRI_AVG) was measured by questions (6, 7, 9, & 12). The Friends subscale (MPSS_FRI_AVG) mean was 6.11 (SD = .948), with a median (6.00), mode (7.00), and range (4.75). Furthermore, this indicated that participants reported a high rate of perceived support from their friends.

Lastly the Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH_SF_AVG) scale was constructed of 10 Likert-type items ranging in responses from: (0) disagree, (1) partly disagree, (2) partly agree, and (3) agree. A higher score on this scale indicated a greater receptiveness toward seeking assistance. Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH_SF_AVG) scale mean was 2.91 (SD =

.330), with a median (2.90), mode (2.90), and range (2.20), which indicated that the study's participants reported a greater receptiveness toward seeking professional psychological help.

Prior internal consistency reliability of an alpha coefficient ranged from .90 to .91 on the NAAS (Garrett and Pichette, 2000 & Reynolds et al., 2012); .80 to .96 on CRS-15 (Huber & Huber, 2012); .85 to .91 on MPSS (Zigmett, 1988), and 0.71 on ATSPPH-SF (Fischer &Farina, 1995). When compared to prior studies' alpha coefficients, all scales produced in this study have an average alpha of .783. While the alpha coefficient is not higher than previous alphas produced, Koo and Li (2016) emphasized that alpha levels between 0.75 to 0.9 show good reliability.

Bivariate Analyses

Two Bivariate analyses were conducted and produced a correlation matrix that examined the relationship between the study's variables. The first correlation matrix examined the following overall scales: Native American Acculturation Scale (NAAS_AVG), Centrality of Religiosity Scale (CRS_AVG), The Multidimensional Scale of Perceived Social Support (MPSS_AVG), and Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF_AVG). The correlation matrix for overall scales is presented in the Overall Scale Correlation Table below.

Overall Scale Correlation Table

Correlations

		NAAS_AVG	CRS_AVG	MPSS_AVG	ATSPPH_SF_AVG
NAAS_AVG	Pearson Correlation	1	-.423**	-.158*	.005
	Sig. (2-tailed)		<.001	.026	.948
	N	199	199	199	199
CRS_AVG	Pearson Correlation	-.423**	1	.299**	.158*
	Sig. (2-tailed)	<.001		<.001	.026
	N	199	199	199	199
MPSS_AVG	Pearson Correlation	-.158*	.299**	1	.271**
	Sig. (2-tailed)	.026	<.001		<.001
	N	199	199	199	199
ATSPPH_SF_AVG	Pearson Correlation	.005	.158*	.271**	1
	Sig. (2-tailed)	.948	.026	<.001	
	N	199	199	199	199

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

The correlation matrix noted several correlations between the independent variables of Acculturation (NAAS_AVG), Centrality of Religiosity (CRS_AVG), and Social Support (MPSS_AVG) alone and two correlations between the independent variables of Centrality of Religiosity (CRS_AVG), and Social Support (MPSS_AVG) in the relation to the dependent variable of Attitudes Toward Seeking Professional Psychological Help (ATSPPH_SF_AVG). As shown in the Overall Scales Correlation Table, there were positive correlations at the alpha level of .05 between independent variables of Acculturation (NAAS_AVG), Religion (CRS_AVG), and Social Support (MPSS_AVG). It was also reported that Religious Centrality (CRS_AVG) showed a positive correlation of (.026) and Social Support (MPSS_AVG) showed a positive correlation (<.001) in relation to Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF_AVG).

The second Bivariate analysis examined the subscales of both the Native American Acculturation Scale, and the Multidimensional Scale of Perceived Social Support. The NAAS consisted of three subscales, which examined the Core Self (NAAS_CS_AVG), Cultural Expression of Self (NAAS_CSE_AVG), and Community and Cultural Engagement (NAAS_CCE_AVG) of participants. The Multidimensional Scale of Perceived Social Support consisted of three subscales which examined Significant Others (MPSS_SO_AVG), Family (MPSS_FAM_AVG), and Friends (MPSS_FRI_AVG). Additionally, the Centrality of Religiosity Scale was included in the subscale correlation matrix so that the variable could still be present. The subscale correlation matrix is presented in the Subscale Correlation Table below.

Subscale Correlation Table

Correlations

		NAAS_CS_AVG	NAAS_CSE_AVG	NAAS_CCE_AVG	CRS_AVG	MPSS_SO_AVG	MPSS_FAM_AVG	MPSS_FRI_AVG	ATSPPH_SF_AVG
NAAS_CS_AVG	Pearson Correlation	1	.059	.343**	-.307**	-.239**	-.219**	-.227**	-.075
	Sig. (2-tailed)		.411	<.001	<.001	<.001	.002	.001	.290
	N	199	199	199	199	199	199	199	199
NAAS_CSE_AVG	Pearson Correlation	.059	1	.397**	-.156*	.161*	.324**	.176*	.222**
	Sig. (2-tailed)	.411		<.001	.027	.023	<.001	.013	.002
	N	199	199	199	199	199	199	199	199
NAAS_CCE_AVG	Pearson Correlation	.343**	.397**	1	-.394**	-.166*	-.113	-.151*	-.014
	Sig. (2-tailed)	<.001	<.001		<.001	.019	.111	.033	.843
	N	199	199	199	199	199	199	199	199
CRS_AVG	Pearson Correlation	-.307**	-.156*	-.394**	1	.271**	.292**	.289**	.158*
	Sig. (2-tailed)	<.001	.027	<.001		<.001	<.001	<.001	.026
	N	199	199	199	199	199	199	199	199
MPSS_SO_AVG	Pearson Correlation	-.239**	.161*	-.166*	.271**	1	.801**	.952**	.278**
	Sig. (2-tailed)	<.001	.023	.019	<.001		<.001	<.001	<.001
	N	199	199	199	199	199	199	199	199
MPSS_FAM_AVG	Pearson Correlation	-.219**	.324**	-.113	.292**	.801**	1	.821**	.216**
	Sig. (2-tailed)	.002	<.001	.111	<.001	<.001		<.001	.002
	N	199	199	199	199	199	199	199	199
MPSS_FRI_AVG	Pearson Correlation	-.227**	.176*	-.151*	.289**	.952**	.821**	1	.285**
	Sig. (2-tailed)	.001	.013	.033	<.001	<.001	<.001		<.001
	N	199	199	199	199	199	199	199	199
ATSPPH_SF_AVG	Pearson Correlation	-.075	.222**	-.014	.158*	.278**	.216**	.285**	1
	Sig. (2-tailed)	.290	.002	.843	.026	<.001	.002	<.001	
	N	199	199	199	199	199	199	199	199

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

This correlation matrix noted several positive correlations between the subscales of the Native American Acculturation Core Self (NAAS_CS_AVG), Cultural Expression of Self

(NAAS_CSE_AVG), Community and Cultural Engagement (NAAS_CCE_AVG) and the Multidimensional Scale of Perceived Social Support Significant Others (MPSS_SO_AVG), Family (MPSS_FAM_AVG), and Friends (MPSS_FRI_AVG). Additionally, five subscales including Cultural Expression of Self (NAAS_CSE_AVG), Religious Centrality (CRS_AVG), Multidimensional Scale of Perceived Social Support Significant Others (MPSS_SO_AVG), Family (MPSS_FAM_AVG), and Friends (MPSS_FRI_AVG) showed positive correlations in relation to the dependent variable Attitudes Toward Seeking Professional Psychological Help (ATSPPH_SF_AVG). Furthermore, the correlation matrix indicated that the Cultural Expression of Self (NAAS_CSE_AVG) had a positive correlation of (.002), Religious Centrality (CRS_AVG) showed a positive correlation of (.026), Multidimensional Scale of Perceived Social Support Significant Others (MPSS_SO_AVG) showed a positive correlation of (<.001), Multidimensional Scale of Perceived Social Support Family (MPSS_FAM_AVG) showed a positive correlation of (.002), and Multidimensional Scale of Perceived Social Support Friends (MPSS_FRI_AVG) showed a positive correlation of (<.001) in relation to Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF_AVG).

Multiple Linear Regress Analyses

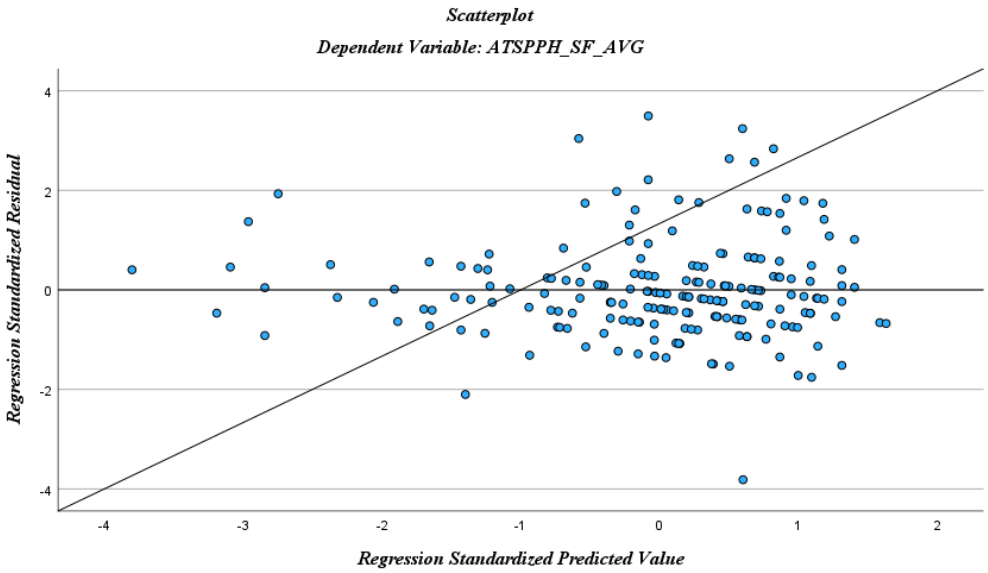
For this study, three separate multiple linear regressions were conducted to examine (1) the overall scale scores with the dependent variable, (2) the subscales and their relationship with the dependent variable , and (3) the significant scales/subscales identified in steps 1 and 2. Due to the nature of this study, the researcher was mainly interested in the significant variables that influenced the Attitudes Toward Seeking Professional Psychological Help, thus multiple linear regression (3) was used in testing the assumptions, interpretation of analysis, and the discussion.

Testing Assumptions

The statistical assumptions for multiple linear regression were tested and met. The assumptions met included (1) linearity, (2) homoskedasticity, (3) multicollinearity (4), independence of errors, (5) normality (6) normal distribution.

First, linearity was examined by plotting the standardized residuals (Y: ZRESID) against the standardized predictor variable (X:ZPRED). As shown in the Scatterplot below, there was a random distribution of positive and negative values scattered across the range of the axis in a positive slope, indicating the assumption of linearity was met by no evidence of a non-linear pattern. Secondly, the Scatterplot showed that homoskedasticity was met by plotting the standardized residuals (Y: ZRESID) against the standardized predictor variable (X:ZPRED). The plot showed no clear relationship between the residuals and the predicted value. Thirdly, the Scatterplot showed that the data was independent of error due to no indication of runs below or above the mean.

Scatterplot



Next, the assumption multicollinearity measured the relationship between two or more of the independent variables and was determined by the Tolerance and VIF (Variance Inflation Factor) of the significant variables. As shown in the Coefficient Table below, the assumption of multicollinearity was met due to the Tolerance levels being above (.10) and the VIF levels being below 10, which indicated the study presented no problems with the multicollinearity and allows for interpretation of the regression.

Coefficient Table

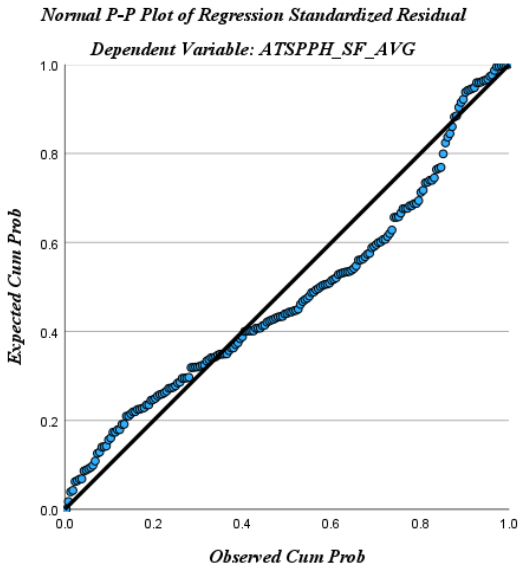
Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	1.292	.423		3.057	.003	.458	2.126					
	NAAS_CSE_AVG	.198	.078	.183	2.537	.012	.044	.351	.222	.179	.170	.867	1.153
	CRS_AVG	.080	.043	.136	1.875	.062	-.004	.164	.158	.133	.126	.856	1.168
	MPSS_AVG	.063	.025	.184	2.495	.013	.013	.113	.271	.176	.167	.829	1.206
	FEMALE_DUMMY	-.014	.009	-.103	-1.513	.132	-.031	.004	-.134	-.108	-.102	.972	1.029

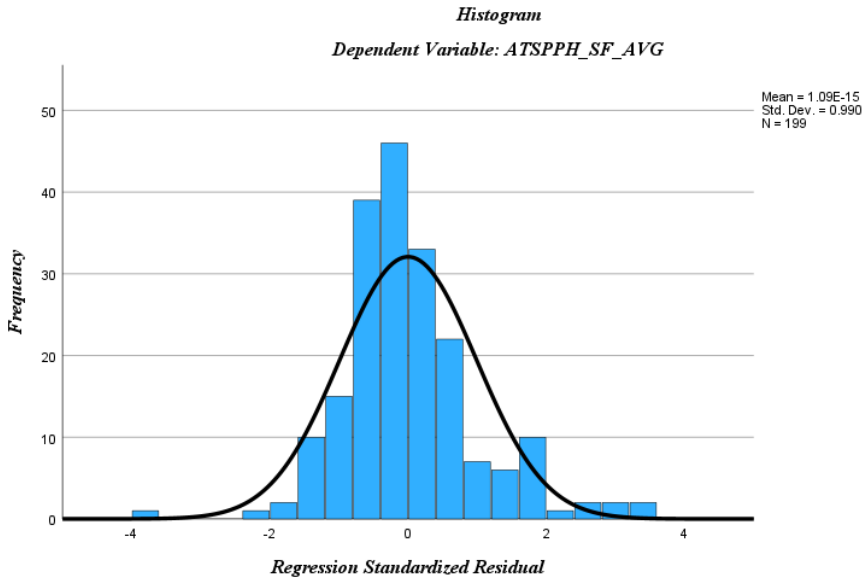
a. Dependent Variable: ATSPPH_SF_AVG

Lastly, normality and normal distribution assumptions were met and are presented in the Normal P-P Plot and Normal Distribution Tables. As shown in the Normal P-P Plot below, the P-P Plot indicated that the scatters are close to the distribution line positively, with some deviance. Additionally, as presented on the Normal Distribution Table below, the curve over the distribution of data showed the data was indeed normally distributed.

Normal P-P Plot Table



Normal Distribution Table



Multiple Linear Regression Analyses

For this study, three separate multiple linear regressions were conducted. The first multiple linear regression was conducted to determine which overall scales significantly influenced Attitudes Toward Seeking Professional Psychological Help. Additionally, the second

multiple linear regression was conducted to examine how participants scored in specific components that made up the acculturation and social support scales. These specific components included the following: core self, cultural expression of self, community/cultural engagement, and support from significant others, family, and friends. Lastly, the third multiple linear regression combined only the scales/subscales that significantly influenced Attitudes Toward Seeking Professional Psychological Help. Due to the gap in the literature, the researcher was mainly interested in the significant variables that influenced Attitudes Toward Seeking Professional Psychological Help; thus, multiple linear regression three was used for the interpretation of the results. While a gender variable was dummy coded, gender showed no significance, and was excluded from the regression analyses interpretation. Though multiple linear regressions one and two were not used for the final model interpretation, they are still included to show what significant scales/subscales were extracted for the final multiple linear regression model.

The first multiple linear regression model examined the overall scales of the Native American Acculturation Scale (NAAS_AVG), the Centrality of Religiosity Scale (CRS_AVG), and the Multidimensional Scale of Perceived Social Support (MPSS_AVG) influence on Attitudes Toward Seeking Professional Psychological Help (ATSPPH_SF_AVG). As shown in Overall Scales Coefficient Table below, MPSS_ AVG (Social Support) was the only significant variable at (<.001) that contributes to Attitudes Toward Seeking Professional Psychological Help, with CRS_AVG being the next variable approaching significance at (.103).

Overall Scales Coefficient Table

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	1.876	.378		4.956	<.001	1.129	2.622					
	NAAS_AVG	.094	.082	.087	1.150	.251	-.067	.256	.005	.082	.078	.815	1.226
	CRS_AVG	.075	.046	.127	1.639	.103	-.015	.165	.158	.117	.111	.765	1.306
	MPSS_AVG	.083	.024	.242	3.395	<.001	.035	.131	.271	.237	.231	.907	1.103
	FEMALE_DUMMY	-.016	.009	-.124	-1.810	.072	-.034	.001	-.134	-.129	-.123	.990	1.010

[a]. Dependent Variable: ATSPPH_SF_AVG

The second multiple linear regression model examined the subscales of the Native American Acculturation Scale (NAAS_AVG) and the Multidimensional Scale of Perceived Social Support (MPSS_AVG) influence on Attitudes Toward Seeking Professional Psychological Help (ATSPPH_SF_AVG). Additionally, Centrality of Religiosity (CRS_AVG) was included in this model so the variable could still be present with the subscales analysis. The regression included the subscales of NAAS_CS_AVG (Core self), NAAS_CSE_AVG (Cultural Expression of Self), NAAS_CCE_AVG (Community and Cultural Engagement), MPSS_SO_AVG (Significant Other), MPSS_FAM_AVG (Family), and MPSS_FRI_AVG (Friends). As shown in the Subscales Coefficient Table, NAAS_CSE_AVG (Cultural Expression of Self) was the only significant variable at (.003) that contributes to the Attitude Toward Seeking Professional Psychological Help (ATSPPH_SF_AVG). Furthermore, Religious Centrality (CRS_AVG) was next variable approaching significance of (0.55).

Subscales Coefficient Table

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
		B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	.977	.468		2.088	.038	.054	1.900					
	NAAS_CS_AVG	.002	.055	.003	.036	.971	-.106	.110	-.075	.003	.002	.822	1.216
	NAAS_CSE_AVG	.267	.088	.247	3.025	.003	.093	.442	.222	.214	.202	.667	1.499
	NAAS_CCE_AVG	-.020	.060	-.027	-.325	.746	-.139	.100	-.014	-.024	-.022	.663	1.508
	CRS_AVG	.088	.046	.149	1.929	.055	-.002	.178	.158	.139	.129	.746	1.340
	MPSS_SO_AVG	.043	.072	.131	.592	.554	-.100	.185	.278	.043	.040	.092	10.928
	MPSS_FAM_AVG	-.071	.039	-.234	-1.838	.068	-.147	.005	.216	-.132	-.123	.276	3.623
	MPSS_FRI_AVG	.091	.080	.260	1.126	.261	-.068	.249	.285	.081	.075	.084	11.935
	FEMALE_DUMMY	-.014	.009	-.104	-1.534	.127	-.032	.004	-.134	-.111	-.102	.972	1.029

a. Dependent Variable: ATSPPH_SF_AVG

Lastly, the third multiple linear regression model examined the significant scale of the Multidimensional Scale of Perceived Social Support (MSPSS_AVG) and the Native American Acculturation Subscale: Cultural Expression of Self (NAAS_CSE_AVG). Additionally, due to its approaching significance, Centrality of Religiosity Scale (CRS_AVG) was included in the final regression model. As shown in the Significant Scales/Subscales Coefficient Table below, the model presented two significant influences that impacted Attitudes Toward Seeking Professional Psychological Help (ATSPPH_SF_AVG). Social Support (MPSS_AVG) showed a significance level of (p=0.13), which indicated that for every 1 unit of change or positive perceived social support across participants significant others, family, and friends, there was a (b=.063) increased favorable attitude toward seeking professional psychological help, with a 95% Confidence Interval (CI) ranging from (.013 to .113). Next, Cultural Expression of Self (NAAS_CSE_AVG) showed a significance level of (p= 0.12), which indicated that for every 1 unit of change or positive perception of the Cultural Expression of Self, there is a (b= .198) increased favorable attitude toward seeking profession psychological help, with a 95% Confidence Interval (CI) of (.044 to .351). Additionally, it was presented that while Centrality of Religiosity (CRS_AVG) did not show significance in the final model, it was close to

significance. This indicated that the more religion was valued in a participant's life, there was a (b=.080) increase of more favorable attitudes toward seeking professional psychological help, with a 95% Confidence Interval (CI) of (-.004 to .164).

Significant Scales/Subscales Coefficient Table

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	1.292	.423		3.057	.003	.458	2.126					
	NAAS_CSE_AVG	.198	.078	.183	2.537	.012	.044	.351	.222	.179	.170	.867	1.153
	CRS_AVG	.080	.043	.136	1.875	.062	-.004	.164	.158	.133	.126	.856	1.168
	MPSS_AVG	.063	.025	.184	2.495	.013	.013	.113	.271	.176	.167	.829	1.206
	FEMALE_DUMMY	-.014	.009	-.103	-1.513	.132	-.031	.004	-.134	-.108	-.102	.972	1.029

a. Dependent Variable: ATSPPH_SF_AVG

The final regression results indicated that there were two significant predicting variables and one close significant variable (Cultural Expression of Self*, Multidimensional Perceived Social Support* and Centrality of Religiosity) that significantly influenced Attitudes Toward Seeking Professional Psychological Help, R^2 =.126, R^2 adj=.108, F (4,194), =6.98, p<.001. This outcome showed that the model accounted for 12.6% of the dependent variable variance that was impacted by the significant independent variables measured. These results can be found in Multiple Linear Regression Model Summary and Multiple Linear Regression ANOVA Tables below.

Multiple Linear Regression Model Summary Table

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.355[a]	.126	.108	.31192	.126	6.984	4	194	<.001	1.371

[a]. Predictors: (Constant), FEMALE_DUMMY, MPSS_AVG, NAAS_CSE_AVG, CRS_AVG

[b]. Dependent Variable: ATSPPH_SF_AVG

Multiple Linear Regression ANOVA Table

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.718	4	.679	6.984	<.001[b]
	Residual	18.876	194	.097		
	Total	21.594	198			

[a]. Dependent Variable: ATSPPH_SF_AVG

[b]. Predictors: (Constant), FEMALE_DUMMY, MPSS_AVG, NAAS_CSE_AVG, CRS_AVG

CHAPTER 5: DISCUSSION

Utilizing Bronfenbrenner's (1974) Ecological Systems Theory framework, the purpose of this study was to examine how (1) acculturation, (2) religious centrality, (3) gender, (4) socioeconomic status, and (5) social support influence attitudes toward seeking professional psychological help, among North Carolina and South Carolina Native Americans. These variables were centered around Bronfenbrenner's emphasis that an individual's functioning, perception, and worldview are directly or indirectly influenced by family, school, religion, society, culture, community, government, and global aspects. Additionally, a demographic instrument added distal factors of tribal affiliation, age, state of residence, highest educational level completed, and current marital status to the study's examination. This study was designed to assist scholars, researchers, counseling education programs, and mental health providers in identifying factors that could facilitate help seeking among Native Americans in North and South Carolina. While my hypothesis only partially supported, this study provided a foundation for further research to examine what other factors may influence attitudes toward seeking professional psychological help seeking for Native Americans in North and South Carolina and for the Native American population as a whole.

This chapter is organized into several subsections which will include (1) a discussion of the study's findings, (2) the implications of the study's findings, (3) limitations of the study, (4) recommendations for further research, and (5) the conclusion.

Results and Discussion of Research Question

The research question for this study was how does (1) acculturation, (2) religious centrality, (3) gender, (4) socioeconomic status, and (5) social support influence attitudes toward seeking professional psychological help among Native Americans in North Carolina and South

Carolina? The researcher targeted this specific sample population due to the limited research that specifically concentrated on these tribal groups' experiences given the extensive colonization, forced removal from ancestral lands, cultural genocide, and discrimination (Perez & Hirschman, 2010). Additionally, the tribal demographic region studied resides in the bible belt, where religion has an essential role in ethnic populations daily functioning, lifestyle, healthcare treatment styles, coping and worldview (Assari, 2003; Bear et al., 2018; Bonelli & Koenig, 2013; Koenig, 2012).

The final sample size of this study after the data was cleaned up consisted of 199 self-reported Native Americans born and/or raised in North Carolina and South Carolina. There were 19 tribes represented in the study, with the largest representation from the Lumbee Tribe (N=103), accounting for 51.8% of the studies participants and the Cherokee (N=29), accounting for 14.6% of the studies participants. All other tribes represented had a participation percentage ranging from 0.5% to 6.0%.

To examine the variables of (1) acculturation, (2) religious centrality, (3) gender, (4) socioeconomic status, and (5) social support and their influence on attitudes toward seeking professional psychological help, 3 different multiple linear regression analyses were conducted. Results showed several hypothesized correlations that were not supported and throughout the regression process, two significant influences emerged in relation to the outcome variable. After the data was tested and analyzed for interpretation, gender showed no significant correlation to help seeking attitudes in this study compared to the previous studies of Gonzalez et al. (2005), Liu et al. (2017), and Millville and Constantine (2006), that found women are more likely to seek professional psychological help versus men due to the fear of men's masculinity waning, stigma, and negative social and cultural self-perception (Vogel et al., 2011). Secondly, socioeconomic

status unexpectedly showed no significant correlation in contrast to the previous studies by Thompson and Dvorscek (2013), that showed socioeconomic status was related to a person's desire to seek assistance due to available financial resources and accessibility. In the current study, there was no significant influence on attitude toward seeking professional psychological help.

Unexpectedly, the variables that were found significant showed a more favorable attitude toward seeking professional psychological help. Though the overall variable of acculturation showed no significance in this study, a subscale of acculturation showed a positive influence on attitudes toward seeking professional psychological help. In comparison to Keene (2018), and Atkinson and Gim's (1989) findings, this study found that the more likely participants were able to think, speak, write, and feel using English, the more positive attitudes toward seeking professional psychological help, showing a higher level of acculturation. When considering this significant finding, I interpretated that the participants did not have to hide their Native language when seeking assistance because the language was not taught to them or lost, thus the participants are able to communicate in a way that aligns with the dominant culture. Shockingly, when considering how acculturation shows up in the literature, it is interesting to find that this study did not produce more significant findings when examining the influence that acculturation has on attitudes toward seeking help. In this study I believe that the impact of acculturation is not significantly present due to 95.5% of this study's participants being under the age of 45 years old and born after 1979. Cromer et al. (2018), stated that the period of Native American acculturation severely impacted individuals that were born and raised in the years of 1830 to 1934, where Native families had to endure the Dawes Act, the Indian Removal Act, the Native American Boarding School era and many other acts of suppression, assimilation, acculturation,

and genocide. Given that only 4.5% of participants reported that they were above the age of 45, this missing age demographic of elders ranging from 70-100+ could have significantly impacted the levels of acculturation that were reported.

The next finding that was interesting highlights that religion did not play a significant role in attitudes toward seeking professional psychological help given that Bear et al. (2018) found that religion/spirituality are determining factors in a person's support system and treatment style in Native communities. Additionally, the variable of social support consisted of support across 3 dimensions including significant others, family, and friends, which showed to be a significant factor in help seeking behaviors. In comparison to the findings of Chen et al. (2020), this study found that the more social support that participants received, the more positive their attitudes were toward seeking professional psychological help.

Implications on Findings

While the results of the study provided a wealth of information regarding what factors may influence attitudes toward seeking professional psychological help among the Native Americans in North and South Carolina, a prominent finding of this study was to illuminate that this topic after decades of little research is still relevant and needs more exploration to identify what mental health providers and counselor education programs can reform to become more competent in their work with marginalized minorities such as Native Americans.

The results of this study were built on previous findings that cultural, racial, societal, and family factors can influence a person's attitude toward seeking professional psychological help, but little research has specifically explored these factors in relation to Native American populations (Wolsko et al., 2007). As shown in this present study, social support showed the greatest significance, justifying the findings in previous studies by Berard et al. (2012), and

Richmond et al. (2007), that the higher percentages of social support are related to positive health status and support in improving overall well-being. Thus, counselor education programs must encourage practitioners to engage with minority populations throughout their program of study to understand the formation of a cultural value system and family dynamics that could bridge the gap between mental health services and minorities. As suggested by Heinrich et al. (1990), Grayshield et al. (2015), and Skews and Blume (2019), elders in tribal communities could assist providers in understanding cultural influences when met with genuine acknowledgment, interest, and sensitive approaches in understanding historical past trauma and its continuing influence.

Limitations of Findings

As previously stated in Chapter One, there were several limitations in the present study. The first limitation was though the sample size met the criteria achieve effect, a larger sample may have produced more significant findings. Second, there was a significant lack of previous literature on this topic to build from when examining tribal groups in North and South Carolina. Most studies in the existing literature on this topic favor examining tribal reservations West and North of the Mississippi river such as the Lakota, Navajo, Cheyenne, and many other tribes that were relocated during the Trail of Tears. Third, based on feedback received, participants felt as if they had to answer the questions in a specific way due to the critical observation of personal content, thus justifying the concern about social desirability bias mentioned in Chapter One. Fourth, the researcher provided both an online and hardcopy option to participate in the survey, however given that the researcher was not able to engage with all tribal members across North and South Carolina, the recruitment excluded these individuals and individuals that lacked access to internet. Fifth, snowball and selective sampling used in this study may have led to selection

bias. Sixth, as discussed earlier, the 95.5% of the study's participants were under the age of 45 and thus the sample size age range was clustered from age 18-45. Given the lack of participants above the age of 45, this could indicate that the 18-45 age group are more receptive to change and mental health services versus the 45+ age group due to lack of Native elder's interest in the survey topic. The researcher was able to obtain a quote from a Native elder, age 89 stating that "The newer generation is too accepting and shows weakness to life struggles and are willing to ask for help from outsiders. When I was younger, we endured, prayed, and accepted that we will always have to fight for the acknowledgment and that our present reality is the reflection of our past, and we have dealt with it for decades. We have lost our anchor in God, our creator and have turned to the ones that have put our people in this position in the first place". Additionally, the researcher encountered multiple Native elders that stated that the study would not have many responses from the older generation due to the nature and sensitivity of the content. Given that only 4.5% of the 199 participants were over the age of 45, the statement presented by the Native elders was reflected in the numbers. Seventh, the survey length consisted of several different scales resulting in a total number of 60 questions. According to Sharma (2022), the appropriate length of a good questionnaire for a maximum response rate should range between 25 to 30 questions. Lastly, the researcher of this study identified as a Native American born and raised in North Carolina, however the researcher's identity assisted with gaining access into tribal communities and gathering valuable information for future research.

Future Research

This study provided valuable information of what factors may influence attitudes toward seeking professional psychological help among Native Americans in North and South Carolina. Additionally, though the study sample targeted a specific area, the information gives a

foundation to what factors could contribute to the overall population's attitude toward seeking professional psychological help. However, there is still a significant need for more research as it pertains to bridging the gap between this Native Americans and the mental health field. That said, the data showed only one significant subscale within the scale of acculturation and one significant scale of social support with the limited population of interest and age range. Moreover, based on these findings, the following recommendations are to be considered.

Given the complexity and sensitivity of this topic, a common theme in the literature encourages providers to immerse themselves in Native communities, showing a genuine acknowledgment of the need to learn culturally sensitive care approaches to meet the needs of Native individuals. One proposed way to do this is to conduct a qualitative study to gain more in-depth knowledge of the population's experiences and what they are receptive to. Additionally, the researcher needs to obtain 2-3 responses from participants in early adulthood, mid adulthood, older adulthood, and elderly participants over the age of 70. This will allow a generational cross comparison to determine impact and lived experiences that could influence attitudes toward seeking professional psychological help.

While this study focused on two specific states, during the literature search, many studies centered around Western and Northern tribes versus Eastern tribes. Further research is recommended to do a generalized study to examine the Native American population across the United States as a whole. Furthermore, a cross correlation can be beneficial in examining Western and Eastern tribes to see any differences within Native culture based on demographics. As emphasized by Garroutte et al. (2009), tribal groups have differing religious and/ or spiritual dimensions that influence specific outcomes.

The final recommendation for future research would be to explore how counseling education programs are aligning with CACREP standards when practitioners are expressing that they do not feel adequately prepared to work with minority populations. This could serve as pilot study to incorporate a service initiative in counseling practicum classes to allow students to pick a population, interview and create an intervention plan that specially highlights culturally sensitive approaches. Additionally, given the lack of theory, framework, and scales tailored to Native Americans experiences, the development of these tools would be beneficial for researchers to explore in the future.

Conclusion

In conclusion, utilizing Bronfenbrenner's (1974) Ecological Systems Theory emphasis focused the study to explore how social, environmental, community and cultural factors influence attitudes, perception, and world view toward seeking professional psychological help. Specifically, this study examined the how the predicted factors of (1) acculturation, (2) religious centrality, (3) gender, (4) socioeconomic status, and (5) social support influence attitudes toward seeking professional psychological help among Native Americans in North Carolina and South Carolina. Given the limited literature on this specific topic, this research has provided a more in-depth understanding of what influences may form Native Americans attitudes toward the concept of mental health. While the sample size was restricted to Native Americans that were born/and or raised in North Carolina and South Carolina, these results are not a representation of all tribal individual's perception in North and South Carolina, nor in the entire population.

It is promising that the sample size provided two significant variables to the overall study and lays a foundation for what future researchers can consider when building off the significant variables of Acculturation Subscale of the Culture Expression of Self and

Multidimensional Perceived Social Support. These two significant variables context fall within Bronfenbrenner's ecological systems of the individual's microsystem, mesosystem, mesosystem, and macrosystem.

The results show that this population is more receptive to services when they feel supported and can identify influences that determine how they perceive help. As stated in CACREP (2016), standard 1: B:3 counseling programs must prepare their counselors to conceptualize the influence of "heritage, cultural identities, attitudes, values, beliefs, understandings, within-group differences, and acculturative experiences on help-seeking and coping behaviors". Given the discrepancy that is present in the literature, service providers still show an inability to recognize how to assist Native Americans culturally and competently in walking their paths. Counseling programs must be held accountable in ensuring that providers have the right tools in conceptualizing the reasons for low utilization, mistrust, communication problems, and discrimination in minority populations (Duran et al., 2005). While counseling programs cannot provide full courses on each specific ethnic group, programs lack service projects to allow students to connect with the minority populations they may serve in their roles. I hope that this study, the proposed implications, and recommendations will not only assist providers but also counseling education programs, scholars, and researchers to acknowledge that there needs to be a stronger curriculum of multicultural experiences in programs to assist with the needs of underserviced populations in mental health services.

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APPENDIX (A): DEMOGRAPHIC QUESTIONAIRE

1. What is your tribal affiliation?
2. What sex/gender do you identify with?
3. What is your age range?
4. What state were you raised in?
5. What state do you reside in?
6. What is your current marital status?
7. What is your current employment status?
8. What is your salary range?

APPENDIX (B): NATIVE AMERICAN ACCULTURATION SCALE (NAAS)

This questionnaire will collect information about your background and cultural identity. For each item, choose the *one* answer that best describes you by filling in the blank.

1. What language do you speak?
    1. Tribal language only (e.g., Cherokee, Navajo, and Lakota)
    2. Mostly tribal language, some English
    3. Tribal language and English about equally well (bilingual)
    4. Mostly English, some tribal language
    5. English only
2. What language do you prefer?
    1. Tribal language only (e.g., Cherokee, Navajo, and Lakota)
    2. Mostly tribal language, some English
    3. Tribal language and English about equally well (bilingual)
    4. Mostly English, some tribal language
    5. English only
3. How do you identify yourself?
    1. Native American
    2. Native American and some non-Native American (e.g., White, African American, Latino, and Asian American)
    3. Native American and non-Native American (bicultural)
    4. Non-Native American and some Native American
    5. Non-Native American (e.g., White, African American, Latino, and Asian American)
4. Which identification does (did) your mother use?
    1. Native American
    2. Native American and some non-Native American (e.g., White, African American, Latino, and Asian American)
    3. Native American and non-Native American (bicultural)
    4. Non-Native American and some Native American
    5. Non-Native American (e.g., White, African American, Latino, and Asian American)
5. Which identification does (did) your father use?
    1. Native American

2. Native American and some non-Native American (e.g., White, African American, Latino, and Asian American)
3. Native American and non-Native American (bicultural)
4. Non-Native American and some Native American
5. Non-Native American (e.g., White, African American, Latino, and Asian American)

6. What was the ethnic origin of friends you had as a child up to age 6?

1. Only Native Americans
2. Mostly Native Americans
3. About equally Native Americans and non-Native Americans
4. Mostly non-Native Americans (e.g., Whites, African Americans, Latinos, and Asian Americans)
5. Only non-Native Americans

7. What was the ethnic origin of friends you had as a child from age 6 to 18?

1. Only Native Americans
2. Mostly Native Americans
3. About equally Native Americans and non-Native Americans
4. Mostly non-Native Americans (e.g., Whites, African Americans, Latinos, and Asian Americans)
5. Only non-Native Americans

8. Who do you associate with now in your community?

1. Only Native Americans
2. Mostly Native Americans
3. About equally Native Americans and non-Native Americans
4. Mostly non-Native Americans (e.g., Whites, African Americans, Latinos, and Asian Americans)
5. Only non-Native Americans

9. What music do you prefer?

1. Native American music only (e.g., pow-wow music, traditional flute, contemporary, and chant)
2. Mostly Native American music
3. Equally Native American and other music
4. Mostly other music (e.g., rock, pop, country, and rap)
5. Other music only

10. What movies do you prefer?

1. Native American movies only
2. Mostly Native American movies
3. Equally Native American and other movies
4. Mostly other movies
5. Other movies only

11. Where were you born?

    1. Reservation, Native American community
    2. Rural area, Native American community
    3. Urban area, Native American community
    4. Urban or Rural area, near Native American community
    5. Urban or Rural area, away from Native American community

12. Where were you raised?

    1. Reservation, Native American community
    2. Rural area, Native American community
    3. Urban area, Native American community
    4. Urban or Rural area, near Native American community
    5. Urban or Rural area, away from Native American community

13. What contact have you had with Native American communities?

    1. Raised for 1 year or more on the reservation or other Native American community
    2. Raised for 1 year or less on the reservation or other Native American community
    3. Occasional visits to the reservation or other Native American community
    4. Occasional communication with people on reservation or other Native American community
    5. No exposure or communications with people on reservation or other Native American community

14. What foods do you prefer?

    1. Native American foods only
    2. Mostly Native American foods and some other foods
    3. About equally Native American foods and other foods
    4. Mostly other foods
    5. Other foods only

15. In what language do you think?

    1. Tribal language only (e.g., Cherokee, Navajo, and Lakota)
    2. Mostly tribal language, some English
    3. Tribal language and English about equally well
    4. Mostly English, some tribal language
    5. English only

16. Do you

    1. Read only a tribal language (e.g., Cherokee, Navajo, and Lakota)
    2. Read a tribal language better than English
    3. Read both a tribal language and English about equally well
    4. Read English better than a tribal language
    5. Read only English

17. Do you

    1. Write only a tribal language (e.g., Cherokee, Navajo, and Lakota)
    2. Write a tribal language better than English
    3. Write both a tribal language and English about equally well
    4. Write English better than a tribal language
    5. Write only English

18. How much pride do you have in Native American culture and language?

    1. Extremely proud
    2. Moderately proud
    3. A little pride
    4. No pride, but do not feel negative toward group
    5. No pride, but do feel negative toward group

19. How would you rate yourself?

    1. Very Native American
    2. Mostly Native American
    3. Bicultural
    4. Mostly non-Native American
    5. Very non-Native American

20. Do you participate in native American traditions, ceremonies, occasions, and so on?

    1. All of them
    2. Most of them
    3. Some of them
    4. A few of them
    5. None at all

APPENDIX (C): THE CENTRALITY OF RELIGIOSITY SCALE (CRS)

The following questions are to be answered in (1) never, (2) rarely, (3) occasionally, (4) often, and (5) very often.

1. How often do you think about religious issues?
2. To what extent do you believe that God or something divine exists?
3. How often do you take part in religious services?
4. How often do you pray?
5. How often do you experience situations in which you have the feeling that God or something divine intervenes in your life?
6. How interested are you in learning more about religious topics?
7. To what extend do you believe in an afterlife—e.g., immortality of the soul, resurrection of the dead or reincarnation?
8. How important is to take part in religious services?
9. How important is personal prayer for you?
10. How often do you experience situations in which you have the feeling that God or something divine wants to communicate or to reveal something to you?
11. How often do you keep yourself informed about religious questions through radio, television, internet, newspapers, or books?
12. In your opinion, how probable is it that a higher power really exists
13. How important is it for you to be connected to a religious community?
14. How often do you pray spontaneously when inspired by daily situations?
15. How often do you experience situations in which you have the feeling that God or something divine is present?

APPENDIX (D): MULTIDENSIONAL SCALE OF PERCEIVED SUPPORT (MPSS)

There are 12 Likert type items in the MPSS, that range as followed (1) Very Strongly Disagree, (2) Strongly Disagree, (3) Mildly Disagree, (4) Neutral, (5) Mildly Agree, (6) Strongly Agree, (7) Very Strongly Agree.

1. There is a special person who is around when I am in need. 1 2 3 4 5 6 7.
2. There is a special person with whom I can share joys and sorrows. 1 2 3 4 5 6 7.
3. My family really tries to help me. 1 2 3 4 5 6 7.
4. I get the emotional help & support I need from my family. 1 2 3 4 5 6 7.
5. I have a special person who is a real source of comfort to me. 1 2 3 4 5 6 7.
6. My friends really try to help me. 1 2 3 4 5 6 7.
7. I can count on my friends when things go wrong. 1 2 3 4 5 6 7.
8. I can talk about my problems with my family. 1 2 3 4 5 6 7.
9. I have friends with whom I can share my joys and sorrows. 1 2 3 4 5 6 7.
10. There is a special person in my life who cares about my feelings. 1 2 3 4 5 6 7.
11. My family is willing to help me make decisions. 1 2 3 4 5 6 7.
12. I can talk about my problems with my friends. 1 2 3 4 5 6 7.

APPENDIX (E): ATTITUDES TOWARDS SEEKING PROFESSIONAL PSYCHOLOGICAL HELP-SHORT FORM (ATSPPH-SF)

Attitudes Towards Seeking Professional Psychological Help-Short Form
(Fischer & Farina, 1995)

Instructions. Read each statement carefully and indicate your degree of agreement using the scale below.

Disagree	Partly disagree	Partly agree	Agree
0	**1**	**2**	**3**

1.	If I believed I was having a mental breakdown, my first inclination would be to get professional attention.	0	1	2	3
2.	The idea of talking about problems with a counselor strikes me as a poor way to get rid of emotional conflicts.	0	1	2	3
3.	If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.	0	1	2	3
4.	There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.	0	1	2	3
5.	I would want to get psychological help if I were worried or upset for a long period of time.	0	1	2	3
6.	I might want to have psychological counseling in the future.	0	1	2	3
7.	A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.	0	1	2	3
8.	Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.	0	1	2	3
9.	A person should work out his or her own problems; getting psychological counseling would be a last resort.	0	1	2	3
10.	Personal and emotional troubles, like many things, tend to work out by themselves.	0	1	2	3