Summer 2024

“We’ve been doing mindfulness since time immemorial”: Provider Experiences Using Mindfulness-Based Interventions in American Indian and Alaska Native Communities

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by

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DISSERTATION

Submitted in Partial Fulfillment of the
Requirements for the Degree of

Doctor of Philosophy
Psychology

The University of New Mexico
Albuquerque, New Mexico

July 2024

Dedication

To each of my seven nieces and nephews: Keith, Kendal, Briella, Honey, Emilyn, Charles, Jr, and Kai. Being your Auntie J is one of greatest honors of my life. Each of you, your laughter and love, have shaped me into the person am I today. I hope to make you all proud and strive to make our communities a better place for all of us.

Acknowledgements

I want to acknowledge my family for their love and encouragement which inspires me and has given me the strength to continue with my education. To my parents, Bob and Margaret Herron, *quyana* for raising me in Bethel and modeling for me the importance of kindness, humility, diligence, and pride in being Yup'ik. It is an honor to be your daughter. To the rest of my family, especially my brothers and their wives, Buddy and Susan Herron, Charles and Maribeth Herron, and my nieces and nephews, for always cheering me on, *quyana tamarpeci.* To my fiancée, Ritchie Chicas, thank you for your patience, love, and unwavering belief in me.

Thank you to my support network in graduate school. First and foremost, to my graduate school sister, Alex Hernández-Vallant, your friendship and support has sustained me throughout the last six years, and especially in getting through this dissertation. I could not wish for a more loyal and determined friend to be with me on this journey. To Dr. Kait Hirchak, your generosity and support mean so much to me, and I am grateful to have you as a collaborator and friend. To Naila deCruz-Dixon, thank you for running groups with me and being a part of the coding team working on this project.

Thank you to my dissertation committee. To my mentor, Dr. Kamilla Venner, *tsin'aen* for the last six years of mentoring me, your encouragement and excitement for the work, and your commitment to serving Native communities with your research. Thank you to Dr. Steven Verney, Dr. Katie Witkiewitz, and Dr. Jessica Goodkind for your guidance during this project and support during my training.

To each provider who spoke to me for this project, it was an immense honor to represent your wisdom with this work and I thank each of you for your time and generosity.

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American Indian and Alaska Native (AI/AN) individuals are underrepresented in mindfulness research. Mindfulness may be relevant to some AI/AN traditions and aid in providing culturally responsive mental healthcare. This study examined the experiences of providers who use mindfulness-based interventions with AI/AN clients. Twenty-five providers completed interviews about their experiences. Three primary themes were identified using thematic analysis: 1) using a cultural lens in providing therapy, where providers integrate cultural practices and utilize a client centered approach; 2) framing mindfulness in AI/AN contexts through cultural adaptations to demonstrate the applicability of mindfulness to cultural settings; and 3) processes in implementing culturally responsive mindfulness interventions with groupbased practices, cultural humility, and personal mindfulness practices. This research underlines how mindfulness-based interventions can be implemented to be culturally responsive to the needs of AI/AN individuals and highlighted the congruence of mindfulness with cultural traditions that AI/AN people have been utilizing since time immemorial.

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Introduction

Mindfulness-based treatments are a growing area of treatment development and implementation in the mental health field. While mindfulness practice and meditation traditions have existed for 25 centuries in Buddhist traditions, research and literature on mindfulness treatments in healthcare fields have increased over the last fifty years (Baminiwatta & Solangaarachchi, 2021; Cullen, 2011; Shapiro & Weisbaum, 2020). Mindfulness has also increased in public popularity, where over the last 10 years people search online for mindfulness resources more than ever before, with an acceleration in public interest following the COVID-19 pandemic (Kwon, 2023). The increasing popularity and application of mindfulness warrant examination into the clinical implementation of mindfulness-based interventions.

Mindfulness as a construct has been diversly defined in its application in healthcare settings and translated into many mindfulness-based interventions that have been delivered in both group and individual therapy formats. One of many definitions of mindfulness is present focused, nonjudgmental awareness of one's environment including thoughts, sensations, breath, and feelings which is used in Mindfulness-Based Stress Reduction (Kabat-Zinn, 1990, 1994). Other mindfulness-based interventions include Mindfulness-Based Cognitive Therapy (Segal et al., 2018; Teasdale et al., 2000) and Mindfulness-Based Relapse Prevention (Bowen et al., 2009, 2014).

Mindfulness-based treatments have been applied to a variety of mental and physical health concerns. Reviews and meta-analyses have shown the efficacy of mindfulness-based interventions to treat many common mental health concerns including depression and anxiety symptoms (Hofmann & Gómez, 2017), reducing substance use and addiction related symptoms (Korecki et al., 2020; Sancho et al., 2018), and improvement of sleep quality in insomnia (Rusch

et al., 2019). Additionally, mindfulness-based therapies appear to also reduce stress as measured by cortisol (Sanada et al., 2016). Reviews and meta-analyses on the benefits of mindfulness-based therapies for aiding in the treatment of physical health conditions include chronic pain (Hilton et al., 2017), hypertension (Intarakamhang et al., 2020; Scott-Sheldon et al., 2019; Solano López, 2018), and weight reduction (Fuentes Artiles et al., 2019). Additionally, mindfulness-based interventions improve wellbeing among both clinical and non-clinical samples (Khoury et al., 2013). While it appears that mindfulness-based interventions appear to address many mental health conditions and improve wellbeing, it has not been shown to be effective across all mental health diagnoses or across all settings. Zhang and colleagues (2021) found limited evidence that supported the use of mindfulness-based interventions to address posttraumatic stress disorder, autism spectrum disorder, eating disorders, attention-deficit hyperactivity disorder, and diabetes. Mindfulness is commonly used in mental health and in health care settings, but is also increasingly being utilized in schools, criminal justice settings, workplaces, and as a stress management tool presented by health care systems for health care professionals (Crane et al., 2017; Zhang et al., 2021).

However, among existing studies of mindfulness treatments in the United States only a small proportion of studies included diverse groups, suggesting that racially and ethnically minoritized individuals in the United States are understudied in mindfulness work (Chin et al., 2019; Dela Cruz et al., 2023; DeLuca et al., 2018). Specifically, American Indian individuals have made up less than one percent of participants in randomized controlled trials of MBIs (Waldron et al., 2018) and no Alaska Native individuals are represented in any diversity focused mindfulness interventions (DeLuca et al., 2018). Both the efficacy of mindfulness-based

interventions with American Indian and Alaska Native (AI/AN) individuals and acceptability of mindfulness-based interventions in AI/AN communities has been understudied.

American Indian and Alaska Native Mental Health

AI/AN communities represent culturally diverse groups grouped together based on race. However, despite culturally diversity among AI/AN communities, historical and political factors related to colonization have had a destructive impact on AI/AN communities broadly for generations resulting in intergenerational trauma and significant health inequities for AI/AN communities (Brave Heart et al., 2003; 2011; Gone et al., 2019). Disproportionately high rates of psychiatric disorders such as substance use disorders, posttraumatic stress disorder, and suicidality exist among AI/AN individuals compared to other racial and ethnic groups in the United States (Basset et al., 2014; Brave Heart et al., 2016; Emerson et al., 2017; Indian Health Service, 2014). Contributing to these individual health outcomes, social determinants of health, such as housing instability, unemployment, incarceration, and violence are more prevalent in AI/AN communities than in the general US population (Gone & Trimble, 2012; Shore, 2006; Indian Health Service, 2014). Addressing these health inequities requires a culturally relevant approach to understanding the context of the health outcomes among AI/AN people.

Adding another layer of complexity to mental health inequities for AI/AN communities is the limited number of evidence-based treatments (EBTs) designed or evaluated for AI/ANs people (Gone & Trimble, 2012). However, there is a dearth of literature about the cultural relevance or applicability of evidence-based treatments for other mental health concerns for AI/AN individuals, given that many existing treatments are not designed or evaluated for AI/AN people and communities (Gone & Trimble, 2012). Additionally, AI/AN individuals have shown higher rates of seeking out treatment than the general population (21% vs. 7%) but were also

more likely to drop out of treatment (Dickerson et al., 2011; Evans et al., 2006). While the lack of retention is unclear, this may suggest that existing treatments are initially appealing to AI/AN individuals but may not be relevant or culturally appropriate in the delivery of the interventions. Increased efforts to develop EBTs that are culturally acceptable and efficacious are needed to reduce health inequities in AI/AN communities. However, the use of EBTs as a starting point for cultural adaptation also demonstrates complexity for AI/AN communities, given the foundation of how evidence-based treatments become evidence based. Because most participants in effectiveness studies of mental health interventions are non-Hispanic White (Mak et al., 2007; Schick et al., 2020), the relevance of EBTs for AI/AN peoples and other minoritized groups in the United States calls for further investigation (Bernal & Scharrón-del-Río, 2001; Bernal et al., 2009; Eghaneyan & Murphy, 2020). Additionally, culturally based treatments such as traditional healing and use of ceremonies are not studied using Western scientific methods and may not meet the definition of "evidence-based practice" often required for mental health programmatic use and reimbursement for insurance purposes.

Guidance from the literature on providing culturally responsive care with AI/AN clients note there is no one-size fits all approach, but encourage attending to the cultural context of clients through relationality and building trust, utilization of strengths-based approach to therapy, assessment of cultural identity and cultural supports (such as traditional healing or spirituality), and flexibility in the utilizations of EBTs (Fox & Heitkamp, 2022; Greenfield et al., 2015; Hernandez-Vallant et al., 2021; Moorehead et al., 2015). The experiences of providers working in AI/AN communities represent an important tool the study of culturally responsive mental health care. Given the lack of EBTs designed or evaluated for AI/AN individuals, providers techniques may go beyond the use of EBTs to provide care to AI/AN clients seeking therapy. To

illuminate the processes, qualitative methods have been utilized to examine how providers working with AI/AN clients provide culturally responsive treatment (Croff et al., 2014; Larios et al., 2011; Pomerville et al., 2022). However to date, no existing qualitative literature has been published on how providers deliver mindfulness-based interventions in a culturally responsive way with AI/AN individuals.

Mindfulness and AI/AN Communities

Mindfulness as an approach may appear to be complementary to AI/AN worldviews and traditions. AI/AN scholars such as Michael Yellowbird and Eduardo Duran, indicate Indigenous worldviews acknowledge interconnectedness of all things, consistent with Buddhist philosophies and mindfulness traditions (Duran, 2005; Yellow Bird, 2013). Additionally, Proulx and colleagues (2018) discussed how mindfulness practices and AI/AN teachings are similar given aims to foster insight into compassion, interdependence, self-awareness, and the nature of existence (Proulx et al., 2018; Proulx & Bergen-Cico, 2022). While AI/AN cultures represent immense diversity in traditions, languages, and beliefs, there may be some indication to support the cultural relevance of mindfulness.

There are a few examples of efforts to culturally tailor mindfulness-based interventions with Indigenous communities documented in the literature. Le & Gobert (2015) worked with Confederated Salish and Kootenai Tribes to culturally adapt the Mind Body Awareness curriculum (Himelstein et al., 2012), which is a version of Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1990) to deliver in a Tribal school for AI/AN youth. Adaptations to the curriculum included Tribal members facilitated the groups who completed MBSR training, each session started and ended with smudging or prayer, groups were held in a circle and "council style," and additional sessions were added on mindful listening, mindfulness in nature,

mindfulness aligning with vision. AI/AN youth who participated in the pilot of the adapted mindfulness curriculum reported increased ability to focus, increased awareness, and increased tolerance for sitting with difficult emotions (Le & Gobert, 2015). Another adaptation of MBSR among Indigenous adults in Canada (Dreger et al., 2015a, 2015b), integrated Indigenous spirituality into MBSR with the aid of an Indigenous Elder who utilized a Medicine Wheel and the four elements "as an additional learning tool to illustrate the balance between mind, body, emotions, and spirit and the interconnectedness of all life necessary for health, which is inherent to both Aboriginal tradition," (pg. 268). Additionally, when developing a prototype mobile health mindfulness intervention for Navajo and Hopi youth, the project's community advisory board members reported mindfulness as "fundamentally consistent with their traditional Indigenous beliefs and foundational to their cultural teachings," (p. 14) and appropriate for use with Hopi and Navajo youth (Vigil-Hayes et al., 2021). Proulx and colleagues (2018) adapted movement and walking meditations to be inclusive of AI/AN dance traditions, citing how AI/AN traditional dances use body awareness, intentionality, and spirituality as a meditative practice. Additional work on the delivery of mindfulness therapies and the cultural acceptability of mindfulness as a concept and mindfulness-based treatments among AI/AN communities is needed.

Current Study

The rationale for focusing on the experience of mindfulness providers working with AI/AN clients is supported on several levels. Provider interviews and provider focus groups have been utilized to examine the acceptability and implementation of evidence-based treatments with AI/AN communities (Croff et al., 2014; Larios et al., 2011; Pomerville et al., 2022). Among evidence-based treatments that are utilized, mindfulness-based therapies have been identified as

an acceptable evidenced-based approach to working with AI/AN clients (Le & Gobert, 2015; Proulx et al., 2018; Proulx & Bergen-Cico, 2022; Vigil-Hayes et al., 2021; Yellow Bird, 2013). Additionally, given that there are a diversity of trainings and types of providers who utilize mindfulness-based interventions practicing in AI/AN communities, there is a need to understand how providers deliver culturally responsive care with respect to specific interventions, like mindfulness-based therapies. Taking into consideration the dearth of research examining how providers implement mindfulness-based therapies with AI/AN clients, the current study represents an initial step to fill this gap. The current study utilized qualitative methods to examine a) *What are the experiences of providers who use mindfulness interventions with AI/AN clients in terms of culturally appropriateness, acceptability, client engagement, and outcomes?*; and b) *How do these providers select, modify, and implement the mindfulness interventions they use with AI/AN clients?*

Methods

Participants

Twenty-five individuals who provide mindfulness-based interventions to AI/AN clients across the United States provided informed consent to participate in the study. Study inclusion criteria for participants included: 1) knowledge or experience in providing mindfulness related clinical services to AI/AN individuals or groups; and 2) aged 18 and older. Preference was given to providers who identified as AI/AN, but was not a requirement, given that there are an underrepresented number of AI/AN clinicians (Trimble & Clearing-Sky, 2009), meaning many behavioral health care services for AI/AN individuals are provided by non-AI/AN providers. Providers were selected using maximum variation (Palinkas et al., 2015) to gather a diversity of perspectives related to experiences in providing mindfulness-based interventions. Domains for

maximum variation aimed to include age, gender, type of clinical training (such as: social work, psychology, peer support), and service setting (such as Tribal health care, private practice, schools). Provider domains in these areas were tracked throughout recruitment to assess the degree of variation represented among the provider participants until a diversity across domains were represented.

Recruitment Procedures

Providers were recruited through social media and email lists for national, state, and Tribal organizations or groups related to AI/AN clinical services and research (e.g., Society of Indian Psychologists, New Mexico Tribal Behavioral Health Providers Association, American Psychological Association Division 45 of Culture, Race, and Ethnicity). Additionally, providers were recruited through snowballing recruitment through word of mouth from previously interviewed providers. Providers were invited to participate in a 60 to 90-minute individual qualitative interview to discuss their experiences in delivering mindfulness-based interventions to AI/AN clients and share their approach to making mindfulness-based interventions or services more culturally acceptable to AI/AN individuals.

Study Procedures

At the start of each individual interview, providers completed a consent form approved by the University of New Mexico Institutional Review Board. Providers completed a demographic questionnaire which asked age, sex, gender, ethnicity, race, provider type, and setting and state where provider is primarily practicing. All interviews were conducted by the lead researcher (JLH), who has training and experience in qualitative research methods, including conducting individual interviews and focus groups. The interviews were completed remotely using teleconferencing technology and were digitally recorded then transcribed and

checked for accuracy by the lead researcher (JLH). The interviewer started the interview by introducing herself and the rationale for the project including lead researcher's positionality as an Alaska Native researcher and mindfulness provider. Questions used to guide the qualitative interview are in Appendix C. Questions were developed by the author in collaboration with a team with research and clinical expertise in working with Tribal communities, qualitative methodology, and mindfulness-based interventions. Following the completion of each interview, the lead researcher (JLH) completed a reflective memo about the interview, noting any factors that might have influenced the interview (connection issues, changes to the interview guide) and any notable themes or ideas that stood out during the interview. Providers were given a $50 gift card as compensation for their time sharing their experiences in the interview.

Qualitative Analysis

Qualitative analysis was informed by reflexive thematic analysis (Braun & Clarke, 2006, 2021, 2022; Clarke & Braun, 2018). Overall, the analytic approach included the six steps outlined by the Braun & Clarke Thematic Analysis Practical Guide (2022) including: (1) familiarization with the data; (2) generation of initial codes; (3) search for themes; (4) review of themes; (5) definition of themes; and (6) and write up. Thematic analysis was phenomenological in orientation (Willig, 2013), given thematic analysis was used to understand and reflect the meanings attributed to the experiences of providers use of mindfulness inventions in AI/AN communities.

The qualitative analysis software NVivo 14 (Lumivero, 2023) was used to code transcripts and identify representative quotes from the interviews. A three-member team conducted thematic coding of the interview transcripts. Codes were inductive and were co-created by the coding team from the data. The coding team included the lead researcher (JLH)

and two clinical psychology graduate students with experience in qualitative methods and who had prior training in mindfulness-based interventions. The coders first met to discuss research questions and an initial coding plan. The coders utilized open coding with four interviews to identify preliminary codes. Coders then developed a nesting coding framework to use for focused coding of these data in line with the research questions of the project. Coders then completed focused coding utilizing the coding framework to allow for identification of common themes as well as anomalies that emerged from the interviews. The coding framework evolved throughout the process to be inclusive of each of the 25 interviews. Finally, the coders re-coded the initially coded four interviews with the updated coding framework.

After coding of all interviews was completed, the leader researcher (JLH) wrote analytic memos for each code to analyze data across participants. The analytic memos were utilized to develop patterns from each of the codes that arose from the interviews and how these patterns related to the research questions (Willig, 2013). The author examined each of the memos to categorize and cluster memos into representative themes to answer the two research questions. Themes were then organized into three primary themes with relevant subthemes.

Positionality in Analyses. The lead researcher in this study (JLH) has significant experience as a therapist delivering mindfulness-based therapies to AI/AN clients. As a result, she has a familiarity with the experience of providers delivering mindfulness-based interventions to AI/AN clients and lived experience as an Alaska Native woman that inform her reflections while collecting and analyzing the data presented. These identities influenced multiple parts of the research process, including data collection and analyses. In particular, the lead researcher's identities privilege AI/AN knowledge and communities, which have been marginalized, and attempt to honor these perspectives in this research.

Results

Sample Characteristics

Twenty-five providers were interviewed for this study. Their demographics are presented in Table 1. Most providers in the study identified as AI/AN (*n*=20; 80%) and 64% identified their gender as women (*n*=16). Providers had an average age of 50.5 (*SD*=13.3). Types of providers included psychologists, counselors, peer support workers, non-clinical degree providers, and substance use disorder professionals (SUDP) or chemical dependency counselors (CDC) or licensed alcohol and drug abuse counselors (LADAC; position title dependent on state level licensing). Half of providers (*n*=13; 52%) worked in Tribal healthcare settings while the remaining providers worked in private practice, community mental health, Veterans Affairs Medical Centers, or school settings. Providers worked across 11 states including Alaska, Arizona, California, Kansas, Maine, Montana, New Mexico, Oregon, South Dakota, Rhode Island, and Washington.

Primary Themes

Three primary themes were identified by the lead researcher from the coded data on the experiences of providers using mindfulness-based interventions with AI/AN communities including: (1) cultural lens to approach therapy; (2) framing mindfulness within AI/AN contexts; and (3) processes in implementing culturally relevant mindfulness work.

1. Cultural Lens to Therapy

When speaking about their approach to working with AI/AN clients (inclusive of how they provide mindfulness-based interventions), providers stressed the importance of tending to the cultural context of AI/AN clients. This cultural lens to approach therapy work with AI/AN clients included integration of culturally relevant practices, acknowledging clients' whole selves,

attending to relationality in therapy, and flexibility in the utilization of evidence-based practices and practice-based evidence. Further, providers spoke to how the cultural lens influenced how they engaged AI/AN clients in therapy to foster the therapeutic alliance and determine how to best implement therapeutic strategies, like mindfulness skills.

Integration of Culturally Relevant Practices. When discussing how to use this cultural lens in therapy, providers who are AI/AN themselves spoke to how they integrated cultural practices into their approach in working with AI/AN clients. AI/AN providers spoke about how their culture and traditions from their own upbringing and the AI/AN cultural context where they practiced in came directly into the therapy room and were integral to how they approach working with their AI/AN clients. This reflects the providers' individual and community values of seeing the client within their cultural context regardless of individual diagnosis or treatment setting. It also acknowledges that the relationship between two individuals with a shared identity (potentially race or Tribal citizenship) extended beyond the provider and client to the broader cultural context. Importantly, starting from a cultural lens allowed providers to establish a different level of meaning and acknowledgment to the client-provider relationship in that providers emphasized seeing clients as a relative or a fellow community member rather than solely a client or patient. Providers also emphasized the importance of welcoming clients as they would welcome relatives or community members into their homes. For example, offering food and comfort to those you welcome into your home was a metaphor for how to treat clients entering into therapy. This approach welcomed AI/AN clients into therapy and can aid in treatment engagement and retention.

Some AI/AN providers (particularly providers trained as psychologists) described Western therapy practices as different from using a culturally integrative approach to therapy,

given the lack of attention to cultural factors in their clinical training in Western therapy practices. They referenced the secular perspective that they were exposed to in their clinical training (i.e., Western- and White-based approaches), highlighted that this perspective did not wholly grasp how they chose to work with AI/AN clients. Providers highlighted the limitations of Western and secular therapy practices, as they found that these approaches did not adequately integrate a client's spiritual or cultural context into the therapeutic work. Rather, most AI/AN providers utilized a traditional framework to "fill in the gaps" and attend to the whole person when working with therapy clients. One provider (AI/AN woman) spoke to how she incorporated a cultural lens into the limited, individualistic approach in her substance use treatment training and critiqued how clients were seen as their problem behavior in some Western approaches rather than taking into consideration their cultural context. She noted,

> *"Utilizing my cultural teachings, my value system that we grew up with and putting it into play, and then it was like, that's mindfulness. Oh, hey, that's better—a better approach to work with people than them being a drunk or being a bad person for using… No, they're our relative. They're our relative who is struggling, who needs help. … It's just that, connecting the mindfulness practices with our value system and having that—it's the same. We need to remember to teach our people and have compassion for our people and see that they're not bad people, that they're struggling with something and that they may need help. If I'm not the person that can help them, then I'll darn sure find somebody that can help them, because that's how much I care for my people, and that's the compassion we have to help our people. I think that's where it clicked, was once I realized I didn't have to be this—what I wish, how I was trained to be an addictions counselor, that I didn't have to be, that I could do this a different way and get better results because then I let them—then I felt like they could feel like they weren't failing or they weren't bad people. They just had a problem that they needed help with."*

Her quote highlights how her training in addiction, which did not attend to culture, made it easier to depersonalize the client. She contrasts this with her own cultural perspective which sees the client as a relative. The integration of cultural values and practices brought a level of compassion, culturally relevance, and opportunity to deconstruct stigma associated with substance use. For her and many of the AI/AN providers, seeing clients as relatives to care for

may also be consistent with the cultural values of the organizations where providers work (particularly given that the majority of providers were working in Tribal organizations).

Another example of seeing the client as a whole person and integration of culturally relevant practices that was mentioned by providers is the use of culturally specific practices in beginning and ending therapy. This included using a client's Tribal language, smudging, prayer, and using traditional medicines to cleanse or protect. A few providers working in their own Tribal communities where they shared Tribal identity and culture, noted that bringing in the language and prayer of the community was central to their approach. One provider spoke about how opening therapy in prayer and in their Tribal language was consistent with how the community opens up events and cultural ceremonies. This provider (AI/AN woman) noted,

> *"The approach — and this is coming from the cultural and Tribal lens here — is the acknowledgement of their spirituality and their culture. Because that's the thing that grounds them. Creator, to be able to pray and acknowledge Creator and ancestors here, is having that part. Because a lot of times, again, going to nonnative ways, is prayer and spirituality is really not accepted. It doesn't have a space there. In the way I approach it is whenever we do have our sessions we open with prayer and invite Creator, ancestors to help in opening our minds to retain and gain information, and to use that information that we do get in a meaningful and mindful way that will positively move us forward. That reflects how the culture is here. Then that invitation allows the individual to — they become more comfortable, I notice that — they are more open to learn and then they know that they're in a safe space because of that invitation that was made. Then the same thing with closing, a closing prayer, and then also letting them — I know having that warm closing of the takeaway and just, again, letting them know that if they need anything that they can come to you."*

Bringing the same structure into the therapy room that is applied to community cultural practices brings about comfort and an invitation for the client to be open to bring their whole selves or spirituality into the therapy room, rather than feeling they need to break up parts of themselves to fit into a Western approach to therapy that is not consistent with their cultural values and minimizes or stigmatizes their lived experiences.

AI/AN providers noted that utilizing a cultural lens and the integration of Tribally or regionally specific cultural practices in their approach as providers created a therapeutic space for clients to bring in their whole selves intro treatment and facilitated AI/AN clients being seen as relatives. A key part of implementing any therapeutic approach, mindfulness or otherwise, with AI/AN clients is approaching this work from this cultural lens. It is important to highlight that for each AI/AN provider this looks different and honors their specific Tribe or setting where they work; however, the commonality across providers is the starting point of seeing clients as cultural beings from a specific cultural context. Within this approach, there are ways to bring in specific practices such as smudging, prayer, use of the language that facilitate the provider's ability to communicate to the client that they are welcome to bring in their whole self (inclusive of cultural self) into therapy. The provider-client interaction with shared AI/AN or Tribal identity is significant, as there is an acknowledgment of shared values within a cultural community and context. Centering the cultural lens in therapy is different from a non-AI/AN approach that may see AI/AN clients as individuals, rather than a cultural being within and connected to community.

For non-AI/AN providers, attending to the cultural context of clients was also a relevant part of their approach. Notably, all of the non-AI/AN providers were working in Tribal healthcare serving only AI/AN clients or in another setting (community mental health, private practice) where a majority of their clients were AI/AN individuals or families. Non-AI/AN providers spoke about the importance of acknowledging and assessing cultural involvement for AI/AN clients. They also spoke about the importance of finding the sources of strengths and community reinforcements within a client's context to pull from in the course of therapy. Non-AI/AN providers highlighted the importance of utilizing culture in a strengths-based perspective

and understanding the individual within their cultural context and not operating from stereotypes. One provider (White man) said,

> *"It's not really fair to someone to drop them into this cultural group as, 'Oh, you are one of 5,000 people who are this way.' No, you are unique and individual in your way, and you are in part a product of your environment, and you also have strengths, resiliency, survival skills, positive aspects to your personality that we will work on in therapy."*

Attending to the cultural environment for non-AI/AN providers and allowing the client to bring in culture on their own terms was key to approaching culture in therapy. In addition to framing clients as relatives and seeing their clients as whole people in context, providers also mentioned historical trauma as a critical aspect for culturally responsive case conceptualization when working with AI/AN clients. AI/AN providers also spoke about offering this education and context of historical trauma and the intergenerational transmission of trauma to their AI/AN clients. One provider (AI/AN man) said,

> *"Another big, I think, opportunity is for them to know their family history. We have 'em do a family tree. They fill in their names of their parents, grandparents, great-grandparents, and talk about whether they knew the history of what life was like when your mom and dad were children. Did they go to boarding school? Was there substance abuse? Was there sexual assault? Did their family go on relocation? Was there suicide in your family? You asked your mom and dad these questions, and the answer is, you don't need to know that. I don't wanna talk about that. Families do need to talk about it, because that's where our behaviors come from. That's how we break those behaviors, is talking about it. We encourage them to fill out their family tree, take it home. By the time our gathering is over, hopefully you'll have it finished, and you'll know more about your family history."*

Encouragement to have conversations openly about historical trauma in group and individual work was key to AI/AN providers therapy approach with AI/AN communities. However, only one non-AI/AN providers spoke about conceptualizing historical trauma with AI/AN clients and speaking about the intergenerational patterns of trauma and substance use in the context of therapy with AI/AN clients.

Complementary to the conversation about historical trauma and the intergenerational patterns of trauma or substance use that may occur in families, providers also spoke about highlighting intergenerational transmission of resilience with AI/AN clients and how this perspective was particularly important for working with AI/AN youth. One provider (AI/AN woman) noted,

> *"Then we take it further then and then we use—ask them to then identify the strengths of different people. Who was this person? Have their parents or their grandparents tell them who this person was. What are some of the things that they're known for? What are some good things that they've done type of thing? Then bring that back down into each—for themselves too, identifying the things that they're good at and all of that, and trying to identify that positive stuff. Rather than just saying it's about historical trauma, rather than saying that this is all trauma and you guys all come from trauma, we try to show them that they come from good things too. That gets passed down too. All their strengths that their ancestors had that they can identify what gave them the strength to continue on to be here, to live, to survive the things that they did, the negative things, that's also passed down to them. They have those, what they're developing themselves, but also what their ancestors gave to them."*

This perspective of balancing the harsh realities of historical trauma with strengths-based approaches was prominent among providers working with AI/AN communities. However, no non-AI/AN providers spoke about intergenerational resilience with AI/AN clients.

For all providers in the study, attending to the cultural context of AI/AN clients through cultural integration or assessment of cultural factors influence their overall approach to working with AI/AN clients, inclusive of how they utilize mindfulness-based treatments. The cultural lens to approach therapy and mindfulness-based approaches to therapy aids in providing culturally relevant care to AI/AN clients by not just acknowledging or assessing the cultural identity of AI/AN clients, but also bringing culture into the practices of therapy and into the treatment planning to place culture at the forefront of therapeutic work.

Holistic Client Centered Approach. Consistent with seeing clients as relatives and as their whole selves, most providers noted that their approach to therapy utilized a client centered approach. Providers defined this as meeting clients where they were in their recovery or journey to wellness and allow for client led choices in the process. As with other facets of the therapeutic process, the client led approach was a distinct therapy process as compared to the prescriptive or expert role that was more consistent with the Western and White training received. This client centered approach was common among most providers and each noted that this was integral to how they would approach work with any client, AI/AN or non-AI/AN. However, providers noted that they make every effort to ensure that therapy can be a space where client can bring their "whole selves" into the therapy space. As previously highlighted, providers defined the whole self as going beyond the individual level conceptualization of identity to be inclusive of AI/AN clients' culture, religion, spirituality, and community. A provider (AI/AN woman) said,

> *"I think that the person needs to feel they can bring their whole selves through the door. They don't have to park any part of themselves outside the door in order to take care of the therapist… I use an Indigenous approach that looks at body, emotions, mind, spirit, land, and community."*

This client centered, or "whole self", approach was considered a crucial part of healing and mirrored how some Tribal communities may approach traditional healing. Specifically, in traditional healing systems medicine people take a multi-pronged approach and may look at the whole person, even whole family, to identify areas where a person needs balance or healing. AI/AN providers used this traditional approach to healing as a metaphor in therapy and described that there are connections across ourselves, our communities, and our ancestors that represent the "whole self," (i.e., "we are not just a body or just emotions").

Also consistent with the client centered approach, providers spoke about carefully attending to the therapeutic relationship, alliance, or connection as key to their approach to

working with AI/AN clients in individual therapy. While this is a common approach for psychotherapy, providers noted the importance of relationship building as a core value in AI/AN communities. One provider (AI/AN woman) said,

> *"The first thing I do is focus on relationship. I find a way that we're connected, so self-disclosure, although you have to have the clinical intent behind self-disclosure, but that's absolutely there when we do that. That happens right off the bat. We find a way in which we're connected, a way that we're related, and that's huge for us in the work that we do. That's the first thing that I do and then I explain the way that I work. [Laughs] I do say this, you're gonna get that auntie approach, and I'm gonna be very honest with you, but I'm gonna be very loving about it. But remember that we're here to do work. We're here to go through this together for your life to be the best that you can make it."*

Relationality is deeply rooted within AI/AN cultural and values. As such, relationships are highly values in the cultural context for AI/AN communities. Additionally, among AI/AN individual there may be distrust of systems and providers working within healthcare systems, so making the time taken to focus on trust and relationship building with AI/AN clients is crucial.

Using Evidence-Based Treatments. Providers referenced utilizing or training in evidence-based and mindfulness-based therapies including Mindfulness-Based Stress Reduction, Mindfulness-Based Cognitive Therapy, Mindfulness-Based Relapse Prevention, or evidence-based treatments (EBTs) where mindfulness is a major component of treatment (i.e., Acceptance and Commitment Therapy; Dialectical Behavior Therapy). Many providers, both AI/AN and non-AI/AN, were critical of EBTs citing that as designed and tested, many EBTs do not fit the cultural contexts or the needs of AI/AN people and communities. Providers did not specifically criticize any mindfulness-based therapies, but rather spoke about concerns with EBTs broadly. However, there was a large range with respect to how useful providers felt EBTs were. Some providers noted EBTs can be useful as a starting point or foundation for their work with AI/AN clients. One provider (AI/AN woman) who consistently used EBTs with AI/AN clients said,

> *"Evidence-based practices at best are incredibly useful and effectual. At worst are needing to be adapted. They're an evidence-based practice for a reason. You've got lots and lots and lots of research and data saying this is something that for most people works and Native people, non-Native, we're all people. There needs to be a fit, but they don't work for everyone."*

However, some providers questioned the use of EBTs with AI/AN clients given the lack of representation of AI/AN clients in the "evidence" base behind EBTs. One provider (AI/AN man) said,

> *"Well, the first barrier is that across Native country is the belief by Native American communities I think across the board that non-Native evidence-based practices don't apply. That's the first thing that comes out no matter where we are. It can be in Tribal communities or it can be urban communities, that premise is there. Then what do we do with that? In a large part, that belief is correct."*

Most providers noted that EBTs, in isolation, did not fit the cultural context and that delivering them as written in treatment manuals was not culturally sensitive given that there is little to no evidence base to use these treatments with AI/AN people or in AI/AN communities. Additionally, providers mentioned that EBTs can also fail to serve communities given high rates of trauma that exists. One provider (AI/AN woman) said,

> *"If this particular portion of the model says, "This will last two to three sessions," but you're doing this in 8 to 10 sessions, guess what? You still got it done. That's the most important part because when we take into account our Tribal communities, the level of trauma they experience, the difficulties we have with consistent attendance, you know what? Those timelines don't work and we're not gonna focus on the timeline. That's not who we are as Native people anyway, but the relationship and the continuity of care is going to be huge. We have to reframe what our specific goals are going to look like. It's almost like we have to go a bit deeper with determining what our goals are when we're doing that."*

Some providers used culturally adapted EBTs designed for AI/AN communities in their work including Trauma-Focused Cognitive Behavior Therapy (BigFoot & Schmidt, 2010), Dialectical Behavior Therapy (Beckstead et al., 2015), and Motivational Interviewing (Venner et al., 2008). Providers also utilized AI/AN culturally adapted Alcoholics Anonymous materials

(Coyhis, 2007; White Bison, 2002). One provider utilized a culturally grounded intervention called Healing of the Canoe (Donovan et al., 2015). Primarily, providers referenced making their own in-session cultural adaptations on a small level to better fit EBTs to their clients' cultural context, sometimes around language or using culturally relevant metaphors.

Providers noted that EBTs fall short in their work with AI/AN communities and do not adequately address the needs of the communities they served. Some providers noted that the use of practice-based evidence informed how they are with communities and fill in the gaps left from utilizing EBTs. Practice-based evidence, to these providers working in AI/AN communities, meant that they acknowledged that healing practices existed in the communities and that these practices with community evidence are important to acknowledge and leverage when working with AI/AN clients. One non-AI/AN provider noted that for her practice-based evidence meant,

> *"Understanding from the people what does healing—what does health mean within that community? Using that information and holding that lightly, but holding that when I'm working with people from that community, to try to be sensitive to that in the ways that it might not match well with Western views. Just being open to the idea of other ways and using that to help guide healing practices."*

For AI/AN providers, acknowledging practice-based evidence meant that they integrated cultural ways of healing into their work with AI/AN clients. One provider (AI/AN man) noted,

> *"Then for me, I always think evidence-based we have to fit in to our culture because I utilize culture a lot more than I would use an evidence-based practice, although we have to do that. A lot of times I call that practice-based evidence because it's something that our people used for thousands of years to do the healing and the different types of ceremonies that help with that."*

For providers, EBTs represented a starting point for therapy with AI/AN clients, while acknowledging their limitations and flexibly supplementing them with cultural adaptations to their specific context and the client's context. Providers noted that supplementing EBTs with practice-based evidence was part of how they provided culturally responsive care. Providers

noted that this was not represented in existing culturally adapted EBTs. Providers feel limited by EBTs in that EBTS do not provide adequate guidelines to provide culturally responsive care to their clients. Thus, providers reported leaning on their clinical experiences to make these culturally relevant adjustments.

2. Framing Mindfulness in AI/AN Contexts

Providers noted that some AI/AN clients had preconceived notions about mindfulness and were hesitant to engage in mindfulness approaches. Specifically, providers shared that many AI/AN clients felt that mindfulness was something not for them and that it was a trend for White people. Providers described that these ideas make clients hesitant to try mindfulness if it is not introduced with a cultural lens. Additionally, providers noted that a hesitation to try mindfulness may be stronger among AI/AN boys and men. One provider (AI/AN man) noted,

> *"We do every so often talk about what's the perception of mindfulness. Not everybody, but it's really common for people to say, "I'm not interested in that because it's a white person thing to do." People don't feel like they're excluded from it, but I think it just seems maybe it's boring, or it's lame, or it just will work for me, but it's just not what Native people do. I think that that's the impression that a lot of people have, so then there's this—and I think that I rarely had to talk people much into the concept, other than by saying, "Yeah, but we're gonna Indigenize it," and people light up."*

Another provider (AI/AN woman) even noted their own perception of mindfulness this way, stating:

> *"For me, whenever I hear the word mindfulness, before I started learning more about what it was, that's where I would throw that word in that camp of all these white women with their yoga mats going to a smoothie bar. Which that doesn't benefit me, 'cause why would I do that type of thing."*

How mindfulness is perceived by AI/AN clients (and even by AI/AN providers) influences their willingness to engage in or utilize mindfulness practices at all. It is important for providers to be aware of these perceptions, not to introduce or suggest these perceptions as barriers, but to be prepared to address these perceptions.

Another point providers made is that who introduces mindfulness matters. They stated that the identity and positionality of the person/therapist introducing mindfulness influenced how AI/AN clients perceived mindfulness. One provider (AI/AN man) said,

> *"There might be an element of, I'm Brown, so people—it's very clear when I show up to a session that I'm not white. Maybe coming from me, they have a different experience. Now, if some of the white women therapists that I also work with were also like, "Hey, do some mindfulness," maybe there'd be a little bit more of that, "Oh, this is some white people stuff." When I'm the one saying just by who I am as a person, I might circumvent that in some way. Or there might be a little bit of willingness to go there and at least explore it."*

In efforts to attend to client hesitancy to engage in mindfulness and to make mindfulness practices and mindfulness-based interventions more applicable and acceptable to AI/AN clients, providers introduced and defined mindfulness to clients by referencing how mindfulness exists or is applicable to AI/AN contexts. For example, providers emphasized the spiritual base of mindfulness and how that correlated to AI/AN contexts where acknowledgement of spirit as a key domain of oneself, which includes body, mind, emotions, and spirit. Providers noted Indigenous traditional teachings as being consistent with mindfulness, such as living in a good way requires one to have awareness of self and intentions. Traditional practices of some communities, like greeting the dawn and attending ceremonies, were also referenced as examples of AI/AN mindfulness practices. Introducing and defining mindfulness with AI/AN culturally relevant examples helped to increase buy in for clinical applications of mindfulness. One provider (AI/AN woman) noted,

> *"Other methods is like—the sweat lodge is a natural meditation place, a natural place to do the breathing, the songs. The songs with that is a natural meditation. The drum is always represented as our heartbeat. When we do these groups and we have that song, we have those songs, we incorporate the smudging of sage or cedar or sweet grass. We talk about bringing our spirit back to our center because one of the things that we talk about, we say [Tribal language], which means 'bringing our spirit back to the center.'"*

By translating mindfulness into this provider's specific language, this provider described a way to root mindfulness within a cultural context and a method to share with AI/AN clients how mindfulness is already something applicable to and used in their daily lives. Taking this a step further, for some AI/AN communities, mindfulness may be at the core of what it means to heal making it central to the psychotherapeutic context when working with AI/AN clients.

AI/AN providers spoke to understanding that ceremonies are a meditative tradition among AI/AN communities since time immemorial. Meditation and mindfulness are related concepts, but meditation is typically a dedicated practice, where mindfulness can be a broader way of being present and nonjudgmental. Speaking from their lived experiences as AI/AN individuals, they understood what meditation was, from a therapeutic standpoint, and saw these practices as similar in intention to ceremony. The awareness and intention needed in a formal mindfulness practice, like meditation, is the same required during a ceremony. This way of being *in ceremony*, the acknowledgment of the present moment and focus, is at the root of intentional engagement in a healing practice of ceremony. One provider (AI/AN man) said,

> *"We made space for this new understanding that mindfulness is important. It's just a word. As Natives we practiced in another way called ceremony, and we just need to bring ceremony back. Natives know what is ceremony, but non-Natives, they know it this way, and it's okay. Because it is a quest for the individual to just drop down into themselves for that moment and just have awareness. It is so important to have that focus, because that's where the healing begins. If the body is too excited, it's not ready to heal. It can't heal. It's impossible to heal. It's not listening. It's not prepared."*

These ceremonies serve as the "formal" practices of meditation akin to yet distinct from guided meditation practices in mindfulness-based interventions. While ceremonies are distinct to each AI/AN community, providers spoke to parts of ceremony being smiliar to mindfulness practices that may be common in some AI/AN communities including attending traditional healing ceremonies, smudging practice, and talking circles. Ceremonies offer the structure of a formal

practice in an AI/AN contexts. Thus, these healing traditions are parallel processes to leverage when utilizing mindfulness-based interventions and practices with AI/AN clients. This highlights that while mindfulness can be a skill added to the AI/AN client's toolbox, the skill of mindfulness is already deeply inherent in their way of being.

Both AI/AN and non-AI/AN providers noted that part of connecting mindfulness to daily living for AI/AN clients included referencing practices and traditions that AI/AN clients may utilize already though have not made the connection that these are mindfulness practices. Examples of AI/AN practices mentioned by providers that incorporate mindfulness included: beading, quill work, harvesting or preparing traditional food like fish or moose, singing traditional songs, gathering traditional medicines and teas, traditional art making and pottery making. Providers utilized metaphors to connect these practices to mindfulness by highlighting the intentionality brought to traditional practices as a form of mindfulness. The intentions, energy, and experiences are connected to what is done or what was make. When beading, what is made picks up the energy, the emotions, the intentions that are put into it and that is carried on when the beadwork is completed. These are related to traditional teachings that clients may hear, and it also provides a frame of reference for what mindfulness is, what it can be for the client, and for how others in the community utilize it. One provider (AI/AN woman) said,

> *"What's what we do, but talking about the mindfulness that goes into that. It's almost akin to guided imagery because, one, you're praying as you're doing this, you're sending good vibes into this, but you're also being very intentional about the design that you're doing. You're counting the beads, you're making sure they're lined up straight, you're making sure they're very close to the same size, and so there's so much that goes into that, and then being able to step back and say like, "Okay. That was actually a clinical technique that [laughs] our people have been doing." There are many other ways that mindfulness is a part of our clinical work."*

Mindfulness is central to these cultural activities that providers know from lived experience and teach to clients to increase mindfulness in daily activities. Being mindful in these cultural

activities allows for integration of mindfulness skills into relevance to daily living as an AI/AN person.

This way of conceptualizing mindfulness for AI/AN clients can also demonstrate how the skill of mindfulness is consistent with traditional ways of being and in traditional ways that continue to be practiced. Thus, mindfulness is both something ancestral and contemporary. It is not a skill that is unrelated or as unfamiliar as it might seem to some AI/AN clients who may be hesitant to engage in it or that may feel unsafe in practicing types of mindfulness. Bringing this level of familiarity to providers practice is especially important for AI/AN clients who think mindfulness is something not for them and that it is something inconsistent with their way of being in the world (i.e., that mindfulness is something White people do or something that is for Buddhists only). Rather, this culturally relevant grounding of mindfulness in historical and contemporary AI/AN traditions may aid in providing insight into what mindfulness can be and how it relates to ways of being that will be independent of something that the therapist can give them. One provider (AI/AN woman) noted,

> "*They're able to take a lot away from it and I just — it's also really wild to see our kids thrive and prosper on their own and finding their own healing and being able to use that throughout the whole thing. I think they learn a lot; I think they learn more than they know consciously, but I feel like their soul and their subconscious is able to hold onto that."*

Mindfulness can be seen in these existing AI/AN community practices which already have a cultural base and are accepted and appropriate methods to attend to one's experience. Providers both allow for client led definitions of mindfulness and also bring this into therapy as a metaphor for clients to see the commonalities between existing AI/AN practices and mindfulness as defined by EBTs. Implementing these metaphors in individual or group sessions can look like

beading or sewing in session together so clients can attend to how thoughts and intentions go into the work itself.

Providers mentioned utilization of mindfulness-based approaches based on its relatability to AI/AN ways of being, such as mindfulness being used in practices like sweats. Because basics of mindfulness have been practiced in AI/AN communities for centuries, providers also expressed a comfort and willingness to use mindfulness therapies because of how consistent they are with AI/AN traditions. One provider (AI/AN man) elaborated on the comfort in mindfulness and it's consistency to traditional ways, stating,

> *"That's a connection I think, taking themes like mindfulness that are being practiced today and connecting that to our past, our history, our ancestors, those are teachings that we have known forever. There's comfort in that, comfort in knowing that my culture, my Native culture has been doing these things for centuries."*

Mindfulness-based approaches had an inherent acceptability for providers given the similarity of existing traditional practices in AI/AN communities; providers leverage this alignment to justify their application of mindfulness in therapy. Engaging their clients in mindfulness was also a potential opportunity for AI/AN clients to have a deeper connection to traditional ways of being mindful.

Additionally, providers contrasted mindfulness with other approaches where clients may be taught to challenge or reconstruct their thoughts, such as cognitive behavioral approaches. Mindfulness practices encourage a distinct framework for understanding and observing that the thoughts are there, they can come and go, and it is not always necessary or appropriate to challenge thoughts. This may be particularly relevant for AI/AN communities where historical trauma and the ongoing impacts of colonization are true and concerns around this are valid. Similarly, it is equally true that living as an AI/AN person in this world can be scary and dangerous in the face of racial discrimination and systemic and structural inequities. As such,

mindfulness presents a framework where, rather than confronting of challenging those thoughts, there is an allowance and acceptance of those thoughts. One provider (AI/AN woman) said,

> *"How can you argue with thoughts that are maybe true, or maybe they come from this place of historical trauma. And sometimes the world is a scary place, right, it is a dangerous place. Or sometimes people can't be trusted. For me, I think a mindfulness-based approach makes more sense of, you know, that these are the thoughts and emotions I'm having and I can have them and still live my life. I can still do what I need to do or what I want to do or how I want my life to be meaningful."*

This provider acknowledges that the goal of mindfulness is not to change or challenge thoughts or feelings themselves, but rather to utilize mindfulness to change one's relationship with those thoughts and feelings and be able to work towards what is important to the client. This is theoretically different from other therapeutic approaches, and, for providers in this study, makes mindfulness a culturally relevant approach because it does not pathologize thoughts and feelings that may come from historical and personally lived trauma.

Providers utilized many references to culturally relevant examples to make mindfulness more applicable to AI/AN clients. Examples of these culturally relevant definitions, adaptations, and applications of mindfulness within AI/AN cultural contexts are presented in Table 2. Each is presented alongside representative quotes from providers in the following domains: ceremony is mindfulness; connecting mindfulness to nature and culturally salient places; connection to ancestors; defining mindfulness in AI/AN contexts; linking mindfulness to cultural teachings; mindfulness in cultural activities; smudging as a mindfulness practice; sweat lodge as a mindfulness practice; talking circles combined with mindfulness practice; and using language in mindfulness practice. Suggestions on ways to utilize these adaptations for AI/AN and non-AI/AN providers are also provided in Table 2. However, all suggestions should be considered in the context of potential cultural boundaries, which will be expanded on in the third theme (see Implementing Culturally Relevant Mindfulness).

Benefits of Culturally Framed Mindfulness. Providers cited reconnection to self, community, with others, and in cultural practices as a witnessed benefit of utilizing culturally framed mindfulness for AI/AN clients. Providers noted that at the root of healing is connection, connection to self that may have disconnected as a result of trauma or substance use. In this context, mindfulness serves as one pathway to rebuilding or rewiring that connection to our own sense of selves. Mindfulness can also assist to reconnect to culture and community that a person is seeking out. Providers noted that healing self, relationships, and community are all connected processes. One provider (AI/AN woman) noted that the healing connections that come for individuals (that can come from mindfulness) are not time bound. AI/AN worldviews may view time differently and healing across these timelines is possible. She noted,

> "*It doesn't matter really, in the sense of if you're doing a mindfulness practice and you're having the healing in yourself over in the Western sense, or you're doing a mindfulness practice and having the healing in yourself by connecting your body in the Indigenous sense. Where it matters is, is your understanding of the impact it has. 'Cause over here in a Western sense it's like, I'll be less stressed. Over here, what I've been taught from an Indigenous context is like, you heal yourself, you heal your ancestors. Our healing is not bound by time."*

While a goal of mindfulness is being more present in the moment, the timing mentioned by the provider acknowledges that time may not be conceptualized as linear and benefits in an individual may actually transcend concepts of time and generations.

In line with the high prevalence of trauma in AI/AN communities, providers noted that they have seen how mindfulness can help with reconnection to self and being able to sit with one's own experience without a trauma response. Providers see how mindfulness can almost rewire a connection to one's self and one's senses that have been numbed or disconnected from a trauma experience. One provider (AI/AN man) said,

> *"Mindfulness was a way that I think has really allowed him to step back from this constant churning and be aware that his mind is constantly churning about all these different threats and all these different things and all these different analyses. He's aware of that and able to step back for a little bit and just see it and kind of like, "Wow. My mind's really runnin' with this." It's also been kind of like mindfulness has been this space where he's been able to really get in touch with some emotions that he felt were really off limits for him and really scary for him or dangerous for him to connect with. For him, mindfulness was—it's like the space where all this other stuff occurred."*

The practice of mindfulness and the act of becoming more aware of oneself ties into these other processes when contextualized into collectivistic and community worldviews and ways of being are not just individualistic. Healing can start with individual practices, but more benefits are interconnected because one person is intertwined within community. This concept is similar in Buddhist traditions as providers who have knowledge and experience in Buddhist meditation practices noted. The intention of understanding self and commitment to others is a similar underpinning that ties together meditation practices fitting into AI/AN teachings. Those go beyond individual benefits to meditation but acknowledge that mindfulness is a stepping stone to living in line with traditional teachings of living a good life within community. One provider (AI/AN man) noted,

> *"I think that that is the key connection that I found with that and Indigenous contemplation is that importance of understanding self, understanding true oneself, and ethics, and commitment to future generations. Mindfulness encourages a different perspective on seeing the world and less self-centered and more open to the larger world. I guess that's the spirituality that's in it, is that it's that connection, it's that presence of compassion for all other beings that gives Buddhism its power. I think that that's not hard to find in Indigenous communities as well. I think that that's this spirituality that's on a whole different level than something that could really would be—there are stories, and there's stepping stones scaffolding to get you there. That spirituality and the sense of the different stories or prayers or traditions that are in Buddhism are just the scaffolding to get to that state of that understanding of that compassion and openness and being present. I think that that's really consistent with a lot of the ways that I've met Indigenous people, and how they practice their spirituality as well."*

As mindfulness contributes to being more present in one's life, providers spoke to how this can play out in cultural activities and ceremonies and how building up the present moment awareness can aid in the cultural connection. One provider (AI/AN woman) noted,

> *"For people who really value their cultural traditions and practices, experientially getting in touch with beauty and rewarding emotions in the therapy room, and then preparing for what that might look like when they're at their traditional dances, how can you really take that in to nourish you? The colors, the meaning, the paints, the practices, the preparation for it, the cooking. How can you take that in and let that nourish you and enrich your life so that you're not just engaging in the activities mindlessly on autopilot? How can you really be present with that because it is meaningful for you, and it does bring you joy? How do you feel that, again? My experience has been that that resonates really well with people, that lifts people, it helps move them forward in that trajectory of healing."*

When mindfulness is framed within AI/AN cultural context for clients, it opens up willingness for AI/AN clients to engage in mindfulness-based therapies. Providers also witnessed outcomes and the positive impact that comes with this culturally framed mindfulness where clients were reconnected deeply to themselves, their cultural practices, and community.

3. Implementing Culturally Relevant Mindfulness

Providers working to deliver mindfulness-based therapies to AI/AN clients utilized many implementation strategies to adapt and increase the cultural relevance. These processes included implementation of group mindfulness interventions, the importance of the physical space complementing the cultural values of AI/AN clients, and provider level strategies to enhance their practice.

Implementing Group Mindfulness Interventions. A majority of providers used mindfulness interventions in group settings (n=16; 64%). Providers noted that when doing mindfulness in a group setting, the shared experience of mindfulness aided in connections among group members. Groups often were linked based on some aspect of commonality, such as oriented toward substance-related recovery, trauma, mother, AI/AN or combinations of these

foci. The connection between group members was facilitated through the inquiry process following mindfulness where group members would notice or feel similarly. Also, providers noted that when the group really needed to hold space for one person there was time and support to be able to do that. One provider (AI/AN man) said,

> *"Those that have been attending, they're also at a place that they're wanting to contribute to be part of the ceremony or to this little community that meets once a week. There's a lot of connection that happens, and that's what I believe that mindfulness brings is a place that's safe to connect. It helps them to understand that they're not alone, and it supports their experiences and their challenges that they're having in mental health, substance use, or whatever condition they're here to treat."*

Providers also noted that mindfulness groups where cultural activities were intertwined (like beading groups) were able to facilitate connection among group members. Conversations about how mindfulness was related to community practices were able to happen in group processes including acknowledging that there was a right time and energy needed when you start a project or how to be mindful of your thoughts or feelings during cooking or gathering. These conversations happened more organically when groups could reflect on the relationship between mindfulness and traditional activities like beading or sewing. Providers shared about how group mindfulness practices with beading or sewing worked well with AI/AN youth clients to translate concepts of mindfulness.

Providers spoke about gender roles, though notably only the gender roles of AI/AN men and women. No providers made note of nonbinary nor Two-Spirit clients when it came to speaking about gender during their experiences of providing mindfulness-based therapies. Men providers spoke to the value of groups for specifically AI/AN men in comparison to groups open to all genders. When AI/AN men were together in groups, providers reported that they noticed increased vulnerability and openness to sharing experiences from men group members. Stigma

may exist in communities about mental health, and this may be more relevant to AI/AN men seeking out care. One provider (AI/AN man) said,

> *"Then we would have boys come in in groups. If one had more information, he would be more hesitant to share that he knows this stuff. We would make sure we would try to get their buddies and teach them things too, so that it wouldn't stop their progress in the work that they were doing, the counseling sessions or whatever. It ended up happening where a lot of the young men would come with their friends because their friends were having problems, and they would bring 'em into our office and end up becoming the young people that we work with that we bring into our groups that we—that were struggling but weren't in trouble with the school yet or whatever. Yeah. I think that's the—for the young people, the young women, it was pretty—it's pretty easy to introduce them to it and have them accept it. It was the young men that were really difficult to get into it at first."*

One provider noted statistics of AI/AN men who have a higher risk for suicide and alcohol related death. While there is a need for mental health care that specifically attends to the needs of AI/AN men, it can be difficult for men to open up to others or even by themselves. AI/AN men providers noted the importance for AI/AN men to have space to interact with other AI/AN men in healthy settings. This may suggest that peer work is important in the accessibility of mental health. Utilizing peers in the implementation of mindfulness and other evidence-based strategies can reduce stigma around mental health seeking as trusted peers can validate the process.

Making Mindfulness Settings More Welcoming. Providers talked about setting up the physical space where they see clients in a way to make clients feel more welcome. Some providers noted that they try to make the space feel like a home where they are welcoming a relative with longer introductions to learn how they may know people in common. One provider (AI/AN woman),

> *"Culturally, that's one of the things we do when a person, a relative, comes to our home anyway. We try to make this a home situation here and make them comfortable to come here. Even outside of the referral that we get, we make sure that they know they can come here if they have questions or they wanna talk, or they just need a space to calm down and get regulated again or that type of stuff. Some of the first things that we do is we provide them with some kind of snack and water, and then we—I'll bring them into my*

> *office and talk with them, introduce myself. I find out who their families are. A lot of times I find that if there's a relative connection in some way like I know your mom, or I know your sister or—it eases them up a little bit. It provides them a little bit more comfort."*

Utilization of art and setting up the space with access to medicines like sage and sweetgrass act as symbols for AI/AN clients to bring in their whole selves and be able to talk about their identity if they choose and if they are ready to. One provider (AI/AN man) noted how the art in his office often acted as a tool in therapy for people to feel more comfortable or willing to open up more about their identity or what is bringing them into therapy.

> *"I do get that needed client that's perhaps coming into therapy the very first time. They look in my room. Most of it is decorated with Native American pieces, and they feel more safer here. This breath that they're starting to take is a little different. They're calming. That's something I just notice. I really calibrate them, and it's just fun to watch. What I'm getting at is this sense of just being able to create space for themselves, maybe for the very first time in another space. That helps them keep coming back. If their first experience here was different—perhaps less friendly, less inviting—they may not return."*

Provider Level Factors. Three provider level implementation strategies identified included: (1) having a personal mindfulness practice; (2) consulting with Elders and community members; and (3) the importance of cultural humility and acknowledging positionality.

Many providers spoke about how their personal practice in mindfulness had informed their clinical work in utilizing mindfulness with AI/AN clients. Providers noted how personal practice aided in authenticity as a provider. In particular, providers highlighted that it felt more authentic to provide mindfulness when they had their own personal practice to lean on. Providers described that having their own practice meant that they understood the barriers and challenges to implementing a mindfulness practice into their life that clients could relate to. Providers also highlighted that having a mindfulness practice improved their overall clinical skills, with examples of being more attentive and responsive in groups and individual work. One provider (White woman) said,

> *"I'm not sure which developed first or if we co-developed in my professional and personal life, but I am very big into meditation. I've meditated at least once or twice a day for about eight years now. It's a big part of my life. I think the way that that evolves for me lends itself into mindfulness-based practices within the therapy room in terms of like acceptance of life situations, acceptance of internal experiences as being part of the human condition."*

Additionally, some providers spoke about the responsibility they felt to serve their communities with the knowledge and training they had, but also in specific to mindfulness-based therapies. One provider (AI/AN woman),

> *"I began sharing what I know—I guess I have to say teacher and instructor, but I think it's more knowledge sharing because I see that as kind of a responsibility. I've had the privilege of being able to undergo all of these trainings over the years that I know a lot of people just it wouldn't be feasible... My goal is to bring that back to my community."*

Providers also spoke about their process in making mindfulness more culturally relevant coming directly from their lived experience as an AI/AN individual growing up in their own cultural ways. One provider (AI/AN woman) noted,

> *"Well, if I think about my upbringing and I think about the things I was taught, how we were taught to live in the good way was essentially mindfulness. It was essentially to be connected to yourself, to others, to the earth. It was to pay attention to your thoughts and your feelings and what you felt because these tell us everything about what we need to know to be intentional and focused on the things that matter."*

Providers spoke about learning from the Elders in their communities. One provider (AI/AN woman) said,

> *"I think, obviously listening to my elders, around how—there was one particular elder. She was in a training, and she talked about how we are tending to—we are always tending to ourselves and to others, in everything that we touch. I interpreted that as tending to means picking up and practicing things mindfully, always with intention and goodness, and that all of the things—then the light bulbs just started connecting for me. All of this that we do, there's always been mindfulness in everything we've ever done, as Indigenous people. Everything has purpose. Everything had meaning. Nothing is done half-heartedly, or not thought through."*

These lived experiences as AI/AN individuals growing up connected to cultural teachings and blending with their personal practices in mindfulness created many of the examples of adaptations utilized in their therapy work.

For non-AI/AN providers and AI/AN providers working in communities where they were not from, a key part of the process in adaptation and implementation of mindfulness was being in relationship with people and providers who were from the community. Non-Native providers also spoke about how when they utilized trial and error, they began to notice what worked and what did not work for people across both group and individual mindfulness intervention. Importantly, providers noted that this process did not come about from a manual or a guide, it came from lived experience in groups and working with others and talking about how to make the work more meaningful and relevant to the AI/AN community.

Providers also highlighted the importance of attention to positionality and cultural humility**.** Most providers interviewed were AI/AN providers (*n*=20; 80%) and spoke about how their own identity influenced how and why they came to work with AI/AN clients. One provider (AI/AN woman) said,

> *"I've been a licensed professional counselor for probably 10 years or so, right around 10 years. Prior to that, all of my experience, from high school through college and then up through my degrees has been in the Native community, in different mental health roles. Always being part of this community, and knowing, as a little girl, that when I grew up, I wanted to be a helper. I didn't really know what that helper meant. Now I know what helper means. That means mental health professional, for me, and just really working towards reducing the stigma around mental health in our communities, and helping people to understand that our Elders created the medicine wheel. Part of that medicine wheel was mental. It's as important as our physical and our spiritual and our emotional health. We need to spend time there in caring for ourselves in that way."*

Both AI/AN and non-AI/AN providers spoke about the importance of knowing cultural boundaries in the therapy room. This included knowing that some information related to

ceremonies or traditional healing or other types of community knowledge is meant to only be shared with community members. Questioning around these topics, even if it may be related to how and why the individual is in the therapy room may be culturally inappropriate. One provider (White woman) said,

> *"As a non-Native woman, I wanna respect the privacy of the people and communities, and so one thing I always say to the children that I'm working with, and some adults as well is, 'I'm not from the community. If there's something I'm not supposed to know, please don't tell me.' It's okay to say, 'That's not information I can share with you,' if I'm asking something that I shouldn't be asking. I don't feel like it's my place to recommend any specific cultural practices because I work with people in various communities."*

For non-AI/AN providers, acknowledgement of their own identity is key to understanding cultural boundaries, particularly in knowing when and how to engage in cultural conversations with AI/AN clients. Additionally, given the immense diversity in AI/AN community values and expectations, AI/AN providers must also be aware of their cultural boundaries in therapy when working in their own and in other AI/AN communities. Furthermore, non-AI/AN providers and AI/AN providers working for a community they did not grow up in spoke about attempting to be part of the community in some ways. Providers spoke about attending local events or supporting local businesses. This visibility was important as helping build up trust and being seen as a fellow community member.

Discussion

The current study examined the experiences of providers who use mindfulness-based interventions with AI/AN clients in terms of culturally appropriateness, acceptability, client engagement, and outcomes. Additionally, the study assessed how providers selected, modified, and implemented mindfulness-based interventions for AI/AN clients. Three primary themes were identified from qualitative interviews with 25 providers. First, providers emphasized the

importance of *using a cultural lens in providing therapy* to AI/AN clients increase client engagement and acceptability of therapies broadly. This approach was highlighted as particularly important given that some EBTs do not always serve the needs of AI/AN clients because most EBTs were not developed with or for AI/AN communities. Additionally, providers spoke to the value of *framing mindfulness in AI/AN contexts* to increase openness and willingness of clients to engage in mindfulness practices. The contextual framing of mindfulness included allowing for cultural adaptation of meditation and mindfulness skills. Finally, providers utilized specific strategies in *implementing culturally responsive mindfulness-based interventions*, where providers highlighted the importance of personal mindfulness practice, cultural humility, and recognizing self and cultural boundaries in therapy. The three primary themes of the work are all interrelated to providing culturally responsive mindfulness-based therapy to AI/AN clients. To our knowledge, this is the first study to examine provider perspectives on using mindfulness-based approaches with AI/AN clients and the findings from the current study identify the why, what, and how of utilizing mindfulness based therapies and approaches with AI/AN clients.

The rationale for approaching therapy with AI/AN clients with a cultural lens brings to light the "why." Namely, it elucidates *why* it is necessary to acknowledge and center AI/AN clients' and communities' context and culture in providing culturally relevant care – Western EBTs were not created for or by AI/AN people and therefore have the capacity to reify dynamics routed in power and oppression enacted on AI/AN communities for centuries. Consistent with this viewpoint, previous work highlights how the promotion of EBTs, given the lack of evidence from AI/AN communities in the research, may be perceived by AI/AN communities as a form of institutional racism (Goodkind et al., 2011). Additionally, pressure to utilize EBTs are identified as a major limitation in providing culturally responsive mental health care to AI/AN clients

(Hartmann & Gone, 2012; Knowlton & Lafavor, 2021; Larios et al., 2011; Lucero, 2011; Walker et al., 2015) and are one, of many, reasons that AI/AN clients are often unable to access needed mental healthcare. With regard to mindfulness, there is ongoing work suggesting that mindfulness-based interventions may be a powerful tool for clients of color to cope with oppression (Martinez et al., 2022). This was complementary to what AI/AN providers shared in our study that spoke to how mindfulness-based approaches, when culturally tailored, have the capacity to allow for greater connection to self, relatives, community, and ancestors. This suggests that mindfulness-based approaches, when used in a culturally responsive manner, have the capacity to work towards healing the ruptures associated with colonization and historical trauma in AI/AN communities. As will be detailed in the sections that follow, the *why* (that EBTs require tailoring or localization to better meet the needs of AI/AN clients in context and to not reify systemic oppression) is enacted in *what* and *how* providers conduct therapy with AI/AN clients within the context of mindfulness based approaches.

Building off of the why, is the *what*: the efforts to frame mindfulness in the AI/AN contexts. More specifically, providers spoke to *what* is needed to adapt and tailor in mindfulness-based therapies to make them more culturally responsive for AI/AN clients. Providers in the study spoke to a cultural lens that included a holistic client centered approach and conceptualizing cultural identity to incorporate community and relational ties when working with AI/AN clients. Building on this focus, providers noted the importance of integrating cultural practices into therapy to modify and supplement therapy processes, when appropriate. This approach is similar to tenets in multicultural counseling that center cultural competence as superordinate to clinical competence, and quality therapy is not in and of itself culturally competent (Sue et al., 2022). To this end, cultural humility must be prioritized particularly when

working with AI/AN clients. Working with clients of color, and AI/AN clients in this case, requires intentional focus on process, integration of culture, and acknowledgement of content particularly due to historical and contemporary oppression and discrimination that AI/AN communities and AI/AN clients face.

While overlapping, the approach utilized by providers in this study was distinct from writings in cultural competence and cultural humility as providers intentionally brought in an AI/AN cultural lens that supersede the client centered approach. This is done by focusing on the client's "whole self," contextualizing culture, spirituality, historical trauma, and community relationships in the therapeutic process, going beyond the therapist and client dyad. While there has been limited research on integrating this cultural lens when using EBTs with AI/AN clients, Venner and colleagues' work describes how motivational interviewing with AI/AN communities is acceptable and feasible when inclusive of the cultural lens with a client-centered and humanistic approach intertwined with AI/AN values (Venner et al., 2008). Additionally, historical trauma is a salient social determinant of health in AI/AN communities that influences AI/AN individuals experience of personally lived trauma, substance use, and other mental health outcomes (Brave Heart, 2003; Brave Heart et al., 2011). Providers in this study spoke to the value in assessment around historical trauma in AI/AN clients, and at times even education around historical trauma to help client understand how historical trauma has impacted self, family, and community. Further,, the integration of community healing practices into therapy practices was identified as critical in providing culturally relevant care to: AI/AN individuals who use substances (Coyhis & Simonelli, 2008; Gone, 2011; Novins et al., 2016), urban AI/AN clients (Hartmann & Gone, 2012; Nelson et al., 2022), and AI/AN youth (BigFoot & Schmidt, 2010; BlackDeer & Patterson Silver Wolf, 2020). This is complementary to what AI/AN

providers described in this study – the integration of AI/AN community healing practices in therapy settings are necessary to address the limitations of most EBTs that are neither designed for or efficacious for AI/AN clients. The cultural lens and integration of cultural practices into therapy broadly, and mindfulness work specifically, increases the acceptability of the therapeutic intervention with AI/AN clients, while also serving as a means to address critical social determinants (like historical trauma) impacting the health AI/AN people and communities.

Providers noted a willingness to utilize mindfulness with AI/AN clients given the ability to connect mindfulness within the cultural contexts where they were practicing. They reported that contextualizing mindfulness aided in making it culturally appropriate and increasing acceptability of mindfulness-based therapies among the AI/AN clients. Providers spoke to the benefits seen in AI/AN clients from this culturally framed mindfulness including connection to self, others, and community and increased engagement with cultural practices further facilitating holistic healing. While providers in this work noted how mindfulness as a construct may be culturally relevant to AI/AN communities, they acknowledged that mindfulness may not be perceived as relevant by AI/AN clients, but a skill for White individuals or for Buddhists only. These findings fit in with previous work by Proulx and colleagues (2017) which acknowledged that mindfulness is perceived as a part of White culture among some racially and ethnically minoritized communities, particularly Black and AI/AN communities, and, “the steps taken by the mindfulness community may be seen as another example of encouraging American minority communities to be more like White communities, rather than exploring how spiritual and contemplative traditions in these communities resonate with mindfulness,” (pg. 362). While there is theoretical overlap between mindfulness and AI/AN traditions, there may be perceptions that providers need to overcome barriers to utilizing mindfulness by presenting mindfulness in ways

that will increase client willingness and buy-in. Cultural adaptation to mindfulness interventions may increase AI/AN engagement if it is localized and personalized to AI/AN groups and individuals.

Providers highlighted the value in culturally framing mindfulness in AI/AN contexts both as a strategy to increase engagement and facilitated culturally relevant benefits. Providers spoke to how mindfulness practices existed in community traditional activities like ceremonies and community practices such as sweat lodges, beading, fishing, and preparing traditional foods. Existing research on the effectiveness of mindfulness-based treatments highlight the importance of mindfulness meditation or formal mindfulness practices (Bowen & Kurz, 2012; Stein & Witkiewitz, 2020) for individuals to utilize in their daily lives. However, providers in this study did not address this specifically, but spoke to the value in teaching how intentionality exists in cultural practices where mindfulness can be integrated. This brings into question whether the distinction between formal versus integrated (sometimes referred to as “informal”) practices can influence the acceptability of mindfulness-based interventions in AI/AN communities. Integrated mindfulness practices are accessible ways to bring mindfulness into daily life, bringing intentionality to daily activities or activities where clients may benefit from slowing down or bringing more awareness (Bowen & Kurz, 2012). For AI/AN clients, these instances where increased attention can be beneficial may be cultural activities in addition to the concerns that bring them in to therapy (e.g., anger outbursts, cravings for substances). Further, Proulx and Bergen-Cico (2022) noted how identification of cultural practices that mirror mindfulness practices rather than to replace practices of mindfulness is important to ensure the sustainability of mindfulness skills in AI/AN communities. This suggests it is necessary to strike a balance of encouragement of testing out formal practices that are introduced in mindfulness-based therapies

alongside integrated practices that exist in communities (e.g., smudging, pottery, traditional dancing, harvesting) for AI/AN clients to utilize if they are interested. However, encouragement of ceremony participation should not be directly mentioned by providers without acknowledgement of cultural boundaries (sich as not asking about sacred activities or closed cultural ceremonies), particularly for non-AI/AN providers. Importantly, these integrated mindfulness practices that are culturally relevant and culturally grounded are important for providers to acknowledge as existing community resources of mindfulness that AI/AN client may have access to in their communities. Further, formal mindfulness practice, such as the practices inherent in AI/AN ceremonies or sweat lodge traditions, can co-exist alongside formal practices introduced through mindfulness-based therapies.

Providers in this study noted selecting mindfulness-based therapies as a culturally responsive intervention given the nature of mindfulness is not to challenge or change perceptions, but to have thoughts, allow for them to be present, or be able to sit with them. This approach of *not* challenging thoughts is relevant to AI/AN communities where historical trauma, distrust of systems, and experiences of racism are not to be challenged by therapists. This is consistent with other work in the literature that identifies mindfulness-based interventions and valued living as a promising intervention for coping with racism related stress (Martinez et al., 2022). Additionally, mindfulness-based and other third wave therapies show more favorable outcomes than cognitive behavioral approaches for people of color and among those from collectivistic cultural backgrounds (Dela Cruz et al., 2023). Protocols for research studies have been published that will examine the impact of mindfulness-based interventions on race-related stress in people of color (Ramos, 2023) and discrimination related stress among sexual and gender minorities of color (Cook et al., 2022). Martinez and colleagues (2022) noted that aspects

of mindfulness may need to be adapted such as the concept of acceptance or allowing in mindfulness, which may need to be explicitly defined for clients of color by providers given that it is crucial to clarify that acceptance is not condoning racism but, rather, accepting of one's own emotional experiences in response to racism as valid.

The implementation processes illuminated the *how* in providing culturally responsive mindfulness-based therapy. As stated above, it is crucial that providers do not challenge responses to racism and other sources of oppression, which is complimentary to mindfulness-based treatments. Importantly, for providers working with AI/AN clients, most of whom are White providers (U.S. Bureau of Labor Statistics, 2019), an understanding of institutional racism, historical trauma, and colonization and how these may impact AI/AN clients is necessary in order to engage in these conversations on applying mindfulness to microaggressions or experiences of racism. Providers in the study who used mindfulness-based interventions in group settings were largely AI/AN providers and were working in Tribal healthcare or in areas where all or most of the clients served were AI/AN. Both having AI/AN providers leading groups and having a high concentration of AI/AN clients in mindfulness-based intervention groups may be, in part, why groups were reported to be such a successful implementation strategy, as measured through retention in group therapy and increased engagement. Extant research on the acceptability of mindfulness-based interventions has identified that mindfulness groups are more effective for people of color when they had a higher proportion of people of color (Greenfield et al., 2018; Sun et al., 2022). Group makeup (i.e., higher concentration of AI/AN clients) and willingness to engage in mindfulness-based interventions may also be influenced by who is providing and delivering the group. Additionally, given the underrepresentation of AI/AN

providers in mental healthcare (Trimble & Clearing-Sky, 2009), it is important to ensure more AI/AN providers are being trained and retained to work in AI/AN communities.

Reflecting on how to provide culturally responsive mindfulness, providers in the study highlighted the importance of community support and collaboration with AI/AN community members when making modifications to mindfulness-based therapies. Providers noted working with Elders, community members, and fellow AI/AN providers for ideas and feedback on modifications to existing mindfulness practices aided in the successful and equitable implementation of mindfulness groups for their AI/AN clients. Models of collaborative care like cultural consultation services (Kirmayer et al., 2003, 2014; McDonough et al., 2013) may be beneficial for providers to develop or utilize to navigate providing therapy in AI/AN communities. Cultural consultation services may be particularly relevant for non-AI/AN providers and AI/AN providers working in AI/AN communities they are not from to navigate localization and implementation of culturally responsive mindfulness-based therapies.

Further, providers in this study spoke to the necessity of cultural humility and the importance of respecting cultural boundaries in therapy with AI/AN clients. Proulx & Bergen-Cico (2022) noted the value in provider self-awareness, inclusive of cultural awareness and biases, when working with marginalized communities. Awareness of cultural boundaries in therapy is necessary for non-AI/AN providers and AI/AN providers working outside of their own communities. In particular, careful attention to cultural boundaries regarding of traditional healing, closed cultural ceremonies, and spirituality are important when working with AI/AN clients and communities. These topics are often closed community practices and questioning, no matter the intention, may be perceived as disrespectful and crossing cultural boundaries. Providers working in Al/AN communities may need to examine their own identities and biases

that will influence how and why they come to therapy work. While it is important for therapists to be willing to attend to salient cultural and social influences for AI/AN clients (e.g., experiences of racism; historical trauma), it is equally important that providers have a willingness to build awareness of their own sociocultural identities and how these can influence their work with AI/AN clients. Sue and colleagues (2022) highlight provider self-awareness is a dynamic and integral skill in providing multicultural counseling. Consistently, research shows that providers espouse implicit biases that impact the care they provide despite decades of calls to address these sources of biases (e.g., Merino et al., 2018; Maina et al., 2018). Therefore, the cultural consultation model offers a mechanism by which providers can engage in self-reflective practice.

Providers in the study spoke to the value of their own personal mindfulness practice in facilitating mindfulness-based therapies to AI/AN clients and groups. Personal practice of mindfulness, whether through traditional means like ceremonies or meditation practices, aided providers in being able to understand mindfulness more deeply and authentically lead clients through the difficulties in learning and applying new skills. The necessity of personal practice in being a mindfulness providers is a common premise in mindfulness training (Aggs & Bambling, 2010; Crane et al., 2012; de Zoysa, 2016; Moir et al., 2019; Waelde et al., 2016). Further, mindfulness has been shown as promising practice for reducing providers' implicit biases towards clients (Ivers et al., 2021) Mindfulness skills offer, "a nonjudgmental approach and can circumvent resistance some providers feel when directly confronted with evidence of racism" (pg. 372, Burgess et al., 2017). Provider utilization of mindfulness skills can foster authenticity in the therapy process for providers to model the skills they teach and may also aid in being a more culturally responsive provider to AI/AN clients. Providers challenging their biases and

sitting with the reactions they may have as a provider from a non-AI/AN background working with AI/AN clients and in AI/AN settings through mindfulness and cultural consultation may be an important vehicle by which to build trust with clients and communities.

Limitations

The current study has multiple limitations on its applicability and relevance to AI/AN communities. All providers used mindfulness-based interventions, so examination of the acceptability of mindfulness may be skewed. Providers were overwhelmingly positive and encouraged that mindfulness was relevant and acceptable to AI/AN clients; thus, providers who did not feel this way are not represented in this study. Most providers in the sample were women (64%), so the perspectives of men providers are less prominent in findings. However, the study sample is similar to other studies of programs serving AI/AN communities where a majority (60%) of providers were women (Rieckmann et al., 2016). Notably, no providers in the sample worked for Indian Health Service (IHS), the major healthcare provider for AI/AN communities, though a small percentage of providers had a history of working within IHS. However, most providers were working in Tribally operated healthcare settings, which may be reflective of how mental health services are provided for AI/AN communities given that among IHS service areas across the United States, 50% of mental health services and 90% of substance use programs in AI/AN communities are Tribally operated through 638 contracts (Indian Health Service, 2016). Given most providers were working in Tribal healthcare settings, these findings may not be as applicable to providers working in areas with less density of AI/AN individuals and communities, as providers in these studies often cited the support for mindfulness work provided by resources in the communities like fellow AI/AN providers, AI/AN Elders, and AI/AN

community members to consult with and get feedback on adaptations of mindfulness-based therapies.

Further, most providers in the study were AI/AN providers, while most clinicians working in AI/AN communities or working with AI/AN clients are non-AI/AN (Trimble & Clearing-Sky, 2009) and nationally, most mental health care providers are non-Hispanic White (U.S. Bureau of Labor Statistics, 2019). Given the representation of AI/AN providers in the current study, findings and the implications of this work may not be as applicable or be as culturally appropriate for non-AI/AN providers to implement in their work with AI/AN individuals and communities without examination of cultural boundaries. Additionally, while providers were working across 11 states in the U.S., findings from this work will not be relevant to all AI/AN communities or AI/AN individuals. Given the immense diversity in AI/AN Tribal communities, these findings may not be applicable across all AI/AN communities and the need for specific community tailoring and localization is needed to implement more culturally responsive mindfulness-based interventions.

Future Directions

There were several clinical and research implications from this work that can inform future directions. The experiences of providers documented in this study represent rich examples of cultural adaptations and tailoring of mindfulness practices (see Table 2). As previously described, examples shared included as defining mindfulness in AI/AN contexts, smudging as a mindfulness practice, ceremony as mindfulness, and others. These examples can inform providers working in AI/AN communities and inspire localization of mindfulness-based therapies to their practice. The findings from the present study highlighted the importance of conducting localization of mindfulness-based therapies in collaboration with AI/AN Elders,

community members, and clients. Further, these findings can inform future work to more fully culturally center mindfulness-based interventions for AI/AN communities through community engaged research methods in direct partnership with AI/AN communities.

Additionally, of particular relevance for non-AI/AN therapists, providers made recommendations for non-AI/AN providers running mindfulness-based groups. One example included blending mindfulness practices with talking circles. Talking circles have been utilized in some AI/AN communities as a practice for community conversations and have been applied to group therapy for AI/AN individuals who use substances (Nelson et al., 2022). Providers in this study recommended that non-AI/AN providers work in collaboration with community members or AI/AN peer support workers to facilitate discussion around the congruence of mindfulness and cultural concepts. Efforts to train and utilize AI/AN community health workers are also key to capacity building in AI/AN communities to address mental health inequities (O'Keefe et al., 2021). Importantly, providers emphasized that there are cultural boundaries that may exist making it culturally inappropriate for non-AI/AN providers to initiate conversations around cultural ceremonies, traditional healing, and spirituality independently. These group conversations may be best led by AI/AN providers from the community. Further, mindfulness interventions have been identified as more effective for people of color when mindfulness groups have higher proportions of people of color in the group (Greenfield et al., 2018; Sun et al., 2022). To this end, it is critically important to diversify the field and to work together, non-AI/AN and AI/AN providers, to better serve AI/AN clients and communities broadly.

As with many domains of psychological science, there is a greater need to identify implementation strategies and, through community based participatory research approaches, empirically test cultural adaptations to mindfulness-based interventions for AI/AN people. There

is a growing proliferation of theories and frameworks in implementation science, with an increasing focus on health equity (Woodward et al., 2021). Future research is needed partnering with AI/AN communities to identify the most effective implementation strategies for both AI/AN and non-AI/AN providers across diverse settings that wish to implement mindfulness based interventions. One possible implementation strategy is the leveraging of a champion within an organizational setting (Bonawitz et al., 2020), much like the providers who participated in this study, that can be an integral part of a research program. The focus on implementation is necessary, particularly given that efficacy focused research has not adequately included AI/AN people in all aspects of the research process. This could also allow for more diverse and culturally relevant approaches to studying more inclusive goals (or outcomes) of mindfulness-based interventions. Specifically, a major contribution of the providers from the current study was the highlighting of reconnection to self, relatives, community, ancestors, and culture as a potential outcome of culturally relevant mindfulness approaches (e.g., enculturation). Measurement of connection to self, family, community, and the natural environment was a key factor in protective factors against substance use and suicidality for Alaska Native youth (Mohatt et al., 2011). Further, when conceptualizing how to measure success in culturally responsive mindfulness-based interventions, it will be crucial to think beyond symptom reduction and more towards acceptance and engagement measures that may attend to cultural contexts and community values.

Conclusion

To our knowledge, this is the first study to examine provider perspectives on using mindfulness-based approaches with AI/AN clients. Despite this, providers in communities across the U.S. have been utilizing mindfulness-based therapies and reported on varying degrees of

localization to communities and contexts to increase the acceptability of mindfulness-based interventions for AI/AN clients. In addition to utilizing a cultural lens, providers spoke to the importance of bringing to light the congruence of mindfulness with cultural traditions that AI/AN people have been utilizing since time immemorial. Several considerations were identified to guide future work. In particular, given the majority of therapists are non-Hispanic White and the beliefs that mindfulness might not be for AI/AN people detailed in providers' stories, more work is needed to identify strategies to continue adapting and implementing culturally responsive mindfulness-based therapies with and for AI/AN communities.

Appendices

Appendix A. Table 1

Table 1.

Demographic Characteristics

(N = 25)	**n**	**%**	**Mean**	**SD**
Demographic Characteristics				
Age			50.5	13.3
Sex (Female)	16	64		
Sex (Male)	9	36		
Gender (Woman)	16	64		
Gender (Man)	9	36		
Ethnicity (Non-Hispanic or Non-Latino)	18	72		
Ethnicity (Hispanic or Latino)	5	20		
Race (American Indian or Alaska Native; alone or in combination)	20	80		
Race (White; alone)	5	20		
Race (Asian or Pacific Islander; alone or in combination)	<5			
Type of Provider				
Psychologist	9	36		
Licensed Substance Use Counselor (i.e., LADAC, SUDP, CDC)	5	20		
Master's Level Counselor (i.e., LPCC, LMHC, LCSW)	5	20		
Peer Support Worker	4	16		
Non-clinical degree mindfulness provider	2	8		
Setting				
Tribal Healthcare	13	52		
Community Mental Health	4	16		
Private Practice	4	16		
Veterans Affairs Medical Center	2	8		

Schools	2	8

Appendix B. Table 2

Table 2. *Adaptations Utilized by Providers Working with American Indian and Alaska Native Clients and Groups*

Adaptations Utilized	Definition & Suggestions	Representative Provider Quotes
Ceremony is Mindfulness	Ceremonial or traditional healing practices are a specific example of mindfulness meditation practices. Some of these ceremonies are closed practices to non-Tribal members and so examples presented here are more general rather than specific. These types of examples and adaptations in mindfulness interventions may be best suggested by AI/AN providers in group and individual work with AI/AN clients. Non-AI/AN providers may aid in facilitation of these examples that may come from AI/AN clients, but it is important to be aware of cultural boundaries around closed community ceremonies.	*Provider 3: "If you're sitting in ceremony for hours and hours, your back hurts and your knee hurts and your foot hurts and you gotta wait till the person leading the ceremony says, okay, we can take a break ... All of this, if you're gonna participate in a good way, it's very helpful. You don't have to, you can do whatever you want, but it's very helpful if you know how to follow your breath. Then if you can still your mind to be present in the room. If you're doing that and everybody else in there is doing that because that's one of the natural trainings of being in ceremony is learning how to be in the present. There are different things that people do to be in the present, but part of that is focusing on the fire focusing on the person who's talking, focusing on what's happening, the energy in the room, just watching that. That natural focus is what also happens in meditation. If you're raised going to ceremony, learning how to train your mind when you're in ceremony, then that's one of the reasons why people come home and go, I need a ceremony 'cause you have to get back with other folks who are doing that and it's a natural reset."* *Provider 4: "We made space for this new understanding that mindfulness is important. It's just a word. As Natives we practiced in another way called ceremony, and we just need to bring ceremony back. Natives know what is ceremony, but non-Natives, they know it this way, and it's okay. Because it is a quest for the individual to just drop down into themselves for that moment and just have awareness. It is so important to have that focus, because that's where the healing begins. If the body is too excited, it's not ready to heal. It can't heal. It's impossible to heal. It's not listening. It's not prepared."* *Provider 11: "Mindfulness for Native people is our ceremonies. When we go into ceremony, we're practicing mindfulness. We try not to let the past*

		overwhelm us… We try not to worry too much about the future. Our ceremonies teach us just to focus on right now, the present. Our ceremonies have always done that for us."
Connecting Mindfulness to Nature and Culturally Salient Places	Adapting mindfulness practices to reference nature, being directly in nature, or reference important or sacred places for the individual or the community. These adaptations could be used by AI/AN and non-AI/AN providers to make changes to existing meditation practices (like Leaves on a Stream) to be more specific to the area. References to culturally salient or sacred places may be more appropriate to come from AI/AN providers.	*Provider 11: "For me when I meditate, I go to one of our sacred sites. I see myself sitting on the mountain and talking to the spirits and listening to the birds and the eagles, and the wind and the sun. I imagine something difficult that's maybe in my future. I imagine that I've done this thing before. It's no big deal. This too will pass and everything's gonna be okay. Then when I travel, I travel a lot. I make sure that I call my spirit, we're traveling. We're going in the morning. I need you to come with me. I need you to watch over me. These are things that native people have been doing for centuries, [laughs], and now it's called mindfulness, but it's nothing new."* *Provider 12: "There's a script in ACT [Acceptance and Commitment Therapy] where you have this mindfulness intervention where you're putting the leaf on the water and it's like you're putting your stressors on the water and it floats down. Then there's a native one that do that as well, where you're connecting to the water, but the difference is that you're giving that to the water. The thinking behind it is different. In ACT, it's a visualization of, okay, let me put that there and just let me practice letting things flow by and not taking everything on. Where the thinking behind the other one is like, no, actually the things that we can't handle the water can. The water can take it."* *Provider 14: "We did create a mindfulness meditation with community feedback, which was really fun to develop where it's kind of like Leaves on the Stream. But it's also—there's also a loving kindness component to it, too. Like, imagine everybody who stood here at this river before you, all your friends and family. And can you imagine them, you know, wishing you well, all your ancestors. The people who will come here after you. I think that's been really—I think that really resonates with a lot of my clients."*

Connection to Ancestors	Acknowledging the connection that can occur across generations and timelines when engaging in mindfulness practices or ceremonies. These practices may be best utilized by AI/AN providers.	*Provider 12: It doesn't matter really, in the sense of if you're doing a mindfulness practice and you're having the healing in yourself over in the Western sense, or you're doing a mindfulness practice and having the healing in yourself by connecting your body in the Indigenous sense. Where it matters is, is your understanding of the impact it has. 'Cause over here it's like, I'll be less stressed. Over here, what I've been taught from an Indigenous context is like, you heal yourself, you heal your ancestors. Our healing is not bound by time."*
Defining Mindfulness In AI/AN ContextS	Defining mindfulness into Tribal language concept or offering metaphor for mindfulness within AI/AN contexts. These practices may be best utilized by AI/AN providers or non-AI/AN providers who are in direct collaboration with community members, Elders, or AI/AN providers from the community and have explicit permission to utilize the adapted practices. .	*Provider 15: "I think that that is the key connection that I found with that and Indigenous contemplation is that importance of understanding self, understanding true oneself, and ethics, and commitment to future generations. Mindfulness encourages a different perspective on seeing the world and less self-centered and more open to the larger world. I guess that's the spirituality that's in it, is that it's that connection, it's that presence of compassion for all other beings that gives Buddhism its power. I think that that's not hard to find in Indigenous communities as well. I think that that's this spirituality that's on a whole different level than something that could really would be—there are stories, and there's stepping stones scaffolding to get you there. That spirituality and the sense of the different stories or prayers or traditions that are in Buddhism are just the scaffolding to get to that state of that understanding of that compassion and openness and being present. I think that that's really consistent with a lot of the ways that I've met Indigenous people, and how they practice their spirituality as well."* *Provider 16: "I would say when it comes to mindfulness, we had a traditional storyteller come and share with the group, and someone said, one minute at a time, or one day at a time or something like that, and the storyteller said, you know what I've been taught, I've been taught one heartbeat at a time. You can actually physically find your heartbeat, and remember the drum, the drum is the heart. I get chills all the time when I talk about this, and it's such a simple profound way to be mindful in my opinion."*

		Provider 19: "Other methods is like—the sweat lodge is a natural meditation place, a natural place to do the breathing, the songs. The songs with that is a natural meditation. The drum is always represented as our heartbeat. When we do these groups and we have that song, we have those songs, we incorporate the smudging of sage or cedar or sweet grass. We talk about bringing our spirit back to our center because one of the things that we talk about, we say [Tribal language], which means 'bringing our spirit back to the center.'" *Provider 22: "In our language, we have a phrase called [Tribal Language], which means being thoughtful about, it's roughly what that translates to, being thoughtful about. Being a person who is thoughtful about things is a [Tribe] phrase or [Tribe] concept. Being thoughtful about things and being aware of the thoughts that we have and how we respond accordingly. I think in understanding across Tribal populations that have some aspects of traditional ways still strong or in place have been able to—one of the things we think about is how this concept and practice of mindfulness means to us from a traditional cultural perspective. I just shared with you a [Tribal] process that I understand mindfulness from. Many of our traditional prayers and songs are about awareness and thoughtfulness and being appropriately responsive accordingly."*
Linking Mindfulness to Cultural Teachings	Using mindfulness practices or concepts that align with specific cultural teachings. These practices may be best utilized by AI/AN providers or non-AI/AN providers who are in direct collaboration with community members, Elders, or AI/AN providers	*Provider 19: "Then a lot of it is just about bringing the focus back to themselves, again, like that teaching of coming back to the center. We have the seven directions. Our four cardinal directions, we have the creator, we have grandmother Earth, but that seventh direction is themselves. Without themselves being in a place to accept everything around us, they wouldn't be able to—they're not gonna accept it if they're not in a place in that seventh direction space that they need to be."* *Provider 24: "I think that I've used some guided imagery exercises around having a wise guide or a wise being. It's a journey of we know, from our own*

	from the community and have explicit permission to utilize the adapted practices.	*innate self, we know what we need, if we listen to ourselves long enough, if we're still long enough. That's what the challenge is for a lot of us, most days, is we live in a culture that is constantly on the move. When we're on the move, we can't find our own healing. We don't slow down long enough to know what our healing is. With some guided imagery work, and doing that intentionally, and asking for a wise guide or a wise being or a wise energy to come in, much like those energies or spirits enter into sweat, they're present with us, that those teachings come from us. They don't come from—they don't come from anyone else. We might go to them to find the teaching, but the only role—even myself, my only role is to bring them to a place where they can discover it themselves. The guided imagery work would be slowing down enough, creating an environment that's comfortable and relaxing enough for them to feel at peace. Then having whatever comes to them, in terms of a wise guide, or being or presence, to help them hear what they need to hear, to be able to find solutions to their own problems."*
Mindfulness in Cultural Activities	Bringing mindful attention to cultural activities similar to mindfulness in daily activities practices common to mindfulness based therapies that encourage being mindful while doing things you normally do (brushing your teeth or washing dishes). These adaptations could be utilized by AI/AN and non-AI/AN providers as examples and integration practices for clients.	*Provider 9: "The main thing that I do by providing mindfulness is I bead. I'm a bead artist and I have my own little kit. I have earrings, teaching the teachings behind earrings. That's how I do mindfulness. I'll bring that in for the youth and we'll make things together. What are the values, what does each bead mean? Teaching them about the dots, teaching about being aware of what you're thinking and feeling whenever you're actually sewing and beading things in. What do you want, how do you wanna feel when you put these on."* *Provider 12: "It's how you tie a knot or baiting your hook or how you prepare your food. That's a mindfulness practice. For me it'd be like preparing moose, you're supposed to be really focused on that. It's a very mindful practice of like you're in your body, you're paying attention to what you're doing because you're honoring the animal and it's ceremonial. You're accepting a gift in that way."*

		Provider 22: "Fishing was very cognizant, very mindful process involved in that, from what I learned. Then taking an opportunity to gather while you're out there, whether it be berry picking time or the summer comes along and you get into early late June or early July, you think, okay, how much of this fish camping time will be affected by picking, and where are you gonna go for that? One of my views about fish camp and fish camping and process of getting ready for it is this is a very ceremonial process. It's a very deep process that people take very, very seriously. That's probably the good representation of what I'm describing as a ceremony." *Provider 21: "The songs have meaning to them, and they were always taught during practice, so the young people could hear what the songs were about and why the movements were designed the way they were with the different songs. Well, you had to be precise with those movements especially when you got 20 dancers doing it together. That's a very mindful practice to be able to dance in unison that way."* *Provider 25: "I think, obviously listening to my elders, around how—there was one particular Elder. She was in a training, and she talked about how we are tending to—we are always tending to ourselves and to others, in everything that we touch. I interpreted that as tending to means picking up and practicing things mindfully, always with intention and goodness, and that all of the things—then the light bulbs just started connecting for me. All of this that we do, there's always been mindfulness in everything we've ever done, as Indigenous people. Everything has purpose. Everything had meaning. Nothing is done half-heartedly, or not thought through. As I just began—she sparked that idea, through her tending to, how we tend to experiences. Then I was like that tending is mindfulness. It's exactly what it is. Then I just started to try to get them to all match up in my head, in my head. Anything from I did a little talk today on the importance of food, and the traditional foods, the hunting and the gathering, the gardening, the fishing, the maple sugaring, the wild rice—all of the things that we do seasonally, we did them all mindfully. There*

		was a particular order of the way they were done, and why they're done that way."
Smudging as Mindfulness Practice	Utilize smudging practices as a way to practice mindfulness skills. Medicines for smudging may be localized to the relevant AI/AN communities. These practices may be best utilized by AI/AN providers or non-AI/AN providers who are in direct collaboration with community members, Elders, or AI/AN providers from the community and have explicit permission to utilize the adapted practices.	*Provider 8: "We can bring mindfulness into a smudge ceremony so that you are doing things that are meaningful for you and bringing mindful awareness into them. That's a way to do both, not one replacing the other, but having both at the same time and just seeing what happens, seeing if that's meaningful, seeing if that's a way to get into a rhythm of life with these practices. Because my job is, as a therapist, not to teach them mindfulness but to really get them into the practice of regular mindfulness. Is there ways where that can be done? Is there ways we're bringing culture that makes sense and helps that stick better."* *Provider 24: "Depending on what type of medicine they use, we may burn sage at the same time. We may burn cedar at the same time, but as we're doing that, I'm really having them pay attention to what they're experiencing with their senses. What they feel, smell, see, if their eyes are open, but even if their eyes are closed, what they're seeing or what does that presence look like?"*
Sweat Lodge as Mindfulness Practice	Referencing sweat lodge as mindfulness practice if and when it is relevant to the AI/AN communities or individuals. These practices may be best utilized by AI/AN providers or non-AI/AN providers who are in direct collaboration with community members, Elders, or AI/AN providers	*Provider 24: "That falls into what I'm saying in terms of, this has been something that we've already practiced. 'Cause imagine the level of mindfulness that you have to have or what you're practicing in terms of mindfulness when you're in sweat, the discipline that's there to sit in that heat, to know your body. One of the examples that I'll share is that, for me, when I'm in sweat, it's really important that I'm feeling my air, like my breath come out of my nose on the top of my lip. That's where I get in my space, and I also notice that I rock, and that's something that gets me through. That's the level of presence that I feel as I'm feeling the heat, which doesn't get to me as much when I'm paying attention to that breath and that rocking. I can handle the heat going even hotter. Those are*

	from the community and have explicit permission to utilize the adapted practices.	*some examples that we use, but those are things that are happening for people already."*
Talking Circles with Mindfulness Practice	Blending mindfulness practices and inquiry or discussion following the mindfulness practices with talking circles. These practices may be best utilized by AI/AN providers.	*Provider 4: "This helped me to also incorporate mindfulness and talking circle intertwined. I looked at that as a combination of the best of two worlds. I just was innovative and I created my own experiences for this population. Talking circle allowed for storytelling, allowed for closing of the eyes and just creating an opportunity to follow the story and create this image of it in your own mind the way you wanna see it. … A talking circle is also a part of just connecting with each other, and it is very structured. I use a feather when it was in-office. I've also done Zoom talking circles, and they're also structured. … Again, going back to the feather. Each one takes their turn, at least one takes a role in the Zoom meetings. They're all having an opportunity to be a part of this ceremony."* *Provider 25: "What happens in that group process is then, we begin to see like me. We begin to see like me, through listening to other people. Our groups are done in a talking circle space, so there's no cross-talk. You don't get to interrupt. You don't get to give advice. When you have the talking piece, that's when you talk. You don't get to—you only get to share from first person, like what this meant for me when you said it, how I know this because of what you shared, how it impacted me, just like through witnessing others."*
Using Language in Mindfulness Practice	Translating mindfulness practices (like a body scan meditation) into the Tribal language. These practices may be best utilized by AI/AN providers or non-AI/AN providers who are in direct collaboration with community members,	*Provider 15: When we have people do the body scan, you're lying on your back, and we say, 'Okay, pay attention to your big toe. Pay attention to the other toes. Pay attention to the bottom of your foot,' and so on all the way up to your body. Instead of just doing that, as we can then bring in a Native speaker and they do it in the language, naming each part of the body. We make a recording of that, and we do it, we practice in class, but then we send it home with people. Then when they're practicing it, not only they then just doing the mindfulness practice and the body scan and all the benefits that come from that, but they're also doing it in their language or hearing it.*

	Elders, or AI/AN providers from the community and have explicit permission to utilize the adapted practices.	*They're hearing the inflection points. They're hearing how it's spoken. Even though it's just the—those body parts, there's something profound about having that language wash over you and internalizing that as part of that practice."*

Appendix C. Qualitative Interview Guide for Providers

1. Can you tell me about your approach in working with AI/AN clients seeking out therapy/treatment? How is it different or similar to your approach for working with non-AI/AN clients?

2. What do you think are the best approaches or best practices for providing care to AI/AN clients?

3. In general, how do you feel about the use of evidence-based treatments (EBTs) for AI/AN clients? Have you ever used EBTs with AI/AN clients? How did it go?

4. In general, how do you feel about the cultural adaptation of EBTs for AI/AN clients? Have you ever used culturally adapted EBTs with AI/AN clients or tried to make cultural adaptations yourself? How did it go?

5. Tell me about your experience providing mindfulness-based interventions to AI/AN individuals or groups.

6. What are your thoughts on how to help AI/AN individuals feel welcome in mindfulness-based interventions or treatment services?

7. What do you find are the benefits of using mindfulness-based interventions with AI/AN clients?

8. What are barriers you have seen with providing and implementing mindfulness-based interventions with AI/AN individuals?

9. What are your thoughts on how relevant mindfulness-based interventions are to AI/AN individuals?

10. What are techniques, methods, ideas that you have added or used in mindfulness-based interventions to make them more relevant to AI/AN individuals? How did that come about?

11. Are there general or specific things in the mindfulness-based interventions you have used that you think need to be improved or changed for AI/AN individuals?

12. Is there anything you want us to know that we have not talked about yet?

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