

Clinical Wisdom and Cultural Foundations: Implementing the Sweetgrass Method in Indigenous Psychiatry

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ABSTRACT

American Indian and Alaska Native communities face disproportionate mental health challenges caused by historical trauma, cultural disruption, and systemic inequities. Traditional psychiatric models often overlook these realities, resulting in care that lacks cultural relevance and effectiveness. This study introduces the Sweetgrass Method, a culturally responsive framework that incorporates Indigenous knowledge systems into mental health practice. The method is built on three interconnected principles: Introspection, which encourages clinician self-reflection and cultural humility and weaving in the best of both Western and Indigenous methodologies; Communication, which emphasizes meaningful relational accountability through collaboration with clients, families, and communities; and Continuation, offering ongoing, action-oriented, culturally intentional care across different settings and over time. Using historical analysis, composite case vignettes, and community-based applications, findings demonstrate that integrating Indigenous healing practices—such as ceremonies, storytelling, and land-based interventions—alongside adapted evidence-based therapies improves therapeutic relationships, enhances resilience, and restores cultural identity. Case examples show significant progress in substance use recovery and adolescent mental health when interventions are rooted in cultural values and spiritual traditions. The Sweetgrass Method shifts the focus from symptom-centered treatment to a holistic, relational approach to healing. Centering Indigenous epistemologies within psychiatric care enables clinicians and systems to promote equity, cultural safety, and long-term wellness. This framework offers a way to decolonize mental health services and reconnect with the sacred aspects of clinical practice.

Keywords

Cultural humility; Indigenous psychiatry; Relational healing; Sweetgrass Method; Trauma-informed care.

Introduction

This work arises against a backdrop of escalating colonial violence toward Indigenous peoples worldwide. Across continents, systemic forces—manifested through land dispossession, extractive economies, and state-sanctioned oppression—continue to erode Indigenous sovereignty and lifeways. Nevertheless, despite these enduring structures of domination, Indigenous resistance persists, rooted in ancestral knowledge, food sovereignty, and collective organizing that affirms cultural continuity and self-determination.

In the United States, the legacies of colonization have profoundly shaped mental health and substance use outcomes among American Indian and Alaska Native (AI/AN) communities. Historical trauma—defined as the cumulative emotional and psychological

wounds transmitted across generations through forced assimilation, cultural suppression, and displacement—intersects with ongoing structural inequities and cultural disruption [1,2]. These intergenerational impacts contribute to disproportionately high rates of depression, anxiety, substance misuse, and suicide, compounded by systemic barriers such as chronically underfunded health systems, jurisdictional complexities, and pervasive racism.

Addressing these needs requires understanding the historical events and federal policies that permanently changed AI/AN lives. Missionary efforts, the Federal Indian Boarding School Movement, the Dawes Act, the Indian Self-Determination and Education Assistance Act, and the Indian Child Welfare Act reshaped the economic, physical, and social realities of Indigenous peoples [3]. The lack of culturally appropriate care further worsens these disparities. Dominant Western models often ignore Indigenous ideas of wellness, which emphasize balance, relational accountability, and spiritual integrity. When interventions do not align with these

values, they can cause harm, alienation, and disengagement from care. Addressing this challenge requires transformative approaches that respect Indigenous knowledge systems, incorporate relational ethics, and restore spiritual connectedness—elements vital to holistic healing and community resilience.

Historical and Cultural Foundations of Healing

Indigenous mental health cannot be understood apart from the historical and cultural forces that have shaped it. Colonization, forced assimilation, and intergenerational trauma have left enduring wounds—often described as a “soul wound”—that continue to manifest in elevated rates of depression, PTSD, substance misuse, and suicide among American Indian and Alaska Native communities [4,5]. Boarding schools, land dispossession, and suppression of spiritual practices fractured cultural continuity and identity, creating conditions of profound disconnection. Research across the U.S. and Canada confirms that historical losses, such as family lineage tied to residential schools, correlate strongly with mental health disparities. Survivors and their descendants report heightened anxiety, suicidal ideation, and substance misuse linked to cultural erasure and abuse. Among urban Two-Spirit AI/AN populations, both direct attendance and familial exposure to boarding schools predict higher rates of illicit drug use, lifetime suicidal behavior, and PTSD.

Understanding historical trauma is not optional—it is essential clinical wisdom. It contextualizes presenting symptoms and informs culturally sensitive, ethically attuned interventions. Yet dominant psychiatric paradigms often presume Western models as the default, relegating Indigenous knowledge to an “adaptation” rather than recognizing it as foundational [6]. Indigenous healing traditions, which emphasize balance, relational accountability, and spiritual integrity, have sustained wellness for countless generations. When clinicians focus narrowly on pathology, they risk reinforcing disconnection rather than fostering trust.

Integrative approaches that combine Indigenous ceremonies with Western modalities—such as Seeking Safety—demonstrate promising outcomes. For example, programs in Northeastern Ontario have significantly reduced substance use and trauma symptoms by centering spiritual, communal, and historical dimensions of care. Despite these successes, mainstream psychology continues to marginalize Indigenous epistemologies. Relationality and methodologies such as visiting [7] remain largely absent from dominant schools of thought, which prioritize psychodynamic, cognitive-behavioral, and biomedical frameworks [2,8]. This omission underscores the urgent need for approaches that validate Indigenous knowledge as central rather than peripheral.

Trauma-informed interventions must therefore be multi-faceted, culturally safe, and grounded in Indigenous worldviews to address the intersecting impacts of colonial trauma, historical loss, and identity restoration. Healing requires culturally affirming, spiritually grounded practices that situate symptoms within a broader framework of historical and cultural renewal. By centering

lived experiences and narratives of Indigenous communities, clinicians can foster holistic, trauma-informed, and culturally attuned care.

Cultural Politics in Mental Health Services

Cultural politics in mental health care involve power dynamics, representation, and identity negotiation within clinical systems. In psychiatry, these dynamics often emerge through various mechanisms: dominance of Western paradigms, where conventional psychiatric models favor biomedical frameworks and often marginalize Indigenous worldviews and healing traditions [9].

- **Gatekeeping of legitimacy:** Standards of “evidence-based practice” are typically defined by Western research methodologies, which can exclude or undervalue Indigenous knowledge systems.
- **Resource allocation and policy influence:** Funding priorities and institutional support overwhelmingly favor mainstream approaches, creating structural barriers to culturally grounded methods.

How the Sweetgrass Method Responds: The Sweetgrass Method directly challenges systemic dynamics by centering Indigenous epistemology—affirming spiritual, relational, and community-based healing as clinically valid and shifting authority away from Western norms alone. It redefines clinical wisdom by incorporating cultural knowledge as an essential element of effective care. It promotes sovereignty in care by supporting tribal self-determination in mental health practices, making a political statement in favor of Indigenous autonomy. Implications for service delivery include policy and accreditation, where adopting the Sweetgrass Method may involve advocating for its recognition within licensing boards and insurance systems.

Training and Workforce Development: Clinicians need to develop cultural humility and competence to prevent tokenistic inclusion and ensure genuine application. **Ethical Considerations:** Balancing cultural authenticity with clinical standards raises important questions about who defines “best practice” and whose knowledge is prioritized. **Why This Matters:** Embedding cultural foundations into psychiatric practice is not just a clinical improvement; it corrects historical inequalities and challenges assimilationist tendencies in mental health systems. This exemplifies cultural politics: reclaiming space for Indigenous knowledge within institutional frameworks and redefining what constitutes effective, ethical care [9].

The Sweetgrass Method responds to this imperative by offering a culturally responsive framework that bridges Indigenous and Western paradigms through three interwoven strands:

- **Introspection:** Encourages self-reflective practice, integrating strengths from both traditions while fostering cultural humility to reduce bias and power imbalances.
- **Communication:** Builds relational accountability through collaborative partnerships with clients, families, and communities, guided by respect and shared decision-making.

- **Continuation:** Promotes sustained, culturally intentional care across settings and over time, reinforcing continuity and community engagement [4,5].

By embedding these principles into practice, providers move beyond symptom-focused treatment toward culturally grounded healing that fosters resilience, belonging, and long-term wellness.

Exploring the application of the Sweetgrass Method through historical context, composite case vignettes, and community-led strategies. It is directed at clinicians, educators, and policymakers seeking to improve behavioral health outcomes in Indigenous communities by restoring balance and honoring cultural traditions.

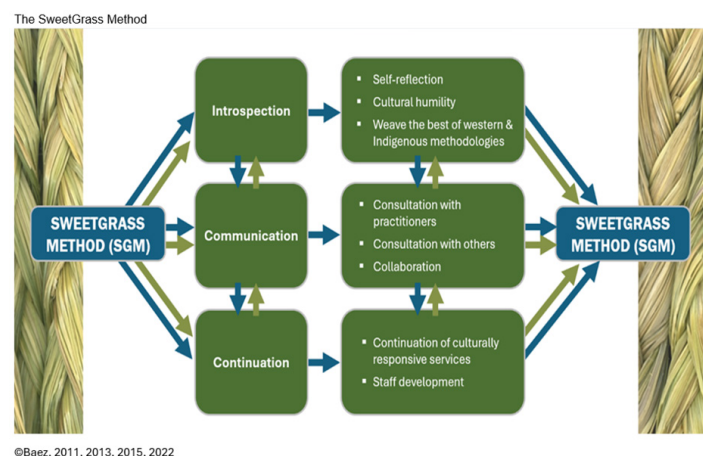
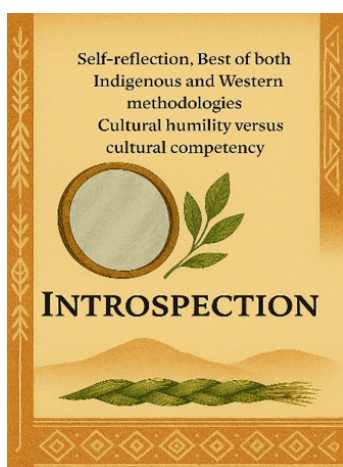


Figure 1:

Framework Overview

The Sweetgrass Method is structured around three foundational strands that guide culturally responsive care:



Introspection

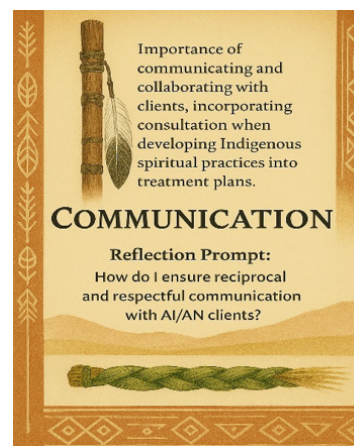
Clinicians working with Indigenous clients must continuously engage in intentional self-reflection to examine their own cultural assumptions, biases, and positionality within therapeutic

relationships. This reflective practice is not merely a personal exercise—it is a clinical essential that directly affects therapeutic effectiveness and ethical standards. In clinical settings, introspection helps weave the best of Western evidence-based practices with the best of Indigenous practice-based evidence, such as storytelling, ceremony, and land-based healing. This integrative approach—often called the sweetgrass approach—enables clinicians to honor multiple ways of knowing and healing traditions [3,11].

Cultural humility is vital to this process. Defined as a lifelong commitment to self-evaluation and self-critique, cultural humility involves recognizing the limits of one's own cultural perspective and actively striving to understand and respect Indigenous clients' lived experiences. It differs from cultural competence by emphasizing relational accountability and the changing nature of cultural learning. To facilitate introspection and cultural humility, clinicians are encouraged to engage with the following reflective tools:

- Clinical journaling: Documenting emotional responses, cultural countertransference, and evolving insights.
- Culturally informed supervision: Seeking supervision that includes Indigenous perspectives or is led by Indigenous mentors.

Use of Indigenous evaluation frameworks: Tools such as the *Indigenous Evaluation Toolkit* support reflective practice grounded in Indigenous values and community accountability. Research underscores that clinicians who practice cultural humility are more likely to build strong therapeutic alliances, navigate cultural ruptures effectively, and foster client empowerment [12]. Ultimately, introspection is not a solitary endeavor—it is a relational and ethical stance that requires clinicians to remain open, accountable, and responsive to the cultural realities of Indigenous clients and communities.



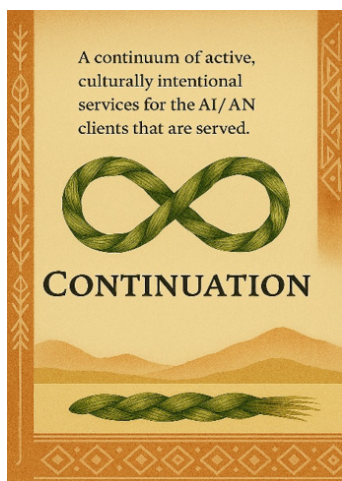
Communication

In Indigenous mental health practice, communication is a relational and ethical act rooted in relational accountability—a commitment to respecting the interconnectedness among clinician, client, community, and culture. It requires clinicians to go beyond traditional care models and adopt collaborative

and consultative approaches that prioritize Indigenous voices and knowledge systems. This strand emphasizes the co-creation of healing pathways, where clinicians work in partnership with clients, families, communities, and traditional knowledge holders. Effective communication strategies include listening sessions that prioritize Indigenous narratives and lived experiences. Shared decision-making, where treatment goals and interventions are developed collaboratively. Interdisciplinary approaches that integrate tribal elders, cultural advisors, and traditional healers as core contributors to the therapeutic process [13].

Collaboration is essential—not just with clients, but also with community stakeholders, tribal health systems, and culturally rooted support networks. Healing is a community effort, and clinicians need to actively partner with Indigenous groups to ensure care is culturally appropriate and community-guided. Equally vital is ongoing and respectful engagement with cultural mentors, Elders, and community knowledge keepers. Consultation provides clinicians with guidance on cultural protocols, ethical considerations, and community-specific values [6,10]. It ensures that clinical decisions are not only evidence-based but also culturally appropriate and relationally responsible. Building trust and practicing active listening are crucial skills.

Clinicians need to be willing to set aside their own authority, listen attentively, and respond with humility and cultural awareness. These abilities are critical in cross-cultural settings and are supported by counseling research as crucial to establishing rapport and a strong therapeutic alliance. Gaining knowledge of historical trauma, intergenerational grief, and sociopolitical issues further improves the clinician's capacity to communicate effectively and ethically. Ultimately, communication within the Sweetgrass Method is about building and sustaining relationships. It is a dynamic, reciprocal process that requires clinicians to be present, accountable, and attuned to the cultural and spiritual dimensions of healing.



Continuation

For clinicians working with Indigenous populations, cultural responsiveness should be seen as an ongoing, intentional practice—not a skill finalized after one training or workshop.

The incorporation of Indigenous values, healing traditions, and relational worldviews must be maintained across different times, settings, and clinical interactions. Cultural intentionality involves the ongoing incorporation of Indigenous frameworks into clinical practice, including: Traditional healing practices, such as ceremonies, storytelling, and land-based interventions.

Spiritual engagement, acknowledging the central role of spirituality in Indigenous wellness models. Relational and communal aspects of healing emphasize interconnectedness, kinship, and collective wellbeing [14]. Clinicians need to commit to lifelong learning, guided by community consultation, cultural mentorship, and reflective supervision. This involves revisiting and refining their practice through dialogue with Indigenous Elders, cultural advisors, and tribal health leaders who can provide insights into culturally appropriate care [15]. Research indicates that culturally adapted interventions are most effective when they are flexible and evolve in response to community feedback and shifting cultural contexts. Ongoing efforts also demand institutional accountability, with clinical settings offering continuous cultural training, fostering community partnerships, and supporting Indigenous-led program development.

Ultimately, the Sweetgrass Method presents continuation as a living commitment—a relational and ethical stance that recognizes Indigenous knowledge systems as dynamic, sacred, and central to healing. Mental health professionals—whether psychologists, counselors, social workers, or substance use specialists—are encouraged to:

- Ground treatment in Indigenous strengths and worldviews
- Engage in cultural immersion
- Advocate for Indigenous representation
- Promote cultural safety and equity
- Support systemic change through decolonizing practices

By embodying these principles, clinicians foster trust, relevance, and transformative outcomes. The Sweetgrass Method is not a checklist—it is a relational, healing-centered approach rooted in Indigenous wisdom and sustained through humility and accountability [10,11,15].

Integrating Indigenous and Western Modalities

The Sweetgrass Method (Table 1) offers a holistic, relational framework that respects both Indigenous and Western healing traditions. This integration is not just a simple blend of techniques—it is a purposeful, sacred process rooted in respect and reciprocity. Instead of viewing these approaches as separate or opposing, the Sweetgrass Method combines them to form a unified path toward wellness.

Core modalities include

- Traditional ceremonies, storytelling, and land-based healing practices
- Community talking circles and cultural mentorship
- Collaborative care models involving tribal Elders, cultural healers, and clinical practitioners

- Adaptation of evidence-based therapies to align with Indigenous values and worldviews
 - Traditional ceremonies, storytelling, and land-based healing, community talking circles
 - Partnership with Council/Tribal Delegates to honor community members' voices
 - Conjoint sessions with Traditional Cultural Healers and Western Medicine Counselors/Prescribers.
 - Evidence-based therapies adapted to cultural contexts
- Collaborative care models involving tribal healers and clinical practitioners

Practical strategies include co-facilitated healing circles, culturally adapted cognitive behavioral therapy, and the respectful use of traditional medicines alongside psychiatric care [16,17]. Ethical considerations—especially informed consent and cultural protocol—are emphasized, with guidance for clinicians navigating cross-cultural boundaries.

TABLE 1. APPLYING SGM STRANDS INTROSPECTION	
<ul style="list-style-type: none">• Understand the limits you may have with Indigenous culture. Reflect on how you approach Indigenous clients. What do you know? What assumptions might you hold?• Weave in Both Western and Indigenous methodologies. Be open to improving your skills. Ultimately, enhance your learning to achieve better outcomes for Indigenous clients.	<ul style="list-style-type: none">• Consult with practitioners experienced in working with Indigenous clients and Tribes. This may involve networking with Tribal communities and elders.• Evaluate self-care. Can you respond to the situation calmly and professionally, or are you feeling overstressed and lacking patience?
COMMUNICATION	
<ul style="list-style-type: none">• It is often best to handle issues without others observing, but egregious problems should be addressed immediately.• Approach the client calmly and assertively, with a gentle tone of voice.• Practice cultural humility to build trust. Ask questions and approach the client about your lack of knowledge regarding their culture and ways, but emphasize that you are open to learning to provide support that honors their growth and your involvement in the relationship.• Ask, "Do you prefer AI/AN or Indigenous?" and inquire about the Tribal name.	<ul style="list-style-type: none">• Recognize that different cultures have different attitudes regarding personal space and eye contact. Be cautious about hugging or touching clients without first asking for their permission. Do not require the client to "look at me when I talk to you."• Address the concern without a fixed stare (i.e., pan around the room).• Clearly state that you care about who they are, their culture, and where they come from, which is why you want to address the area of concern.• Listen to the client and check your cultural understanding of them and their situation.• Collaborate with the client's family; listen to their story, learn who they are and where they come from, and understand their family customs.
CONTINUATION	
<ul style="list-style-type: none">• Be present and keep your promises. The client and their family must trust that you will fulfill your commitments.• Recognize the value of Indigenous clients' talents, abilities, skills, and experiences that honor who they are.	<ul style="list-style-type: none">• Maintain healthy relationships with Indigenous clients, their families, and their communities (i.e., Tribal healers).• Providing ongoing support and mental health prevention/intervention strategies that are culturally responsive for both clients and caregivers.• Incorporate practice-based evidence (i.e., what works for that community)
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TABLE 1. APPLYING THE SGM STRANDS
Three steps in initiating a meaningful relationship with Indigenous people

1.	Educate Yourself: Spend time learning about the history, culture, and rights of Indigenous peoples in your community. Understanding their experiences and perspectives is crucial.
2.	Build Trust: Approach Indigenous communities with respect and openness. Establishing trust is essential for meaningful relationships (lay out intentions, no secrets).
3.	Engage Respectfully: Start conversations with Indigenous individuals and groups, making sure you listen carefully and appreciate their input. Building trust requires mutual respect and understanding. Seek introductions through trusted community members and show respect by following proper protocols.

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Clinical Wisdom in Practice: Case Vignettes Case 1: Healing from Opioid Addiction

Eli, a 27-year-old Alaska Native man, entered a Sweetgrass-based treatment program after nearly dying from an opioid overdose. His early signs included severe withdrawal, emotional numbness, and a deep sense of cultural disconnection. Clinicians understood that Eli's healing needed more than just detox—it required spiritual reconnection, relational accountability, and culturally rooted care. Eli began attending weekly sweat lodge ceremonies led by tribal elders, where he was encouraged to reflect on his life, express grief, and reconnect with ancestral teachings. These ceremonies became a sacred space for Eli to reclaim his identity and start his spiritual renewal. At the same time, Eli participated in culturally adapted cognitive-behavioral therapy (CBT) along with a culturally adapted ASAM 3.5 Residential Treatment Program, incorporating metaphors from his cultural heritage—such as the medicine wheel and seasonal cycles—into his treatment. His therapist collaborated with a tribal elder and Eli's immediate family to ensure that interventions aligned with Eli's cultural values and spiritual beliefs. Mentorship played a vital role. Eli was paired with a community elder who also experienced recovery. Their relationship extended beyond therapy sessions, including storytelling, shared meals, and participation in ceremonies. This mentorship built trust, accountability, and a sense of belonging. Land-based healing was essential to Eli's recovery. He took part in fishing trips, beading workshops, and berry harvesting—activities that reconnected him with the land and his cultural roots. These experiences were not merely recreational; they were therapeutic, grounding Eli in nature's rhythms and his ancestors' teachings. Eli also engaged in culturally adapted trauma-focused groups and a culturally responsive unresolved grief group (White Bison Model) to help him reconnect with and process intergenerational trauma and unresolved grief in his family, which contributed to his substance use.

Over time, Eli's transformation was evident. He began facilitating talking circles for other young men in recovery, sharing his story and offering support. Eli then participated in a culturally adapted Peer Support Certification Training Program, gaining his certification to work with others in recovery within his community. This allowed Eli to gain the relational interconnectedness he once lost while in his addiction, restoring a communal element to his new way of life—helping heal his own relatives. He became a peer mentor within the Sweetgrass program, embodying the principles of relational healing and resilience. His journey illustrates how culturally responsive care—rooted in Indigenous knowledge, spiritual practice, and community mentorship—can foster profound healing and empower individuals to become agents of change.

Case 2: Adolescent Mental Health

Talia, a 16-year-old Native student, was referred to a school-based Sweetgrass program after showing signs of depression, alcohol misuse, and academic decline. Her challenges were intensified by intergenerational trauma, cultural disconnection, and limited access to culturally affirming support. The program

began with talking circles led by a cultural mentor and a school counselor trained in trauma-informed care. These circles created a safe, relational space for Talia to share her story, listen to others, and begin to view her experiences through the lens of cultural resilience. She also participated in cultural workshops focused on traditional arts, language revitalization, and teachings from tribal Elders. These activities helped her reconnect with her heritage, understand her role in her community, and start healing from the internalized shame and grief she carried. Narrative therapy was key to her clinical work. Her counselor encouraged her to explore her identity through storytelling, journaling, and creating a personal timeline that honored both her struggles and her strengths. This process helped Talia reclaim her voice and rewrite her story with pride and agency. Mentorship played a vital role. Talia was paired with a young adult mentor from her tribe who had previously completed the program. Their relationship went beyond school hours, involving cultural outings, shared ceremonies, and ongoing emotional support. This mentorship built trust, modeled resilience, and emphasized the importance of relational accountability.

Over the course of the school year, Talia's academic performance improved, her substance use declined, and her sense of identity strengthened. She began facilitating peer talking circles and was invited to speak at a youth wellness summit. Her journey reflects the power of culturally rooted early intervention—where healing is not only clinical but communal, spiritual, and identity-affirming.

Systems Change and Cultural Foundations in Policy

Applying the Sweetgrass Method at scale requires systemic transformation. This includes:

- Sustained funding for Indigenous-led mental health programs.
- Policy alignment that promotes intentional practice.
- Tribal Delegate and Health System leadership support.
- Recognition of traditional healing practices in reimbursement systems.
- Mandatory cultural humility training and Indigenous frameworks in accreditation.
- Mandatory training for onboarding of all health system providers of the Sweetgrass Method and other community-based approaches to healing.

Policies must go beyond checkbox cultural competence to fully embrace Indigenous sovereignty, language preservation, and workforce development [1,18]. It is crucial that, together with all aspects of the Sweetgrass Method, healthcare leaders and systems actively engage with Tribal Councils, Elders, and Community Members. These relationships are essential for sustaining cultural system transformation through continuation and authentic application. Therefore, one of the key elements of the method is ensuring long-term sustainability through deliberate effort. Advocacy strategies—such as coalition-building, storytelling, and data-driven evidence—are vital for ensuring Indigenous voices influence the future of mental health care. Ultimately, systemic change is both a moral obligation and a professional necessity. Institutions must integrate Indigenous values into practice, support cultural revitalization, and invest in Indigenous leadership. Equally

important is that non-Indigenous leaders immerse themselves in cultural experiences, relationships, and ways of life. These investments enable both Indigenous and Non-Indigenous leaders to create lasting, authentic impacts. The Sweetgrass Method is more than a clinical framework; it is a movement toward relational healing, cultural justice, and spiritual renewal.

Conclusion

Restoring spirit and balance in Indigenous mental health and substance use care requires more than just clinical techniques—it calls for a paradigm grounded in cultural wisdom and relational ethics. The Sweetgrass Method provides a spiritually attuned framework that combines Indigenous knowledge systems with Western psychiatric practices, guiding clinicians toward care that is reflective, accountable, and healing-centered. By integrating Introspection, Communication, and Continuation, the method helps practitioners develop cultural humility, engage in ongoing self-reflection, and form genuine partnerships with Indigenous communities. It promotes the deliberate inclusion of traditional healing practices and respects the spiritual and communal aspects of wellness. In doing so, the healthcare system becomes more culturally adaptive and informed—a step toward Decolonizing. Such a system becomes an intentional space for healing that fosters resilience, strengthens therapeutic relationships, and restores the sacred in mental health practice.

Beyond individual practice, the Sweetgrass Method calls for systemic transformation. Institutions must invest in Indigenous-led initiatives, embed cultural values into policy, and support training grounded in historical awareness and cultural immersion [9]. As Indigenous psychiatry evolves, this framework offers a pathway to resilience, relational healing, and cultural justice. Ultimately, the Sweetgrass Method is not just a clinical tool—it is a movement. It invites clinicians to restore sacredness to care, uphold cultural foundations, and practice with clinical and ancestral wisdom. In the end, ‘Clinical Wisdom and Cultural Foundations: Implementing the Sweetgrass Method in Indigenous Psychiatry explores how culturally grounded practices transform mental health care for Indigenous communities.

At the heart of this approach is the understanding that ceremony is not an “add-on”; it is the pedagogy, the intervention, the evaluation, and the healing. Ceremony shapes how we teach, how we listen, how we measure growth, and how we restore balance. When ceremony leads, learning becomes relational, healing becomes communal, and evaluation becomes an act of witnessing rather than judging. Through ceremony, transformation becomes possible, sustainable, and accountable to the people and the land. This paper positions the Sweetgrass Method as a framework that honors these principles, integrating clinical wisdom with cultural foundations to create pathways for holistic, ethical, and community-centered psychiatric care.

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