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# **Psychotherapy and Traditional Intervention Strategies: Being an Effective Helper**

**Four Directions Therapeutic and Consulting Services**

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“Helpers recognize that they need to develop an understanding of each individual they are working with, including that person’s personal, family, community and national history and how that history affects the present”

(Hart, 2002)

# Social Policy History

- ▶ **Indian Act** - Sets out the relationship between the federal government and Aboriginal peoples
- ▶ **Residential Schools** - Designed for the purpose of assimilating Aboriginal people into the dominate culture
- ▶ **Child Welfare** (Sixties scoop) - Removed thousands of children from their families and communities

# The Social Policy Legacy

- ▶ 55% of First Nations Children living on reserve are overweight or obese (Healthy Weight for healthy Kids, 2007)
- ▶ Suicide is a significant problem for Aboriginal youth with a suicide rate that is five to six times greater than their non-Aboriginal peers ( Report on the Health Status and Health Needs of Aboriginal Children and Youth, 2005)
- ▶ Aboriginal women are three times more likely to be victims of spousal violence than non-Aboriginal women (Addictive Behaviours Among Aboriginal People in Canada, 2007)
- ▶ Many First Nations seniors deal with unresolved issues due to traumatic experiences as a result of colonization and the residential school experience and live without access to appropriate resources to maintain proper health (First Nation Centre, 2010)

# Case Study:

## Mental Health Profile of British Columbia Residential School Survivors

### Study

Forensic Reports from three clinicians (Litigation files – United Church of Canada, Anglican Church and the Roman Catholic Church)

### Methodology

- ▶ Sample of 127
- ▶ Mean age leaving resident school 14.6 years old
- ▶ 30% Female
- ▶ 70% Male
- ▶ Mean age 48.% years old
- ▶ 12 Different Aboriginal languages
- ▶ 14 First Nations
- ▶ 24 Bands

# Mental Health Profile of British Columbia Residential School Survivors

	Physical Abuse (n=83)	Sexual Abuse (n=136)	Emotional Abuse (n=45)	Neglect (n=5)	Witnessing (n=16)
<b>Dorm Staff</b>	24.1%	27.9%	26.7%	40%	18.8%
<b>Principal</b>	8.4%	2.9%	4.4%	-	-
<b>Resident/classmate</b>	9.6%	15.4%	13.3%	-	-
<b>Priest</b>	1.2%	3.7%	2.2%	-	-
<b>Nun</b>	3.6%	2.9%	-	-	-
<b>Residential Staff</b>	18%	14.7%	28.9%	60%	43.8
<b>Residential School Teacher</b>	8.4%	3.7%	13.3%	-	-

# Mental Health Profile of British Columbia Residential School Survivors

74. 8% of case files examined provided information about the current mental health of the subjects:

- ▶ Depression - 21%
- ▶ Anxiety Disorder - 7.4%
- ▶ Anti-social Personality Disorder - 3.2%
- ▶ Substance Abuse Disorder - 26.3%
- ▶ Post -Traumatic Stress Disorder - 64.2%
- ▶ Borderline Personality Disorder - 7.4%
- ▶ Sexual Dysfunction - 6.3%
- ▶ Impulse Control Disorder - 7.4%

# Mental Health Profile of British Columbia Residential School Survivors

- ▶ Half (49.5%) of those diagnosed are co-morbid with at least one other mental health issue:
- ▶ Major Depression - 30.4%
- ▶ Anxiety Disorder - 15.2%
- ▶ Anti-Social Personality Disorder - 2.2%
- ▶ Substance Abuse Disorder - 34.8%
- ▶ Schizoid Personality Disorder - 6.5
- ▶ Acute Stress Disorder - 4.3%
- ▶ Conduct Disorder - 4.3%
- ▶ Adjustment Disorder with Depressed Mood - 2.2%

(Mental Health Profiles for a Sample of British Columbia's Aboriginal Survivors of the Canadian Residential School System, 2003)

# Quality of Life (Social Determinants of Health)

- ▶ “The primary factors that shape the health of Canadians are not medical treatments or lifestyle choices but rather the living conditions they experience. These conditions have come to be known as the social determinants of health” (Mikkonen, 2010, p7)
- ▶ Poor nutrition is a significant risk factor for the development of heart disease and diabetes. Similarly, it is more difficult to be physically active when living in an unsafe or unhealthy neighbourhood (Canadian Mental Health Association, 2008)
- ▶ Canada officially ranks 4th on the UN Human Development Index
  - First Nations communities ranked 78<sup>th</sup>, comparable to Peru (79<sup>th</sup>) or Brazil ( Aboriginal Peoples’ Wellness in Canada, Scaling Up the Knowledge 2010)
  - “...Off-reserve Registered Indians placed a little better at approximately the 34<sup>th</sup> position alongside Chile and Kuwait” (Nadjiwan, 2003, p10)

# Intersecting History with the Present

- ▶ “The causal connection between colonialization and mental illness is supported by a large body of research. It is therefore imperative that mental health, mental illness and addictions in Aboriginal communities be approached with an understanding of the impact of colonization and marginalization by the dominant society”

(NE LHIN Aboriginal First Nations Métis Mental Health and Addictions Framework, 2011, p15)

# An Approach to Understanding the Impact

## Intergenerational Trauma

“If you subject one generation to that kind of parenting and they become adults and have children, those children become subjected to that treatment and then you subject a third generation to a residential school system the same as the first two generation. You have a whole society affected by isolation, sadness, anger, hopelessness and pain”

(Hodgson,1990 p.17)

# Transmission of Intergenerational Trauma

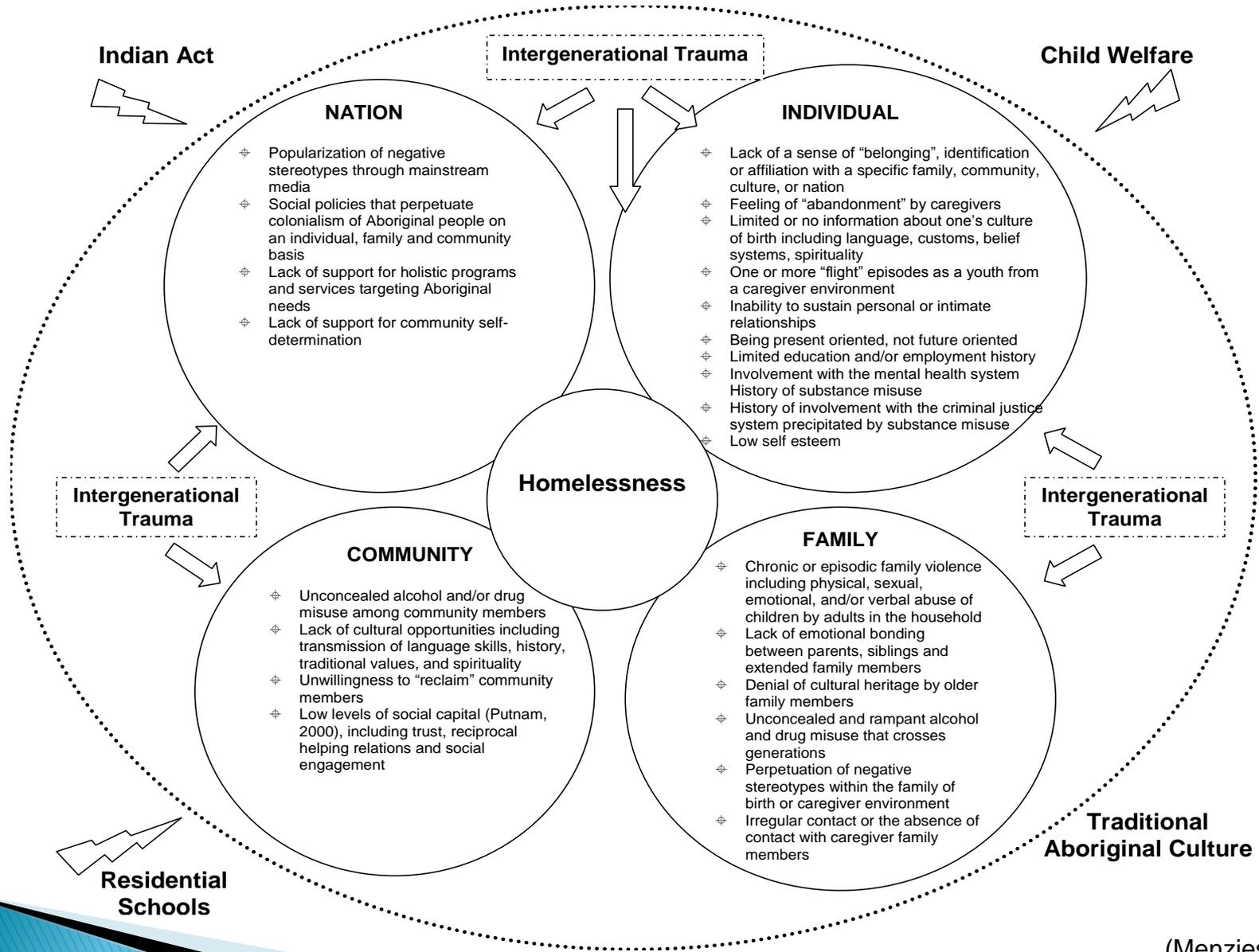
- ▶ **Psychodynamic:** trauma is passed to the child through the unconscious absorption of repressed and unintegrated trauma experiences
- ▶ **Sociocultural:** the direct impact the parents and social environment have on the child, as the child learns vicariously through observation
- ▶ **Family Systems :** communication between generations and the degree of enmeshment that occurs

“ The transmission of trauma is frequently noted in reference to untreated or unspoken survivor trauma, as it may pass to future generations if not treated (Kidron, 2003)” (Denham, 2008 p.397)

# Intergenerational Trauma

- ▶ Maria Yellow Horse Brave Heart (2003) noted that historical intergenerational can affect an individual in the following way:
  - ▶ Identification with the dead
  - ▶ depression
  - ▶ psychic numbing
  - ▶ attempt to numb the pain through substance abuse
  - ▶ poor affect to learning
  - ▶ hyper vigilance
  - ▶ fixation to trauma
  - ▶ suicide ideation and gesture
  - ▶ searching and pinning behavior
  - ▶ somatic symptoms
  - ▶ survivor guilt
  - ▶ loyalty to ancestral suffering and deceased
  - ▶ low self-esteem
  - ▶ victim identify
  - ▶ anger and hurt (distortion and denial of native genocide), and
  - ▶ living life as if in more than one era, in the past and present

# Intergenerational Trauma Model



(Menzies, 2007)

# Attachment Disorder

- ▶ “Developmental trauma occurs in an attachment relationship, and is especially detrimental because it undermines the primary function of attachment, which is to provide the child protection while she or he is developing (Allen, 2001). It is essential to understand that the primary purpose of attachment is “the provision of emotional security and protection against stress” (Rutter & O’Connor, 1999, p. 824). This places attachment at the center when coping with trauma. *It means that disrupted attachment is a core feature of complex trauma responses*” (Haskell et al, 2009, p63)

# Psychological Reminders of Loss

- ▶ Daily reminders; reserve living, loss of language, loss of traditional family systems (Whitbeck, et al, 2004)
- ▶ Persistent discrimination (Whitbeck, et al, 2004)

# The Ontario Context

- ▶ Ontario a landmass of 1,068,580 sq km - 690 kilometres in width, with the longest distance north/south at 1,730 kilometres
- ▶ 127 First Nations in Ontario
- ▶ 300,000 Aboriginal people
  - 2% of total Ontario population
- ▶ 50,375 living on reserves
- ▶ 35.7%, or 86,665 of Aboriginals are less than 20 years of age



# Ontario Service Challenges

- ▶ Geographic isolation
  - fly in communities
  - winter roads
- ▶ Poor infrastructure
  - housing, child care, employment
  - roads, transportation
- ▶ High living costs
  - food
  - fuel
- ▶ Inequitable access to health and social services
  - addictions and mental health in-patient treatment
  - availability of professional personnel
  - emergency services

# Ontario Mental Health & Addictions

- ▶ Childhood Abuse
- ▶ Alcohol abuse
- ▶ Sexual Abuse
- ▶ Illicit drugs
- ▶ Cultural Loss
- ▶ Prescription abuse
- ▶ Domestic Violence
- ▶ Inhalants
- ▶ Grief / Loss
- ▶ Self-Esteem Issues
- ▶ History of Violence/ Trauma
- ▶ FASD

(Ontario Region First Nations Addictions Service  
Needs Assessment, 2010)

# Assessment

- ▶ “Assessment guides the intervention process based on proven strengths, needs and concerns....a joint understanding of the client....helps them work together as a team....and allows to monitor progress, make changes and evaluate what works well and what does not” (Barsky, 2006, p119)

# Residential School Syndrome

## Brasfield

- ▶ “The residential school syndrome diagnosis is different from that of post-traumatic stress disorder in that there is a significant cultural impact and a persistent tendency to abuse alcohol or other drugs that is particularly associated with violent outbursts of anger. The residential school syndrome diagnosis also highlights possible deficient parenting skills” (Brasfield, 2001, p.3)
- ▶ “As all of the Indian residential schools are now closed, any person presenting with this constellation of symptoms presently has, by definition, a chronic disorder lasting months or years” (Brasfield, 2001, p.3)
- ▶ “...there is no formal agreement, even among health-care personnel dealing with the survivors of the Indian residential schools, on exactly what the diagnostic criteria should be” (Brasfield, 2001,p.3)

# Residential School Syndrome

## Brasfield

### Symptomology

- ▶ Recurrent intrusive memories
- ▶ Nightmares
- ▶ Occasional flashbacks
- ▶ Avoidance of anything that might be reminiscent of the Indian residential school experience
- ▶ Detachment from others, and relationship difficulties
- ▶ Diminished interest and participation in Aboriginal cultural activities
- ▶ Deficient knowledge of traditional culture and skills
- ▶ Often there is markedly increased arousal including sleep difficulties
- ▶ Anger management difficulties, and impaired concentration
- ▶ Inadequate parenting, parenting skills are often deficient
- ▶ Persistent tendency to abuse alcohol or sedative medication drugs, often starting at a very young age

# Residential School Syndrome

## Brasfield

### Diagnostic criteria for residential school syndrome:

**A. The person has attended an Indian residential school or is closely related to or involved with a person who has attended such a school.**

- (1) The school attendance was experienced as intrusive, alien, and frightening
- (2) The person's response to the school attendance involved fear, helplessness, passivity, and expressed or unexpressed anger

**B. The effects of attendance at the Indian residential school persist following cessation of school attendance in one (or more) of the following ways:**

- (1) Recurrent and distressing recollections, including images, thoughts, or perceptions
- (2) Recurrent distressing dreams of the Indian residential schools
- (3) Acting or feeling as if the events of Indian residential school attendance were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or those that occur when intoxicated)
- (4) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of Indian residential school attendance
- (5) Physiological reactivity on exposure to internal or external clues that symbolize or resemble an aspect of the Indian residential school attendance

# Residential School Syndrome

## Brasfield

**C. Persistent avoidance of stimuli associated with the Indian residential school and numbing of general responsiveness (not present before Indian residential school attendance) as indicated by three (or more) of the following:**

- (1) Efforts to avoid thoughts, feelings, or conversations associated with the Indian residential schools
- (2) Efforts to avoid activities, places, or people that arouse recollections of Indian residential school attendance
- (3) Inability to recall one or more important aspects of Indian residential school attendance
- (4) Markedly diminished interest or participation in significant cultural activities
- (5) Feelings of detachment or estrangement from others
- (6) Restricted range of affect (e.g., apparently high levels of interpersonal passivity)

**D. Persistent symptoms of increased arousal (not present before Indian residential school attendance), as indicated by two (or more) of the following:**

- (1) Difficulty falling or staying asleep
- (2) Irritability or outbursts of anger, particularly when intoxicated with alcohol
- (3) Difficulty concentrating, particularly in a school setting
- (4) Hypervigilance, particularly with regard to non-First Nations social environments
- (5) Exaggerated startle response

# Residential School Syndrome

## Brasfield

### **Symptoms may also include:**

**E.** Markedly deficient knowledge of one's own First Nations culture and traditional skills

**F.** Markedly deficient parenting skills, despite genuine fondness for offspring

**G.** A persistent tendency to abuse alcohol or sedative medication/drugs, often starting at a very young age

(Brasfield, 2001)

# Signs and Symptoms

- ▶ Suicide
- ▶ Dependency on non-Native society
- ▶ Alienation from family and community
- ▶ Situations are acceptable
- ▶ Learning to accept high tolerance of abuses
- ▶ God fearing, if bad would go to hell
- ▶ Being deprived of being me and who I am; individuality
- ▶ Becoming racist
- ▶ Being angry and misdirecting this anger to the ones we love
- ▶ Difficulty in making decisions and saying “no”
- ▶ Fear of losing own children
- ▶ Passive or aggressive personalities
- ▶ Learning to punish others by belittling them
- ▶ Anger at parents
- ▶ Insecurity and lack of trust
- ▶ Feelings of guilt due to living in a shaming environment
- ▶ Ashamed of being Native; made to feel unclean
- ▶ Recurring nightmares

(Claes et al, 1998)

# Signs and Symptoms

- ▶ Feelings of sadness, hopelessness and depression (possibly suicidal).
- ▶ Disruptions in attachments, relationships.
- ▶ Affect dysregulation, or difficulties regulating emotional states.
- ▶ Impairment of the ability to trust.
- ▶ Alteration in self-perceptions.
- ▶ Sense of stigmatization, isolation and marginalization.
- ▶ Use of alcohol or drugs to soothe or numb overwhelming feelings.
- ▶ Loss of meaning
- ▶ Ongoing experiences of loss and hopelessness.
- ▶ Childhoods characterized by abuse (physical or sexual).
- ▶ Childhoods characterized by neglect and/or abandonment.
- ▶ Poverty and inadequacy of resources.
- ▶ Lack of stability and safety.
- ▶ Social undervaluing, denigration related to inequalities of racism, sexism, colonial dispossession, etc.
- ▶ Social and economic discrimination

(Haskell, C., et al, 2009)

# Split Feather Syndrome

- ▶ "Adoption causes such intense inner pain that you do anything just to get away from it. No one understands you, you are different, and there's no one to talk to. You withdraw into yourself, keep it all inside. That's how I got into trouble with alcohol: it was pain medicine."
- ▶ As a child, I saw myself as not feeling cohesive with my foster parents, and I felt this from a very young age. They took care of me, and I appreciate that, but there was not that true bonding that comes from love, only a kind of fondness. Since high school and college I have further insight into what I missed because I was adopted by a non-Indian family, and I cry."

# Split Feather Syndrome

- ▶ The loss of Indian identity
- ▶ The loss of family, culture, heritage, language, spiritual beliefs, tribal affiliation, and tribal ceremonial experiences
- ▶ Growing up being different
- ▶ Experiencing discrimination from the dominant culture
- ▶ Cognitive difference in the way Indian children receive, process, integrate, and apply new information - in short, a difference in learning style

# Split Feather Syndrome

## **Other contributing factors included:**

- ▶ Physical, sexual
- ▶ Mental abuse from adoptive family members
- ▶ Loss of birth brothers and sisters
- ▶ Uncaring or abusive foster/adoptive families
- ▶ Not being told anything or being lied to about their adoption
- ▶ Not being given advanced notice of moves
- ▶ Too many moves
- ▶ Nobody to talk to
- ▶ Loss of personal property

(Locust, 1998)

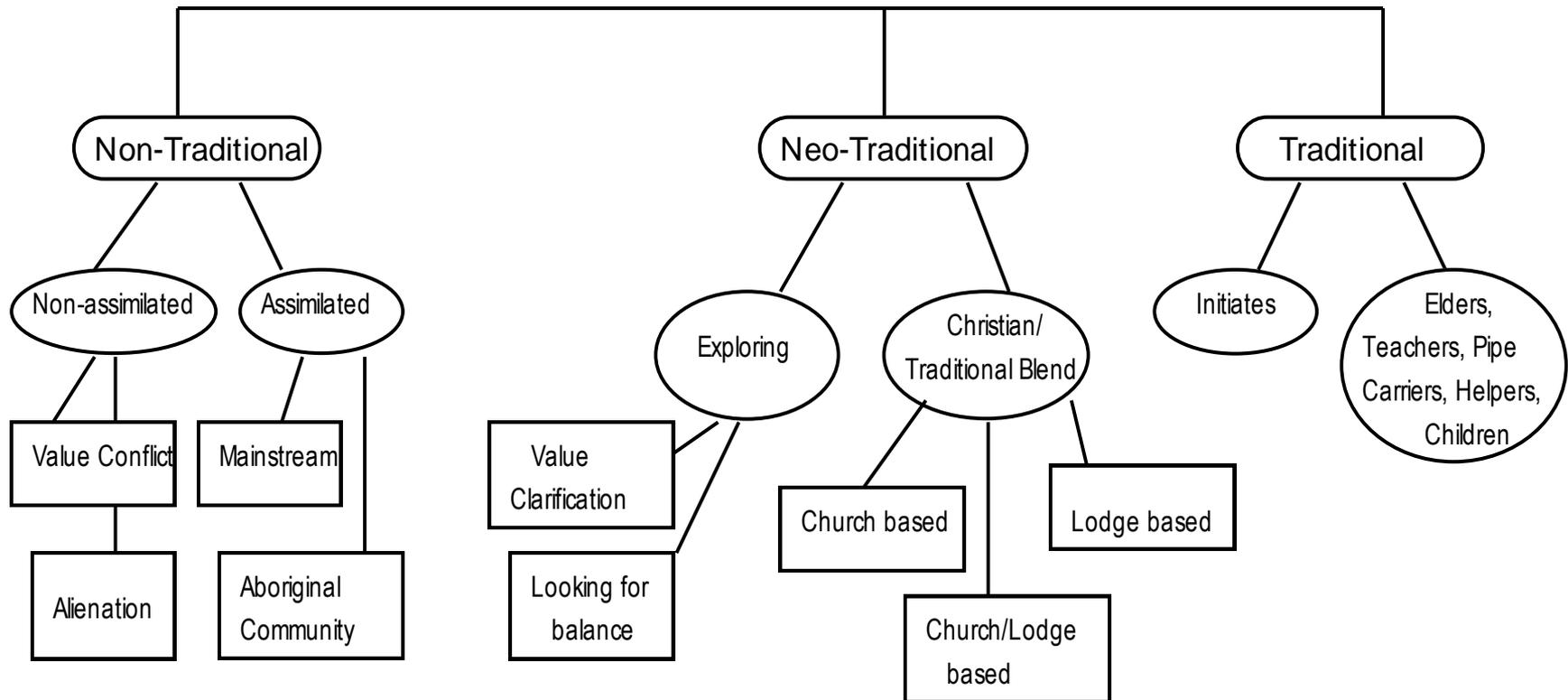
# Cultural Continuum

Native people have a variety of life experiences, which impact on their affinity to The Aboriginal community. As a helping professional you need to understand where the person fits on the Aboriginal Cultural Continuum

- ▶ Non – Traditional – Assimilated in mainstream society
- ▶ Neo – Traditional – Functions in both worlds
- ▶ Traditional – Lives through culture

Many Aboriginal Healers believe that through the process of healing the client inevitably will move away from the Non-traditional. They believe that through discovery of themselves, the person will naturally progress from the Non-traditional role and will want to embrace his or her culture

# A Continuum Depicting an Individual's Identification with Traditional Aboriginal Culture



(Morrisette, McKenzie, & Morrisette, 1993)

# Conflict Assessment Scale

- ▶ First generation connected to values and prefers this way of life
- ▶ Second generation adheres to traditional values, but has some mainstream values and is starting to participate less in Aboriginal activities
- ▶ The third generation are removed from traditional values, showing a preference for contemporary life
- ▶ Total removed from traditional values

(Stone, 1971)

# Measuring Historical Trauma

- ▶ “Whitbeck and colleagues (2004a) developed the Historical Loss Scale (HLS) and the Historical Loss and Associated Symptoms Scale (HLAS) and moved the field forward in terms of empirical evidence demonstrating a link between the trauma of a collective historical past and the emotional experiences of the HTR, compounded by lifespan trauma. HLS assesses the frequency with which people think about the historically traumatic events and losses, and HLAS is designed to capture emotional responses to these losses. Whitbeck and colleagues (2004a) found that the higher the score was for perceived historical loss, the more likely was the report of depression and anger associated with the thoughts about that historical loss” (Heart, 2011)

# Post Trauma Stress Disorder & Intergenerational Trauma

**Individual trauma does not adequately reflect the Aboriginal Experience:**

“The emphasis on narrating personal trauma in contemporary psychotherapy is problematic because many forms of violence against Aboriginal people are structural or implicit and so may remain hidden in individual accounts... Individual events are part of larger historical formations that have profound effects for both individuals and communities”  
(Kirmayer, et.al., 2000, p.613)

# Post Trauma Stress Disorder & Intergenerational Trauma

- ▶ Unresolved grief and historical theory
- ▶ Across Generation
- ▶ Not time limited
- ▶ Focus on Individual/Family/Community
- ▶ Not in History
- ▶ PTSD - Events In Life Time
- ▶ Time Limited
- ▶ Focuses on Individual

# Behavioral Influences

- ▶ Trauma impacts on relationships and includes intimacy, commitment, communication, boundaries, modulates the emotions, trust and faith, love and support, and fun (Dayton, 2002)
- ▶ Traumatized individuals can be hypervigilant and perfectionist. They can also be withdrawn, distant, enmeshed, passive and aggressive (Dayton, 2002)

# Worldview

- ▶ “People and the surrounding world were created by and are kept in existence by the acts of a Supreme Being. Consequently, values and beliefs concerning family, children, medicine, work, and earthly possessions all emanate from beliefs about the Creator and a person’s relationship to the Creator. All Life is sacred. All things, all events, people and all aspects of nature are interrelated and interdependent”. (Horejsi, et al, p24, 1993)

# Values

- ▶ The worldview is premised on core values which are Pan-American - they can be found in diverse native cultures throughout South, Central, and North America. These values frame how Aboriginal people think, act, and respond to others within and outside of their own communities.

# The Connection

- ▶ “The causal connection between colonialization and mental illness is supported by a large body of research. It is therefore imperative that mental health, mental illness and addictions in Aboriginal communities be approached with an understanding of the impact of colonization and marginalization by the dominant society” (NE LHIN Aboriginal First Nations Métis Mental Health and Addictions Framework , 2011, p15).

# Healing

- ▶ Mental health has been viewed as the lack of balance between physical, emotional, intellectual and spiritual development in one's life. Inner peace reflects relative balance. Mental illness is the outcome of a lack of balance within a person, often due to overwhelming experiences and/or deprivation and the absence of external resources offering safety and opportunity for meeting needs and restoring functions (Establishing collaborative initiatives between mental health and primary care Services for Aboriginal peoples, 2006)
- ▶ Ancestors of Canada's First Nations people valued wholeness symbolized by the circle, family, community, and other concepts such as the drum. They viewed spiritual life, family relations, emotions, thinking, physical health and the environment as interrelated parts of the whole, with mutual responsibility as a necessary aspect of this. There is a constant and necessary give-and-take between the physical, the mental, the emotional and the spiritual, and between the individual, the family and the Culture (Swinomish Tribal Mental Health Project, 1991, p79)
- ▶ Everything is interconnected

# Healing

- ▶ Mental health problems have to be located within the context of intergenerational trauma and grief due to extensive losses of land, culture, language and livelihood, and the legacy of residential schools (Wesley, Esquimaux & Smolewski, 2004)

# Healing

- ▶ Depression, suicidal ideation and other mental health and emotional as well as spiritual dilemmas are often linked to many factors, and therefore treatment should be supported equally by biomedicine and traditional healing approaches (Health Canada, 2003b)

# Healing - Social Context Complex Trauma Framework

- ▶ “At the individual level, a trauma framework, which takes into account post-traumatic stress as well as complex post-traumatic stress, can help to understand, in a nonpathologizing way, the range of coping and adaptation strategies that abused and traumatized individuals adopt in order to adapt to and survive their life circumstances” (Haskell et al, 2009, p51) .
- ▶ “At the structural and community levels, shaped by the historical legacy of colonialism, community and family disruption and dislocation, a social context complex trauma framework, may bring to light the psychosocial conditions that cause and perpetuate ongoing “intergenerational traumas.” Intergenerational trauma refers to the idea that the effects of and responses to traumatic events can be “transmitted” across generations” (Haskell et al, 2009, p51)

# Healing

## Three Levels of Intervention

- Intrapersonal level - Cultural assessment must focus on issues pertaining to the altered sense of identity and how this relates to present coping and behavioural patterns
- Interpersonal level - Connections can be made between personal issues and those affecting the group or community
- Community/Structural level - Practitioner to make connections between personal experiences and structural factors

(McKenzie & Morrissette, 2003)

# Healing

## The Five Cornerstone for Aboriginal Social Work Practice

- Understanding of Aboriginal worldview and how it differs from the dominant Euro-Canadian worldview
- Understanding the effects of colonization process
- Understanding the importance of Aboriginal identity or consciousness
- Understanding cultural knowledge and traditions and promoting healing and empowerment
- Understanding diversity of Aboriginal cultural expression

(McKenzie & Morrissette, 2003)

# Healing

## Three Principles

Spirituality - Understanding the connection between spirituality and nature

Holism - Everything is interconnected between the physical and spiritual world, between the individual and the environment, between mind, body, and spirit, as central to well-being

Collective - Including the individual, immediate family, extended family, clan-system, and community

(McKenzie & Morrissette, 2003)

# Healing

- ▶ Therapist need to embrace some indigenous knowledge in order to be effective helpers. Therapist must help the client get in touch with their indigenous identities and ways of being in the world (Duran, Duran, Brave Heart & Horse-Davis, 1998)
- ▶ A part of healing is to allow the clients to become aware of historical factors, which will help the client to shake off the internalized oppressor (Duran, Duran, Brave Heart & Horse-Davis, 1998)
- ▶ Communities need to be healed through sharing experiences, the provision of hope, collective mourning, and social support (Duran, Duran, Brave Heart & Horse-Davis, 1998)
- ▶ The public has little knowledge of soul wound (Duran, Duran, Brave Heart & Horse-Davis, 1998)

# Healing - Mapping Technique

- ▶ “Clients are provided with a sheet of paper and felt pens and are asked to imagine that the paper represents their community or their web of relationships. A symbol or their name is placed in the centre of the paper and self-descriptors are written around their symbol. Clients are encouraged to record important resources, role models, groups, individuals, places, activities, and such like on the map and to add any words, phrases or images that explain their relationships. Some clients find it useful to use line thickness, colors, or proximity to their self symbol to indicate relative importance. The map provides a visual representation of the self within a community/relational context and promotes a holistic perspective by including strengths, supports, barriers, needs, values, and interests. A record is produced that allows clients to return to their map to add further details, to expand on ideas, and to make further connections” (Shepard et al).

# Healing - Nanabush Stories

- ▶ In Ojibway tradition, Nanabush came among the Anishnawbe people to teach them about the meaning and mystery of life. Through these teachings the people learn about their responsibilities and place within creation
- ▶ If Nanabush teachings are apart of the therapy strategy, the client receives the story that best applies to his or her problem. The client reflects how the teaching may apply
- ▶ In practice, I have found it best to explore whether the client is ready to receive these teachings

(Menzies, 2013)

# Healing

## Sweat Lodge: Purification Ritual

- Involves prayer, sharing of cultural information, therapy, confession, helps deal with some of the participants fears and provides peer support
- Helps reaffirm an individuals sense of who they are
- Helps cleanse the body - detoxification
- Contributes to the reawakening of the spirit

# Healing

## Elders

- Help bring social order to communities (Red Horse, 1980)
- Reaffirm behaviors, culture and values (Red Horse, 1980)
- Help their people capture the past, present, and future (Red Horse, 1980)
- Provide spiritual guidance through traditions (Red Horse, 1980)
- Elders need to be apart of the individual, family and community healing, and social services providers should seek and encourage the role of the Elders in Indian communities (Red Horse, 1980)

# Role of a Therapist

- ▶ 1. Good therapists do not give much advice and stay out of the way when clients are succeeding. Making your inner resources available and accessible to the clients is important, especially the sharing of positive energy led by an unfailing belief in their ability to change themselves.
- ▶ 2. Good therapists help people sort out what they can and cannot control. Often, this requires exploration of what “control” means and how it manifests itself in everyday activities. The Awareness Wheel (Appendix H) is a very useful tool in this exploration that can be enriched by a discussion of relationship formation/building (Appendix D).
- ▶ 3. Therapists can help people think clearly about goals and move toward them. Doing this usually requires exploration of how the client is dealing with everyday challenges: *Is he or the family prone to live in the past, stuck living in the present, or already future-oriented most of the time? See the discussion on “decision-making” in part VI.*
- ▶ 4. Therapists can teach all feelings are acceptable and that all behaviour is not acceptable.
- ▶ 5. Therapists can encourage people to express feelings honestly, and to behave properly by modelling honesty and proper, honourable or respectful behaviour. Learning to be honest with feelings poses a major challenge for some First Nations people because it has not been organic to their lifestyle. As Pipher points out: “By emphasizing both [emotional] honesty and good behaviour, they integrate the wisdom of different eras” (1996:137).
- ▶ 6. Therapists can teach relationship skills, empathic listening, clear communication, strategic praising, conflict mediation and simple good manners. Most First Nations people who have not learned to know mutual trust do well in their progress after they understand stages of relationship building and the forces that work to support and to restrain this development. Progress naturally lends itself to skill building in listening, communicating and so on.

# Role of a Therapist

- ▶ 7. People need natural, biological time to allow their stories to unfold. Note that therapeutic sessions are often the only time families are all in one room together talking about their situation. It is important that this sharing is equitable; that is, each member of the family has a chance to hear and to be heard in a relatively safe environment. This time together to talk is sometimes all that needs to happen for things to improve. Pipher (1996) emphasizes that talking and listening are healing. She goes on to say that, often, most healing to clients is the knowledge that another person understands their reality.
- ▶ 8. To claim to understand another person's life too quickly is both a lie and an insult. Inexperienced counsellors and other helpers often make this error in their enthusiasm to be helpful. The story to attend to is the client's, not that of the helper.
- ▶ 9. Therapists can help people clarify their values and set priorities. This is very important in Aboriginal contexts because their history of formal education lacked depth and consideration of inner world aspects of life. As people get in touch with their life experiences, they begin to discover what they know and do not know. Processing of such experiences is crucial for discovery of real or lived values and the ideal ones.

(The Shelter of Each Other, Rebuilding our Families, through Mussell, p79-80, 2005)

# Final Words

- ▶ “The most frequently used interventions were: healing/talking circles, legacy education, workshops and ceremonies. The activities considered most effective were: interacting with Elders, ceremonies, one-on-one counselling and healing/talking circles. The promising practices survey indicated that Western therapeutic approaches were employed in 60% of projects, almost always in conjunction with cultural interventions and/or legacy education” (DeGagne, S51,2007).

# Books

