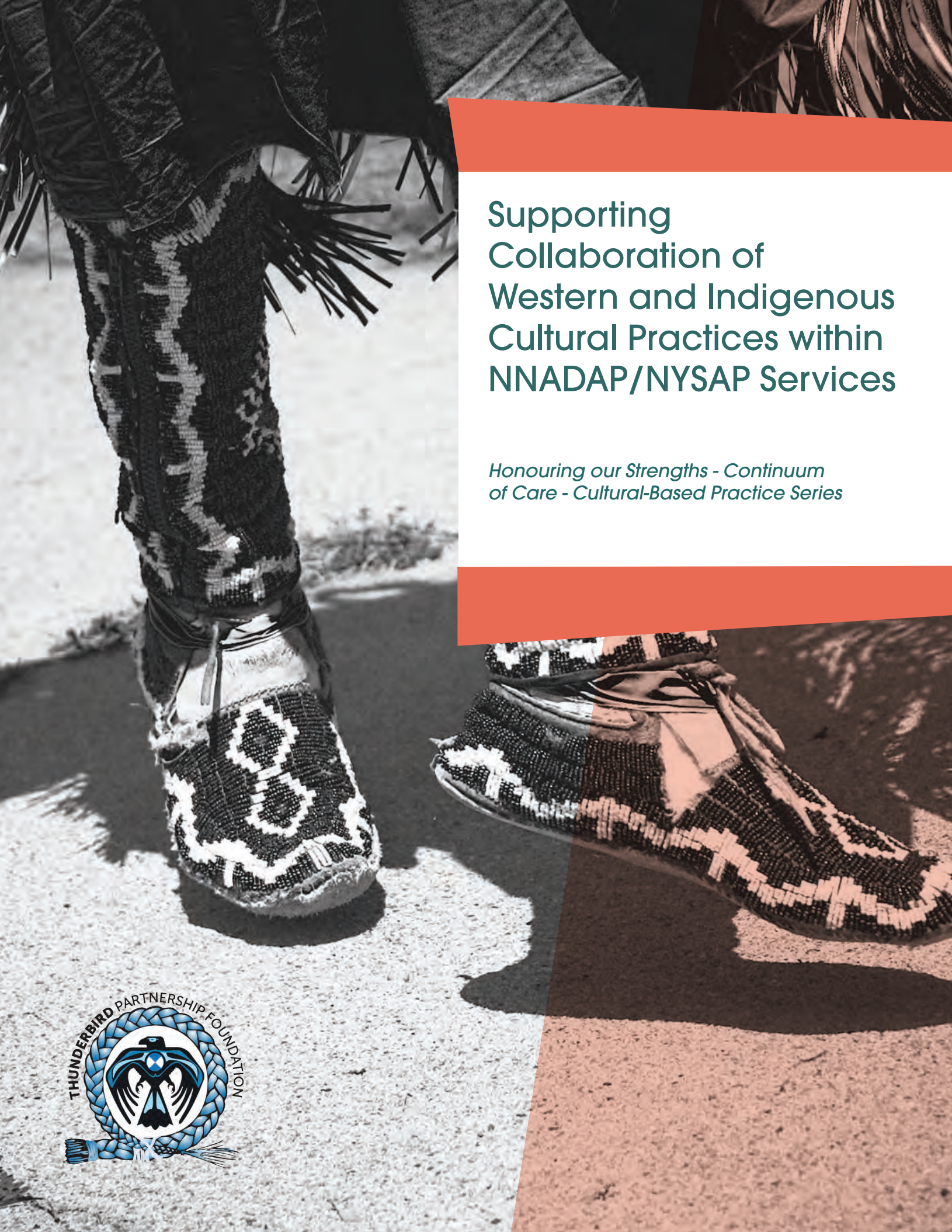




Supporting Collaboration of Western and Indigenous Cultural Practices within NNADAP/NYSAP Services

*Honouring our Strengths - Continuum
of Care - Cultural-Based Practice Series*



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1. Introduction

The National Native Alcohol and Drug Abuse Program (NNADAP) and the National Youth Solvent Abuse Program (NYSAP) was founded on the principle that Indigenous-specific cultural practices drawn from an Indigenous world view would provide the best route to wellness for First Nations. Many of the cultural practice examples presented in this guidebook have come from regions in which the program operates, based on local cultural knowledge and practices. The guidebook is not intended to be a compendium of all of the practices; rather, it is a demonstration of how Western and Indigenous cultural practices can and do collaborate in the best interest of client outcomes. Recipes or descriptions of First Nations cultural practices will not be discussed, but reference to different ones will be made as well as their source or origin for the reader's knowledge. Little has been written or documented within NNADAP/NYSAP regarding structure, process, and outcomes of culture-based programming; however, the intent of this guidebook is to inform both Western and Indigenous practitioners on Indigenous world views deemed critical to sustaining an Indigenous way of life.

Within Western science, we understand that evidence-based decision making involves an approach that emphasizes the pursuit of evidence on which to base theory and techniques and, subsequently, better inform government policy and practices. It involves gathering ideas and observations from documented sources, some of which have been tested and demonstrated to be valid and reliable across specific populations of people and, more specifically, First Nations in Canada.

An Indigenous knowledge-informed evidence base is a similar approach found within NNADAP/NYSAP. It involves an approach to healing and wellness that emphasizes the manifestation and integration of physical and spiritual realities, which is also accepted as proof or evidence that can be tied to the majority of First Nations cultural teachings.

Both the physical and spiritual dimensions of the cultural evidence base identified in many of the working definitions are to better inform policy frameworks, program design, and, most essentially, in making sense of the meaning of culture for the lives of First Nations people. It is also essential to acknowledge the cultural differences of Indigenous peoples in Canada and to recognize no singular system of cultural practice exists nationwide. While there are similarities in terms of cultural meaning and purpose across groups, there are typically regional and local differences in how culture is used in practice by each First Nations population, regardless of being neighbouring communities, as in many cases.

As a consequence, standards of cultural practice or protocols within addictions programming must ideally be community-based and culturally specific, implemented to give consistency, organization, and clarity to cultural practice within specific NNADAP programs and services. Our intent is for this work to serve as a starting point to better understand and maximize opportunities for collaboration of Western and Indigenous cultural practices within NNADAP/NYSAP, and we look forward to feedback from our stakeholders on how to improve upon the presentation of this information.

2. Key Concepts/Constructs of First Nations Culture

Principles related to “culture” and its meaning appears commonly in Western literature, with very little discussion of its interpretation and relevance to a Western world view. This makes it a challenge for Western-based practitioners and policy-makers to understand and apply culture within an operational framework. This paradigm is changing within NNADAP/NYSAP; there is now greater collaboration with Health Canada, the Assembly of First Nations, and the National Native Addictions Partnership Foundation that better informs the renewal framework and reflects a culture-based programming, ultimately aimed at improving client outcomes.¹

Until recently, Western perspectives and assumptions have served to reinforce Western world views and interpretation of cultural values, and it has been a challenge for Indigenous peoples to negotiate and create space for cultural meaning in all aspects of addictions services. Hays (2006) states that all parties—whether practitioners, and academics—share the responsibility of translating Western theoretical foundations and evidence base for their potential application to services for Indigenous peoples. NNADAP/NYSAP, as a program that serves a 100 per cent Indigenous client group, provides a unique opportunity to reflect on culture-based programming, as well as influence cultural safety and awareness throughout the continuum of addictions and mental health care. To begin, various constructs and concepts need to be understood and accepted as part of validating Indigenous values as it relates to the NNADAP/NYSAP program.

2.1 Language as it relates to Culture

“First Nations” is a general way to refer to one of Canada's Indigenous populations who differ substantially in language and customs nationwide. There are 614 First Nations bands or groups that share a range of common values, traditions, and practices throughout Canada, and these populations represent 11 language families (including Inuit) with 55 or more different dialects. While language and geographic location serve to inform various traditions and practices, First Nations believe and agree that common values are inherent in all dialects or locally spoken versions of the language. As an example, Indigenous languages worldwide commonly refer to Creation as animate, recognizing the spiritual aspect of earth, plants, animals, and other living species. Indigenous languages describe the characteristics and behaviours of these living species, and these common values form the foundation for what is known as an Indigenous world view. This Indigenous world view explains that human and other-than-human relationships are fully captured within the Creation story, an interpretation that is also common to Western/European concepts of the beginning of humankind.

This construct has been conveyed across generations through Indigenous languages. Many Indigenous concepts cannot be translated into the English language but are preserved through petroglyphs, birchbark scrolls, wood, beadwork, carvings, sand paintings, appliqué, symbolic writing, and other ceremonial items (Benton-Banai, 1988; Beck, Walters, and Francisco, 1977). All Indigenous peoples had their own ways of transmitting and recording the original teachings of Creation.

¹ Refer to <http://www.nnadaprenewal.ca/>

- For example
- the Anishinabe (Ojibway) of the Algonkian language family, the largest of the 11 language families, have the birchbark scrolls; and
 - the Delaware or Lenni Lenape (also of the Algonkian language family) have the Wallam Olum (Red Record), revered as one of the oldest written records of an Indigenous people of North America (Weslager, 1972).

2.1.1 Workbook Exercise

Indigenous knowledge, similar to Western knowledge, is not static, but instead dynamic and ever-changing. As human beings, Indigenous peoples are continuously discovering or coming to new understandings about things that have existed in Creation and that have the benefit of the knowledge left by their ancestors, always rooted or founded in their stories of Creation. Indigenous Creation stories provide the structure, pattern, and processes of creation that are repeated in all aspects of life, from the structure of the universe to the structure of both human and other-than-human beings, with the difference being humans having the gift of free will while all other forms of Creation have a defined and persistent identity and, therefore, a purpose in their roles and responsibilities to everything else created.

For example, the Midewiwin teachings hold that all Creation stories are true; the teachings are drawn from the links, similarities, and

patterns among the stories. A Western perspective may perceive the variation in the stories as conflicting, and such a misunderstanding of the oral tradition tends to exclude traditional knowledge sources as credible evidence. In fact, the oral tradition is based on a profound record keeping system not readily understandable without Indigenous language and knowledge. In many cases, song and ceremony for First Nations were linked as a much older and original form of communication to express the Creation stories among First Nations language families. The full extent of that knowledge is held within sacred societies and is demonstrated in ceremonial ritual, complete with knowledgeable use of traditional teachings and ceremonial articles.

In the broader workplace context, knowledge and awareness of self and others to perpetuate the sacred First Nations Seven Teachings in the workplace involve identifying, acknowledging, and analyzing one’s own emotional responses to the histories and contemporary environments of First Nations peoples and offering opinions respectfully. Cultural practices in the work environment involve setting an example as managers with peers and staff while engaging in dialogue and relationship building with First Nations peoples and, ultimately, improving health through increased awareness and insights of First Nations cultures and health practices. In doing so, a First Nations community or organization that acknowledges and analyzes the limitations of one’s own knowledge and perspectives can then incorporate new ways of seeing, valuing, and understanding with regard to First Nations health practice.

2.1.1 Workbook Exercise
From your understanding of the client groups you serve, which region(s) in Canada has your organization or treatment setting provided service to clients, whether First Nations, Métis, or Inuit? Do you know the language spoken from where they originated?

FIRST NATION, MÉTIS AND OR INUIT	LANGUAGE FAMILY/DIALECT	CULTURAL CONCEPT OR SOURCE/RECORD HISTORICAL IMPORTANCE

This organizational cultural practice serves to provide an orientation of the health programs to new leaders and community members when needed.²

The challenge for Western and Indigenous practitioners and managers involves understanding and describing how cultural knowledge explains an ever-changing physical world. The Creation stories, all of which are true no matter what their differences, have a common element: the Great Spirit placed everything within Creation that humankind would ever need to live. The greater challenge then is to understand where those answers lie within sacred knowledge, without scrutinizing and judging the understanding of an Indigenous belief system, no more than Western science can judge the validity of Christian, Muslim, Hindu, or a Buddhist-based understanding of Creation.

Indigenous intelligence is much more than one's mental or emotional aptitude. It is recognized as a formal system of knowledge, held by wisdom keepers, ceremonial practitioners, traditional healers/doctors, pharmacists, and counsellors and housed within traditional institutions such as the Midewiwin Lodge, the Longhouse, and their sacred societies. Indigenous communities assert that their right to control the use of their knowledge is an inherent right of self-determination—a right that must be recognized and respected. While there are indeed important differences in how traditional knowledge is used across Canada, there are a number of commonalities that can be expressed.

2.2 Holistic Vision

The Indigenous world view is said to be holistic, meaning it encompasses all aspects of life: physical, mental, emotional, and spiritual (Benton-Banai, 1988; Darussalam, 2001; Hill, 2003). With many First Nations, the medicine wheel reflects elements of a balanced approach to well-being, and health is a common symbol recognized by mainstream caregivers. It is also understood that all beings in Creation have the same physical structure and makeup, the capacity to think and reason, as well as the emotion and spirit. This includes First Nations' relationships with all elements of nature, both animate and inanimate, which supports the link between a person and the Creator and, ultimately, strengthens our belief system. The understanding that Indigenous people need to have a connection to the land expresses this holistic vision of interconnectedness: a dependency on the land not only for food and shelter but also for a place of belonging that informs both our individual and our collective identity (Kirmayer, Tait, and Simpson, 2009).

2.3 Centrality of Spirit

The very first concept is the “spirit” within an Indigenous world view and best understood through Creation stories as the foundation for all Indigenous knowledge and the interrelationships among all elements of Creation. The Creation story is healing in and of itself, and it reaffirms identity and provides direction in one's life (Benton-Banai, 1988; Freeman, 2007).

For Indigenous people, the spirit is at the centre of each individual just as it is at the centre of everything else within Creation.

When living with other spirit-centred beings, the relationship with the Creator becomes, first and foremost, one of spirit to spirit. Our role as human beings is to preserve that relationship and to maintain the spiritual order and structure of the world.

Within many Indigenous languages of Canada there are words that describe this space where physical and spiritual realities meet. The Indigenous way of life is directed by spirit: spirit-driven, spirit-defined, spirit-motivated, and spirit-centred. There is nothing mystical about it. Consistent with a First Nations construct of holism within this reality, the spirit is housed within the physical, mental, emotional, and social quadrants of the medicine wheel. In our life within this earth realm, these work together in such a way as to be inseparable and functioning as a whole. The spirit is always central and is always working in relation to the other quadrants of our being, which is critical to one's whole health.

Within the Indigenous world view, being spiritual means that the Indigenous person is spirit-motivated and that Indigenous culture is spirit-centred. In recognizing this, it unlocks the key to understanding the Indigenous way of being, knowing, perceiving, behaving, and living in the world. Indigenous psychology and Indigenous culture can only be fully and properly understood from within this belief that the spirit is the central and primary energy, cause, and motivator of life.

2.4 Circle and Wholeness

Another primary concept of the Indigenous world view that comes from the Creation story is the “circle.” When life moves out equally in the four directions of the medicine wheel it forms a perfect circle. There are four different energies that cause the circle to move equally in all four directions. The energies of the four directions are what hold all of life together in the great circle of life's unfolding. It was established for all time that the circle would be the way in which all life unfolds as it moves forever toward the creation and re-creation of life. This concept is of primary significance in understanding the Indigenous world view, since it is the primary pattern of unfolding, growth, and change.

The circle is also synonymous with wholeness. The circle is continuous and remains the same regardless of changes in life, good or bad. Despite constant change in the universe, all things work together in an interdependent fashion, forming an interconnected web of integrated wholeness. Though each part is a recognizable unit, it only has meaning when in relation to the whole. Wholeness is the perception of the undivided entirety of things and to see life in a circular manner, which is to envision the interconnectedness and the interdependence of life. The circle is an all-embracing principle that is timeless and absolute, and it incorporates and helps in understanding all the parts of the created whole.

2.5 Mother Earth

We are all relatives because we have the same Mother Earth. This concept sums up best for us of our relationship to Creation, and it underlies our identity and relationship with the land. People were not only shaped by the land but were also created from the land, and it is this placement on the Island that sits on the back of the Great Turtle (North America) that is essential to the Creation story.

The idea of being created from the land and being placed on the land forms an essential aspect of “aboriginality” or “indigenouness.” First Nations are inseparable from the land, and their identity, sense of place, and history are intimately related to the land.

In the mind of the Indigenous person, though humankind is a special Creation event, the human being is of the earth and from the earth. Like the entire created world, the human being is part of the balance of nature, and it must find a special yet interconnected place within the created whole. The Indigenous person is a relative to all other persons of the earth and, along with all creatures, calls the earth “Mother.” First Nations throughout Canada live within a great extended family and are related to the environment, and this view not only observes such links and intercommunication but goes further, upholding a world view that is personal, reciprocal, and spiritual in nature.

2.6 Universal Principles and Qualities

Key to understanding the Indigenous world view is the recognition of a fundamental principle: the universe cares. The manner by which Creation unfolded, and the order in which it evolved, is governed by the guiding principles of kindness and caring, with the understanding that the Creator cares for his creations. Given that Creation originated in this way, it endures and thrives by means of an underlying orientation toward kindness. This is especially important when we consider ourselves, as we understand it, put in the world in a kind and caring way.

Within Indigenous cultures, all things are regarded as related, and this not only applies to human beings but also to plants, trees,

animals, rocks, as well as visible and unseen forces of nature that are considered spiritual entities and/or sacred beings. Because all things have the potential to be entities, they have a range of qualities that are commonly attributed in Western ideology exclusively to human beings. Once this is accepted, “other-than-human” beings are elevated to a higher quality of being, and the nature of the relationship moves to an all-inclusive, ethical level that reflects both spiritual and physical worlds.

2.7 Indigenous Knowledge

Since mainstream contact, knowledge has been defined for Indigenous populations through the eyes of a Western/European science that has a limited understanding of Indigenous world views. Since contact, Indigenous populations worldwide have been expressing their world view as involving more than the acquisition of knowledge and the manipulation of thoughts. In fact, Indigenous knowledge involves activating information into something useable that is also charged with meaning. In essence, it is the wise and conscientious embodiment of exemplary knowledge and the use of this knowledge in a good, beneficial, and meaningful way.

Indigenous knowledge requires fulfilling our responsibility to family and community—past, present, and future—using the gifts bestowed by the Creator and following the pathways left on this earth by our ancestors. As such, Indigenous ways of seeing, being, relating, and knowing have a sacred foundation. They are a spiritual gift to Indigenous peoples, and the challenges concerning how Indigenous knowledge has been acquired and learned needs to be expanded upon within Western science constructs in order to fully understand its role in the healing journey.

2.7.1 Workbook Exercise

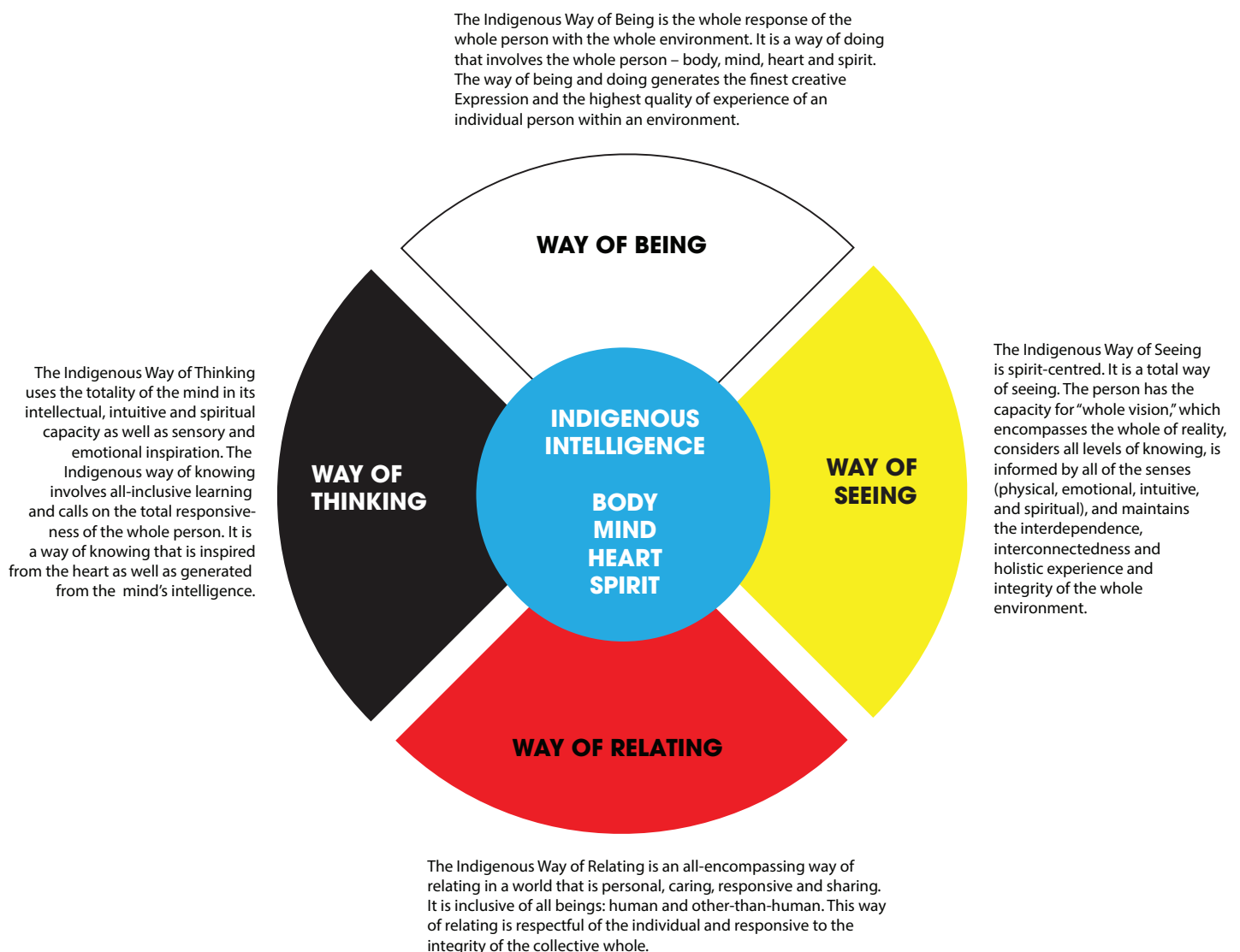
From your understanding of the key constructs/concepts that are foundational to an Indigenous world view, what examples can you provide concerning clients you have helped, whether First Nations or Inuit?

KEY CONCEPT/CONSTRUCT	FIRST NATIONS	INUIT
LANGUAGE		
HOLISTIC VISION		
CENTRALITY OF SPIRIT		
CIRCLE AND WHOLENESS		
MOTHER EARTH AND FATHER CREATOR		
UNIVERSAL GUIDELINES		
INDIGENOUS KNOWLEDGE		

2.8 Directions of Indigenous Knowledge

As NNADAP/NYSAP addictions services work through the renewal framework, they must consider renewal and revitalization from the perspective of Indigenous knowledge; otherwise, they risk perpetuating a system that focuses on individuals only instead of individuals and families and community as a whole. They also risk renewing a system that focuses on individual deficits rather than on the promise of positive change rooted firmly in Indigenous identity. Renewal of addictions services must not be seen as an isolated enterprise but as a central force in the re-establishment of a healthy Indigenous identity. It is time we re-connected ourselves to the health, direction, and wisdom of our ancestors. The following illustrates the directions of Indigenous knowledge, and each quadrant shows the deep level of intelligence that exists when Indigenous ways of being, thinking, seeing, and relating are engaged:

FOUR DIRECTIONS OF INDIGENOUS KNOWLEDGE



3. Linking Western and Indigenous Traditional Healing Approaches

The Royal Commission on Aboriginal Peoples offers this definition as context:

Traditional healing has been defined as “practices designed to promote mental, physical and spiritual well-being that are based on beliefs which go back to the time before the spread of western ‘scientific’ bio-medicine.” When Aboriginal Peoples in Canada talk about traditional healing, they include a wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony, counseling and the accumulated wisdom of elders (RCAP, 1996, Vol.3: 348) (as cited in Hill, 2003:7).

Linking Indigenous culture and sacred knowledge with Western theoretical models is based on the understanding that although different, “they share a primary goal: changing the way the client thinks” (McDonald and Gonzalez, 2006:33). The most fundamental difference involves coming to know one’s spirituality in relation to Creation. The Creation stories of Indigenous people are about real events that are vital to the psychological and spiritual growth of the individual personality. Within Creation is the original pattern for the forever unfolding of life and the wellness that involves restoring connection to others, including the spiritual connection to family and community.

As an example, Indigenous prophecies such as the Seven Fires Prophecies (Benton-Banai, 1988) discuss a period of time when the eighth and eternal fire will be lit. The marker for the eighth fire is a time of respect, when there is an honest understanding that differences have their place and purpose. The Creator placed the Indigenous peoples across this land as its caretakers, and it is this relationship to the land that is a primary foundation for differences between Western and Indigenous cultures. It is also important to understand that it is the sacred foundation of our differences that binds us together in commonalities: we have the same Creator and it is this principle that lights the eternal fire of mutual respect.

Indigenous cultural practices are not directed specifically towards one aspect of an individual. Because they are spiritually influenced, they are said to be holistic. These practices impact the mind, body, emotions, and spirit all at once and to varying degrees. Indigenous science integrates the sacred learning about Indigenous knowledge as an activity of “coming-toward-knowing” rather than achieving. One is initially transformed by Indigenous knowledge and then has the responsibility of extending this knowledge by translating its meaning to others.

When reviewing Western-based approaches, it is important to understand that they were not created to attend holistically to the mind, body, emotions, and spirit of an individual; many do not attend to family and community, and few place spirit as central to healing. Gaining an understanding of the differences requires self-awareness of one’s own personal beliefs, value system, world view, and negative biases surrounding spirituality as well as training/education (Coyle, 2001).

There are many common cultural elements across NNADAP/NYSAP primarily within the meaning of practice. Rather than giving the description of cultural practices, the following provides an outline of principles of Western theoretical models applied to many Indigenous knowledge and cultural practices that are both meaningful and relevant.

3.1 Resiliency Theory

Resiliency theory in a Western theoretical model focuses on the force that drives a person to grow through adversity and disruptions (Richardson, 2002). Resiliency theory in an Indigenous context is based on the understanding that unresolved trauma, oppression, and colonization are forces that have created risk factors within all aspects of health across multiple generations and underlie substance abuse/misuse and addictions. Within Indigenous teachings, connection to one’s spirit is facilitated through the identification of the individual’s spirit name, clan family, and nation identity (Dell, Dell, and Hopkins, 2005). It is also dependent upon socially invested resources, culture, and networks (Ledogar and Fleming, 2008).

Resiliency theory in an Indigenous context focuses on culturally informed elements established between individuals and the community of resources around them or between the treatment centre and community. Activities that support the creation of resilience include talking and healing circles, drum and dance groups, Indigenous language acquisition activities, craft activities, community gardening, or other strategies that develop volunteerism such as the gathering and use of traditional medicines.

3.2 Motivational Counselling

Motivational counselling in a Western theoretical model focuses on personal choice, de-emphasizing labels such as “alcoholic” or “addict” and encouraging change instead of examining discrepancies between present behaviours and personal goals and values. While expressing empathy to facilitate change, motivational counselling in a Western context encourages an evaluation of pros and cons that assists client self-reflection and supports self-efficacy to facilitate belief in change and possibilities (Center for Substance Abuse Treatment, 2008).

Utilizing motivational counselling for Indigenous peoples is premature without first establishing a foundation of strength. Without reconnecting to cultural identity, the onus to change is on the individual without regard for social determinants of health (e.g., in a culturally crippled community environment). The motivation for change within Indigenous teachings is spirit-driven and originates from the Creation story. Spiritual identity is a necessary foundation for establishing motivation for change, and while a focus on cultural identity is expressed through spirit name, clan, and one’s relationship to Creation, all is built upon unconditional love and acceptance.

Change is thus facilitated through an emphasis on strengths, not a focus on deficits, and this process is focused on teaching vision first, then planning for a future. Prayer, for example, is an important cultural practice in facilitating hope, supporting vision, and instilling a belief in change.

3.3 Developmental Psychology

Taken from the work of Carl Jung, psychotherapy in a Western theoretical model aims at guiding individuals to wholeness by helping them gain connection to all aspects of self. Developmental counselling facilitates a connection to the trauma of early life experiences that have been repressed or that have been stored unconsciously, and psychotherapy is typically not preoccupied with mental illness. Existential theory, such as logo therapy for example, is focused on extending psychotherapy to include the influence of spirit in defining meaning and purpose of one’s life.

Within Indigenous circles, the Path of Life teaching articulates the various stages of life according to the spirit journey of walking through the physical world. A disconnection from spiritual nourishment can result in many forms of distress, including suicide. Suicide itself is understood as a response to not knowing one's purpose in life; whereas for First Nations, developmental stages of life are expressed through various ceremonial practices or rites of passage.

Examples of ceremonial practices and rites of passage include the walking out ceremony for babies who take their first steps; fasting ceremonies for adolescents; and ceremonies that celebrate gender roles and responsibilities such as Full Moon, taking care of Fire and Water, celebrating the arrival of new life, pre-birth and at-birth, burial ceremonies, and memorial (or ghost) feast ceremonies. In contrast, healing ceremonies typically facilitate unburdening and moving beyond the unresolved trauma of early life experiences, and these include the sweat lodge, healing dances, memorial feasts, etc. as examples of practices.

3.4 Behaviour Modification

In a Western theoretical model, behaviour is motivated by thought processes and patterns together with environmental stimulus. The emphasis is upon shifting efforts toward future expectations rather than past reinforcements.

Within Indigenous teachings, human behaviour is influenced by mind, body, emotions, and spirit. The medicine wheel presents a framework for emphasizing the interdependence of all aspects of self. Thought processes and patterns, coupled with environmental stimulus, are two parts of the self that influence behaviour.

Cultural teachings are focused on influencing behaviour, and more than that, they draw upon the past to inform the present. Knowing that our ancestors' footprints on the earth have left a spiritual path to follow ensures our future. Full or complete understanding of what the ancestors passed on for the future is critically important for informing the present.

3.5 Cognitive–Behavioural Therapy

Cognitive–behavioural therapy (CBT) in a Western theoretical model is based on the idea that thoughts cause feelings and behaviours. If we change the way we think, we can change our perceptions and beliefs for the better, even if the situation itself does not change (National Association of Cognitive-Behavioral Therapists, n.d.). There are generally five components to any problem: thoughts, emotions, physical sensation and symptoms, behaviour, and environment (McDonald and Gonzalez, 2006). Based on an educational model, this form of therapy is very structured and goal-oriented, specifically around the interaction among thought, feeling, and action.

Indigenous knowledge suggests that cultural aspects have either been overlooked in cognitive–behavioural assessments or framed in negative terms. Strengths associated with the cultural-specific environment need to be considered within Indigenous practices, such as the impact of colonization, oppression, racism and discrimination, access to resources, and exposure to endemic (pervasive) trauma like residential school and child welfare.

Indigenous interventions also take into account the extended family and clan family structures, the relationship to the land, the physical as well as spiritual environment, and culture-specific supports. Formal processes of transmitting Indigenous knowledge are very structured, especially those involving ceremony, given that they facilitate connection to mind, body, spirit, and emotion simultaneously.

From an Indigenous perspective, cognitive–behavioural therapy specific to addictions services would focus on decolonization through the development of a cultural identity (McDonald and Gonzalez, 2006). Cognitive restructuring involves teaching culturally based beliefs about self, family, and community all derived from the Creation story of the specific Indigenous population. Practical actions that can support identity development can include, at the very least, prayer and the use of natural, sacred medicines. Tobacco, for example, is a common sacred medicine understood across First Nations in Canada to be a spiritual means of transmitting prayer and establishing communication with the spirit world.

3.6 Emotional Intelligence Theory

Emotional intelligence theory in a Western theoretical model places emphasis on the meaning of both pleasant and unpleasant emotions, as well as cultural and genetic influences on emotional expression. It is not about diagnosing and labelling but about understanding the scientific evidence base for the physiological process of emotions: how the brain operates in relation to emotions or the emotional patterns (chemical flow) that are created when one suppresses emotions.

Complex post-traumatic stress disorder, attachment disorder, and stress disorder are all outcomes of environmental influences. They shape how we respond, leading to altered patterns and chemical imbalances that shift and trigger genetic responses over time. Healing programs, especially addictions programs, often talk about emotions as negative and painful and as something we need to get rid of, which only supports the notion that emotions are not useful and that they themselves are pathological.

An Indigenous world view acknowledges that all people were given unique gifts that distinguish their identity and that what is common to all humanity is the gift of free will. From a Western theoretical perspective, there is a dichotomy or contrast between humanistic theories that support free will and behaviourist theories that support determinism. From an Indigenous perspective, there is a relationship between one's free will and environment and how one influences the other. In the Creation story, there is an emphasis on knowing oneself through the creation of the universe, and the physiological process of putting Creation together is continuously replicated in human beings and throughout life. Within Indigenous constructs, a person does not exist unto themselves; instead, their physiological functioning is directly connected to and influenced by the environment.

A reconnection with one's Creation identity creates opportunity for shifting chemical imbalances, for strengthening the genetic string into the next generation, both physically and spiritually, and for changing patterns of behaviour, thinking, and emotional response to one's environment.

3.7 Prayer

Prayer is also a powerful tool to facilitate vision and hope. It is often given when looking to the future and when requesting the Creator’s help in living with trauma or community dilemma. As an example, in one case, a patient with schizophrenia was visited daily by his elder aunty. When the patient was discharged and asked what made the difference in his recovery, his belief in spiritual help through prayer and his aunt’s facilitation are what brought about the healing (Durie, 2009). Cultural teachings specific to one’s genetic makeup are important for creating emotional and Indigenous intelligence and for realizing one’s potential for healthy functioning within family and community.

3.8 Narrative/Group-based Therapies

Western psychology seems to be discovering the advantages of bringing people together to discuss their lives and challenges in a non-confrontational and mutually supportive process, calling them “narrative therapies in a group format.” In Connecticut, for instance, a study of what its originators called a “Relational Psychotherapy Mother’s Group” for heroin-addicted mothers drew positive conclusions, and great promise was found in this ancient Indigenous process, given that it is strength-based, non-hierarchical, interpersonal, and discovery-based.

3.9 Bio-psychosocial and Bio-psychocultural Approaches

Bio-psychosocial and bio-psychocultural approaches hold that biological, psychological, and social factors combine to influence behaviour. The biological component of the model seeks to understand how the cause of the illness stems from the functioning of the individual’s body. The psychological component of that same model looks for potential psychological causes of a health problem, such as lack of self-control, emotional turmoil, and negative thinking. The social element of the approach investigates how different social factors such as socio-economic status, culture, poverty, technology, and religion can influence health (Santrock, 2007).

Likewise, a bio-psychocultural approach has also been developed paying specific attention to the inter- and intra-cultural variables that directly and indirectly influence behaviour (Eshun and Gurung, 2009). The drawbacks, however, are the apparent equation of culture and religion in the Western approach and the denigration of religious beliefs as being without scientific basis and as having, for that reason, no ultimate truth value. Religious beliefs are seen as merely customs passed from generation to generation, which is in direct contradiction to Indigenous beliefs.

3.9.1 Workbook Exercise

Please rate from “good” to “fair” to “needs work” in your familiarity with the following:

WESTERN THEORETICAL MODEL	INDIGENOUS PRACTICES AND APPLICATIONS INVOLVING CULTURAL AND TRADITIONAL HEALING
Resiliency Theory	
Motivational Counselling	
Developmental Psychology	
Behaviour Modification	
Cognitive-behavioural Therapy	
Emotional Intelligence Theory	
Prayer	
Narrative/Group-based Therapies	
Bio-psychosocial and Bio-psychocultural Approaches	

4. Re-establishing Indigenous Identity in NNADAP/NYSAP

4.1 The Overall Structure and its Components

NNADAP/NYSAP has played a significant role in facilitating the development of Indigenous identity, recognizing that a secure identity requires more than the superficial knowledge of cultural practices. In fact, it depends on gaining an understanding of Indigenous language, history, teachings, family, community, and land and emphasizing healthy connections need to be established simply because individuals must always “go home”³ to find their truth and continue their journey. Some of the component parts of a broader healing and wellness process ultimately need to address.

- **physical needs:** including detoxification with natural medicines, traditional foods, rest, and exercise or ceremonial games;
- **emotional needs:** through ceremonial welcoming to the community or wellness circle;
- **mental needs:** focusing on education regarding Indigenous identity and Indigenous practices; and
- **spiritual needs:** through spirit name/clan/nation identification and teachings as well as opportunities to experience relationships with Creation.

4.2 Common Examples of Setting Process into Practise

Celebration-of-life Ceremonies: Focusing on strengths and enhancing Indigenous teachings that follow the Creation stories speak to the stages of life and are directed by the developmental processes that bind the physical and spiritual life experience.

Cultural Assessments: Having a spiritual reading done to determine specific needs to strengthen spiritual connections through the use of feasts, natural medicines, or other ceremonies.

Indigenous Identity Awareness: Meaning that the client, cultural activities, and ceremonies are inclusive of family, clan, and community (e.g., learning bush skills like hunting, trapping, and harvesting medicines as well as learning interdependence by living with others at a land-based camp). Treatment centres that include fasting ceremonies also rely on a strong connection to, and understanding of, the relationship to both the land and to the volunteerism and participation of the community.

Plan-of-Care Goals: Supporting our inherent strengths as Indigenous persons by focusing on establishing meaningful connections of mind, body, spirit, and emotion through education, cultural experience, and ceremony is essential.

Indigenous Languages: Facilitating the opening of spiritual doorways from an Indigenous perspective to language and ceremonial song. Ceremonial language contains the closest links to spiritual language, and it is the best stimulus for full-brain engagement, both physically and spiritually.

Sacred Foods and Medicines: Addressing physical and chemical imbalances created by opiate use with sacred foods and medicines. For example, sea salt or cedar water can be used in foot or full-body soaks to detoxify and to manage pain; natural medicines can be prepared as a tea for cleansing and detoxifying the liver; and traditional medicines like sage, sweetgrass, cedar, or tobacco can be used for smudging or other ceremonies.

Sweat Lodge: Using the sweat lodge as the most prominent in a multi-faceted approach to wellness is widely used across NNADAP/NYSAP, even though the process for conducting it varies and is specific to a First Nation. For instance, community-based sweat lodge ceremonies occur almost every evening across 12 First Nations communities in Nova Scotia, and they welcome people referred by the Native Alcohol and Drug Abuse Counselling Association of Nova Scotia.

Ceremonial Instruments: Using the pipe, shakers, and various drums together with the teachings behind their use are seen as important “touchstones” in defining/redefining oneself as an Indigenous person. Smudging, for instance, speaks to the need to come into conversation with open eyes, mind, ears, heart, tongue, and body and be ready to listen and respond with care. The eagle feather speaks to the need for honesty and humility, acknowledging how little we fully understand the Creator’s truths.

Seven Fires Prophecy: Using the Seven Fires Prophecy or other Indigenous prophecies serve as illustrations for the need to use the spiritual vision that will guide entire communities over generations, whereby growth and development can be focused on and motivated by responsibility to future generations.

Inherent Strengths and Goodness: Designing policies, protocols, and curricula to draw out the inherent strengths of everyone involved allows services to be delivered with a firm belief in the goodness of others, just as a community’s capacity building can focus on inherent strengths. The focus is not on risk factors but on the inherent protective factors that are defined culturally and are specific to the First Nations community.

Community Inclusion: Including the community in ceremonies within the treatment centre (or within the community itself) is critically important as ceremonies are not facilitated solely through the one conducting the ceremony. Including the community is the same as replicating the universal family in the physical presence, with all contributing to the movement towards health and wellness.

Outcome Measurement: Focusing on measuring the advancement of inherent strengths and the fulfillment of roles and responsibilities within family and community as defined by the individual.

Other Examples of Services: Having NNADAP/NYSAP program services focus on the individual’s specific needs—whether employment and training, child welfare, social income assistance, or the like—will assist clients in reducing the stress and burden while participating in treatment services.

Western Theoretical Models: Taking care when using a Western model to ensure that it clearly supports the perspectives of Indigenous knowledge and to ensure it will not threaten the re-establishment of Indigenous identity.

³“Go home” is a common phrase used to express a return to one’s family, community, and land as this is the source of truth around identity, place, and purpose in Creation. Place is not restricted to geographic location, instead it means one’s place within the universe, family, and community and is based on the knowledge that all beings in Creation have a place of belonging.

4.2.1 Workbook Exercise

Please rate from “good” to “fair” to “needs work” in your familiarity with the following:

NNADAP/NYSAP PRACTICE	EQUIVALENT APPLICATION WITHIN YOUR COMMUNITY OR TREATMENT CENTRE
Celebration-of-life Ceremonies	
Cultural Assessments	
Indigenous Identity Awareness	
Plan-of-Care Goals	
Indigenous Languages	
Sacred Foods and Medicines	
Sweat Lodge	
Ceremonial Instruments	
Seven Fires Prophecy	
Inherent Strengths and Goodness	
Community Inclusion	
Outcome Measurement	
Other Services	
Western Theoretical Models	

5. Guiding Principles and Cultural Policy Template (draft)

Community development efforts vary considerably from one First Nations community to the next. The National Native Addictions Partnership Foundation (NNAPF)* is presently developing a tool with which to assess community development efforts and, more specifically, to determine whether the community has reached a level of competency in its community development initiatives.

5.1 Guiding Principles

Central to Indigenous intelligence is the belief that the Great Spirit placed everything within Creation that humankind would ever need to live. Key concepts of Indigenous intelligence demonstrate their application within addictions services, and the sweat lodge is an exemplary prevention strategy given its ability to strengthen cultural identity, address grief and trauma, and facilitate recovery and health promotion/maintenance.

Collaboration between Western approaches and cultural knowledge would be ideally founded on cultural knowledge that incorporates Western approaches that are culturally relevant to Indigenous peoples and supported by policy based on the following seven guiding principles:

1. Indigenous knowledge is valued as a credible source of evidence. NNADAP promotes and supports a cultural evidence base that monitors the influence of culture in healing and wellness;
2. Healing and wellness should be understood within NNADAP and within the context of meaningful purpose, identity development, connections, and an ever-evolving path;
3. Indigenous culture and traditional healing practices are community-sourced within NNADAP at the present time, and more resources need to be invested in public health and primary health care development within the community to maximize program effectiveness;

* As of June 2015, the National Native Addictions Partnership Foundation (NNAPF) changed its name to the Thunderbird Partnership Foundation, a division of NNAPF Inc. For more information, visit www.thunderbirdpf.org.

4. Cultural practitioners and cultural knowledge must be included in ALL workforce development strategies, whether human resource policies, contracted services, salary compensation, professional development, or cultural-specific standards of practice;

5. Service design should reflect a cultural evidence base through clearly defined indicators, such as the increased positive connection and contribution from and to family and community, the continued practice of spirituality, etc.;

6. Community development and capacity building, in addition to prevention and residential treatment, need to improve cultural relevancy by building an evidence base using both Western theoretical approaches and traditional cultural healing practices; and

7. Principles for determining the cultural evidence base are proposed for the renewal of all NNADAP community-based and treatment centre programs, specifically

- Indigenous knowledge is founded on the Creation story of the people;
- Indigenous evidence is the continuous and consistent process of making meaning of Indigenous knowledge in its role in healing and intervention through the generations;
- Colonization must be understood as the cause of Indigenous knowledge and healing practices being diminished or discarded;
- Indigenous practices are tied to the community, and its practitioners are sanctioned by, and accountable to, their community;
- Indigenous health practices impact on health and wellness and is evident in one's physical life; and
- Indigenous ways of life are neither mystical nor magical but solidly grounded in physical life and connected to spirit.

Cultural Policy Template (draft)

The _____, while acknowledging the impact that colonization has had on
NAME OF COMMUNITY/ORGANIZATION
our way of life, we reaffirm our use of cultural practices and traditional knowledge as part of our NNADAP healing and wellness program, while respecting the diversity of religion and other practices as expressed in the various denominations within our community.

In defining cultural practices and traditional knowledge in the treatment of alcohol and substance abuse, we, as First Nations people, incorporate the following cultural practices in our traditional ceremonies and healing/health and wellness programs, including the following uses: (list of cultural practice/traditional knowledge or medicine in relation to the particular practice/program):

In addition to our traditional resources available within our _____), we also
COMMUNITY/ORGANIZATION
rely on the additional resources offered through the _____, to support our
COMMUNITY/ORGANIZATION/PROGRAM
use of cultural knowledge and practices in healing and wellness.

We as First Nations people also acknowledge a mutual respect and greater balance in our services to our community members and clients in recognizing the blend/use of natural or traditional and Western medicines and healing practices in our approach to health and well-being.

We also acknowledge the need for improvements and greater awareness of our practices and programs within our own and neighbouring communities, including health-related environments where there is a predominance of Western-based practices, such as the following: (list other organizations you work with)

As part of our ongoing efforts to better inform and create understanding of our use of traditional medicines, our
_____ will promote smudge offerings, medicine walks, (list as many as
COMMUNITY/ORGANIZATION
possible), and other practices (list as many as possible) in our working relationship and (list affiliated) programs with the above-mentioned organizations, such as the following: (list practice in relation to what traditional medicine that may include what program)

NNAPF and its Renewal Partners (Health Canada and the Assembly of First Nations) hope this workbook has contributed to a better understanding of Indigenous knowledge and of the essential contribution it can make, not only towards the treatment of addictions and substance abuse, but also toward the restoration of Indigenous identity across Canada.

6. Additional Resources/References

Addiction Research Institute of the Center for Social Work Research, University of Texas at Austin (2010). The Social Work Research Development Program for Underserved Populations "Conceptual model for the research development program." Retrieved from: <http://www.utexas.edu/research/cswr/nida/rdpConceptModel.html>

Apostolides, M. (1996, Sept. 1). How to quit the wholistic way. *Psychology Today*. Retrieved May 16, 2009 from: <http://www.psychologytoday.com/articles/index.php?term=19960901-000026&page=5>

Assembly of First Nations (AFN), National Native Addictions Partnership Foundation (NNAPF), and First Nations and Inuit Health Branch (FNIB) (2011). *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues among First Nations People in Canada*. Ottawa, ON: Health Canada. Retrieved from: http://nnadaprenewal.ca/wp-content/uploads/2012/01/Honouring-Our-Strengths-2011_Eng1.pdf

Australia. Commission on Social Determinants of Health (2007). *Social Determinants of Indigenous Health: The International Experience and its Policy Implications*, International Symposium on the Social Determinants of Indigenous Health Adelaide, 29-30 April 2007.

Battiste, M., and Henderson, J.Y. (2000). *Protecting Indigenous Knowledge and Heritage: A Global Challenge*. Saskatoon, SK: Purich Publishing Ltd.

Beauregard, M., and O'Leary, D. (2007). *The Spiritual Brain: A Neuroscientist's Case for the Existence of the Soul*. Toronto, ON: HarperCollins Publishers Ltd.

Beck, W.F., Walters, A.L., and Francisco, N. (1977). *The Sacred: Ways of Knowledge, Sources of Life*. Tsale, AZ: Navajo Community College Press.

Benton-Banai, E. (1988). *The Mishomis Book: The Voice of the Ojibway*. Hayward, WI: Indian Country Communications Inc.

Bitti, M.T. (2009, May 11). Office space by the hour. Retrieved August 28, 2009 from: <http://www.financialpost.com/news-sectors/story.html?id=1583317&p=1>

Bombay, A., Matheson, K., and Anisman, H. (2009). Intergenerational trauma: convergence of multiple processes among First Nations peoples in Canada. *Journal of Aboriginal Health*, 5(3):6-47. Retrieved from: http://www.naho.ca/jah/english/jah05_03/V5_I3_Intergenerational_01.pdf

Center for Substance Abuse Treatment (1999). Chapter 3—Motivational interviewing as a counseling style. SAMHSA/CSAT Treatment Improvement Protocols: Enhancing Motivation for Change in Substance Abuse Treatment. (Treatment Improvement Protocol (TIP) Series, No. 35.) Report No.: (SMA) 99-3354. Rockville, MD: Substance Abuse and Mental Health Services Administration (US). Retrieved March 21, 2009 from: <http://www.ncbi.nlm.nih.gov/books/NBK64964/>

Chandler, M.J., and Lalonde, C.E. (2009). Cultural continuity as a moderator of suicide risk among Canada's First Nations. In L.J. Kirmayer and G. Guthrie Valaskakis (Eds.), *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada* (pp. 221-248). Vancouver, BC: UBC Press.

Chang, J.-H. (2009). Chronic pain: cultural sensitivity to pain. In S.Eshen and R.A.R. Gurung, *Culture and Mental Health: Sociocultural Influences, Theory, and Practice* (pp. 71-90). West Sussex, UK: Wiley-Blackwell Publishing Ltd.

Coyle, B.R. (2001). Twelve myths of religion and psychiatry: lessons for training psychiatrists in spiritually sensitive treatments. *Mental Health, Religion, & Culture*, 4(2):149-174. doi: 10.1080/713685628

Darussalam, B. (2001). Traditional Medicine. World Health Organization, Regional Office for the Western Pacific, Regional Committee, 52nd Session, 10-14 September 2001, Provisional agenda item 13, WPR/RC52/7. Retrieved from: <http://www2.wpro.who.int/internet/resources.ashx/RCM/RC52-07.pdf>

Dell, C.A., Dell, D.E., and Hopkins, C. (2005). Resiliency and holistic inhalant abuse treatment. *Journal of Aboriginal Health*, 2(1):4-12. Retrieved from: http://www.naho.ca/jah/english/jah02_01/JournalVol2No1ENG3abusetreatment.pdf

MacDonald, J. (Producer), and Dickie, B. (Director) (2000). *Hollow Water* (Documentary). Canada: National Film Board of Canada.

6. Additional Resources/References

Kennedy, M. (2004). Alcohol and other addictions: can DNA make a difference? Keynote Address #4. Cutting Edge 2004: Conference Proceedings—An annual treatment conference on alcohol, drug and addictive disorders, 2–4 September 2004 (pp. 17–20). Palmerston North, NZ: Alcohol Advisory Council of New Zealand.

Kleiman, M. (2007). A new course for drug policy: beyond panic and indifference. Opening keynote address. Issues of Substance: Canadian Centre on Substance Abuse National Conference, 2007, . Edmonton, AB.

Duran, E., and Duran, B. (1995). *Native American Postcolonial Psychology*. Albany, NY: State University of New York Press.

Durie, M. (2009, March 2). Indigenous mental health leadership. 2009 International Initiative for Mental Health Leadership Exchange, Massey University, Palmerston North, NZ.

Durie, M. (2001). *Mauri Ora: The Dynamics of Maori Health*. Victoria, AU: Oxford University Press.

Durie, M., Milroy, H., and Hunter, E. (2009). Mental health and the Indigenous peoples of Australia and New Zealand. In L.J. Kirmayer and G. Guthrie Valaskakis (Eds.), *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada* (pp. 36–55). Vancouver, BC: UBC Press.

Duran, E., Duran, B., Brave Heart, M. Yellow Horse, and Horse-Davis, S. Yellow (1998). Healing the American Indian soul wound. In Y. Danieli (Ed.), *International Handbook of Multigenerational Legacies of Trauma* (pp. 341–354). New York, NY: Plenum Press.

Eshun, J.P., and Kelly, K.J. (2009). Managing job stress: cross-cultural variations in adjustment. In S. Eshun and R.A.R. Gurung (Eds.), *Culture and Mental Health: Sociocultural Influences, Theory, and Practice* (pp. 55–70). West Sussex, UK: Wiley-Blackwell Publishing Ltd.

Eshun, S., and Gurung, R.A.R. (2009). Introduction to culture and psychopathology. In S. Eshun and R.A.R. Gurung (Eds.), *Culture and Mental Health: Sociocultural Influences, Theory, and Practice* (pp. 3–18). West Sussex, UK: Wiley-Blackwell.

University of Calgary (Updated: 2007, July 24).. Children's Mental Health Project: Undergrad Module 4: Cultural Issues- Special Considerations for Aboriginal and Immigrant Populations Retrieved May 16, 2009 from http://ucalgary.ca/cmhp/undergrad_modules/4

Health Canada (1998). National Native Alcohol and Drug Abuse Program General Review 1998: Final Report. Ottawa, ON: FNIHB, Health Canada. Retrieved from: http://www.hc-sc.gc.ca/fnihb-spnia/alt_formats/fnihb-dgspni/pdf/pubs/ads/1998_rpt-nnadap-pnlaada-eng.pdf

First Nations Health Managers Association (no date). Competency Standards. Retrieved from: <http://www.fnhma.ca/content.php?doc=27>

Ledogar, R.J., and Fleming, J. and (2008). Social capital and resilience: a review of concepts and selected literature relevant to Aboriginal youth resilience research. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 6(2):25–46. Retrieved from: <http://www.pimatisiwin.com/uploads/492281261.pdf>

Frank, E., and Smith, A. (1999). *The Community Development Handbook: A Tool to Build Community Capacity*. Ottawa, ON: Minister of Public Works and Government Services Canada. Retrieved December 2009 from: <http://www.healthincommon.ca/wp-content/uploads/Community-Development-Handbook-HRDC.pdf>

Freedman, J.M., Jensen, A.L., Rideout, M.C., and Freedman, P.E. (1998). *Handle with Care: Emotional Intelligence Activity Book*. Aptos, CA: Six Seconds.

Freeman, B. (2007). Indigenous pathways to anti-oppressive practice. In D. Baines (Ed.), *Doing Anti-Oppressive Practice: Building Transformative Politicized Social Work* (pp. 95–110). Halifax, NS: Fernwood Publishing.

Gianoulakis, C. (2001). Influence of the endogenous opioid system on high alcohol consumption and genetic predisposition to alcoholism. *Journal of Psychiatry and Neuroscience*, 26(4):304–318. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC167184/pdf/20010900s00003p304.pdf>

6. Additional Resources/References

Gibson, G.G., and Skett, P. (2001). *Introduction to Drug Metabolism*, Third Edition. Cheltenham, UK: Nelson Thornes Publishers.

Goleman, D. (2000). Emotional Intelligence: Issues in Paradigm Building. In C. Cherniss and D. Goleman (Eds.), *The Emotionally Intelligent Workplace: How to Select for, Measure, and Improve Emotional Intelligence in Individuals, Groups, and Organizations* (p.p. 13– 26). San Francisco, CA: Jossey-Bass.

Government of Canada (2006). *The Human Face of Mental Health and Mental Illness in Canada 2006*. Ottawa, ON: Minister of Public Works and Government Services Canada.

Hays, P.A. (2006). Introduction: developing culturally responsive cognitive-behavioral therapies. In P.A. Hays and G.Y. Iwamasa (Eds.), *Culturally Responsive Cognitive-Behavioral Therapy: Assessment, Practice, and Supervision* (pp. 3–19). Washington, DC: American Psychological Association.

Hill, D. Martin (2003). Traditional medicine in contemporary contexts: protecting and respecting indigenous knowledge and medicine. Discussion paper. Ottawa, ON: National Aboriginal Health Organization. Retrieved from: http://www.naho.ca/documents/naho/english/pdf/research_tradition.pdf

Hoffman, J., and Froemke, S. (2007). *Addiction: Why Can't They Just Stop? New Knowledge. New Treatments. New Hope*. New York, NY: Rodale Inc.

Jones, D. (2007). *Celebrate What's Right With The World* (training DVD). Saint Paul, MN: Star Thrower Distribution Corp.
Kingi, T.K. (2009, March 2). Indigenous perspectives on health outcome measurement (PowerPoint presentation). 2009 International Initiative for Mental Health Leadership Exchange, Massey University, Palmerston North, NZ. Retrieved from: http://www.powershow.com/view/7104b-MzcxO/Indigenous_Perspectives_on_Health_Outcome_Measurement_flash_ppt_presentation.

Kirmayer, L.J., Tait, C.L., and Simpson, C. (2009). The mental health of Aboriginal peoples in Canada: transformations of identity and community. In L.J. Kirmayer and G. Guthrie Valaskakis (Eds.), *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada* (pp. 3–35). Vancouver, BC: UBC Press.

LaFrance, J. (2003). The Sturgeon Lake community experience: a journey toward empowerment. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 1(1):115–144. Retrieved from: <http://www.pimatisiwin.com/uploads/879260730.pdf>

Law Commission Canada (2006). *Justice Within: Indigenous Legal Traditions* (DVD). Ottawa, ON: Minister of Supply and Services Canada.

Lester, M., and Tschakovsky, K. (no date). Oxycontin: straight talk. Retrieved from: http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/oxycontin/Pages/oxycontin_straight_talk.aspx

Lock, M. (2007). *Aboriginal Holistic Health: A Critical Review*. Discussion Paper Series No. 2. Casuarina, AU: Cooperative Research Centre for Aboriginal Health.

Luthar, S.S., and Suchman, N.E. (2000). Relational Psychotherapy Mothers' Group: a developmentally informed intervention for at-risk mothers. *Development and Psychopathology*, 12(2):235–253.

Maar, M. (2004). Clearing the path for community health empowerment: integrating health care services at an Aboriginal health access centre in rural north central Ontario. *Journal of Aboriginal Health*, 1(1):54–64. Retrieved from: http://www.naho.ca/jah/english/jah01_01/journal_p54-65.pdf

McCaslin, W.D., and Boyer, Y. (2009). First Nations communities at risk and in crisis: justice and security. *Journal of Aboriginal Health*, 5(2):61–87. Retrieved from: http://www.naho.ca/jah/english/jah05_02/V5_I2_Communities_03.pdf

McCormick, R. (2009). Aboriginal approaches to counselling. In L.J. Kirmayer and G. Guthrie Valaskakis (Eds.), *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada* (pp. 337–354). Vancouver, BC: UBC Press.

McDonald, J.D., and Gonzalez, J. (2006). Cognitive-Behavior Therapy with American Indians. In P. Hays, & G. Y. Iwamasa (Eds.), *Culturally Responsive Cognitive-Behavior Therapy: Assessment, Practice, and Supervision* (pp. 23–46). Washington, DC: American Psychological Association.

6. Additional Resources/References

Mental Health Services Act, S.S. 1986, c. M-13.1. Retrieved September 13, 2009 from: <http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/M13-1.pdf>

Mental Health Commission of Canada (2009). *Toward Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada*(Draft). Ottawa, ON: Author.

Mila-Schaaf, K., and Hudson, M. (2009). *Negotiating Space for Indigenous Theorising in Pacific Mental Health and Addictions*. Auckland, NZ: Le Va Pasifika within Te Pou. Retrieved from: <http://www.leva.co.nz/library/leva/negotiating-space-for-indigenous-theorising-in-pacific-mental-health-and-addictions>

Mitchell, T.L., and Maracle, D.T. (2005). Healing the generations: post-traumatic stress and the health status of Aboriginal populations in Canada. *Journal of Aboriginal Health*, 2(1):14-23. Retrieved from: http://www.naho.ca/jah/english/jah02_01/JournalVol2No1ENG4headinggenerations.pdf

Moore, K., and Schiff, J. Wagemakers (2006). The Impact of the Sweat Lodge Ceremony on Dimensions of Well-Being. *American Indian and Alaska Native Mental Health Research: The Journal of the National Centre*, 13(3):48-69. Retrieved from: http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Documents/Volume%2013/13%283%29_Schiff_Impact_Sweat_Lodge_48-69.pdf

Mushquash, C.J., Comeau, M.N., and Stewart, S.H. (2007). An alcohol abuse early intervention approach with Mi'kmaq adolescents. *First Peoples Child and Family Review*, 3(1):17-26.

National Association of Cognitive-Behavioral Therapists (no date). What is CBT? NACBT Online Headquarters. Retrieved March 21, 2009 from: <http://www.nacbt.org/whatiscbt.htm>

Neckoway, R., Brownlee, K., and Castellan, B. (2007). Is Attachment Theory Consistent with Aboriginal Parenting Realities? *First Peoples Child and Family Review*, Volume 3(2):65-74.

Niezen, R. (2009). Suicide as a way of belonging: causes and consequences of cluster suicides in Aboriginal communities. In L.J. Kirmayer and G. Guthrie Valaskakis (Eds.), *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada* (pp. 178-195). Vancouver BC: UBC Press.

Nimkee NupiGawagan Healing Centre (2007). 2007 Annual Report. Muncey, ON: Author.

Pääbo, S. (2001, February 16). Genomics and society: the human genome and our view of ourselves. *Science* 291(5507):1219-1220. Retrieved May 9, 2009 from: <http://www.sciencemag.org/cgi/content/full/291/5507/1219>
Mead, A.T. Pareake (2000). A Policy and Ethical Framework to Improve Maori Health Through Maori Traditional Healing. (Presented to the 5th World Congress of Bioethics, Imperial College of Medicine, London, UK, September 2000.)

Peele, S. (2004). The surprising truth about addiction. *Psychology Today* 37(3):43-46. Retrieved from: <http://www.doctordeluca.com/Library/AbstinenceHR/SurprisingTruthAddictions04.pdf>

Psychology Today (no date). Diagnosis dictionary. Retrieved May 16, 2009 from: <http://www.psychologytoday.com/conditions/alcohol.html>

Reading, J.L., Kmetz, A., and Gideon, V. (2007). First Nations Wholistic Policy and Planning Model: Discussion Paper for the World Health Organization Commission on Social Determinants of Health. Ottawa, ON: Assembly of First Nations.

Richardson, G.E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology*, 58(3):307-321. doi: 10.1002/jclp.10020

Rosenfield, R.M. (1998). Meaningful outcomes research. In S.F. Isenberg (ed.), *Managed Care, Outcomes, and Quality: A Practical Guide* (p. 99-115). New York, NY: Thieme.

Ross, R. (2004). Exploring Criminal Justice and The Aboriginal Healing Paradigm. Paper presented to the Chief Justice of Ontario's Advisory Committee on Professionalism Third Colloquium on the Legal, October 25, 2004, Ottawa, ON. Retrieved from: http://www.lsuc.on.ca/media/third_colloquium_rupert_ross.pdf

6. Additional Resources/References

Samson, C. (2009). A colonial double-bind: social and historical contexts of Innu mental health. In L.J. Kirmayer and G. Guthrie Valaskakis (Eds.), *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada* (pp. 109–139). Vancouver, BC: UBC Press.

Santrock, J.W. (2007). *A Topical Approach to Lifespan Development* (3rd ed.). St. Louis, MO: McGraw-Hill.

Smith, D.P. (2005). The sweat lodge as psychotherapy: congruence between traditional and modern healing. In R. Moodley and W. West (Eds.), *Integrating Traditional Healing Practices Into Counseling and Psychotherapy* (pp. 196–209). Thousand Oaks, CA: Sage Publications.

Solomon, A., and Wane, N.N. (2005). Indigenous healers and healing in a modern world. In R. Moodley and W. West (Eds.), *Integrating Traditional Healing Practices Into Counseling and Psychotherapy* (pp. 52–60). Thousand Oaks, CA: Sage Publications.

Stein, J.A. (1995). *Residential Treatment of Adolescents and Children: Issues, Principles, and Techniques*. Chicago, IL: Nelson-Hall Publishers.

Tait, C.L. (2008). Ethical programming: towards a community centred approach to mental health and addiction programming in Aboriginal communities outcome indicators. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 6(1):29–60. Retrieved from: <http://www.pimatisiwin.com/uploads/445206868.pdf>

Tonigan, J.S., Forcehimes, A.A., and Geppert, C. (2007). Selected annotated bibliography on substance use and abuse. *Southern Medical Journal*, 100(4):454–457.

Trotter, C. (2008). What does client satisfaction tell us about effectiveness? *Child Abuse Review*, 17(4):262–274. doi: 10.1002/car.1038

Weslager, C.A. (1972). *The Delaware Indians: A History*. New Brunswick, NJ: Rutgers, University of New Jersey Press.

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