



An Annotated Bibliography

Cultural Intervention Models in Mental Health



First Nations Centre
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National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
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Introduction

In many First Nations and Aboriginal societies, good health was a result of a balance of ones entire being, 'mind, body and spirit'. This annotated bibliography is a collection of scholarly literature with respect to cultural models of intervention in mental health.

It is essential however to the growing discourse in mental health concerning First Nations people that practitioners, researchers and students of helping professions gain an understanding and reverence of the impact historical and contemporary issues have had in First Nations. These effects continue to be evident in the high rates of suicide, addictions, conflict with the law, violence, poverty, alienation and oppression of First Nations in Canada.

Mental health is but one component of an intricate web of our genealogical make up. For First Nations peoples, critical to well being and positive mental health, is one's history, culture, traditions, spirituality and very identity.. Without these essential foundations, well-being and good health cannot be attained. The emergence of qualitative and empirical evidence found in the literature illustrates a critical link to one's cultural history and contemporary well-being. The resiliency of First Nations communities is reflected in their abilities to retain their cultural knowledge and their determination to utilize that very knowledge to thrive in the modern world. Furthermore, it is important to recognize that Western conceptions of "intervention" may be different than First Nations ones. It is necessary to assert that First Nations culture should be viewed holistically and that elements of First Nations culture cannot necessarily be 'extracted' to fit Western models of "intervention"

The struggle to overcoming systemic and internal challenges in addressing First Nations mental health issues is compounded due to historical legacies. Resources, services and formal support networks that are culturally appropriate and reflective of diverse cultural, linguistic and geographic realities are often lacking in First Nations communities. Hence, the need for such culturally appropriate resources becomes essential. Moreover, recognition for those who practice traditional helping and healing methods is synonymous with empowerment from within First Nations communities.

The revitalization of such practices across Canada and the United States is reflected by the growing literature in this field. This annotated bibliography contains a listing of culturally based interventions with respect to mental health, well-being and healing. While Aboriginal individuals authored many of the articles, this paper also presents works of non-Aboriginal authors and their experience in addressing the aforementioned through cultural paradigms. Although not an exhaustive list, the bibliographical references highlight the diverse discourse currently taking place and many references provide considerations for future research. The references are listed alphabetically and where possible the author's abstract has been utilized as a descriptor for their works.

Absolon, K. (1993). Healing as Practice: Teachings from the Medicine Wheel. Victoria, BC: Wunska Network.

Abstract: Absolon uses the Medicine Wheel framework to discuss service provision and the need to determine what constitutes healing, as well as considering the negative influences. She states, “the presence of behaviours that contribute to and sustain ‘harmonious and cohesive’ relationships is essential” (p. 5). Healing is a process, characterized by the continuum inherent in the Medicine Wheel ... the healing process requires time and patience from all involved; the healing relationship is an important factor in allowing for this process to evolve (p.12).

Anderson, K. (2000). A Recognition of Being: Reconstructing Native Womanhood. Toronto, ON: Secondary Press.

Abstract: Anderson explores how the identity of Aboriginal women has been dismantled over the years through colonization, abuse and disrespect, both within and outside the Aboriginal community. Anderson shows how Aboriginal women are reclaiming their cultural traditions and creating positive images of themselves true to their heritage.

Angell, G. B. (2000). Cultural Resilience in North American First Nations: The Story of Little Turtle. Critical Social Work, 1(2).

Abstract: Protective factors, needed for personal resilience, are known to vary from culture to culture. As such, social workers are faced with having to increase their knowledge and competence when working cross- culturally. In a bid to advance this understanding, this paper takes a culturally sensitive look at resilience in North American Indian First Nations. Founded on an interview with a colleague, this inquiry considers the interplay of self-concept, family, and culture in the development of protective factors in resilience. Implications for practice employing an understanding of cultural resilience are discussed.

Assembly of First Nations. (1994). Breaking the silence: An interpretive study of residential school impact and healing as illustrated by the stories of First Nations individuals. Ottawa, ON: Assembly of First Nations.

Abstract: This report explores the physical, emotional and spiritual wounding of residential school survivors. Losses include historical memory, innocence, language, meaning connection, identity and life. The authors recommend:

- Models for healing centered on traditional understandings of interconnectedness and wholeness;
- Commitment to principles of respect, responsibility and cooperation as fundamental to all healing and training initiatives;
- Development of capacity to provide timely access to appropriate treatment and counseling for both victims and offenders.
- Development of family-oriented programs that meet several needs related to building skills (parenting skills, job training, communication and conflict resolution).

The wellness of First Nations (individually and collectively) needs to be grounded in a realistic acknowledgement of the multi-generational losses they have experienced. It must also recognize that loss and grief is very much linked to the process of resolving complex community issues, strengthening families and creating sustainable communities.

Badine, T. (2003). First Nations Women Clients: Experiences in Dual Relationships. Thesis (M.S.W.)--University of Northern British Columbia, 2003.

Abstract: Using a phenomenological approach, this study explores First Nations women clients' experiences of dual relationships with alcohol and drug abuse counselors indigenous to the clients' communities. The goal of this study was to provide a description of the nature of his experience from First Nations women clients' perspectives. Descriptive data for the study was gathered through conversations with three First Nations women from rural British Columbia and Alberta. The thesis points out that counseling can be very effective if the therapeutic relationship can grow into a enduring relationship where clients trust the counselor and eventually view the counselor as a role model. In order to even out the power imbalance during the beginning phase of the relationship, the study recommends boundary management initiatives that will allow the enduring relationship to form much quicker.

Bent, K., Josephson, W., & Kelly, B. (2004). Effects of an Aboriginal Cultural Enrichment Program on Adolescent Mothers' Self-Perceptions. First Peoples Child & Family Review, 1, 83-100.

Abstract: This study explored the effects of an Aboriginal cultural enrichment initiative on the self-concept of ten pregnant or parenting adolescent women, all but one of who were of Aboriginal decent. The cultural enrichment activities were integrated into a program of support for adolescent mothers. Questionnaires were administered to the participants at the beginning and after six weeks of participating in the cultural enrichment component of the program. The Self-Perception Profile for Adolescents (Harter, 1988) was used to measure global self-worth and self-perception across eight domains. Overall cultural identity, cultural identity achievement, cultural behaviours and sense of affirmation and belonging were measured using the 20-item Multi-group Ethnic Identity Questionnaire (Phinney, 1998b). Individual audiotaped interviews were also undertaken following completion of the post-tests. After six weeks of the cultural enrichment program, the participants' cultural identity achievement scores increased significantly, and participants who had achieved a strong cultural identity also had higher levels of global self-worth. Average self-concept became more positive in the specific domains of job competence and behavioral conduct. In the interviews, participants expressed positive reactions to the cultural component of the program, and attributed positive personal changes to the cultural experiences it provided. The results support the conclusion that it is highly beneficial to incorporate a cultural component into services for Aboriginal youth (Journal Abstract).

Berry, J.W. (1999). Intercultural relations in plural societies. Canadian Psychology, 40(1), 13-21.

Abstract: The article addresses the complexities of people from different backgrounds successfully living together in culturally diverse societies. Berry argues that developing an understanding of the key issues in this realm is critical for both policy development and the

management of intercultural relations. Conceptualizations common terminologies may be different when filtered through different cultural lenses.

Borins, M. (1995). Native Healing Traditions Must be Protected and Preserved for Future Generations. Canadian Medical Association Journal, 1356-1357.

Abstract: A Toronto physician Mel Borins traveled throughout developing countries examining traditional healing practices, including speaking to Elders from an Ontario reserve. He argues Indigenous-healing practices should be preserved and protected.

Brady, M. (1995). Culture in Treatment, Culture as Treatment: A Critical Appraisal of Developments in Addictions Programs for Indigenous Northern Americans and Australians. Social Science and Medicine, 41, 1487-1498.

Abstract: Indigenous people in Australia and North America have been creating innovative interventions in the addictions field for several years now - incorporating traditional healing practices and cultural values into otherwise western programs - although this process is more developed in Canada and the U.S. than it is in Australia. Through a process of cultural diffusion, Australian Aborigines have incorporated many ideas from Native Canadian treatment models. As a result, residential treatment utilizing adapted forms of the 12 steps of Alcoholics Anonymous is being promoted by Indigenous Australians. This paper examines comparative material on the uses of culture as a form of healing and traces the rationale for the argument that cultural wholeness can serve as a preventative, or even curing agent in drug and alcohol abuse. This is a qualitative leap from the now universally accepted notion that treatment and rehabilitation for Native people should be culturally appropriate. There are, however, certain dilemmas confronting Native treatment directors attempting these syncretic approaches, given aspects of cultural contexts, which can serve to foster drug and alcohol use rather than discourage it. Additionally, North American Indians have at their disposal a rich heritage of communal healing techniques; some (such as the sweat lodge) have been adapted and incorporated into the treatment both of solvent abuse by adolescents, and alcohol abuse by adult. In Australia on the other hand, traditional healing techniques have been less amenable to adaptation. On neither continent are Indigenous peoples attempting to adapt recent mainstream models of intervention to suit their needs (such as Brief Intervention), which is currently receiving international attention in addictions research and treatment (Journal Abstract).

Brant Castellano, M. (2002). Aboriginal Family Trends: Extended Families, Nuclear Families, Families of the Heart. Ottawa, ON: The Vanier Institute of the Family.

Abstract: This paper emphasizes the resilience of Aboriginal families, which continue to survive in various traditional multi-generational and extended forms. It speaks of the different trends occurring with Aboriginal families as they knit together connections in urban environments, with Aboriginal people who come from diverse nations and creating “families of the heart”. The life stories that the author shares represent some of the trends she has witnessed in Aboriginal family life in Canada. The paper discusses additional details on the traditions that continue to animate Aboriginal families, the historical legacy that they wrestle with, and the pivotal role that family plays in their vision of healthy communities and vibrant

citizenship. The last part of the paper looks primarily at healing issues for Aboriginal families.

Braveheart-Jordan, M. & DeBruyn, L. (2005). So She May Walk in Balance: Integrating the Impact of Historical Trauma in the Treatment of Native American Indian Women. In J. Adleman & G. M. Enguidanos (Eds.), Racism in the Lives of Women: Testimony, Theory and Guides to Antiracist Practice. New York: Haworth Press.

Abstract: The impact of traumatic historical events on the Indigenous peoples of the Americas by European cultures has powerful implications for clinical interventions with Native peoples of today. The article introduces the general concept of “historical trauma” outlining the specific history of the Lakota/Dakota (Sioux) of the Northern plains as it relates to the theory of historical trauma and unresolved grief. Focus is on the importance of integrating the concept of historical trauma and traditional cultural perspectives into the therapeutic content of clinical interventions with Native American Indian women. The authors address issues of transference and counter-transference as well as what it means to become a culturally competent therapist. They caution against utilizing feminist theory without consideration of cultural and historical factors relevant to Indian women clients and discuss the effectiveness of psycho-educational groups that are semi-structured, based on an empowerment model of providing coping skills and other skills development for Native American Indian women (from the chapter).

Brave Heart, M. Y. H. & DeBruyn, L. M. (1998). The American Indian Holocaust: Healing Historical Unresolved Grief. American Indian and Alaskan Native Mental Health Research, 8, 56-78.

Abstract: American Indians experienced massive losses of lives, land, and culture from European contact and colonization resulting in a long legacy of chronic trauma and unresolved grief across generations. This phenomenon, labeled historical unresolved grief, contributes to the current social pathology of high rates of suicide, homicide, domestic violence, child abuse, alcoholism and other social problems among American Indians. The present paper describes the concept of historical unresolved grief and historical trauma among American Indians, outlining the historical as well as present social and political forces, which exacerbate it. The abundant literature on Jewish Holocaust survivors and their children is used to delineate the intergenerational transmission of trauma, grief, and the survivor's child complex. Interventions based on traditional American Indian ceremonies and modern western treatment modalities for grieving and healing of those losses are described.

Cashin, J. (2001). Trauma and Multigenerational Trauma Caused by Genocide and Oppression: A Comparison of Western and Native American Healing Methods. Dissertation Abstracts International: Section B: the Sciences & Engineering, 61.

Abstract: This dissertation examines trauma and multigenerational trauma that is caused by genocide and oppression. The specific focus is on oppression and genocidal traumatic effects with a comparison of healing methods from the dominant Western culture and Native American culture. The interpretive material helps to define the literature from

Western culture on the nature and effect of trauma on people and groups. The literature reviewed covers the topics of the psychology of trauma and multigenerational trauma, history of trauma studies, biological origins of traumatic states, neurobiology, emotional responses, trauma transmission, healing methods, psychotherapy, body-centered therapy, Hakomi, and EMDR. The comparison information with Native American healing was conducted in open-ended interviews of nine Native people who are involved with Native communities in many areas of helping and healing. The research used was qualitative, heuristic, and decolonizing, using augmentation from interpretive material from Native Americans. The results of the interviews were sorted by topics and the depth of information gathered. The themes for discussion were: **Multigenerational and Historical Trauma, Silence and Talking, Coming Together, Individual Healing, Healing Between Native and White People, Healing as a Tribe** and **Healing Sacred Sites**. The findings from the interviews were augmented by interpretive material from Native American authors, artists and poets. The research suggests different modes of healing within the two cultures, specifically in the area of individual healing of Western culture compared with group healing of tribes. The key finding suggests group healing vs. individual healing. Group healing appears to be a primary value of Native people while individual healing is a strong focus in Western culture. The study implies that healing methods reflect specific cultural values, norms, cultural beliefs, spiritual beliefs, and predispositions in both cultures.

Centre for Disease Control and Prevention. (1998). Suicide prevention evaluation in a Western Athabaskan American Indian Tribe-New Mexico, 1988-1997. Morbidity and Mortality Weekly Report, 47(13), 257-261.

Abstract: This article describes the efforts of a Western Athabaskan tribe in rural New Mexico to implement a suicide prevention/intervention program that targeted members aged 15-19. years. This school based program used “natural helpers” to respond to youth in crisis and to notify mental health professionals when there was a need for intervention. In addition, “natural helpers” educated youth in school and community settings on a variety of topics including self esteem, substance youth, team building and suicide prevention. Other program activities involved outreach to families affected by community-wide education on suicide prevention and suicide –risk screening in mental health and social service programs. The article indicates that rates of suicide and attempted suicide decrease substantially after the program was implemented.

Chandler, M.J., & Lalonde, C. (1998). Cultural Continuity as a Hedge Against Suicide in Canada’s First Nations. Transcultural Psychiatry, 35(2), 191-219.

Abstract: The central idea illustrated here is that people who undergo radical personal and cultural changes are at a higher risk of suicide. Youth and young adults already undergo significant change and are, therefore, a high risk group. This risk is further exacerbated for youth living in communities where cultural continuity has already been severely fractured or no longer exists. First Nations young people are at particular risk because of the substantial and dramatic breakdown of cultural understanding and practices in various communities. This situation is intensified because of external forces that have undermined and dismantled First Nations culture. A correlation was found between communities that have made a collective effort to engage in community practices that preserve and develop cultural continuity and lower youth suicide rates. Thus, it is proposed that cultural continuity might

play an important role in helping adolescents and young adults build or acquire a sufficient set of “self-continuity-warranting practices.” Markers of cultural continuity can include: land claims, self-government, education services, police and fire services, health services and cultural facilities.

Chapman, C. (1991). Teaching and Transformation: A Native Family Violence Training Program. Canadian Women Studies, 12, 92-94.

Abstract: The Vancouver Native Education Centre offered a one-year Native Family and Community Counselling Program, which trained Aboriginal adults to be entry-level family violence workers. The course was designed to balance skill development and personal growth and transformation. The article describes the program, discusses the areas of growth and describes the Talking Circle, one of the major tools of Indigenous transformation. The program was developed largely because many of the students were having difficulty completing the program because of their personal histories or current situations of abuse. The important cultural value of this program was its holistic approach to dealing with one's healing.

Chester, B., Robin, R. W., Koss, M. P., Lopes, J., & Goldman, D. (1994). Grandmother Dishonoured: Violence against Women by Male Partners in American Indian Communities. Violence and Victims, 9, 249-258.

Abstract: The holistic, multidisciplinary approach used in this study embraces a social ecological and cultural understanding of violence against women. The researchers stress that gender relations are understood and enacted in culturally specific ways, and that these understandings must inform analysis and policy strategies that are solution oriented. The researchers stress the need to integrate physical, mental and social aspects in order to strengthen current mental health, substance abuse and social service programs.

Cohen, E. & Walthall, B. (2003). Silent Realities: Supporting Youth, Children and their Families who Experience Violence. Washington, DC: The National Child Welfare Resource Centre for Family Centered Practice.

Abstract: This practical resource provides an overview of the real impacts of violence on children and their families whilst providing guidance on healing strategies for both children and adults. It concludes with listing a series of resources on family violence in the US.

Connors, E. (199, September). The Role of Spirituality in Wellness or How Well We Can See the Whole Will Determine How Well We Are and How Well We Can Be. Paper presented at the meeting of the Native Mental Health Association of Canada, Saskatoon, SK.

Abstract: This paper considers how First Nations thinking about the world and their relationship with all creation has shifted since contact with settler populations. The process of acculturation (the change of feelings, actions, beliefs, lifestyles and thought that accompany the adoption of another culture's ways) disconnects First Nations people from a holistic worldview and introduces a scientific, linear and reductionist one. Connors points out the pitfalls of adopting this worldview and notes that the more First Nations societies

have adopted the current scientific worldview and the accompanying lifestyle, the more unbalanced and unhealthy they have become.

Strategies to address the incidence of poor mental health are promising if guided by an environmental paradigm that resembles key features of a holistic worldview. This type of paradigm explains illness and disease both on an individual level and in terms of all aspects of the world environment. Adopting this paradigm for health and wellness does not mean that First Nations people will have to revert to traditional ceremonies for healing; this would only be appropriate for those who choose to employ their traditional teachings. Others can apply their own beliefs using this environmental paradigm as a guide.

Connors, E. & Maidman, F. (2001). A Circle of Healing: Family Wellness in Aboriginal Communities. In I. Prillettensky, G. Nelson, & L. Peirson (Eds.), Promoting Family and Wellness and Preventing Child Maltreatment: Fundamental For Thinking and Action (pp. 349-416). Toronto, ON: University of Toronto Press.

Abstract: This chapter discusses family wellness issues in Aboriginal communities. In doing so, the authors provide a comprehensive summary of models and practices of prevention-focused programs that are identified by **target audience** and **type of intervention**. Connors and Maidman emphasize that an important feature of prevention programs is cultural recovery through learning and they address a number of specific challenges related to program implementation.

Crowfoot Graham, T. L. (2002). Using Reasons for Living to Connect to American Indian Healing Traditions. Journal of Sociology and Social Welfare, 29 (1).

Abstract: Responding to high rates of suicide for American Indian youth, helping professionals often struggle to connect healing traditions from American Indian cultures to tools from European psychology. The differences between American Indian healing and European therapy can be vast. Finding connections or building bridges between these two perspectives may be more difficult than it appears. One method to bring together these worldviews is to use the Reasons for Living Questionnaire; the Reasons for Living Inventory for Adolescents, or other psychological assessments developed using the RFL as a foundation. Reasons for Living (RFL) assessments have emerged as powerful strength based tools for assessing suicide risk. RFL and RFL-A factors link to a relational worldview common to most American Indian people. A relational worldview considers a balance between forces often identified as spirit, context, mind, and body. Using RFL or RFL-A in suicide assessments allows practitioners to assess where youth may be out of balance in one or more of the four traditional areas: spirit, context, mind, and body. This may assist specific referrals to culturally appropriate healing. RFL and RFL-A assessments could be augmented to improve their correspondence to the relational worldview.

Cross, T. L. (1986). Drawing on Cultural Tradition in Indian Child Welfare Practice. Social Casework: The Journal of Contemporary Social Work, 67, 283-289.

Abstract: The development of child welfare services for American Indians in the Northwest has been influenced by the growing effort to draw on the traditional strengths of American Indian culture. In traditional society, elements such as the extended family, natural helpers, child-rearing practices, spiritual beliefs, and the oral tradition made a child welfare system

unnecessary. The impact of non-Native domination was to interrupt ways of life, to displace child-rearing mechanisms, to separate some people from their traditional helping networks, and, ultimately, to diminish the role of the natural system in child protection. In 1978, the passage of the Indian Child Welfare Act was prompted by the inappropriate removal of American Indian children from their families. Since the passage of the Act, child welfare programs have been established by several tribes, which have sought to blend traditional cultural strengths with formal helping methods. Increasingly, child welfare for American Indians is filling a dual role - providing services and maintaining cultural integrity.

Cross, T. L., Earle, K., Echo-Hawk Solie, H., & Manness, K. (2000). Cultural Strengths and Challenges in Implementing a System of Care Model in American Indian Communities. In Systems of Care: Promising Practices in Children's Mental Health, 2000 Series, Volume 1. Washington, DC: American Institutes for Research Centre for Effective Collaboration and Practice.

Abstract: Five American Indian child mental health projects are described in this chapter. These projects integrate American Indian helping and healing methods with a care model that emphasizes partnerships of agencies. Each project is rooted in cultural standards of their community and builds on the strength of families. This report presents the strengths and challenges of community-based service designs that draw on culture as a primary resource and raises issues around staffing, supervision, training, burnout and boundaries, which need to be addressed in the cultural context of American Indian communities (Mussell, Cardiff & White, 2004, p. 22).

Daily, B. (1987). The Sexual Abuse of Native Children. In Proceedings of the Canadian Psychiatric Association Section on Native Mental Health, London, Ontario (Canada) September 19-21 Nechi Institute, Alberta (Canada).

Abstract: This workshop report emphasizes the sexual abuse of Native children, as seen at the Nechi Institute in Alberta, Canada. The Awareness Wheel, a diagrammatic representation of the problem-solving process, is presented for participants to use, not only in their work with abused children, but in solving personal problems. It is argued that family problems of Native peoples are compounded by drug and alcohol abuse. Techniques are suggested for using the Awareness Wheel with victims and perpetrators.

Dickson, G. (1997). Participatory Action Research and Health Promotion: The Grandmothers' Story. Thesis (PhD) -- The University of Saskatchewan, 1997.

Abstract: This inquiry is a case study of the utility and appropriateness of participatory action research both as a research methodology and as an intervention for health promotion. In the study, I examined the effects of participating in a health promotion project, one aspect of which was a participatory health assessment. I also described in detail the experience of using participatory action research to conduct the health assessment. The study was carried out over 2.5 years in a health promotion project for older, urban, Aboriginal women (hereafter known as the grandmothers) sponsored by the local community clinic. The overall purpose of that project was to examine the health needs of those women and respond through health promoting programming. The grandmothers were the central participants in the study. Participation in the project and health assessment contributed to a number of changes in

them which I have categorized as: personal cleansing and healing; connecting with self; acquiring knowledge and skills; connecting within the group; and external exposure and engagement. 'Participation' was identified as the central influence on the outcomes, 'action' as a theme interwoven throughout, and 'opportunity', 'encouragement', and 'mediation' as key characteristics of the project and research environment. This experience of using participatory action research demonstrated its success as an approach to conducting a health assessment, which was acceptable to this group of people and congruent with the health promotion project in which it was embedded. The analysis of the experience highlights both tensions and accomplishments. The findings of the health assessment are published in a separate document.

Dion Stout, M. (1996). Stopping Family Violence: Aboriginal Communities Enspirited. In J.R.Ponting (Ed.), First Nations in Canada, Perspectives on Opportunity. Toronto, ON: McGraw-Hill Ryerson Ltd.

Abstract: Dion Stout provides background facts on the issue of violence in Aboriginal families. According to the testimonies of Canadian Aboriginal people to the Royal Commission, the chronic state of violence that exists, poor housing, high unemployment, high suicide rates and family violence relegate Aboriginal people to the margins in society. In the end, poverty visited upon individuals, communities and nations translates into unmet human needs and generates pathologies like alienation, forced migration, and more violence. The author states that nothing short of radical and critical approaches to controlling and ending family violence are required.

Du Hamel, P. (2003). Aboriginal Youth: Risk and Resilience. Native Social Work Journal, 5, 213-242.

Abstract: The author discusses the need for role models, mentorship, community programs, and family support for Aboriginal youth. Many Aboriginal communities identify psycho-social factors within their adult populations that produce capability issues in relation to coping within the family environment. By investigating various psycho-social, economic, educational and environmental factors and the impact they have on the socialization experiences of Aboriginal youth, du Hamel claims that a strategy for resiliency could be implemented in both urban and rural contexts. The author emphasizes the socialization experiences of Aboriginal youth and believes that it is time to consider more than just individual areas of Aboriginal youth risk and embrace this circle in its entirety. There is a need to investigate the risk areas, how they can be addressed and how they contribute to success or personal resiliency in the transition to adulthood.

Dumont-Smith, C. (1995). Aboriginal Canadian Children Who Witness and Live with Violence. In E. Peled & P. G. Jaffe (Eds.), Ending the Cycle of Violence: Community Responses to Children of Battered Women (pp. 275-283). Thousand Oakes, CA: Sage Publications.

Abstract: The author describes how too many Aboriginal children and youth in Canada are living in violent and depressive environments, compounded by extreme poverty. This article offers the reader the option that traditional healing can be a rehabilitative process which may help to break the cycle of violence in our homes and communities.

First Nations and Inuit Health Branch, Health Canada (Prepared by: Dianne Macfarlane, Senior Associate, Health Systems Research and Consulting Unit, Centre for Addiction and Mental Health) (2005). Mental Wellness in First Nations and Inuit Communities: Challenges and Opportunities, An Environmental Scan for a Strategic Action Plan to Improve First Nations and Inuit Mental Wellness Outcomes.

Abstract: The two main guiding documents that are discussed in this piece are: Mental Wellness Framework: A Discussion Document for Comprehensive Culturally Appropriate Mental Health Services in First Nations and Inuit Communities and the renewal framework of the National Native Alcohol and Drug Abuse Program (NNADAP).

One point that is emphasized in the Mental Wellness Framework is that there is little knowledge of best practices and little understanding of the impact of culture on the healing process.¹

With respect to the renewal framework of the NNADAP, it is noted that there are strong linkages between mental health issues, substance abuse and trauma and loss. The renewal process of NNADAP should also emphasize: promotion, prevention and intervention; a holistic medicine wheel approach; improve the skill level of staff; make sure funding is secured; and; offer a full continuum of care and full system of services (developed and integrated).

The document then goes on to outline challenges in areas of policy and services, health human resources, coordination of federal provincial territorial mental wellness services and opportunities (First Ministers Meeting —several concrete funding commitments that were agreed upon in the First Ministers Blueprint Meeting are now on hold such as Aboriginal Health transition Fund, Aboriginal Health Human Resources Initiative, National Aboriginal Youth Suicide Prevention Strategy. Aboriginal Diabetes Initiative— , Canada's Drug Strategy and current Federal Provincial and Territorial Collaborations and others).

Fleming, C. (1994). The Blue Bay Healing Center: Community Development and Healing as Prevention. American Indian and Alaska Native Mental Health Research, 4, 134-165.

Abstract: The work of the Blue Bay Healing Centre and its relationship to suicide prevention efforts on the Flathead Reservation in Montana is described. The centre consists of five major elements .

- Residential intervention program with a strong education focus
- Outpatient intervention program that target high-risk youth.

¹ An full annotation of the Mental Wellness Framework can be viewed in this annotated bibliography under the reference: **Mental Health Working Group (Assembly of First Nations, (cont'd) Inuit Tapiriit Kanatami and First Nations & Inuit Health Branch) (2002). Mental Wellness Framework: A Discussion Document for Comprehensive Culturally Appropriate Mental Health Services in First Nations and Inuit Communities.**

- Outpatient training program that targets caregivers.
- Outpatient treatment program that supports caregivers for healing of personal distress.
- Community events that include diversion activities.

Keyes to program success include personal and professional development of staff, continued clinical supervision, advocacy with tribal personnel and leaders, integration of services and continued comprehensive planning. In addition informants stated that recovery and promotion of mental health in First Nations communities must include the acquisition of cultural knowledge and skills, and also must address individual, family and community identity issues.

Flette, E. (2004). Book Review: Seeking Mino-Pimatisiwin: An Aboriginal Approach to Healing by Michael Hart (Book Review). *Envision: The Manitoba Journal of Child Welfare*, 3, 44-47.

Abstract: The author provides an overview of the *book Seeking Mino-Pimatisiwin: An Aboriginal Approach to Helping*, written by Michael Hart. Hart's book includes a discussion on colonization, social work's role in colonial oppression and the role an Aboriginal approach plays in resisting this colonial oppression.

Frank, S. (1992). Family Violence in Aboriginal Communities: A First Nations Report. Victoria, BC: Ministry of Women's Equality.

Abstract: Parallel report to *the Report of the British Columbia Task Force on Family Violence. Minority report to: Is anyone listening?: Report of the British Columbia Task Force on Family Violence.*, March 1992. A holistic frame of reference is implicit throughout the analysis and offered solutions to family violence. Sharlene Frank stressed the need for policy shifts that will link Aboriginal women's worldviews, experiences and state actions. She argues: "If solutions are going to work, they have to be made by, and within, the community, however that community may be defined" (p. 17). These solutions must arise from "holistic approaches...that deal with all aspects of spiritual, emotion, mental and physical needs regarding the individual, family, and community."

Greaves, L., Varcoe, C., Poole, N., Morrow, M., Johnson, J., Pederson, A. et al. (2002). A Motherhood Issue: Discourses on Mothering Under Duress. Ottawa, On: Status of Women Canada.

Abstract: Although this report is general in scope regarding the portrayal of Canadian women mothering under during it also speaks widely on the experience of Aboriginal women mothering under the media spotlight. Three types of cases of examined in detail: mothers who use substances, mothers who have mental health issues and mothers who have experienced violence in domestic settings.

Hampton, M., Hampton, E., Kinunwa, G., & Kinunwa, L. (1995). Alaska Recovery and Spirit Camps: First Nations Community Development. *Community Development Journal*, 30(3), 258-264.

Abstract: Two examples of community development issues undertaken by Indigenous people are described in this piece. The programs were created, developed and implemented locally with a primary objective of addressing the threat to “subsistence lifestyle and self-determination” in Alaska. The authors suggest that the models are important because they connect Indigenous peoples with their traditional ways and because nature itself provides an opportunity for healing.

Hanson, I. & Hampton, M. R. (2000). Being Indian: Strengths Sustaining First Nations Peoples in Saskatchewan Residential Schools. Canadian Journal of Community Mental Health, 19, 127-142.

Abstract: This qualitative study asked the question: what were the strengths that contributed to the survival of First Nations peoples during their stay in residential schools? Six elders who are survivors of residential schools in southern Saskatchewan were asked to respond in narrative form to this research question. Analysis of interviews revealed that, drawing on community building skills of First Nations cultures, they created their own community with each other within the confines of this oppressive environment. The strengths they identified are consistent with sense of community identified in community psychological literature. Nonetheless, these strengths are also unique to First Nations cultures. These strengths are: autonomy of will and spirit, sharing, respect, acceptance, a strong sense of spirituality, humor, compassion, and cultural pride. It is suggested that community based mental health initiatives, which identify traditional sources of strengths within First Nations communities, will be most effective in promoting healing from residential school trauma.

Hart, M. A. (2002). Seeking Mino-Pimatisiwin: An Aboriginal Approach To Helping. Halifax, NS: Fernwood Publishing.

Abstract: Hart begins the book by establishing his frame of reference and by discussing the need for such an approach given the colonial context against which Aboriginal peoples continue to struggle. Exploring this general approach, Hart describes a practice often used by many Aboriginal helpers that directly reflects the sharing circle, and how this approach can be used to guide practice with individuals, families and groups in several contexts. Michael Hart uses his own personal and professional experiences and that of other Aboriginal helpers. Throughout the book he outlines ways of adopting an Aboriginal Approach to helping. The closing chapter examines one such approach, the sharing circle, and how it can be used to guide practice with individuals, families, and groups in several contexts. Hart, a PhD student at the University of Manitoba states that helping professions have not successfully addressed the needs of Aboriginal peoples. This is due to their limited attempts to incorporate Aboriginal perspectives and practices of helping. Given this fact, he was moved to write a book that presents on Aboriginal approach to helping. In part, he seeks to stimulate Aboriginal people to discuss and also critique this and other Aboriginal approaches to helping. His intent is to carry these approaches further and possibly development new, more effective ones. The sharing circle is reflected as a general practice often used by many Aboriginal helpers that directly reflect the approaches that Aboriginal helpers take. The closing chapter outlines how this approach can be used to guide practice with individuals, families and groups in several context.

Hart, M. A. (1996). Utilizing Traditional Practice Methods for Teaching, Helping, and Supporting. In S.O'Meara and D.A.West (Eds.), From Our Eyes: Learning from Indigenous Peoples (pp. 59-72). Toronto: Garamond Press.

Abstract: The sharing circle has been used for many years by First Nations peoples as a format for communication, decision-making, and support. Various methods of utilizing the circle have evolved and some methods now guide teachers, helpers, and others to address various points including learning, helping and supporting. The article helps to facilitate an understanding of these tools. It also may support helpers and teachers in their professional activities when working with First Nations people. A historical review of sharing circles in communities is presented focusing on Manitoba. The discussion closes with a reflection on the relationship between sharing circles, empowerment, and self-determination.

Health Canada. (2003). Acting On What We Know: Preventing Youth Suicide in First Nations. Ottawa, ON: Health Canada.

Abstract: This report provides an examination of a number of important issues from baseline data. The recommendations for action are categorized by four major themes:

- Increasing knowledge about what works in suicide prevention.
- Developing more effective and integrated health care services nationally, regionally and locally.
- Supporting community-driven approaches.
- Creating strategies for building youth identity, resilience and culture.

The report emphasizes that no single approach is likely to be effective on its own. Delivering services that reduce the risk of suicide requires collaboration and the development of innovative, proactive strategies that support youth, families and communities in crisis.

Heilbron, C. L. & Guttman, M. A. J. (2000). Traditional Healing Methods with First Nations Women in Group Counseling. Canadian Journal of Counselling, 34, 3-13.

Abstract: A traditional Aboriginal healing ceremony, called the Healing Circle, was utilized in a cognitive therapy counselling group comprised of 3 Ojibway, First Nations and 2 non-Aboriginal women survivors of child sexual abuse in their mid-30s to mid-40s. The traditional ceremony and Aboriginal beliefs were examined for their impact on the counselling process. The ceremony and beliefs established a spiritual component, which contributed positively to the group. Adhering to Aboriginal culture was integral to the healing process. Suggestions for non-Aboriginal counselors who facilitate healing processes for First Nations women are offered (Journal Abstract).

Herring, R. D. & Meggert, S. S. (1994). The Use of Humour as a Counselor Strategy with Native American Indian Children. Elementary School and Guidance Counselling, 29, 67-76.

Abstract: The author states that people who are acquainted with Native American Indians are aware of their ability to laugh about serious situations. The author says that Native Americans use humor to erase, cleanse or change what was embarrassing, oppressive, sorrowful or painful. Native American Indian humor varies according to way of life, climate and geography, the food eaten, the manner in which is obtained and from individual to individual. Despite these variations, humor is the common theme that binds them. Humor is a social lens through which the authors glimpse into the social order and daily life of Native Americans.

Hill, G. & Coady, N. (2003). Comparing Euro-Western Counselling and Aboriginal Healing Methods: An Argument for the Effectiveness of Aboriginal Approaches to Healing. Native Social Work Journal, 5, 64-86.

Abstract: The authors provide an overview of Aboriginal-specific approaches to healing and establish theoretical grounds for its effectiveness. The paper considers the similarities and differences between Euro-Western theories of counselling to psychotherapy and Aboriginal approaches to healing. The authors also present an overview of major cumulative findings from research on psychotherapy, establishing major curative factors that are common across various therapy processes. Finally, traditional (Ojibwe) approach to healing and associated healing methods are discussed. The theoretical arguments for the effectiveness of Aboriginal healing methods is summarized and implications for Euro-Western helping approaches are considered.

Hughes, I. & Sasson, F. (1990). Cultural Heritage as a Cornerstone of a Rehabilitation Process: A Single Case Study. The Canadian Journal of Native Studies, 10, 183-191.

Abstract: This is a case study of a Native adolescent sent from a First Nations community to an urban center for psychiatric treatment. The youth was treated with some success through encouraging him to develop his Ojibway identity.

Ing, R. (1990). The Effects of Residential Schools on Native Child-Rearing Patterns. Unpublished Master's thesis, Vancouver, BC, University of British Columbia.

Abstract: The major findings of Ing's thesis indicate that residential school experiences for First Nations peoples contributed to the disintegration of the family. This played a role in the chaotic conditions that exist in several native families. Health care professional must begin to encourage clients to discuss their pain, as well as feelings that arise out of this pain. In many cases, it is useful to involve Native spiritual leaders in the process to provide additional support. Healing workshops can help individuals understand the impact of past experiences on their behaviour in the present. Native parenting programs should be centered on practices that stress cultural and traditional child-rearing patterns. Parents who attended residential schools often fear schools and it is important to provide culturally-oriented parenting programs that are connected with schools to help them overcome the

fear. For this reason, parental involvement and local control of education is also critically important.

Jacobs, K. & Gill, K. (2002). Substance Abuse in an Urban Aboriginal Population: Social, Legal and Psychological Consequences. *Journal of Ethnicity and Substance Abuse*, 1, 7-25.

Abstract: This work is the result of a research program developed from a research partnership between the Native Mental Health Research Team of McGill University and the Native Friendship Centre of Montreal, a Native-run urban community-based service organization. The aims of the study were to examine substance abuse as well as physical and mental health among an urban Aboriginal population. The nature and severity of drug or alcohol problems among this population was explored. Data was collected through structured interviews with urban Aboriginal people in the greater Montreal area (n = 202). Results indicate that the majority of the sample were single, unemployed, and had lived in the urban area for a long time (mean of 9.96 # .76 years). Approximately two thirds of the samples were current alcohol drinkers and cigarette smokers and one third of the sample reported having a current drug or alcohol problem. Results indicate that individuals who abused substances were more likely to live with someone who had a drug or alcohol problem. Substance abusers also had a greater history of legal problems with more convictions; times spent in jail, and were more likely to be on probation or parole. A large proportion of the sample reported having significant medical problems that required treatment, and substance abusers were less likely to have identification needed to access medical services. Results indicated high levels of psychological distress in the general sample (depression, anxiety, suicidal ideation, attempted suicide). These phenomena were augmented by substance abuse problems. In particular, substance abusers had a history of more suicide attempts, and were more likely to have been the victims of abuse.

Jerome, M. (1997). All my Relations: A Native Treatment Approach for Children of Sexual Abuse. M.S.W. Dissertation, University of Manitoba.

Abstract: The practicum describes one application of an Aboriginal Treatment approach to working with Native children who have been sexually abused. Through a combination of non-directive play therapy and extensive parental involvement in an Aboriginal setting, 6 children in 5 separate families participated in this practicum. Native social work practice was outlined in a broad manner, and modifications of these practices were utilized with the families over a six-month treatment span. The highlights and outcomes of the practicum are discussed along with some recommendations for further work on this area.

Kirmayer, L. J., Brass, G. M., & Tait, C. L. (2000). The Mental Health of Aboriginal Peoples: Transformations of Identity and Community. *Canadian Journal of Psychiatry*, Sept 45, 607-616.

Abstract: This paper reviews recent research on the mental health of the First Nations, Inuit, and Métis of Canada. The authors summarize evidence for the social origins of mental health problems and illustrate the ongoing responses of individuals and communities to the legacy of colonization. Cultural discontinuity and oppression have been linked to high rates of depression, alcoholism, suicide, and violence in many communities, with the greatest impact

on youth. Despite these challenges, many communities have done well, and research is needed to identify factors that promote wellness. It is argued that cultural psychiatry can contribute to rethinking mental health services and health promotion for Indigenous populations and communities.

Kirmayer, L., Simpson, C., & Cargo, M. (2003). Healing Traditions: Culture, Community and Mental Health Promotion with Canadian Aboriginal Peoples. *Australasian Psychiatry*, 11, S15-S23.

Abstract: Objective: To identify issues and concepts to guide the development of culturally appropriate mental health promotion strategies with Aboriginal populations and communities in Canada. Methods: We review recent literature examining the links between the history of colonialism and government interventions (including the residential school system, out-adoption, and centralized bureaucratic control) and the mental health of Canadian Aboriginal peoples. Results: There are high rates of social problems, demoralization, depression, substance abuse, suicide and other mental health problems in many, though not all, Aboriginal communities. Although direct causal links are difficult to demonstrate with quantitative methods, there is clear and compelling evidence that the long history of cultural oppression and marginalization has contributed to the high levels of mental health problems found in many communities. There is evidence that strengthening ethno-cultural identity, community integration and political empowerment can contribute to improving mental health in this population. Conclusions: The social origins of mental health problems in Aboriginal communities demand social and political solutions. Research on variations in the prevalence of mental health disorders across communities may provide important information about community-level variables to supplement literature that focuses primarily on individual-level factors. Mental health promotion that emphasizes youth and community empowerment is likely to have broad effects on mental health and well-being in Aboriginal communities

Koptie, S. (1991). The Native Community Crisis Team. *Canadian Woman Studies*, 12(1).

Abstract: This book argues that “physical violence is interwoven with the violation of physical space as part of a historical process between white and indigent people” and is a response to the “malaise of their depressed society.” The author then points to the anger and frustration that has surfaced in First Nations communities and states that the profession of social work has violated First Nations peoples and communities by carrying out racist and prejudicial government policies. He references Alice Miller’s book, *For Your Own Good*, to explain how cruel and coercive social work practices have been applied to Aboriginal people and how it is no wonder they have a legacy of family violence. The author describes a traditional Aboriginal approach to the healing process for First Nations peoples versus the mainstream mental health system. He notes that the Aboriginal approach is more holistic and community-based, which, through the use of circles, implies equality between the healer and the recipient and provides First Nations peoples with a sense of identity through cultural teachings by Elders.

LaFramboise, T., & Howard-Pitney, B. (1995). The Zuni Life Skills Development Curriculum: Description and Evaluation of a Suicide Prevention Program. *Journal of Counseling Psychology*, 42(4), 479-485.

Abstract: The school-based Zuni life skills development program is culturally compatible curriculum for the prevention of American Indian adolescent suicide. The results of this particular study suggest that combining an approach that utilizes social cognitive/life skills with peer helping was effective in decreasing risk factors and nurturing protective factors associated with suicide. The program helps students to acquire skills to manage their self-destructive patterns and coaches them to assist their peers in dealing with suicidal ideation and behaviour. Authors recommend early application of the intervention and repeated exposure to the program throughout the stages of an individual's development.

Letendre, A. D. (2002). Aboriginal Traditional Medicine: Where Does It Fit? *Crossing Boundaries: An Interdisciplinary Journal*, 1, 78-87.

Abstract: The paper establishes the central role of traditional medicine in Aboriginal society and the value of the Aboriginal traditional medicine framework in working toward healthy Aboriginal communities. The author examines fundamental differences between traditional medicine and western medicine and describes two conflicts challenging the successful integration of Aboriginal traditional medicine within western medicine: issues of power and the Aboriginal conceptualization of illness prevention.

Levy, T.M. (Ed.) (1999). *Handbook of Attachment Interventions*. San Diego, CA: Academic Press.

Abstract: Levy describes attachment and the causes of attachment disorder. The most common causes are abuse, neglect, multiple out-of-home placements and other prolonged separations from the primary attachment figure. All of these have been associated with the history of residential schooling and treatment of First Nations children by child welfare agencies. As well, for First Nations peoples, attachment disorders indicate separation from families also mean separation from culture. Levy explores benefits that are usually derived from health attachment between caregivers and children and addresses effects of insecure attachment. Levy discusses four areas in which solutions may be found:

- Attachment-focused assessment and diagnosis.
- Specialized training and education for caregivers (corrective attachment parenting).
- Treatment for children and caregivers (corrective attachment therapy).
- Early intervention and prevention programs for high-risk families.

Lifting the Silence on Suicide: Together We Can Make A Difference. February 6-7, 2002 Conference Report. An Aboriginal Conference on Suicide Prevention in Alberta. Alberta Mental Health Board, Lethbridge, Alberta.

Abstract: During November 2000 and February 2001 a consultative process was carried out with First Nation communities in Alberta. Through this process two major injury priorities were identified: suicide and injuries due to motor vehicle collisions. According to available

data these are also the leading causes of death in First Nation communities. In response to these priorities, the conference was organized as a beginning to a suicide prevention journey. The purpose of the conference was to begin lifting the silence on suicide by looking at the size of the suicide problem, what protects us from suicide, and what can be done to address the problem. In the words of the Elders...silence is dangerous when we pretend the problem is not there...communication is a healer to break the silence.

Longclaws, L., Barkwell, L, & Rosebush, P. (1994). Report of the Waywayseecappo First Nation Domestic Violence Project. In The Canadian Journal of Native Studies, 14(2), 342-375.

Abstract: The authors review the literature on Aboriginal family violence, and attempt to identify programs useful and appropriate for Aboriginal communities. A survey of one Manitoba Reserve led to the development of a treatment program based upon community standards, and thus culturally appropriate. Such a program is more likely to be successful in actually reducing family violence.

Lowery, C. T. (1999). A Qualitative Model of Long Term Recovery for American Indian Women. In Voices of First Nations People: Human Services Considerations (New York: The Haworth Press, Inc.

Abstract: A developmental model of Indian women's long term recovery is proposed based on American Indian thought about health, healing and life histories of six urban Indian women in recovery for three to 12 years. The qualitative analysis identified four components of the recovery process including positive discontinuity, expanding the circle, reclaiming the mother, and developing new continuity. These components are supported by narrative analysis from the lives of a Yakama woman (Washington Plateau), a Nez Perce woman (Idaho), two Blackfeet women (Montana) and two Ojibway women (North Dakota) (Journal Abstract).

Malone, J. L. (2000). Working with Aboriginal Women: Applying Feminist Therapy in a Multicultural Counselling Context. Canadian Journal of Counselling, 34, 33-42.

Abstract: Counselor education for working with Aboriginal women must address both culture and applying feminist theory within a multicultural counselling perspective may do gender issues and this. This paper explores these perspectives, their application to these women, and specific counselor education considerations. Issues particular to Aboriginal women are discussed in addition to various ways to integrate feminism and multicultural counselling within this context, particularly traditional healing. Once counselors have an increased awareness of these factors, they may become more effective cross-cultural and feminist counselors for Aboriginal women.

Mandamin, J. (1994). Breaking Free: The Viewpoint of Aboriginal Women. The Social Worker, 62, 137-139.

Abstract: This article discusses a project that attempts to bring out issues of family violence, together with proposals for action to change so that Native people can be instrumental in making changes toward healing. Thirteen recommendations are provided that offer

suggestions on how to make changes and how to prevent family violence in communities in the home. It acknowledges that federal and provincial governments must support ways to implement the inherent right of Aboriginal peoples to self-determination.

McCormick, R. (1995). The Facilitation of Healing for First Nations People of British Columbia. Canadian Journal of Native Education, 21(2) 249-322.

Abstract: This work grounds healing in a holistic worldview that is defined from the perspective of First Nations peoples. The key findings indicate that healing can be actualized through: participation in ceremony, expression of emotion, learning from a role model, establishing a connection with nature, involvement in challenging activities, helping others, exercise, establishing a spiritual connection and others. Healing in First Nations communities must involve re-establishing interconnectedness through activities that nurture strong connections with family, community, culture, nation and spirituality.

McTimoney, D. (1993). A Resource Guide on Family Violence Issues for Aboriginal Communities. Health Canada and the Department of Indian Affairs and Northern Development.

Abstract: This resource kit presents a framework for understanding and responding to family violence in Aboriginal communities. It answers common questions about family violence and describes a spiritual model of recovery—which connects individuals, communities and the environment. It also gives examples of how this approach can be applied to strategies for healing, such as mobilizing community participation, prevention activities, public education, policy making, crisis intervention, and professional training.

Mental Health Working Group (Assembly of First Nations, Inuit Tapiriit Kanatami and First Nations & Inuit Health Branch) (2002). Mental Wellness Framework: A Discussion Document for Comprehensive Culturally Appropriate Mental Health Services in First Nations and Inuit Communities.

Abstract: This collaborative document aims to outline what needs to be done in order to implement a comprehensive mental wellness programming through addressing broad based determinants of health. Mental wellness is defined here as recognizing the lifelong journey of the human being to achieve wellness and balance of body, mind and spirit. Mental wellness includes: self esteem, personal dignity, cultural identity and connectedness in the presence of a harmonious physical, emotional, mental and spiritual wellness. Mental wellness must be defined in terms of the values and beliefs of Indigenous people.

The document concludes that mental wellness program elements for Aboriginal peoples should include: training/capacity building, promotion/prevention, treatment (early intervention, crisis intervention, long-term healing and aftercare), rehabilitation and evaluation.

A perspective model for a mental health framework is diagramed in the form of a multilayered medicine wheel: The individual in the middle, natural care givers are the focus of the next layer, community-based mental wellness services are the next layer and the final outer-layer consists of specialized mental wellness services. The importance of culture based

approaches to this model is illustrated through the fact that in each previously mentioned layer of the wheel, a constant component is family/spouse/children/Elders//Traditional healers. This indicates that regardless of the type of service delivery, a cultural elements need to be present.

This document also indicates that along with no core comprehensive mental health program for First Nations communities, the mandate is divided between federal and provincial/territorial governments. Another major gap in current mental health services offered by the provinces and territories is that these services tend to serve only mental illness rather than being broad based in nature. (i.e. don't take into consideration factors such as First Nations culture, legacy or residential schools etc.). With regard to cultural intervention, there are few culturally appropriate assessment tools and a lack of First Nations staff in the mental wellness delivery system.

Morrisette, P. J. & Naden, M. (1998). An International View of Traumatic Stress Among First Nations Counselors. *Journal of Family Psychotherapy*, 9, 43-60.

Abstract: This article discusses systemic intervention with vicariously traumatized First Nations (American Indians) counselors who listen to stories of abuse that are shared by former students of residential schools. The residential school refers to a method previously used in Canada to assimilate First Nations people into dominant society. While residing in the residential school, Native children were subjected to harsh punishment and inhumane treatment that at times resulted in the loss of life. For many victims of the residential school era, a sense of shame has effectively quelled their ability to share their painful and debilitating narratives. The systemic effect upon counselors who are privy to the eventual disclosure of such stories is examined, along with a solution-focused approach designed to assist the recipients of such disturbing narratives.

Mussell, W.J., Cardiff, Karen & White, Jennifer (2004). The Mental Health and Well Being of Aboriginal Children and Youth: Guidance for New Approaches and Services. Chilliwack, BC: Sal'i'shan Institute.

Abstract: This document summarizes research and related literature pertinent to the mental health needs of Aboriginal children and youth. The literature indicated a:

- Profound impact of residential school experience on family functioning
- Multi-generational losses among First Nations people
- Emphasis on collectivist rather than individualistic perspectives
- Relevance of community-based healing initiatives.

The report builds on the concept of worldview and how it shapes the way that people think and respond to the world around them. Notably, as with most other colonized peoples, the knowledge and cultural values of first Nations peoples were actively suppressed. In spite of this most experts agree that even the most assimilated First Nations communities in Canada maintain some connection to their tribal roots and continue to be influenced by traditional beliefs. In addition the report recognizes that one cannot talk about strategies to promote the mental health and well-being engaging in a discussion about the negative effects of

colonization and the residential school experience on First Nations families and communities.

It is a mistake to think that complex and long-standing problems can only be solved through structural change and the addition of services alone. Real and significant change can only be successful if the community is meaningfully involved from the beginning.

Mussell, W. J., Nicholls, W. M., & Adler, M. T. (1993). Making Meaning of Mental Health: Challenges in First Nations. (2nd ed.) Chilliwack, BC: Sal’P’shan Institute.

Abstract: This study presents a holistic view of health and various strategies required to create and maintain wellness for families and communities. Effects of cultural invasion and the requirements for cultural renewal are described. The major holistic topics addressed are: healthy development, and unhealthy development, healing, recovery and prevention.

Nabigon, H & A.M. Mawhinney (1996). Aboriginal Theory: A Cree Medicine Wheel Guide for Healing First Nations. In F.J. Turner (Ed) Social Work Treatment: Interlocking Theoretical Approaches. New York: Free Press, 18-38

Abstract: In this chapter the authors introduce an Aboriginal approach to healing individuals, groups and communities. The approach is a holistic one based on Cree traditional teachings in existence in North America for many centuries. It is only recently that First Nations ways of helping have become visible to those working from a Western worldview. However, Aboriginal people all over the world have been practicing their traditional ways of healing for many years before the contact with westerners. In this chapter, only one of many such traditional Aboriginal approaches is described, using the ancient Cree oral teachings of the medicine wheel, the four directions and the hub. These teachings help describe a way of healing and growing spiritually by interpreting symbols. The Cree teachings provide a spiritual map to heal people and help them maintain balance.

Nichol, R. A. (2000). Factors Contributing to Resilience in Aboriginal Persons Who Attended Residential Schools. Thesis (M.S.W.)--University of Manitoba, Fall 2000.

Abstract: Thesis examines factors that promoted resilience in Aboriginal people who attended residential schools. A small sample of four women and two men from First Nations groups in Alberta and Saskatchewan were studied. The research identifies factors that helped these people endure the residential school experience such as: long-term marriages, a lifelong interest in education, high intelligence, and cooperative coping strategies. A happy and nurturing childhood and a strong belief in their traditional Aboriginal religion are also pointed out as resiliency factors.

Oblin, Caroline. (1997). “An Overview of Mental Health Challenges and Programs in Quebec Aboriginal Communities” in Widening the Circle: Collaborative Research for Mental Health Promotion in Native Communities in Oblin, Caroline, Laurence J. Kirmayer, Kathryn Gill and Elizabeth Robinson (Eds), Institute of Community and Family Psychiatry, Sir Mortimer B. Davis – Jewish Hospital & Division of Social and Transcultural Psychiatry, Department of Psychiatry, McGill University. Pp. 10-14

Abstract: The Native communities in Quebec are faced with the challenges of finding solutions, programs and alternative ways of healing their community members. Most communities in Quebec are dealing with alcohol and drug abuse, suicide and suicide attempts, spousal abuse, incest, family violence, high unemployment and sexual abuse. Other Aboriginal communities that might be beneficial to people in the helping field will be discussed. The purpose of this presentation is to provide a brief overview of mental health issues that are particularly relevant to the Cree and Inuit of Northern Quebec. Many of the points covered are equally relevant to other Aboriginal peoples elsewhere in Canada and throughout the world. One of the key mental health issues affecting Aboriginal peoples is family violence. Family violence is weakening our nations because it is weakening our families. We all know what the problems are, what the cause are, and now, we need action.

Proulx, J. & Perreault, S. (1996). An Evaluation of the Ma Mawi Chi Itata Centre's Family Violence Program, Stony Mountain Project. Winnipeg, MB: Ma Mawi Wi Chi Itata Centre.

Abstract: This publication provides a description and evaluation of the Project treatment program developed by the Ma Mawi Wi Chi Itata Centre in Winnipeg, MB, featuring seven closed groups and counselling for inmates between February 1993 and March 1996. The program model is based on the medicine wheel, combining contemporary and traditional treatment methods to assist inmates in changing violent behaviour patterns for rehabilitation and reintegration into the community and into their families.

Rice, B. (2003). Using a Jungian Model of the Psyche to Explain Traditional Aboriginal Approaches to Mental Health. Native Social Work Journal, 5, 87-97.

Abstract: The author takes readers on a journey of discovery by asking readers to put on a different pair of analytical "glasses" in looking at mental health issues. Rice states that the effects of Post-Traumatic Stress Disorder associated with cognitive imperialism has resulted in serious mental health problems for Aboriginal people by casting doubt on the viability of their own traditions as a part of the healing process. The underlying effect of this is endemic suicides among the young who question the place of their traditions in contemporary society, leaving doubts about their own identity. The author concludes that traditional teachings have an important role to play in the healing process.

Sal'i'shan Institute. (2002). Presentation to Romanow Commission regarding First Nations health: Pooling of best thinking. Chilliwack, BC: Sali'shan Institute.

Abstract: This report outlines the importance of culturally appropriate education and training. These types of skills and knowledge are needed in areas of individual and family reconstruction, social network interventions and community development. With respect to community development in particular, it is important that strategies engage the entire community and focus on family healing and wellness. Community development activities can serve a variety of functions by identifying and utilizing local resources; identifying and addressing community needs and issues and engaging the community in this process; promoting development of 'vision and voice'; nurturing and supporting leaders to engage in genuine dialogue with each other; and using circles of support.

Sauve, J. (1997). Healing the Spirit from the Effects of Abuse: Spirituality and Feminist Practice with Women who have been Abused. Thesis (M.S.W.)--Carleton University. Ottawa, ON.

Abstract: The purpose of this study is to open the field of feminist social work practice to spiritual healing. Interviews were conducted with eleven women, from various cultural and spiritual traditions, to see how they integrated spiritual healing into their work with women who have been abused. The findings identified the participants' views on effects of abuse on the spirit, characteristics of healing and harmful spiritualities, and how spiritual healing might be beneficial for women who are healing from abuse. The women shared personal stories, ideas, approaches, and tools, which could be helpful in integrating spirituality into practice for abused women. The findings also explored conflict between spirituality and feminism, ways that spirituality could be introduced into the curricula of schools of social work, nursing, or psychology, and ideas for improvement to services for abused women.

Stephenson, C. (2003). A Cree Woman Reads Jung. Transcultural Psychiatry, 40, 181-193.

Abstract: This article begins with Jung's description of two predicaments which confront the contemporary psychiatrist: 'the mystery of the patient's difference' and the danger of 'committing psychic murder in the name of therapy.' The article then presents the example of one suffering individual from within a non-Western culture who used Jung, as well as her Native culture's traditional knowledge, to find healing. This Cree woman, Yvonne Johnson, created what Jung would call *temenos* in order to facilitate change and called upon images of theriomorphic guides to maneuver within the confines of her suffering. The article concludes by considering how the equivocal language of Jung's analytical psychology may function as an effective bridge between trans-culturally oriented psychiatrists and their patients, and particularly between Western medical practice and the healing practices of other cultures for which the word 'medicine' carries a religious connotation (Journal Abstract).

Swinomish Tribal Mental Health Project. (1991). A Gathering of wisdoms, tribal mental health: A cultural perspective. LaConnor, Washington: Swinomish Tribal Community.

Abstract: This piece explores concepts of victimization, oppression and alienation experienced by Native people in their relationship with dominant society. They pay particular attention to four problems: depression and suicide, school problems, somatic difficulties and child neglect. These four areas are associated with insecure personal and cultural identity. Community problems are characterized by:

- Multiple and interacting family, financial, physical, legal and psychological problems.
- Acute symptoms masked by related problems (e.g., alcoholism, violence, physical illness).
- Diagnosis complicated by different cultural norms and symptom patterns.
- Common occurrence of depression in First Nations communities.
- Experiencing emotional and psychological problems as well as physical illness.

To complement the analytical parts of the study, the authors are careful to discuss remedies and solutions that are cultural and practical. A number of important considerations regarding the mental health care of Native peoples are discussed: worldview, spiritual attitudes, concepts of health and illness, family relations, values, social norms and communication styles. In addition, the report discusses cultural identity, acculturation, biculturalism, cultural congruence and cultural predominance. Guidelines for culturally congruent mental health services are outlined.

van Uchelen, C. P., Davidson, S. F., Quressette, S. V., Brasfield, C. R., & Demerai, L. H. (1997). What Makes Us Strong: Urban Aboriginal Perspectives on Wellness and Strength. *Canadian Journal of Community Mental Health*, 16, 37-50.

Abstract: The limitations of a needs orientation for urban Aboriginal mental health planning are evaluated in terms of the discrepancy between First Nations and western medical paradigms of health. An alternative approach is proposed that focuses on how Aboriginal people conceptualize wellness and describe their strengths. This provides a focus for initiatives that promote well-being by enhancing strengths rather than concentrating solely on deficits. This approach is illustrated by highlighting the Indigenous knowledge of urban First Nations people in Vancouver's Downtown Eastside neighbourhood. It is concluded that supporting existing strengths promotes wellness in holistic, culturally appropriate, and empowering ways.

Voss, R. W., Douville, V., Little Soldier, A., & Twiss, G. (1999). Tribal and Shamanic-Based Social Work Practice: A Lakota Perspective. *Social Work*, 44, 228-241.

Abstract: The authors look critically at the social work literature which views Native American Indian people as a social problem. They state that this literature fails to recognize the unique contributions that American Indian tribal and shaman-based traditions of help and healing can make in shaping social work theory, practice, and social policy at a foundational level. They examine tribalism, which emphasizes the importance of kinship bonds and the interconnectedness of Lakota thought and philosophy, in particular and shamanism which also emphasizes spirits as powerful resources in the helping and healing processes. The article also looks at how the older, traditional ways of the Lakota resonate with Jungian psychology, Kohut's self-object theory and Saleebey's strengths perspective in social work practice. Lakota philosophy the authors conclude has the ability to change and reshape social work practice, theory and policy by offering a fresh perspective using very old American Indian ideas from the Great Sioux Nation.

Whelshula, M. (1999). Healing Through Decolonization: A Study in the Deconstruction of the Western Scientific Paradigm and the Process of Retribilizing Among Native Americans. Unpublished Doctoral Dissertation, California Institute of Integral Studies, San Francisco.

Abstract: The author of this piece is an American Indian from a Native American community in Washington state who came to know her community as an adult. In her dissertation, she examines the role of culture and community. She argues that at the moment of conception, a child is already developing its psychological world view. The

language of culture in the United States maintains objectification and dissociation through describing the world as relationships between objects. It is also very limited in its expression of time and space and diminishes the complexity and richness of life. Due to forced assimilation into this “man-made” paradigm, the human universe, is suffering from psychic and spiritual trauma. In order to decolonize and reclaim true indigenous ways of knowing, Aboriginal communities must understand the nature of both the Western scientific worldview and First Nations ‘Original Knowledge’.

From a First Nations perspective everything revolves around relationships. Relating is an essential experience necessary to the survival of all living things. In general, imposed Western knowledge has demeaned the Aboriginal self concept of women and men; it has actually defined these elements (all of our relations) out of existence, just as it has with many other Indigenous cultures around the world. When men disparage and devalue women, they in turn, diminish their own power and value. In order to reclaim Indigenous self-concepts, Aboriginal communities need to understand their current self-concept and where it came from. This self-concept lays the foundation for the work to follow as communities begin to decolonize.

The inherent nature of colonization hides in habitual behaviour and thought; once they are called by name, however, they materialize and their true nature is revealed. Nonetheless, there is so much fear around getting in touch with pain that unique and clever ways to avoid it are devised. A lack of appropriate words to describe nuances of various feeling states is one of the greatest obstacles to expressing our feelings.

White J., & Jodoin, N. (2003). Aboriginal youth: A Manual of Promising Suicide Prevention Strategies. Calgary, AB: Centre of Suicide Prevention and RCMP National Aboriginal Policing.

Abstract: This comprehensive manual focuses on planning and implementing suicide prevention programs. The work represents a collaborative effort between the Centre of Suicide Prevention and the RCMP Aboriginal Policing Branch. This practical guide supports the development of new programs and complements the efforts of individuals and groups already engaged in suicide prevention activities.

A model proposed by the authors identifies multiple layers of influence that impact mental health of Aboriginal youth: the individual at risk, family members, peers, the school environment and community, culture, society and the environment. The interaction of risk and protective factors across the multiple spheres of influence identified above are discussed. The authors provide guidelines on how to determine if a prevention program is having an impact. A number of strategies, and culturally relevant and effective programs are described using the following categories:

- Community renewal strategies: cultural enhancement, traditional healing practices, community development, inter-agency communication and coordination.
- Community education strategies: peer helping, community gatekeeper training; youth leadership; public communication and reporting guidelines.

- School strategies: school policy and school climate improvement, school gatekeeper training.
- Youth/family strategies: self-esteem building, lifeskills training, suicide awareness education, family support and support groups for youth.

The authors argue that a community-wide multicultural approach to youth suicide prevention is necessary.

Widening the Circle: Collaborative Research for Mental Health Promotion in Native Communities. Proceedings of the Conference “Widening the Circle” September 26-28, 1997. Culture and Mental Health Research Unit, Report N. 8. Montreal, Quebec. Oblin, Caroline and Laurence J. Kirmayer, Kathryn Gill and Elizabeth Robinson, Eds. Institute of Community and Family Psychiatry, Sir Mortimer B. Davis –Jewish General Hospital and Division of Social and Transcultural Psychiatry, Department of Psychiatry, McGill University

Abstract: This report presents proceedings of a conference on developing partnerships for research on mental health and illness in Native communities. The conference took place on September 26-28, 1997 at the Institute of Community and Family Psychiatry of the Sir Mortimer b. David – Jewish General Hospital. The purpose of the conference was to bring together university based researchers and people working in First Nations and Inuit communities and organizations, to discuss and improve understanding of issues related to mental health and social services. It was hoped that this exchange would contribute to communities and organizations attaining the results they desire in terms of enhanced mental health, fewer social problems and more effective services. For various social problems or mental illnesses, the conference participants attempted to answer the following questions: What kinds of programs are being delivered in Aboriginal communities to deal with the problem? Has research showed that particular types of programs are more effective than others and if so, is this applicable among First Nations and Inuit? How can research contribute to improving services or preventing mental health and social problems in Aboriginal populations?

Wesley-Esquimaux, C. C. & Smolewski, M. (2004). Historic Trauma and Aboriginal Healing: Prepared for the Aboriginal Healing Foundation. Ottawa, ON: Aboriginal Healing Foundation.

Abstract: This study proposes a model to describe the intergenerational transmission of historic trauma and examines the implications for healing in a contemporary Aboriginal context. The purpose of the study was to develop a comprehensive historical framework of Aboriginal trauma, beginning with contact in 1492 through to the 1950s, with a primary focus on the period immediately after contact. Aboriginal people have experienced unrelenting trauma and post-traumatic effects since Europeans reached the New World and unleashed a series of contagions among the Indigenous population.

Williams, D. G., Lange, P., Bayfield, D., Beardy, M., Lindsay, E. A., Cole, D. C. et al. (1992). A Lament by Women for “the People, the Land” [Nishnawbi-Aski Nation]: An Experience of Loss. Canadian Journal of Public Health, 83, 331-334.

Abstract: In response to a hunger fast by five members of the Sandy Lake Band at the Sioux Lookout Zone Hospital in Northern Ontario (Canada)—a cultural protest of the status of health care services in the Zone—the Federal Minister of Health agreed to establish a Panel to review the region’s health care system. The yearlong study involved hearings in each of the 28 remote communities of the Zone, and interviews with elders and chiefs, women, and health care providers. A consultation team from McMaster University (Faculty of Health Sciences) assisted the Panel with epidemiological survey research, literature reviews, and the interpretation of the data collected in the proceedings. This paper offers our interpretation of data collected from the qualitative study component. Specifically, it provides an interpretation of the discourse of the native women of the Nishnawbi-Aski Nation on their experience of health and health care. An “idiom of loss” captures, we feel, the depth of their concerns, dilemmas and frustrations (Journal Abstract).

Yellow Horse Brave Heart, M. (1999). Gender Differences in the Historical Trauma Response Among the Lakota. Journal of Health & Social Policy, 10, 1-21.

Abstract: The historical trauma response is a constellation of characteristics associated with massive cumulative group trauma across generations, similar to those found among Jewish Holocaust survivors and descendants. Trauma response features include elevated mortality rates and health problems emanating from heart disease, hypertension, alcohol abuse, and suicidal behavior. This article explores gender differences in the historical trauma response among the Lakota (Teton Sioux) and the correlation with health and mental health statistics. The theory of a Lakota historical trauma response is first explained. Traditional gender roles are described in combination with modifications engendered by traumatic Lakota history. Then, data from a study on Lakota historical trauma are presented, including gender differences in response to an experimental intervention aimed at facilitating a trauma resolution process. The data revealed significant gender differences. The sample of women presented initially with a greater degree of conscious affective experience of historical trauma. In contrast, the men reported more lifespan trauma associated with boarding school attendance and appeared to be at an earlier stage of grief. However, at the end of the intervention, women’s experience of survivor guilt—a significant trauma response feature—decreased while men’s consciousness of historical trauma and unresolved grief increased. Degree of traditional presentation-of-self, including phenotype, appeared to interact with gender to place male participants at greater risk for being traumatized over the lifespan and perhaps subsequently utilizing more rigid defenses against the conscious experience of the trauma with the exception of survivor guilt. The article concludes with a discussion of health and mental health implications for prevention and treatment of the trauma response, which could positively impact the health status of the Lakota. Recommendations for future research are suggested.

Yellow Horse Brave Heart, M. (1998). The Return to the Sacred Path: Healing the Historical Trauma and Historical Unresolved Grief Response among the Lakota through a Psycho-educational Group Intervention. *Smith College Studies in Social Work*, 63, 287-305.

Abstract: This article focuses on research conducted with Lakota human service providers and concludes that the Lakota (Teton Sioux) suffer from impaired grief of an enduring and pervasive quality. Impaired grief results from massive cumulative trauma associated with such cataclysmic events as the assassination of Sitting Bull, the Wounded Knee Massacre, and the forced removal of Lakota children to boarding schools. The author studied a culturally syntonetic four-day psycho-educational intervention designed to initiate a grief resolution process for a group of 45 Lakota human service providers. The methodology included assessment at three intervals: (1) a pre- and post-test, utilizing a Lakota Grief Experience Questionnaire and the semantic differential, (2) a self-report evaluation instrument at the end of the intervention, and (3) a six-week follow-up questionnaire. The results confirmed the hypotheses that: (1) education about historical trauma would lead to increased awareness of the impact and associated grief related affects of the traumatic Lakota history, (2) sharing the affects with other Lakota in a traditional context would provide cathartic relief, and (3) grief resolution would be initiated, including a reduction in grief affects, more positive identity, and a commitment to individual and community healing.