

National Native Alcohol and Drug Abuse Program

**Cultural Healing Practice
within National Native Alcohol and
Drug Abuse Program/Youth Solvent
Addiction Program Services**

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This paper presents a discussion around key constructs of Indigenous Culture so as to set a foundation for understanding the vital role culture and cultural practices play in addressing addictions. The operational framework of these concepts is put forth within a discussion of cultural programming and processes. The intent of this document is to culturally inform the First Nations Addictions Advisory Panel whose mandate is to review the evidence and make recommendations regarding the best strategies for the revitalization and further strengthening of NNADAP and YSAP.

Part One: Background

1. Overview

The National Native Alcohol and Drug Abuse Program (NNADAP) and the Youth Solvent Addiction Program (YSAP) were built upon the foundational belief that indigenous-specific cultural practices, drawn from an indigenous worldview, would provide the best route back to wellness. These cultural practices have come out of the regions in which the programs operate, and have drawn upon “local cultural knowledge and practices.” Unfortunately, little has been written or documented within the NNADAP and YSAP regarding the structure, process and outcomes of this culture-based programming.

One day, however, somebody is going to ask what indigenous people mean when they say “our way is the way of the circle; our way is the way of the four directions; our way is a holistic way of life; we are environmentally conscious,” and so on. One day, future generations will ask that question and the answer can’t simply be that “our way is holistic or that ours is a spiritual culture” and not have anything more to say than that. Now is the time to give meaning of the indigenous worldview and way of life. This is critical to sustaining life for the future generations; without meaning, all that is passed on are ritual and rules.

The current process of establishing an evidence base for NNADAP/YSAP requires clarification of what is meant by indigenous knowledge or indigenous evidence. If some working definitions can be established, then the process can move forward, articulating these definition in policy frameworks, program design, and most essentially in making “meaning through culture” for the lives of First Nations people.

Unique to this discussion is the fact that there is a willingness within governments to see indigenous knowledge as a credible evidence base for NNADAP. When researchers ask “what knowledge base and process qualifies as evidence?,” they are now invited to include both western evidence *and* indigenous knowledge.

Within western science, the term “evidence-based” involves an approach that emphasizes the pursuit of evidence on which to base its theory and techniques. It is derived from a collection of ideas and observations, some of which have been tested and demonstrated to be valid and reliable across specific populations of people. The “indigenous knowledge-informed evidence base” involves an approach to healing and wellness that emphasizes the integration of physical *and* spiritual realities, such that the manifestation of spirit in

physical reality is accepted as proof when the understanding of such manifestation can be tied to cultural teachings.

Both the physical *and* spiritual dimensions of the cultural evidence base are discussed in this paper. Knowledge given by the spirit or Creator, held in sacred societies and other sacred instruments, is accepted as truth by indigenous people. It is the *expression* of this truth in the physical world, the world indigenous people have occupied everyday, throughout generations, that requires study. This evident truth is fluid, in that the Creator's law or natural law continuously flows from one generation to the next, transcending time and changes in the way lives are lived. As indigenous people we just have to look for it, understand it, make use of it — and find words to describe it to others.

It is essential that the cultural heterogeneity of indigenous peoples in Canada be acknowledged. One cannot assume that there is one system of cultural practice. While there are cultural similarities in terms of cultural meaning and purpose across cultural groups, there are differences in how culture is used in practice. As a consequence, standards of cultural practice or protocols within addictions programming must be community and culturally specific and be implemented to give organization, consistency, and clarity to cultural practice within specific programs and services.

As the revitalization of the NNADAP and YSAP begins, an attempt must be made to capture the structure and impact with clients of the cultural practice of these programs. While there is a paucity of research on “outcomes” thus far, it is important to start the discussion on the impact of culture-based programming. The results of this discussion will help the Addictions Advisory Panel to review the evidence and make recommendations regarding the best strategies for the revitalization of NNADAP and YSAP.

2. Project Scope and Methodology

Focus Groups and Key Informant Interviews

This project included two focus groups involving 23 people from treatment centre directors, NNADAP/YSAP Elders/cultural practitioners, NNAPF Board members and staff and 15 key informant interviews with treatment centre directors, management staff, board members, Elders, cultural practitioners and a review of case studies to illustrate cultural practices within the NNADAP system.

It was important to ensure a level of cultural competency in this research project. “Of importance to research funders (e.g., Canadian Institutes of Health Research) as well as indigenous communities (e.g., National Aboriginal Health Organization) is the principle that indigenous people are involved in planning and implementation and that researchers are culturally competent.” (Hill, 2003)

At the very start of my exploration, a Mi'kmaw grandmother in Nova Scotia encouraged me not to just investigate specific healing programs but to spend equal time with the Elders, the teachers and the philosophers. She was concerned that I might never come to understand the programs I encountered

unless I first gained some understanding of how aboriginal people understood Creation in general, and the proper place of mankind within it (Ross, 2004b).

As researchers, speaking from our own indigenous knowledge is critical to not becoming anthropologists and ethnologists of our own traditions, our own cultures. Otherwise, we would be like a non-native person studying our culture, learning about our own culture as we are reading about it and studying it. If one doesn't know their own cultural teachings and doesn't speak from there; they don't act from there; they don't live from there and so it's difficult to cite the source of the teaching, the meaning and the translation of the teaching within everyday reality. It was essential to ensure that this research was facilitated by someone who is knowledgeable of cultural/medicine practices specifically as the process involved key informant interviews and focus group discussions among cultural/medicine practitioners. Communication protocols specific to cultural behaviour used in this research included: not recording actual ceremonial practice, not interrupting the speaker and waiting to ask questions of clarification, and accurately translating the message of stories and metaphors.

Literature Review

The authors identified the following documents as key sources of knowledge and these informed the literature review for this research project.

- *Annotated Bibliography on Traditional Medicine*, Dr. D. Martin Hill, National Aboriginal Health Organization.
- Resilience and Indigenous Spirituality: A Literature Review, J. Fleming, R.J Ledogar. (2008). *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 6(2).
- *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* (1995 to 2008).
- Grey Literature: identified through focus group & key informant interviews, international Addictions/Mental Health Initiatives involving Indigenous populations
- Selected Annotated Bibliography on Substance Use and Abuse, *Southern Medical Journal*, J. Scott Tonigan, PhD, Aiyssa A. Forcehimes, MS, and Cynthia Geppert, MD, PhD. (2007) Special Section: Spirituality/Medicine Interface Project.

For this discussion paper, a review was also conducted of key articles from the bibliographies of the articles identified. Keywords used were "indigenous spirituality," "Aboriginal spirituality," "Native American spirituality," each coupled with the terms "addictions" and "substance abuse." A review of grey literature focused on documents and reports from NNADAP and YSAP and international documents that focused on indigenous populations of that country, such as organizational policies or cultural protocols for the inclusion of cultural/medicine practices within service delivery, program cultural/medicine practices, and outcome data reporting the impact of cultural/medicine practices. Other search criteria for published literature included: Aboriginal, First

Nations, Indian, indigenous, North American Indian, culture, indigenous healing practices, and spirituality with: mental health, mental wellness, addiction, substance abuse and derivatives thereof, cognitive behaviour therapy, stages of change/transtheoretical model of behaviour change, emotional intelligence, existential therapy, biopsychosocial, and motivational interviewing.

The inclusion criteria used in this review were as follows:

1. The reference included discussion of the role of indigenous spirituality and spirituality as it is distinguished from religion in addictions/substance abuse at the community or treatment program levels.
2. The reference included discussion of indigenous cultural/relevant specific measurement instruments and outcomes.
3. The reference discussed program policies, protocols, and activities related to indigenous cultural medicine practices.

This indigenous literature is often found outside of academia and within Native organizations and their resource libraries, research reports and websites such as American Indian Physicians Association, the World Health Organization and Pan American Health Organization. The Aboriginal Healing Foundation and the National Aboriginal Health Organization are also primary sources of written literature on culture applied within health practices.

Part Two: Key Constructs of First Nations Culture

To begin, the key operating principles that underpin the discussion of culture and its meaning will be presented. Often key principles appear without any discussion of their philosophical foundations which makes it difficult to apply them appropriately in operational frameworks.

Even if we think of culture not as a grand construct that exists unto itself, but reduce it to the pragmatics of lived daily experiences, the logic of “operating principles” continues to have resonance. And when it comes to understanding differences and similarities across cultures — especially via entering the “negotiated space” — unless we have some grasp of the fundamental operating principles, we are reduced to manifestations of culture — the product — rather than the process. (Mila-Schaaf & Hudson, 2009)

To this point in time, indigenous cultural meaning is largely absent from discussions of the theoretical foundations informing addictions and mental health practice. Instead, western worldviews, perspectives and assumptions have reinforced dominant cultural values. Indigenous peoples have been struggling to negotiate and create space for cultural meaning in all aspects of addictions services. Lock (2007) suggests that more of this type

of work "... is required if the advocacy of indigenous knowledge systems (INHKD 2002; Anderson 2003) is to have anything other than rhetorical effect."¹ At this time of greater willingness to include indigenous cultural knowledge, understandings that support it as a credible evidence base must be established. Indigenous peoples also have the responsibility of translating western theoretical foundations and their evidence base for potential application to indigenous peoples (Hays, 2006).

The Challenge of Language

"First Nations" is a general way to refer to indigenous groups who differ substantially in language and customs, and exist in all regions across Canada. There are 614 First Nations bands, groups that share common values, traditions and practices. These 614 First Nations bands are further grouped into 11 language families with 55 different languages. While language and geographic location inform the various traditions and practices, it is believed that inherent in all 55 languages are common values.

For example, indigenous languages refer to Creation as animate, recognizing the spiritual aspect of earth, plants, animals and other living species. Indigenous languages describe the characteristics and behaviour of these living species; these common values form the foundation for what is known as an "indigenous worldview." That indigenous worldview explains that the human *and* other-than-human relationships are fully captured within the Creation Story. In that way, they are conveyed across generations through indigenous languages, many concepts of which cannot be translated into the English language. These concepts are preserved through petroglyphs, birch bark scrolls, bead work, wood carvings, sand paintings, appliqué, symbolic writing and other ceremonial items (Benton-Banai, 1988; Beck, 1992).

All indigenous peoples had their own ways of transmitting and recording the original teaching of Creation. This sacred knowledge is preserved in the indigenous peoples themselves, in their sacred ways of knowing and in their connection with spirit. The Anishinabe (Ojibway) people of the Algonkian language family, the largest of the 11 language families, have the Birch Bark Scrolls. The Delaware or Lenni Lenape people (also of the Algonkian language family) have the Wallam Olum, revered as one of the oldest written records of the indigenous people of North America (Weslager, 2003).

There are very few who can accurately speak and translate sacred indigenous languages today. Much of it has been changed over the generations, or has gone silent with the silencing of ceremonial practices. The Birch Bark Scrolls require the old, sacred language to fully interpret their teachings, concepts and worldview, but they still exist and are still used in ceremony. This sacred language is distinguished here from the everyday conversational language, because it expresses the presence of *spirit* in physical reality.

¹ Lock, 2007, p.12. The findings of an extensive literature review of Australian publications failed to clearly establish a clear understanding of the widely used concept of "Aboriginal holistic health," due to poor definition, conflicting and confounding discourse. This suggests that at best the concept is accepted without critical thought based on historical developmental context.

The sacred language and recorded teachings are the most significant evidence base for fully understanding an indigenous worldview.

Indigenous knowledge, however, is not static. Human beings are continuously discovering or coming to new understandings about things that have existed in Creation from the beginning. The knowledge carried today has the benefit of the knowledge left by our ancestors; something always rooted in the Creation stories. It is these stories that hold the knowledge from which all else is derived and understood. They tell us that the structure, pattern and processes of creation are *repeated* in all aspects of life, from the structure of the universe to the structure of both human and other-than-human beings. The only difference is that human beings have the “gift of free will,” while all other forms of creation have a defined and persistent identity, and therefore purpose, in their roles and responsibilities to all else.

The Midewiwin teaching is that all Creation stories are true, drawing that truth from the links, similarities and patterns among them. A western perspective would more likely perceive the variation in stories as conflicting, and such a misunderstanding of the oral tradition tends to exclude traditional knowledge sources as credible evidence. In fact, the oral tradition is based on a profound recording system not readily understandable without indigenous language and knowledge. The full extent of that knowledge is held within sacred societies and is demonstrated in ceremonial ritual, complete with knowledgeable use of traditional teachings and ceremonial articles.

The challenge thus involves describing how cultural knowledge explains an ever-changing physical world. The Creation stories, all of which are true no matter their differences, have a common element: *the Great Spirit placed everything within Creation that human kind would ever need to live life*. The challenge is to understand where those answers lie within indigenous sacred knowledge.

Indigenous intelligence is much more than one’s mental aptitude. As Battiste & Henderson(2000) explained, “Indigenous knowledge is a complete knowledge-system, with its own epistemology, philosophy, and scientific and logical validity... which can only be understood by means of pedagogy traditionally employed *by the people themselves*.” It is thus a formal system of knowledge, one held by wisdom keepers, ceremonial practitioners, traditional doctors, pharmacists and counsellors, and housed within traditional institutions such as the Midewiwin Lodge, the Long House and their sacred societies.

Rupert Ross (2004a) identifies at least three components:

- ...all things acted within complex webs of **relationships**. Whatever happened with one thing rippled out to touch and affect all other things;
- the real essence of Creation lay in what was going on **between** things... all the relationships that bind things together so strongly...;
- there must be understanding of the symbiotic/interdependent relationships.

Indigenous communities assert that their right to control the use of their knowledge is an inherent right of self-determination, a right that must be recognized and respected. While there are indeed important differences in how traditional knowledge is used across Canada, there are a number of commonalities that can be expressed here.

A Holistic Vision

The indigenous worldview is said to be “holistic,” meaning it encompasses all aspects of life: the physical, mental, emotional and spiritual (Benton-Banai, 1988; Darussalam, 2001; Hill, 2003). It is also understood that *all* beings in Creation, human as well as other-than-human, have the same physical structure and make-up, have the capacity to think and reason, and have emotion and spirit. The understanding that indigenous people need to have a “connection to land” expresses that holistic vision of interconnectedness: we have a dependency on the land not only for food and shelter *but also for a place of belonging that informs both our individual and our collective identity* (Kirmayer, Tait, & Simpson, 2009).

1. The Centrality of Spirit within the Indigenous Worldview

The very *first* concept is the spirit. If one can understand the place of Spirit in the indigenous worldview that will define the starting-place as the centre of one’s understanding. When one can find that, and know what it is, then it makes all aspects of indigenous culture and ways of knowing understandable.

Spirit is best understood through Creation stories, the foundation for all indigenous knowledge. Creation stories are the evidence base for all that exists within Creation, and the relationship *between* all elements of Creation. Hearing the Creation story is healing in and of itself. It affirms identity and provides direction in one’s life (Benton-Banai, 1988; Freeman, 2007).

Just as the spirit is at the centre of each of us, so the spirit is also at the centre of everything else within this creation. The spirit is always at the centre. As one lives their life with other spirit-centred beings in this creation, the relationship to the Creator is from spirit to spirit. Also, relationships to one another are, first of all, from spirit to spirit. As human beings our role is to preserve that relationship, to maintain the spiritual order and structure of the world.

The Samoan indigenous peoples of the Pacific Islands refer to this concept as “Va,” the space that relates:

The concept of Va refers to the “space between.” It is fundamentally different from western notions of space defined by open areas, expanses or distances that separate. It refers to relationships that are collective. To maintain Va is to respect and maintain the sacred space, harmony and balance within relationships. With regard to health, Va captures the holistic Pacific worldview of the important relationships between our physical, spiritual, psychological, social, economic and cultural dimensions that underpin a healthy community. Relationships are not unidirectional, but mutually linked and reciprocal, and

the space between is not space that separates, but space that relates. (Te Pou, 2008)

Within the indigenous languages of Canada, there are words that describe the “Va,” the space where physical and spiritual realities meet. The indigenous way of life is *directed* by spirit: spirit-driven, spirit-defined, spirit-motivated and spirit-centred. There is nothing mystical about it. Within this reality, the spirit is housed within an inclusive concept of body-mind-heart-*spirit*. In life within this earth realm, these work together in such a way as to be inseparably functioning as a whole. The spirit is always central and always works in relationship to the other levels of being. The human person is motivated by spirit. The space in between is spirit-energized. It is critical to one’s total health.

Within the indigenous worldview, “being Spiritual” means that the indigenous person is *spirit*-motivated, and that indigenous culture is *spirit*-centred. Spirituality is a way of being-in-the-world that is spirit-based and spirit-driven. To recognize this is the key to understanding the indigenous way of being, knowing, perceiving, behaving, and the indigenous way of living in the world. Indigenous psychology and indigenous culture can only be fully and properly understood from *within* this belief: that spirit is the central and primary energy, cause, and motivator of life.

2. The Circle and Wholeness

Another primary concept of the indigenous worldview that comes from the Creation story is the Circle. When life moves out equally in the four directions, it forms a perfect circle. Each of the energies that cause the circle to move equally in each direction is a *different* energy. The energies of the four directions are thus what hold all of life together in the great circle of life’s unfolding. It was established for all time that the circle would be the way in which all life unfolds as it moves forever toward the creation and re-creation of life. This concept is of primary significance in understanding the total indigenous worldview. It is the primary pattern of unfolding, growth and change.

The Circle is synonymous with wholeness. All things work together in an interdependent fashion, forming an interconnected web of integrated wholeness. Though each part is a recognizable unit, ***it only has meaning when in relationship to the whole.*** Wholeness is the perception of the undivided entirety of things. To see in a circular manner is to envision the interconnectedness and the interdependence within life. The wholeness of life is the Circle of life. It is an all-embracing principle, perfect and complete, including everything. It is timeless and absolute, yet it encompasses time and gives it meaning. It is the whole of creation, yet it incorporates and helps us to understand all the “parts” of the created whole.

3. The Same Mother

We are all relatives because we have the same Mother. This, perhaps best of all, sums up indigenous peoples’ relatedness to creation. The Creation story of the Anishinabe underlines the indigenous people’s identity with the land and their relationship to Creation. People were not only shaped *by* the land, but were also created *from* the land. That this original placement of indigenous people was *on the Island that sits on the back*

of the Great Turtle (North America) is essential to the origin story — this is the special place for *the Red Colour* of human kind. The idea of being created *from* the land and being placed *on* the land forms an essential aspect of “aboriginality” or “indigenouness” (i.e. the Anishinabe identity). The Anishinabe person is inseparable from the land. Their identity, sense of place and history are intimately related to the land.

In the indigenous mind, though humankind is a “special creation event,” the human person is *of the earth* and *from the earth*. Like all of the created world, the human being is part of the balance of nature and must find a special yet interconnected place within the created whole. The human person is a relative to all other persons of the Earth, and, along with all creatures, calls the Earth *Mother*.

As humankind is a conscious and interdependent member of the Earth family, so are the other-than-human beings. All of us are responsible for being related *in a good and caring way* within the family of creation. The Earth herself is a living, breathing, conscious Being, complete with heart/feeling, soul/spirit, and physical/organic life, as it is with all the relatives of creation.

The indigenous person thus lives within a great “extended family” that is planetary and cosmic, rather than simply human. The universe itself is said to be a family — Grandfather Creator, Grandmother Moon, Mother Earth. All of Creation are relatives to the human being. The world is permeated with life-force, spiritual energy and with conscious, purposeful beings. The human being is *personally related* to the environment, the landscape and the forces all around. “The human genome sequence gives us a view of the internal genetic scaffold around which every human life is moulded. This scaffold has been handed down to us from our ancestors, and through it we are connected to all other life on Earth” (Pääbo, 2001).

Western man, carrying an *exclusive* and *disconnected* view, has lost this sense of relatedness, or gives little credence to it. The indigenous view not only observes such links and inter-communication, but goes further, upholding a worldview that is not only interconnected and interdependent, but is sentient, personal, reciprocal, and spiritual in nature.

4. The Universe Cares

Another key to understanding the indigenous worldview is the recognition of a fundamental precept: *the universe cares*. The spiritual energy, the original consciousness that caused creation to come into being, *cares*. The manner by which creation unfolded, and the order in which it evolved, is governed by the guiding principles of *kindness and caring*. The Creator *cares* for his creation. The cosmic beings and forces of stars, sun, moon, wind, thunder, water and fire all act in a *caring* way toward one another and assume a *caring* attitude toward other beings of creation. The Earth *cares* about her offspring and all of earth-life. The beings within creation *care* about each other and about how they relate to one another within the interconnectedness and interdependence of the web of life.

Given that Creation originated in this way, it sustains itself and thrives by means of an underlying orientation toward *kindness*. This is especially important when one considers the category of “persons,” because indigenous people understand that everyone was put in the world in a kind and caring way. Within indigenous culture, however, *all* things are regarded as “persons” and as “relatives.” Personhood not only applies to *human* persons, but to plants, trees, animals, rocks and both the visible and the unseen forces of nature. Because they are all persons, they have the range and qualities of personhood that are commonly attributed in western ideology exclusively to human persons. Once this is accepted, other-than-human beings are elevated to a higher quality of being, and the nature of the relationship moves to an all-inclusive, *ethical* level. As persons, we are all related to one another and are responsible for maintaining good and harmonious relationships within the “extended family” of persons. *All* that exists consciously cares about the harmony and well-being of *all*.

Human persons then have a unique unity with all other persons, a unity that is both psychological in nature and ethical in its integrity. A truly indigenous regard for life is one that recognizes the value of *all* of life — of all *persons*. This attitude conditions the special relationship indigenous people have with the reality around them, and determines their behavioural and cultural response. In a world where everything has personhood and everything is endowed with spirit, the personhood of everything must be respected. Good and harmonious relationships must be maintained with everything.

Upon these foundations or “primary concepts,” the following discussion attempts to articulate the essential elements, depth, breadth and parameters of what is called “indigenous intelligence.”

5. Indigenous Intelligence

Since contact, intelligence has been defined for indigenous people through the eyes of a Euro-Canadian psychological and scientific culture that is limited in its application and its understanding. Ever since first contact, indigenous people have been attempting to achieve *their* definition of intelligence, to be as productive as *they* are, as successful as *they* are and as intelligent as *they* are. In doing so, indigenous people have lost the encompassing nature of *our* definition of intelligence — *indigenous intelligence*.

Intelligence involves more than the acquisition of knowledge and the manipulation of thoughts; intelligence has to do with activating knowledge into something useable *within a system that is charged with meaning*.

Indigenous intelligence is the wise and conscientious embodiment of exemplary knowledge and the use of this knowledge in a good, beneficial and meaningful way.

An indigenous person cannot talk about being an intelligent person without knowledge of, and access to, all the *levels* of indigenous intelligence: the intelligence of the body, the mind, the heart and the spirit. The intelligence of the mind, for instance, does not operate to its fullest creative, discriminating, and encompassing potential without being in active partnership with the intelligence of the heart. Indigenous people cannot be intelligent, or act or think intelligently, unless they are able to attach indigenous concepts, ways of

being and knowledge to a connectedness with everything else. This *responsibility* within that all-inclusive relationship *is an act of intelligence*.

As indigenous persons, our present-day thinking must include the legacy of our ancestors and of what they are waiting for us to do. As indigenous people, we must also contemplate the future generations, recognizing that they are already looking back toward us with awareness that our decisions and our actions are having an impact upon them. It is a living past with a living future, and the current generation are the living connection in between. Indigenous intelligence is active on all these levels. Indigenous intelligence *in action* requires fulfilling one's responsibility to family and community, past, present and future, using the gifts bestowed by the Creator, and following the pathways left on this earth by our ancestors. As such, indigenous ways of seeing, being, relating and knowing have a *sacred* foundation. They are a *spiritual* gift to indigenous peoples.

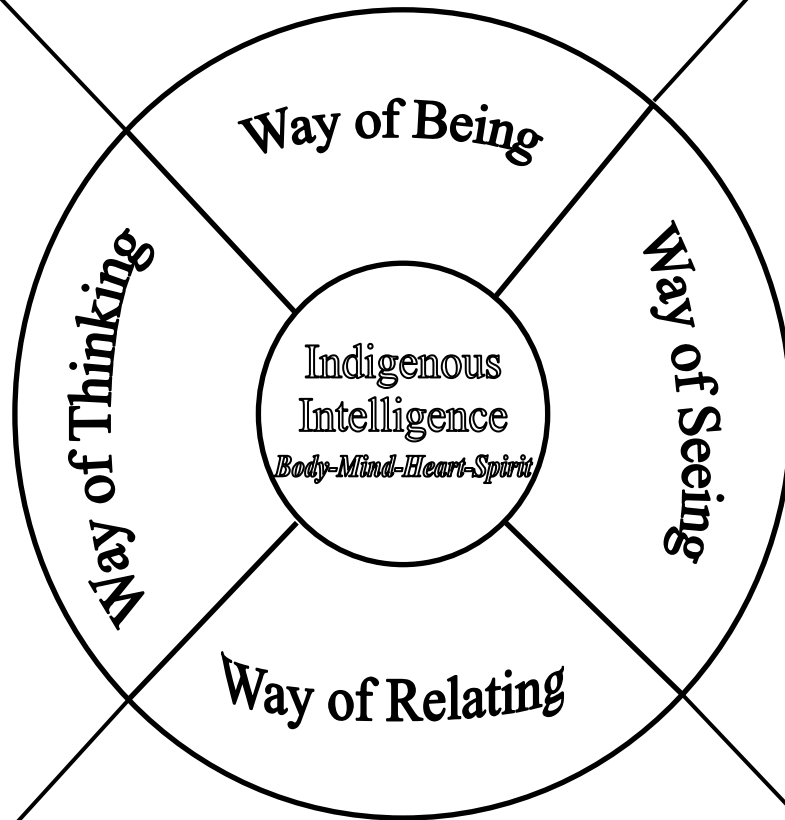
6. The Four Directions of Indigenous Intelligence

The following diagram shows the “Four Directions” of indigenous intelligence: Seeing, Being, Relating and Knowing. Each quadrant shows the deep level of intelligence that exists when the body, mind, heart and spirit are engaged, and the four quadrants acting in unison demonstrate the wisdom of the total experience.

The Indigenous Way of Being is the total response of the total person with the total environment. It is a way of doing that involves the whole person — body, mind, heart and spirit. This way of being and doing generates the finest creative expression and the highest quality of experience of the individual person within environment.

The Indigenous Way of Seeing is spirit-centred. It is a total way of seeing. The person has the capacity for “total vision,” which encompasses the whole of reality, considers all levels of knowing, is informed by all of the senses (physical, emotional, intuitive and spiritual), and maintains the interdependence interconnectedness and holistic experience and integrity of the total environment.

The Indigenous Way of Thinking uses the totality of the mind in its intellectual, intuitive and spiritual capacity, as well as sensory and emotional inspiration. The indigenous way of knowing involves total faculty learning and calls on the total responsiveness of the total person. It is a way of knowing that is inspired from the heart as well as generated from the mind’s intelligence.



The Indigenous Way of Relating is an all-encompassing way of relating in a world that is personal, caring, responsive and sharing. It is inclusive of all beings: human and other-than-human. This way of relating is respectful of the individual and responsive to the integrity of the collective whole.

The Four Directions of Indigenous Intelligence

The process of renewal must also be considered from the perspective of *indigenous intelligence*. If this perspective is ignored, there is a risk of perpetuating a system that focuses on individuals, instead of individuals *and* families *and* community and a system that focuses on individual *deficits*, rather than on the promise of positive change rooted firmly in indigenous identity. Renewal of addictions services must not be seen as an isolated enterprise, but as a central force in the re-establishment of a healthy indigenous identity. It is time indigenous people re-connected with the health, direction and wisdom of their ancestors.

Part Three: Linking Western and Indigenous Approaches

Through the key informant interviews and focus groups, the authors explored cultural healing practices within the context of addictions treatment services. The following broad definition from the Royal Commission on Aboriginal Peoples provided parameters for this discussion:

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

Linking indigenous culture and sacred knowledge with western theoretical models is premised on the understanding that, although they may differ, “they share a primary goal: changing the way the client thinks” (McDonald & Gonzalez, 2006). The most fundamental difference involves coming to know oneself spiritually *and in relation to Creation*. Nurturing one’s relationships within Creation is the only way to maintain “*Va*,” the space that relates. The Creation stories of indigenous people are about “real” events that are vital to the psychological/spiritual growth of the individual personality. Within Creation is the original pattern for the forever unfolding of life. Wellness thus involves restoring connection to the original pattern of relationships to others, including spiritual family and community.

This section aim is to highlight likenesses and commonalities while respecting cultural diversity. Indigenous prophecies, such as the Seven Fires Prophecies (Benton-Banai, 1988), discuss a period of time when the eighth and eternal fire will be lit. The marker for the eighth fire is a time of “respect,” when there is an honest understanding that differences have their place and purpose. The Creator placed the indigenous peoples across this land as its caretakers, and it is that relationship to land that is a primary foundation for differences between western and indigenous cultures. It is equally important, however, to understand that it is the *sacred* foundation of these differences that binds us together in commonalities: both cultures have the same Creator, and it is this principle that will light the eternal fire, which is respect.

Indigenous cultural practices are not directed specifically toward one aspect of an individual. Because they are spiritually influenced, they are said to be holistic instead. They impact upon *the mind, body, emotions and spirit*, all at once, and to varying degrees. Indigenous science integrates the sacred. Learning about indigenous knowledge is also an *ongoing* process, an activity of “coming-toward-knowing,” rather than achieving. One is first transformed by indigenous knowledge, and then has the responsibility of extending this knowledge by translating its meaning for others.

When reviewing western-based approaches, it is important to understand that they were *not* created to attend holistically to the mind, body, emotions and spirit of an individual. Many do not attend to family and community, and few place spirit as central to healing. Gaining an understanding of the differences requires self-awareness about ones’ own personal beliefs, value system, worldview and academic orientation, as well as any negative biases surrounding spirituality (Coyle, 2001); these will all influence where emphasis is placed.

The intent was to be inclusive and respectful of cultural diversity across the geographical and linguistic territories over which NNADAP spans. Key informant discussions made it clear, however, that there are many common cultural elements across NNADAP, primarily within *the meaning* of practice rather than the description of cultural practices. This discussion will therefore provide enough description to communicate the meaning of the traditional cultural practice.

What follows will be a general outline of mainstream theoretical approaches to addictions, an etic perspective, and the approaches common within indigenous knowledge, an emic perspective. An emic philosophy is a way of looking at cultural experiences that are regarded as meaningful and appropriate *by members of the culture under study*; validation is based on “consensus within the culture” (Eshun & Gurung, 2009). Within that perspective, culture is not static, meaning that when the Creator said that all that was needed to live life to its fullest has been put in Creation, the Creator did not put time limits on that promise. From an indigenous worldview, it is believed that the promise is meant for eternity, that there will always be a way to find out how to live life through the translation of cultural teachings. Living life to its fullest does include healing from things like mental illness, emotional trauma, physical illness and spiritual disconnection, but this focus on illness is both time-limited and specifically directed toward the illness itself. Once the healing practice is completed (and it may be a one-time event or a series of events), the focus is redirected toward a more generalized, life-long pursuit of wellness *within an indigenous definition*.

The following provides an outline of principles of western theoretical models as the researchers found them applied *alongside* the many indigenous knowledge and cultural practices that are known to be both relevant and meaningful.

1. Resiliency Theory

Resiliency Theory focuses on the force that drives a person to grow through adversity and disruptions (Richardson, 2002). Healy speaks about community or cultural resilience, defining it as the capacity of a distinct community or cultural system to absorb

disturbance and reorganize while undergoing change so as to retain key elements of structure and identity that preserve its distinctness (as cited by Ledogar & Fleming, 2008). The application of Resiliency Theory to the indigenous context is based on the understanding that unresolved trauma, oppression and colonization are forces that have created risk factors within all aspects of health, and over generations. Those risk factors underlie substance abuse/misuse and addictions. The evidence of resiliency is simply that indigenous people still exist as distinct nations despite negative coping behaviours.

Within indigenous teachings, at an individual level, connection to one's spirit is facilitated through identification of the individuals "spirit name," clan family and nation identity. This is especially important for people who have been adopted. An individual's capacity for resilience is reliant upon one's *spiritual* connection to creation, family and community (Dell, Dell, & Hopkins, 2005). Developing *meaning* from these aspects of cultural identity is important for identifying personality traits, characteristics and unique strengths and interests, all of which are the foundation for resiliency.

Resiliency is also dependent upon socially invested resources, culture, and networks (Fleming & Ledogar, 2008). It focuses on culturally informed structural and cognitive dimensions that can be established between individuals and the community of resources around them, or between the treatment centre and the community around it. Activities that can support the creation of resilience include talking and healing circles, drum and dance groups, indigenous language acquisition activities, craft activities, community gardening or any other strategy that develops volunteerism, including the gathering and use of traditional medicines.

2. Motivational Counselling

Motivational counselling focuses on personal choice, de-emphasizing labels such as "alcoholic" or "addict" and encouraging instead a close examination of any discrepancy between present behaviour and important personal goals and values. While expressing empathy to facilitate change, it encourages an evaluation of pros and cons to facilitate client self-reflection and supports self-efficacy to facilitate *belief* in change and possibilities (SAMHSA/CSAT, 2008).

Attempting to utilize motivational counselling for indigenous peoples with a history of trauma, historical oppression and colonization is, however, premature without first establishing a foundation of strength. Without a reconnection to cultural identity, the onus of change is on the individual without regard for the determinants of health at play in what may be, for instance, a culturally crippled community environment. Reconnecting to cultural identity and facilitating *belief* in change are necessary for self-efficacy.

Motivation for change within indigenous teachings is spirit-driven, coming from the indigenous Creation story. Spirit desires to touch, to experience all of life, and it is through human touch that the spirit can experience the world. Spiritual identity is a necessary foundation for establishing intrinsic motivation for change. A focus on cultural identity is expressed through spirit name, clan and relationship to Creation, all built upon "unconditional love and acceptance." Motivation is fuelled by knowing through the spirit

name and clan identification that one has a *purpose* for being in the world. The expression of that purpose is based on individual choice and opportunity.

Change is thus facilitated through an emphasis on strengths, not a focus on “deficits.” Focusing on strengths that are derived from cultural identity, then building on those strengths through achieving specific goals, is critically important for long-term health. This process is focused on teaching vision first, then planning, then a future. Prayer is a critically important cultural practice in facilitating hope and supporting vision and instilling a belief in change.

3. Developmental Psychology

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

Within indigenous circles, the “Path of Life” teaching articulates the various stages of life according to the spirit journey of walking through the physical world. A disconnection from spiritual nourishment can result in many forms of distress, including suicide, which is understood as a response to *not knowing* one’s purpose in life. Those developmental stages of life are expressed through various ceremonial practices or rites of passage: the “walking out ceremony” for babies who take their first steps on the earth; fasting ceremonies for adolescents; ceremonies that celebrate gender roles and responsibilities such as Full Moon, taking care of Fire and Water, and ceremonies that celebrate the arrival of new life, pre-birth and at-birth, burial ceremonies and memorial (or ghost) feast ceremonies. Ceremonial activity is essentially *spiritual* nourishment, intervention and support.

Healing is *informed* by the Creation stories held by indigenous people. As the original source of knowing; applied throughout one’s lifespan, ceremony increases one’s knowledge and understanding of self, as well as one’s place and belonging in the world. Healing ceremonies that are focused on “unburdening” facilitate moving beyond the unresolved trauma of early life experiences, and they include the sweat lodge ceremony and other specific healing ceremonies (i.e., healing dances, memorial feasts, etc.)

4. Behaviour Modification

According to this theory, behaviour is motivated by thought processes and patterns, together with environmental stimulus. The emphasis is on shifting efforts toward future expectations rather than past reinforcements.

Within indigenous teachings, behaviour is influenced by mind, body, emotions and spirit. The medicine wheel presents a framework for organizing the indigenous worldview and for emphasizing the interdependence of all aspects of self. Thought processes and

patterns, coupled with environment stimulus, are only two parts of “the self” that influence behaviour.

Cultural teachings are indeed focused on influencing behaviour, but they are also much more than that. They draw upon the past, beyond the lived experience, to inform the present. Knowing that one’s ancestor’s footprints on the earth have left a “spiritual” path for one to follow, let’s one know that the ancestors have ensured a future; understanding what the ancestors passed into the future in its fullest is critically important for informing the present.

5. Cognitive Behavioural Therapy

Cognitive Behavioural Therapy is based on the idea that a person’s *thoughts* cause their feelings and behaviours, and that those feelings and behaviours are not caused by external things like people, situations, and events. According to this theory, if one can change the way they think and they can change their perceptions and beliefs for the better, even if the situation itself does not change (National Association of Cognitive-Behavioral Therapists, 2007). There are generally five components to any problem: thoughts, emotions, physical sensation and symptoms, behaviour, and the environment (McDonald & Gonzalez, 2006). Based on an educational model, this form of therapy is very structured and goal-oriented, specifically around the interaction between thought, feeling and acting. The client-therapist relationship is not central to client progress.

Indigenous knowledge suggests that *cultural* aspects have either been overlooked in cognitive behavioural assessments or framed in negative terms. Both strengths and risks associated with the culture-specific environment need to be considered, such as the impact of colonization, oppression, racism and discrimination, access to resources and exposure to endemic trauma like residential school and the experience of child welfare.

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

From an indigenous perspective, cognitive behavioural therapy specific to addictions services would focus on decolonization through the development of a cultural identity (McDonald & Gonzalez, 2006). Cognitive restructuring involves teaching culture-based beliefs about self, family and community, all derived from the Creation story of the specific indigenous population. This process is based on inherent, culture-specific strengths. Zimmerman et al (1998) states: “The enculturation hypothesis was supported by the finding that youth with the highest levels of self-esteem *and cultural identity* reported the lowest levels of alcohol and substance use” (As cited in Fleming and Ledogar, 2008).

Practical actions that can support identity development would include, at the very least, prayer and the use of natural, sacred medicines. Tobacco is a common sacred medicine understood across Canada to be a spiritual means of transmitting prayer and establishing

communication with the spirit world. As a relative in Creation, tobacco has promised to carry the prayers of indigenous people to the Creator. In this regard, thought is facilitated through “belief” in the relationship between self, Creation and the Creator. It is the belief in something that makes it happen, so thought and the belief behind that thinking can influence one’s path in life. For example, the more one believes they are a failure, the more they ignore the inherent gifts given to them by the Creator; likewise, the more one believes and gives energy to the gifts given to them by the Creator, the more they create a reality that facilitates the positive expression of these gifts.

While the relationship between the cultural teacher, cultural practitioner or ceremony leader and learner is not critical to healing through learning, it is the *credibility* of the cultural teacher/practitioner/ceremony leader that is critical. These individuals must have the sanctioning of community, and that *community* sanctioning influences the level of engagement of participants.

6. Emotional Intelligence Theory

Emotional Intelligence Theory makes room for understanding the place and meaning of both pleasant and unpleasant emotions, as well as cultural and genetic influences on emotional expression. It is not about diagnosing and labelling, but about understanding the scientific evidence base for the physiological process of emotions: how the brain operates in relation to emotions, or the emotional patterns (chemical flow) that are created when one “suppresses” emotions.

The science behind emotional intelligence focuses on the activity of the limbic brain, the centre for emotion, attention and memory, and its relationship to the cortex and brain stem. From a developmental perspective, it is also understood that the dorsal prefrontal cortex is the part of the brain that is responsible for decision-making and impulse control, but it is not fully developed until about age 25, an important element for adolescent and young-adult treatment programs.

The “Six Seconds of Emotional Intelligence” Program is a way of recognizing, understanding, and choosing how one thinks, feels, and acts. It shapes our interactions with others and our understanding of ourselves. It defines how and what is learned; it allows us to set priorities; it determines the majority of our daily actions. Research suggests it is responsible for as much as 80 percent of the “success” in our lives (Freedman, Jensen, Rideout, & Freedman, 1998). It focuses on developing the following competencies in thinking, feeling and acting:

- Know Yourself: emotional literacy, recognizing patterns of how thought/feeling/action influence relationships with self and others;
- Choose Yourself: consequential thinking, intrinsic motivation, navigating emotions, optimism; and
- Give Yourself: developing empathy and a “noble goal” (connected to purpose).

Complex Post Traumatic Stress Disorder, Attachment Disorder and Stress Disorder are all outcomes of *environmental* influences. They shape how one responds, leading to altered patterns like chemical imbalances that shift and trigger genetic responses over time. Healing programs, especially addictions programs, often talk about emotions as negative and painful, as “something that one needs to get rid of,” which only supports the notion that emotions are not useful, that they themselves are a pathology.

Within indigenous understandings, all colours of people were given unique gifts that distinguish their identity. What is common to all humanity is the gift of “free will,” the ability to choose. From a western theoretical perspective, there is a dichotomy between humanistic theories that support “free will” and behaviourist theories that contend more on the side of determinism. From an indigenous perspective, there is a relationship *between* one’s free will and environment, not a separation. One influences the other. Having a sense of purpose and reason for being is more important than what one does to pursue individual ambitions. Emotional Intelligence Theory promotes the idea of a “noble goal” as an important dynamic, e.g., “Being one’s best *for* the world, versus being the best *in* the world” (Jones, 2007).

In the telling of the Creation story, there is an emphasis on knowing self through the creation of the universe; everything is patterned through all other creative experiences. The physiological process of Creation is continuously replicated in human beings (mind, heart, fire, water, four directions, movement, seeds, relationship, earth and all her elements), and throughout life. Within indigenous intelligence, it’s not difficult to translate these stages of creation to the actual physiological make-up of human beings and their interconnected relationship to environment. That is, a person does not exist unto themselves. Instead, their physiological functioning is directly connected to, and influenced by, the environment. “This scaffold has been handed down to us from our ancestors, and through it we are connected to all other life on earth.” (Pääbo, 2001). The scaffold that is being referenced is the DNA helix.

A reconnection with one’s Creation identity creates opportunity for shifting chemical imbalances, for strengthening the genetic string into the next generation, both physically and spiritually, and for changing patterns of behaviour, patterns of thinking and emotional responses to one’s environment. This process is all about coming to know one’s self so well that it’s possible to regain vision, draw upon cultural identity for intrinsic motivation and, with this fuel, have hope for the future.

7. Prayer

Prayer is also a powerful tool to facilitate vision and hope. Prayer is often about looking to the future with a request for the Creator’s help in living with trauma or community dilemma. In one case, a patient with schizophrenia was visited daily by his elder aunty. Together the two went outside to pray at the water. When the patient was discharged and asked what made the difference in his recovery, he confidently said his aunty ensured his healing. His belief in spiritual help through prayer, and his aunt’s facilitation of the prayer, is what brought about the healing for the young man (story shared by Sir Mason Durie, Indigenous Mental Health Leadership Conference, 2009.) Cultural teachings *specific* to one’s genetic make-up are important for creating emotional *and* indigenous

intelligence, and for realizing one's potential for healthy functioning within family and community.

8. Narrative Group-based Therapies

Western psychology seems to be discovering the advantages of bringing people together to discuss their lives and challenges in a non-confrontational and mutually supportive process, calling them “narrative therapies” in a “group format.” In Connecticut, for instance, a study of what its originators called a Relational Psychotherapy Mother's Group for heroin-addicted mothers drew the following positive conclusions:

- “The use of a group format helps addicted mothers to develop their interpersonal skills, to perceive the universality of many dilemmas pertaining to their roles as mothers and to benefit from cohesive and mutually supportive interpersonal networks.”
- “... mothers frequently referred to the supportive and non-confrontational nature of the group as a primary incentive for their continued participation.”
- “... drug-abusing mothers are often wary of treatment approaches that seem to focus primarily on their ‘deficits’ as parents, such as those in which they are ‘taught’ parenting skills from a strictly didactic standpoint.”
- “The discovery-based, non-directive approach... serves to empower the mothers, implicitly acknowledging their motivation to become better parents and their own capacities to foster the positive development of their families.”

In other words, great promise was found in this ancient indigenous process, given that it is strength-based, non-hierarchical, interpersonal and discovery-based.

9. Biopsychosocial and Biopsychocultural Approaches

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

Because that model did not recognize diverse *cultural* backgrounds for their affective significance, a *biopsychocultural* approach has also been developed, paying specific attention to the inter-cultural and intra-cultural variables that directly and indirectly influence behaviour (Eshun & Gurung, 2009). A drawback, however, is the apparent equation of “culture” and “religion” in the western approach, and the denigration of religious beliefs as being without scientific basis and as having, for that reason, “no ultimate truth value.” Religious beliefs are seen as merely customs passed from generation to generation, in direct contradiction of indigenous beliefs.

Part Four: Re-Establishing Indigenous Identity

1. The Overall Structure

As Dawn Martin Hill states in *Research on Traditional Medicine in Contemporary Contexts* states:

It is a useful exercise to discuss the variety of definitions that traditional medicine is, or is not accorded, the latter being the case in most academic and non-academic journals. This will mean that the cultural practitioner or medicine person will necessarily be involved through key informant interviews to establish the authentic voice on “cultural healing practices” so as to establish a comprehensive understanding of what cultural healing practices/medicine are operational. (Hill, 2003)

NNADAP has played a significant role in facilitating the development of indigenous identity, recognizing that a secure identity requires more than the superficial knowledge of cultural practices. Instead, it depends on gaining an understanding of indigenous language, history, teachings, family, community and land, emphasizing that healthy connections among them *must* be established, simply because individuals *must* always “go home” to find their truth and continue their journey (Tso Tun Le Lum, 2008²).

Purpose in life is founded on indigenous identity, and healing is thus centred not just on diminishing illness, but on creating paths toward wellness as well. It focuses not just on removing impediments to individual health, but on supplying the tools needed for individuals to gradually create their own strong *indigenous* health, centred upon living within healthy *spiritual* connections to every other human being, and every other-than-human being, within Creation. Indigenous healing does not ask “What’s wrong with you?” and then try to exorcise the offending particle; instead, it takes people into their quiet strengths, helping them see their own potential. It engages spirit in that task, the same spirit that tells us we are the sum of all of our relationships.

Here, then, are some of the component parts in that larger healing *and wellness* challenge.

i. The process should address:

- **physical needs**, including detoxification with natural medicines, traditional foods rest and exercise or ceremonial games;
- **emotional needs**, through ceremonial welcoming to the community or wellness circle;

² “Go home” is a common phrase used to express a return to one’s family, community and land as this is the source of truth around identity, place and purpose in creation. Place is not restricted to geographic location and instead means one’s place within the universe, family and community and is based on the knowledge that all beings in Creation **have** a place of belonging.

- **mental needs**, focused on education regarding indigenous identity and indigenous practices; and
- **spiritual needs**, through spirit name/clan/nation identification and teachings, as well as opportunities to experience relationships with Creation.

ii. The process should include a welcoming and celebration-of-life ceremony, focusing on strengths. It should be enhanced with indigenous teachings that follow the Creation stories focus on the “stages of life,” the developmental processes that bind the physical and spiritual life experience.

iii. The process must also include a cultural assessment, through which a “spiritual reading” may be done to determine specific needs for strengthening spiritual connections through the use of feasts or natural medicines or other ceremonies. This process in and of itself can facilitate a connection to unresolved trauma.

iv. The client should be made aware that their indigenous identity means that the true “client” includes their family, clan, and community, and that cultural activities and ceremonies should be inclusive of family, clan and community. Learning “bush” skills like hunting, trapping and harvesting medicines can serve that function. Living with others at a land-based camp can teach interdependence. Treatment centres that include fasting ceremonies also rely on a strong connection to, and understanding of, the relationship to both the land and to volunteer community participation.

v. Plan-of-care goals should *support* the inherent strengths of the indigenous person, focusing on establishing meaningful connections of mind, body, spirit and emotion through education, cultural experience and ceremony, no matter the level of trauma experienced. Affirming a foundation of strength in the individual is essential.

vi. Hearing is the first of our senses. It develops while we are in the womb, and it is the only sense that activates, stimulates and engages all aspects of the brain. Indigenous languages are often described as musical, and the inclusion of indigenous language-learning through song and other activities is seen as a vital restorative activity.

vii. From an indigenous perspective, *ceremonial* song facilitates the opening of *spiritual* doorways. Ceremonial language contains the closest links to spiritual language, the best stimulus for full-brain engagement, both physically and spiritually. This full engagement, fed by one’s ancestors through genetic transmission of ancestral spiritual influence, is what offers “genetic shifting.” It changes the DNA expression toward that with which one was inherently gifted: everything that is held in one’s spirit name, clan, language and connection to land.

viii. The use of “sacred foods” and “medicines” is also important for addressing physical imbalances, including chemical imbalances created by opiate use. For example, sea salt or cedar water can be used in foot or full-body soaks to detoxify and to manage pain. Natural medicines can be prepared as a tea for cleansing and detoxifying the liver. Traditional medicines like sage, sweet grass, cedar or tobacco can be used for

“smudging” and other ceremonies. There are, as well, specific healing ceremonies built around the use of other natural medicines.

ix. The sweat lodge is the most prominent multi-faculty approach to wellness. It facilitates access to the spiritual doorways within the universe and within one’s being (Moore & Wagemakers Schiff, 2007). It is widely used across NNADAP and YSAP, even though the process for conducting it varies and is specific to each indigenous nation. Community-based sweat lodge ceremonies occur, for instance, almost every evening across 12 First Nations communities in Nova Scotia, and they welcome people referred by Native Alcohol and Drug Abuse Counselling Association of Nova Scotia. The sweat lodge ceremony operates with much help, coming primarily from community networks that have become ceremonially-based. It helps facilitate connection to the four directions within self and the universal family: ourselves, the earth, the world above and the world below, all of which promote physical and psychological healing (Smith, 2005) (Duran & Duran, 1995).

x. The use of ceremonial instruments such as the pipe, shakers and various drums, together with the teachings behind their use, are seen as important “touch-stones” in finding a new self-definition as an indigenous person. Smudging, for instance, speaks to the need to come into conversation with open eyes, mind, ears, heart, tongue and body, ready to listen and respond with care. The eagle feather speaks to the need to speak with honesty and humility, acknowledging how little one can fully understand of the Creator’s truths.

xi. The Seven Fires Prophecy, together with other indigenous prophecies, serve as good illustrations of the need to use *spiritual* vision to guide whole communities, over generations, within a continuous interplay between spirit and ancestral influence. Growth and development are focused on, and motivated by, responsibility to future generations.

xii. Services should be delivered with a firm belief in the *goodness* of people. Policies, protocols, and curriculum should be designed to draw out the inherent strengths of everyone involved. Community development and capacity-building should focus on the inherent strengths of the community. The focus is not on risk but on the inherent protective factors, defined culturally, and specific to the indigenous community.

xiii. Including the community in ceremonies within the treatment centre (or within the community itself) is critically important. Ceremonies are not facilitated solely through the ceremony conductor, given that the inclusion of community is the same as replicating the universal family in the physical presence, with all *contributing* to the movement toward health and wellness.

xiv. Outcomes are focused on measuring the advancement of inherent strengths and the fulfillment of roles and responsibilities within family and community, however “family” and “community” are defined by the individual.

xv. NNADAP services must also focus on the individual’s specific needs, whether employment and training, child welfare, social income assistance or the like. Employers

should be encouraged to assist clients in maintaining an income and reducing the stress and burden while participating in treatment services.

xvi. Western theoretical approaches must be approached with care. Unless they clearly support the perspectives of indigenous knowledge noted earlier, they are likely to further threaten the re-establishment of indigenous identity.

2. Case Illustrations of Indigenous Approaches

This discussion presents case illustrations of clients within addictions services who have participated in culture and medicine practices. Some of the traditional cultural practices presently in use across Canada include:

- Fasting ceremonies (three treatment centres — British Columbia, Manitoba and Ontario³)
- Sweat lodge ceremonies (consistent across NNADAP — reported by National Treatment Directors⁴ focus groups and two community-based⁵ NNADAP programs, one of which was a provincial organization)
- Memorial feast also known as the ghost feast, ghost supper, feast for the dead, funeral potlatch, headstone potlatch (three treatment centres — British Columbia, Manitoba and Ontario)
- Ceremonial and social feasts (common across NNADAP and generally in celebration of treatment program completion within treatment centres, and can include a powwow)
- Naming and clan identification (four treatment centres — British Columbia, Manitoba, Saskatchewan and Ontario)
- Use of traditional foods as medicine (reported by two National Treatment Directors focus groups)
- Use of traditional medicines (use of medicines for smudge is consistent across NNADAP, use of medicines for detoxification in British Columbia, Saskatchewan⁶, Ontario)

³ British Columbia, Tso Tun Le Lum Treatment Centre; Manitoba, Nelson House Medicine Lodge; Ontario, Nimkee NupiGawagan Healing Centre.

⁴ Focus groups were facilitated through two National Treatment Centre Directors Meetings organized by National Native Addictions Partnership Foundation. One meeting took place in Winnipeg in September 2008 and the other took place in Vancouver in January 2009.

⁵ Community-based NNADAP key informant interviews were held with Joe Denny, Executive Director, Native Alcohol and Drug Abuse Counselling Association, [Are there others to be listed here as sentence ends in a “,”]

⁶ Saskatchewan is White Buffalo Treatment Centre

- Inclusion of family and community within ceremonies (British Columbia, Manitoba, Ontario, Saskatchewan, and Nova Scotia)
- Cultural camps or land-based camps, using land to facilitate culture-based intervention and healing for substance abuse and addictions (Charles J. Andrews Youth Treatment Centre in Labrador; Whiskey Jack Treatment Centre, Nelson House Medicine Lodge and Berens River First Nation — all in Manitoba; many communities in Saskatchewan (services related to White Buffalo Youth Inhalant Treatment Centre community-based intervention); Carrier Sekani Family Services in British Columbia; Kapown Treatment Centre in Alberta)

None of the key informant or focus group interviews yielded discreet case scenarios that are replicated here. Instead, case illustrations have been taken from Nimkee NupiGawagan Healing Centre in southwestern Ontario. Key Informant and Focus Group participants did, however, provide examples of the ways in which cultural practices made a difference to recovery. Each story represents real occurrences within two treatment programs, one a youth solvent abuse treatment centre and the other a NNADAP treatment centre. In order to protect the identity of the client, the names of the client in each story is fictitious.

Case Illustration #1

Tracy is a young woman from an isolated, northern First Nations community that is dominated by Christianity, but still rich with the Ojibway language. Traditional ceremonial practices like the sweat lodge or rites of passage at puberty are not commonly known or understood in this community. The indigenous worldview, however, with its expression of spiritual relationships within Creation, exists within the language used for daily living, hunting, trapping and fishing. In this sense, the spiritual relationships with plants, animals, birds and fish within Creation are understood. However, like many indigenous communities, her community is challenged to secure this knowledge in a useful way for the youth.

Tracy was being raised by her aging grandparents, having lost her parents to addictions. She came into the solvent-abuse treatment program with a history of sexual victimization, family addictions, family violence, frequent suicide ideation and one attempt at suicide. She was not attending secondary school because there was no secondary school in the community. She displayed regular patterns of sniffing gas over the three years prior to intake into the residential treatment program. Tracy could have been diagnosed with Complex Post Traumatic Stress Disorder, but she was never formally assessed. As a child, she had witnessed the suicide of her uncle.

The residential treatment program that Tracy participated in has an Anishinabe cultural foundation. Key ceremonies are offered to support youth in addressing unresolved trauma and, more importantly, to help them develop their capacity to express their inherent gifts from the Creator. Youth are given teachings about their role, place and purpose in Creation. They learn about their spirit name, the strengths of their personality traits and their essential characteristics as bestowed through clan, family and nation.

Tracy was provided with access to cultural teachings and cultural healing practices, which she readily embraced. She went through three ceremonies, all intrinsically linked. The first was the sweat lodge ceremony. The second was the memorial feast, fundamental for addressing one of the most prominent mental health issues underlying addictions: unresolved grief (Treatment Directors Focus Group, 2009). Historical trauma, cultural degeneration and related personal loss have been identified as leaving a “legacy of chronic trauma and unresolved grief across generations” (Mitchell & Maracle, 2005). In this ceremony, participation from the local community demonstrates healthy “family” support for young people addressing their grief so many miles from home.

Tracey stood up in the ceremony to acknowledge the food she prepared, like everyone else, to feed her ancestors. She spoke to the spirit of her ancestor, who she identified as her uncle. In Tracy’s address to him, she talked to him about the turmoil and confusion that she has had for many years as a result of his suicide in her presence. She told him about the helplessness she felt in trying to rescue him from his desire to die. She also told him about the honour she felt that he “chose” to commit suicide with just her in the house. She was crying throughout this time of sharing with the spirit of her uncle, in the presence of the community, staff, other clients of the centre and the ceremony conductors.

It was not just the people present that heard Tracy’s story, however. When she went on to the third ceremony, a two- day fast, she dreamt of her uncle. He came to visit her, to tell her thanks for the food she offered him, that he was OK, and not to worry about him anymore. He told her he was proud of her for being in treatment. The depth of healing through the memorial feast and the fasting ceremony was profound.

This story is a good example of culture-based grief therapy. Two events happened within a two-week time frame, going far beyond what that brief intervention was designed to address. The processing of her grief and her Complex PTSD through the memorial feast provides a good illustration of the links between existential therapies that can occur within a *cultural* context.

The impact of this culture-based treatment program on other children has been large. Fully 100 percent of youth finish the residential treatment program, compared with a 50 percent national average. More importantly, 67 percent of youth self-report discontinued use of any substance post treatment, and 46 percent of them return to school (Nimkee NupiGawagan Healing Centre Inc., 2007). If those solvent-abusing children are truly the “ultimate victims” of colonization, it is clear that intensive, culture-based and decolonizing approaches are what they need to regain their indigenous wellness.

Case Illustration #2

A youth returning home from treatment was met with consistent pressure from her brothers and friends to use again. When she felt that the pressure was getting too much

for her to manage, she took her tobacco⁷ to the water to pray. She then decided to spend her free time singing gospel songs on the community radio. Out of curiosity, her mother asked what she does when she goes to the water. After hearing the explanation, the mother asked if she could join her. Her aunt later joined them as well. This story illustrates several critical elements in an indigenous approach to addictions:

- Creation teachings talk about the relationship between woman and water, the healing power of water, tobacco as a sacred medicine and the love and care of the spirit. The example illustrates benefit of calling on spiritual help for coping and family healing, as well as for developing a relationship of respectful, mutual care with the other-than-human world;
- Singing on the radio is a good Cognitive Behavioural Strategy. Learning how to be self-aware, to manage boredom and to respond with purpose to negative pressure are all immensely positive steps in self-development;
- Within neuroscience, music and singing are known to stimulate all regions of the brain, strengthening the balance between cortex and limbic brain functioning and shifting the chemical pathways associated with addictions (the dopamine pathway being responsible for memory, emotion, and motivation); and
- The participation of her mother and aunt is good evidence of the importance of family working together to support this youth. The promotion of healthy *attachment* among family members is critical to successful addictions treatment — and to the development of indigenous wellness.

With respect to attachment, John Bowlby (as cited in Nechoway, Brownlee, & Castellan, 2007) argued that it is biologically based, and represents a child's *instinctual* need for a reliable, ongoing relationship with a primary caregiver. If that attachment was interrupted, lacking or lost, he speculated, lasting emotional damage could occur. His colleague, Mary Ainsworth, began strategically observing maternal responsiveness and sensitivity to infant need, proposing that this was a crucial link in the development of *emotional* attachment. Her central premise is that a responsive or sensitive mother provides a secure base from which her infant can explore the environment.

Aboriginal concepts of the family range from the extended family concept, where lineage and bloodlines are important, to the wider view where clans, kin and totems can include elders, leaders and communities (Okpik, 2005; Red Horse, 1980). Hallowell (1955) observed this centripetal tendency of the Salteaux (Ojibway) kinship structure where people were continually included as part of the family, regardless of bloodline. (Nechoway, Brownlee, Castellan, 2007).

As discussed earlier, a cultural perspective of family also includes the *spiritual* family, often referred to as the family of Creation or the Universe. A relationship with the *spirit*

⁷ Tobacco is a sacred medicine used to facilitate communication. In this case it is not used to smoke but is held in the hand and then offered.

is essential to health and well-being, and is considered as significant as the relationship between child and parent. Bowlby's definition of attachment disorder is based on the nuclear family, while the indigenous definition of family goes beyond this to include the extended family and the universal family. Once that is understood, the indigenous attachment *to land* is also understood, as is the fact that many ceremonies to *celebrate* developmental changes were land-based or land-inclusive. The burial of the foetal sack, giving it back to Mother Earth, is merely a part of that way-of-seeing, as is the return of tobacco to Mother Earth upon completion of certain Letting Go ceremonies.

Traditional native families hold a holistic view of the world where *every* animate being in creation is interrelated and important to each other. The order of Creation is rock, plant, animal and humans, and all are interconnected (Faculty of Social Work, University of Calgary, 2007]

Case Illustration #3

One community-based addictions program often refers its clients to the *community* sweat lodge ceremonies, conducted almost nightly (Denny, 2009). This is quite an undertaking by the community itself, because a daily ceremony depends on a number of individuals and families maintaining a clear commitment to community wellness. These ceremonies are offered freely. The NNADAP provides wood for the fire from time to time.

As this relationship demonstrates, indigenous people's values are based on family and community. The most significant social determinants of health are cultural identity, language, connection to land and connection to family and community (however defined), always inclusive of spirit (Durie, 2001; Durie, Milroy, & Hunter, 2009; Kirmayer, Tait, & Simpson, 2009; Chandler & Lalonde, 2009). Any population health approach that looks at the impact of colonization, and at the same time embraces family and community as the end point for health, will ensure interconnection among the most important social determinants of health (Reading, Kmetz, & Gideon, 2007). Community is culture, and culture is community.

Any system will do what it was designed to do. Without focused and purposeful attention to the social determinants of health, the status quo will endure. There will continue to be an emphasis on "the addict" alone. The process needs to step back and look at "the system," or at the beliefs and values that informed the design of the system. This current review is a wonderful opportunity to *intentionally* build a system on the family/community/creation-based, indigenous worldview instead. Rupert Ross (2004b) provides an illustration:

We regularly ship troubled youngsters off to treatment facilities, for instance, hoping that a few more skills will enable them to make better choices. When they go right back to making poor choices within days of returning home, we scratch our heads and wonder: did they just get poor treatment, or not enough treatment — or is this just a truly bad kid? The relational analysis, by contrast, begins with the proposition that the tide of dysfunctional relations swirling around individuals is, in many cases, simply too powerful to resist, no matter how skilled and determined an individual person (especially a youngster!)

*might be. If progress is to be made, then all of those relationships must be brought into the process so that everyone can see the need to make better choices, and be given help in making them **together**. The eye must turn to **all** of the relationships which sustained it before, and which are less than sustaining now.*

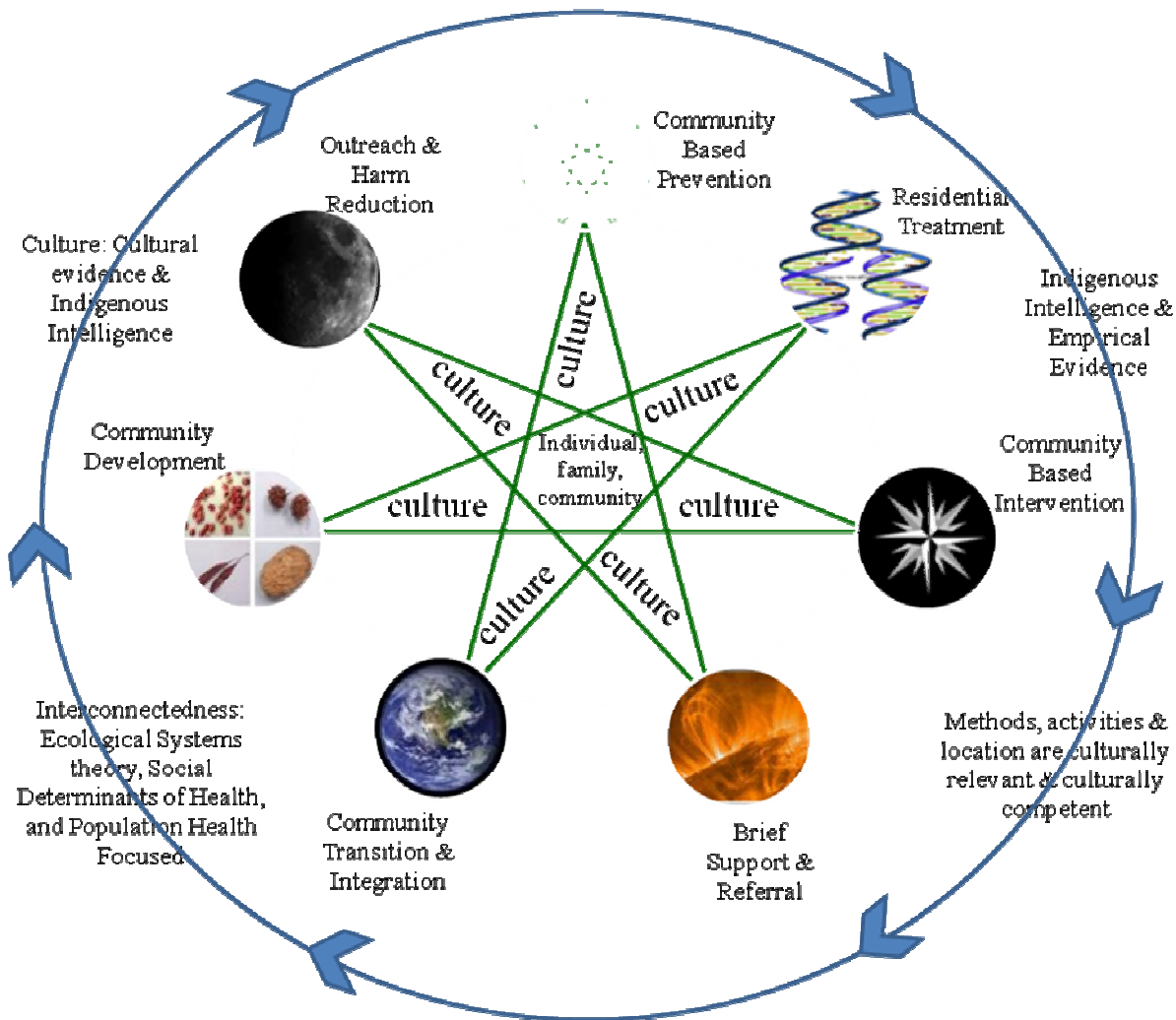
NNADAP has played a significant role in cultural revitalization in First Nations communities over the past 27 years. Many people returning home after treatment have continued their search for indigenous identity and cultural meaning within the context of their communities. It is *all* of the people who continue to manifest wellness in their life, together with their extended-family networks, that support the recovery of those who never do seek treatment but find their wellness “seemingly” all on their own. “First Nations traditional knowledge and healing practices are perhaps the quintessential expression of social determinants of health approach” (Reading, Kmetc, & Gideon, 2007).

3. The Star Representation of Key System Elements for Healing

The star below, with the elements of Creation within the circles at the tip of each point, is a metaphor for star constellations and is presented here as a metaphor for a systems model for NNADAP renewal. This system draws from the Anishinabe Creation story a framework for identifying ELEMENTS or constellations within a system of care. Beginning at the top of the star and following the connecting lines to the next element, reveals the stages of creation and the particular element of the system they represent.

The star represents the system as a whole while each point of the star represents a constellation or element of the system that within it are and can be a variety of strategies, approaches, service providers and client types.

The constellation cannot move nor have life unto itself, and so the words at the four corners of the star constellation form the principles that inform and support the movement and relationships within the system. Interdependence is a key value within this system of elements, elements that all exist to facilitate wellness and healing. At a systems level, it is the capacity of the system to work together for the benefit of individuals, family, community and nation — illustrated at the centre of the star constellation or system.



The following is a brief explanation of each element of the system, described from the cultural meaning of the Creation story.

The Star World / Community Based Prevention represents the beginning, thought/planning, logic, potential, framework, inclusiveness and pattern. Taken into community-based services, this metaphor represents prevention, early intervention, peer support, natural support, identity, community planning, focused resiliency and indigenous healing practices and ceremonies.

The Sun / Brief Support & Referral represents light, warmth, awareness, learning and nurturing. In the addictions context, it represents initial assessments or first contact regarding addictions and/or mental health concerns, withdrawal management – including home detox, use of literature or key messages to create awareness, Internet based access and text messaging and most importantly, acceptance of client/client system with their current use/misuse.

The Moon / Outreach & Harm Reduction represents the duality of life, requiring that one looks to that which is not readily apparent. Within addictions, it means looking for ways to reach out to those who are at high risk and offering strategies that have meaning for where they are in their lives. It also involves people engaging with unconditional

acceptance, as meaningful “beings” of creation, and includes the use of pharmacotherapy, spiritual healing, support and teaching personal responsibility while maintaining respect for personal choice and upholding the ethic of non-interference in personal choice. Harm reduction is viewed as an outcome of outreach, brief intervention and focused intervention.

The Four Directions / Community Based Intervention represents the balance of mind, body, spirit and emotions. It necessarily includes community, connection to land and other-than-human relatives. Community-based interventions, whether land-based, cultural or convention, must be focused on the connection between family and community systems, must use case-management strategies and must include partnerships for services within the community. Case management means working across service providers to ensure a coordination of services for the client/client system.

Seeds / Community Development represents the potential for all life. Because potential can be nurtured, this is the foundational principle of community development. Applied to community addictions and mental health services design, gathering a seed is a component of services or information that does not yet exist, planting them within the community context, ensuring that they take root and then nurturing them to blossom — these are the steps that will make a difference. It is also important to consciously strengthen the linkages between individuals, families and community while contributing to discussions about cultural community values, system design, policy, practice, service and cultural evidence.

Stringing Together the Seeds of Life / Residential Treatment. The seeds of life represent the critical pattern necessary for individual, families and communities to flourish. They also speak to the inclusion of a biological/neurological understanding of addictions within NNADAP, and to the understanding that cultural practices that are inclusive of community and honour the role of one’s ancestors are necessary even within residential treatment services. Helping an individual to “restring” their inherent strengths within a residential treatment program necessarily requires that which gives strength to an individual... and this is their family and connection to land and community.

Earth / Community Transition and Integration represents the final stage of creation of the universal family. Community integration can mean many things for the individual, family and community, including a collaboration of services between addictions and mental health, and between health and governance, and so on. Such community integration facilitates the establishment of cultural identity and a fulfilling purpose to life. Linking clients to the resources that further enhance and support their functioning and contribution to self, family and community are the focus of transition and integration. Integration strategies and activities are focused on helping clients/client systems to live life beyond their trauma and addiction and in a way that honours the truth of who they were gifted to be.

Each point represents a constellation of knowledge, skill, and community of practice. At the centre of this system are the individual, family and community, all standing as

“clients” as well as drivers of service and change. Around the outside are four principles that guide movement through the system:

1. The system relies on culture throughout, and culture is the use of both indigenous intelligence and cultural evidence;
2. Indigenous intelligence will guide and inform empirical evidence strategies and approaches to addictions treatment;
3. Methodological approaches, location and activity of services, and the practitioners who deliver services, will ensure the service is culturally relevant and culturally competent;
4. Most importantly, interconnectedness will infuse all movement throughout the system. Interconnectedness can be understood from an ecological systems perspective, from within a population health perspective and from within an understanding of the determinants of health.

Part Five: The Challenges for NNADAP and Government

1. The Biological Challenges within Addictions

Developing a cultural understanding of the *biological* processes of addictions is also necessary, given that medications do have a place and purpose within addictions strategies. Again, one aspect of self cannot be disconnected from the other parts of self, family and community, or from spiritual reality.

For one thing, it is important to understand the changes to chemical pathways created as a result of addictions: “(u)sing drugs and alcohol repeatedly over time alters brain chemistry and function” (Hoffman & Froemke, 2007). Chemicals such as proteins are released from cells which contain one’s DNA, and changes to these chemical pathways promote addictive behaviour (Hoffman & Froemke, 2007). New patterns are created for the flow of chemicals, and when these pathways are altered one essentially changes the DNA in all one’s cells. When damaged or altered DNA is passed between generations, it is said that the risk factors are *elevated*; within the addictions context and that there now exists the “predisposition for addiction.” Predisposition does not mean that addiction is guaranteed, as is eye color, but it does mean that the next generation is at higher risk.

Indigenous teachings centre on the intergenerational links or “the path of our ancestors” and addictions are understood to change the sacred design that is in one’s DNA, increasing the risk of addictions for future generations. It’s not just addictions, however, that alter DNA. Instead, it is the combination of addictions *and environment* (Pääbo, 2001). The dislocation of indigenous people from the land and identity increases the risk, because it means that the mind and heart cannot be nourished by the spirit. Throwing away the sacred bundles that contain the natural law as given by the Creator has created disharmony within the individual and within the family. Mental illness and heart disease are examples of genetic altering as a result of spiritual disconnection: “A person who has lost vital connection to the sources of his/her personhood is easily prey to all manifestations of psychic destabilization” (Samson, 2009).

The issue of *pain* must also be looked at carefully. When its relation to cultural meaning is not understood, interventions relying solely on pharmacological strategies run the risk of prolonging the disconnect from family and community (Dell, Dell, & Hopkins, 2005; Dell, et al., 2009). A literature review provides the following examples of *cultural* responses to pain among Native Americans (Chang, 2009):

- many may regard pain as a way of life (Weber, 1996);
- many believe pain is due to taboo violation (Sobralnske, 1985);
- patients may just say they just do not feel right (Kramer et al., 1996);
- many may use silence (Ondeck, 2003; Purnell & Paulanka, 2003);
- stoic endurance & emotional control (Munoz & Luckmann, 2005; Ondeck, 2003);
- many can tolerate high levels of pain (Galloway et al., 1999, Munoz & Luckmann, 2005);
- many only seek relief when physically disabled (Stiller et al., 2003);
- Family members may *know* patient has pain (Kramer et al., 1996).

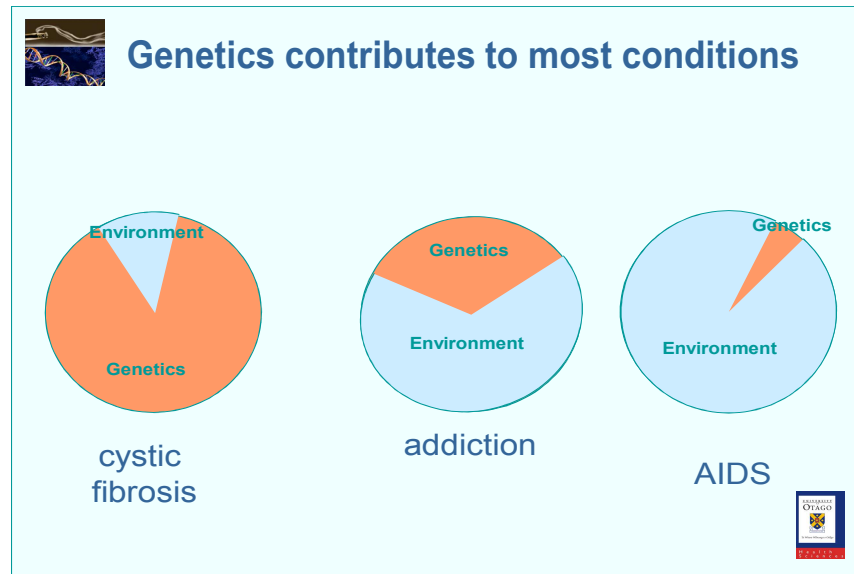
Many of these cultural responses involve simple *non-expression* of pain, a silent endurance that can be linked to generations of dealing with the emotional trauma of oppression and colonization. Within the NNADAP experience, such silent endurance of pain is common place (Treatment Directors Focus Group, 2008/2009). Pain is often seen as a way of life, as something that then excuses or justifies alcohol and opiate abuse.

Unfortunately, withdrawal strategies that involve another medication intended to “ease” the withdrawal pain are not well understood by First Nations peoples, nor are they well managed by health care professionals. An indigenous understanding is that medicine is *curative*, placed in Creation to promote *wellness* so that people could fulfill their responsibilities within family and community. Plants, trees and animals give themselves up to their human relatives, in whole or in part, so that the medicines they carry can help their human relatives live, but “living” is not limited to physiological functioning. Instead, it is understood to involve “living in relation to others.” As a result, methadone and other pharmacological therapies are often misunderstood, simply because there is little evidence that they promote those relational goals: while individuals are maintaining *individual* wellness, many remain inactive in terms of fulfilling their roles within family and community. There are many First Nations grandparents raising their grandchildren because the child welfare system has removed children from addicted parents, and parents on methadone have not returned to fulfilling their parenting roles.

Medication as an intervention for opiate addiction is designed to address the withdrawal effects such as cravings and other pain. The limbic brain, besides being the centre for emotional processing, also produces and releases “natural” painkillers. This releasing function, however, has a level of tolerance, and the threshold of tolerance is not only

biologically different for everyone but is also *culturally* influenced (Chang, 2009). Spirituality can thus work alongside, or even in place of, pharmacological therapies. Ceremonies like the sweat lodge have been used to facilitate withdrawal from opiates and *at the same time* to re-establish “spirit-designed” chemical pathways.

Interventions intended to address opiate addiction *and* unresolved trauma must attend to both the physiological aspects of the addiction as well as the *environmental* influences of the addiction itself. It is important to understand that genetic make-up controls biology, not *behaviour*.

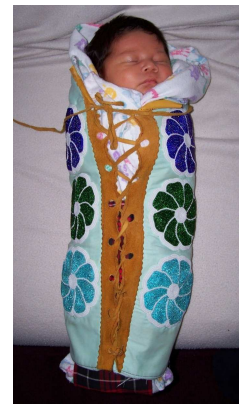


(Kennedy, 2004)

Strategies to address the biology of addictions must consider at least three factors:

- First, the brain-reward systems (e.g., dopamine pathways for memory, emotion and motivation) are influenced environmentally (Hoffman & Froemke, 2007), and cultural identity plays a significant role in both emotion and motivation.
- Second, the endogenous opioid system is responsible for the modulation of the response to painful stimuli and stressors. It is also responsible for reward and reinforcement, and for regulating body temperature as well as food and water intake (Gianoulakis, 2001).
- Third, drug metabolism is influenced by the design of the drug itself. The uptake of the drug depends upon its concentration over time as it is distributed through, and clears from, the body (Gibson & Skett, 2001).

Spirituality has a role in all three biological aspects of addictions, given that it relates to matters of meaning and purpose in life. Cultural healing practices influence the DNA, or string of “spirit seeds.” Figure 1 demonstrates the double helix of the DNA, while Figure 2 represents the way babies were wrapped. The crisscrossed lacing of the bundle represents the stringing together of physical and spiritual life, the same as the DNA. It is a visual reminder to the family and community of their responsibility to influence the DNA *positively* by the way the baby is “dressed.”⁸ This cultural teaching emphasizes the importance of the relationship between biological make-up and environmental influence.



2. The Challenge of Community Development and Linkage

Linking community programs is important for developing community capacity to address addictions issues. Partnerships with policing, education, employment and training, social assistance, health, cultural programming and community governance will help to ensure a multi-faceted approach. The following programs can be linked with NNADAP programming:

- **Land-based programs.** These programs need to be supported by local schools so that students attending them are not penalized, but given further academic standing for their participation.
- **Mobile treatment programs.** These programs, offered in partnership with treatment centers as a first step in intervention, recognize that mobilizing community resources, including volunteers, contributes substantially to community development and capacity building.
- **Cultural and language camps.** These are critically important for developing strength around cultural identity as a key determinant of health.
- **Community in ceremonies.** Whether ceremonies take place in the treatment centres or in the communities themselves, community participation is vital. Programs like ceremonies for grief, feasts for the dead, funeral potlatches, head stone potlatches, sweat lodge ceremonies, full moon ceremonies, fasting ceremonies can all involve the larger community.
- **Spiritual healing.** Ceremonies can facilitate the healthy functioning of chemical pathways. Pharmacological therapies sometimes include the parallel process of therapeutic counselling (Lester & Tschakovsky, 2006).

⁸ Dressed also refers to the way children are raised, what is given to them to wear for life through care, kindness, love and development of cultural identity.

- **Community by-laws prohibiting alcohol.** Because the ban on alcohol itself will not be enough to keep alcohol out of the community, coordinated community policies which influence services, inclusion of cultural programming, law enforcement and other systems, that facilitate community engagement are also necessary. They may be the same as those listed previously, but might also include informal support networks that can provide primary social support. This is a natural role for the extended family.

Community development is the planned evolution of all aspects of community well-being, whether economic, social, environmental or cultural. Community members come together to take collective action and generate solutions to common problems. The scope of community development can vary from small initiatives within a small group to large initiatives that involve the whole community. Regardless of the scope of the activity, effective community development should be: well planned; a long-term endeavour; inclusive and equitable; holistic and integrated into the bigger picture; initiated and supported by community members; of benefit to the community; and grounded in experience that leads to best practice (Frank & Smith, 1999).

From a social work perspective, community development involves the management of various “ecological systems,” including families (micro level); organizations and communities (mezzo level); and the broader societal context (macro level). Ecological meta-theory assumes that change strategies must be planned and implemented across *multiple* systems to be effective.

Within indigenous approaches, there is an understanding of the dynamic relationship between people and systems. Interdependent systems recognize the influence between parts of the system without a measure of power or hierarchy. Such interdependence is important for ensuring good case-management for clients throughout a continuum of care. It also involves the recognition that while personal autonomy must be respected, respect is mutual. Individual choices impact upon the health not only of oneself, but of family and community as well.

Some studies investigating the role of culture in the workplace have also “made comparisons between western and non-western nations based on reported difference in cultural constructs like individualism/collectivism and power distance” (Eshun & Kelly, 2009). The Maori provide a good illustration. They report that it is customary for family members to accompany an individual to a job interview. Within the interview process, they will interview the employer, trying to establish what commitment and care the employer will offer to the employee. It is, after all, their understanding that this care and commitment is extended to family, and that employers must demonstrate that they will “respect” the gifts their employee will bring. The family will then commit to supporting their family member’s obligation to the employer. It is reported that the prospective employee never says a word, simply because family members are highlighting their skills and interviewing the prospective employer. A Maori mental health nurse reported attending her interview with the health authority but never speaking a word; her interview was a negotiation facilitated through her family on her behalf.

3. The Challenge of Measuring Outcomes

There is a need to develop outcome instruments that recognize and support indigenous worldviews of health and well-being. Within western cultures, “health status” is defined as the “degree to which a person is able to function physically, emotionally and socially with or without aid,” and “quality of life” is defined as the “degree to which persons perceive themselves able to function” (Rosenfield, 1998). Both aspects are focused primarily on the individual. In order to embrace the indigenous perspective, the definition would have to include the ability to assume responsibility for family and community health as well.

Indigenous perspectives on health outcomes (Kingi, 2009; Tapsell, 2009) can be examined by asking questions like the following:

- Has the intervention enhanced the individuals’ relationship with their family?
- Has the intervention enhanced their capacity to function as part of their community?
- Have their spiritual beliefs been considered as part of the outcome assessment process?
- Does the person self-identify as indigenous?
- Is there knowledge of family to three generations (parents, grandparents, great grandparents)?
- How many community or land-based visits have happened in the past year?
- Is there indigenous language proficiency, including the ability to speak, understand and write the indigenous language?

If “outcomes” involve the development of indigenous intelligence, consider the following concepts as guides for establishing more specific outcome measurements:

- ***Indigenous centredness*** = living life from one’s spirit centre;
- ***Indigenous consciousness*** = reconnecting to cultural/spiritual identity raises one’s consciousness about who one is and one’s purpose for being; and
- ***Total responsiveness*** = relating from mind, body, spirit and emotions.

As these questions illustrate, becoming a healthy *indigenous* person places greater demands on individuals — but the human rewards of being a part of the *indigenous* community make those demands worthwhile.

4. Defining the Relationship with Cultural Practitioners

Indigenous Elders and cultural practitioners need to be valued for their cultural knowledge and skills, but their contributions are often not adequately recognized.

It is important to realize, for instance, that cultural practices do not occur within a 9 to 5 schedule. The story of two Aboriginal healers employed as mental health workers is a case in point. When questioned about the number of hours they worked for the week, they answered as follows: “We worked all day in the office or in the community. Then, at night, when the community goes to sleep, we spirit travel and gather up the souls of those people looking for healing, and we doctor them in their dreams.” Those Aboriginal practitioners operated with indigenous consciousness as they went about fulfilling their indigenous-defined responsibility for healing and helping. It was not bound by time, place or man-made law. To accommodate them, the program administrator decided to forgo wages paid on an hourly rate and to pay a “salary” instead (Milroy, 2009). Modified work schedules from the Canada Labour Code can provide an alternative capable of accommodating flexible work hours.

Unfortunately, the indigenous knowledge base, skills and attitudes that inform healing and wellness work are often not recognized within either mainstream institutions *or* First Nations communities. While First Nations communities do not necessarily operate from a “cross-cultural” dynamic, many do place heavy reliance on western worldviews and value systems. The same can be said of many of those needing addictions help: the Directors Focus Group warned that “natural and spiritual laws are significant for ensuring that we teach people about natural consequences for exercising free will. We need to encourage this discussion, because we do too much coddling with people and in the end we are just enabling their behaviour.”

Four treatment centres⁹ and two communities have created cultural protocols to guide their relationships with traditional healers. Each focuses on the relational dynamics between cultural practice and program requirements, and between the cultural practitioners and other program staff. They establish cultural safety in environments that may be foreign to traditional cultural practices. In the view of the authors, good protocols will attempt to set out the following:

- expectations between clients and the indigenous practitioners or Elders, including the roles and responsibilities of each;
- confirmation of the skill and knowledge base of indigenous Elders and cultural practitioners, to create a better understanding of how their role parallels that of mental health professionals such as psychologists, psychiatrists, social workers, child and youth workers, and addictions counsellors;
- standards of practice, setting out such things as: client rights, including the right to choose to participate in cultural practices; conflict resolution and grievance processes; scope or limitations of practice; named healing methods (but not a recording of the cultural teaching or “how to” perform the healing method); diversity of practice;

⁹ Nimkee NupiGawagan Healing Centre, Tsow Tun Le Lum Treatment Centre, Leading Thunderbird Lodge, White Raven Healing Centre and within the Mental Health Program at Manitoulin Island, and Akwasasne.

screening and assessment; resources and materials to support cultural practices; research, training, and information management; and

- record keeping and compensation.

Because traditional practitioners have a structured learning process that is monitored, evaluated and upheld by the leaders of their respective society or community, the protocol may also set out a process of accountability, a formal recognition of the varying ways in which the status of cultural practitioner can be achieved. These may include, for instance, inheritance, as when a “sacred bundle” is acquired through intergenerational blood lines (Benton Banai, 2004).

Policies and protocols for traditional cultural practices were requested from treatment directors, and traditional practitioners were also asked about documents that informed or guided their practice. The intent was to provide an understanding of the structure of culture and medicine that sets out how the cultural/medicine practitioner is recognized, expectations of staff for cultural competency, client consent, relevant legislation, its implications for cultural practice and negotiating geographically specific cultural practice that is different from client’s cultural origin.

- When it comes to the *assessment* aspect of healing work, it was established that traditional healers employ established rites to find spirit name, clan family and connection to the primordial “family,” involving both creation and land. Those rites vary, depending on spiritual and community-sanctioned knowledge. The abilities of healers to seek the spirit name and interpret the spirit message are based on formal cultural education about reading, interpreting and teaching, using knowledge sources such as scrolls or pictographs. In finding the spirit name, traditional healers begin by locating a source of strength upon which the client can come to rely. The contrast with western mental health professionals is clear, as they are primarily deficit-focused and tend to “see” people in terms of their psychosis, having looked at them from within an empirical, disease-based and non-spiritual reality.
- There are similar differences when it comes to *treatment*. Traditional healers place significance on re-establishing a connection with spirit, family, extended family networks and community. They use ceremonies to connect with ancestors to address grief and promote health and spiritual connection, ceremonies that include family & community to promote healthy family and community interaction. This focus on resiliencies helps build a strong foundation prior to addressing unresolved trauma. It should be noted that there are many healers who rely upon faith as much as science in their healing practices (Durie, 2001). Western professionals, by contrast, are primarily concerned with the individual, and are focused instead on counselling, case management, behaviour and function. Their authority is derived from institutions that emphasize theoretical evidence.

In 2000, Pareake Mead identified the primary principles upon which Maori indigenous practice was established, and with some modification they apply with equal force to Canada’s indigenous communities today:

- **Relevant for today:** there should be a belief that indigenous knowledge and culture are meaningful today, as is the case, for instance, with the sweat lodge.
- **Cultural basis for healing activity:** there should be evidence from the community that a healing activity does in fact have a cultural basis.
- **Not harmful:** cultural safety, verification of rites and process of accountability should be assured.
- **Collaborative:** traditional knowledge must be respectfully open to collaboration with medical, psychosocial and spiritual approaches.
- **Training:** knowledge requires ongoing training for both traditional and western healers in their own *and* in the other's work.
- **Accessible:** because few healers have fixed fees, they are economically more accessible and need to be honoured for the value they provide.
- **Internal arrangements:** ongoing supervision by a cultural practitioner is necessary to support culturally defined goal.
- **Liaison and interdependence:** no longer acceptable for workers to work in isolation of each other.
- **Accountability:** traditional healers have to be accountable to the people they care for, to the community that sanctions their practice and to their funders.

If those principles can be established within the communities where NNADAP is active, then a great deal will have been accomplished.

5. Other Determinants of Health

Indigenous centredness within addictions programs must also attend to the other determinants of health that influence addictions, such as poverty. “There is no great virtue in encouraging healthy lifestyles in poor areas without also attempting to redress the structural inequities that limit human lives and aspirations. We should do more than try to turn poverty into a healthy experience” (Durie, 2001). In terms of NNADAP *at this moment*, this means administrative processes that assist clients to maintain an income while participating in treatment.

Part Six: Conclusion and Recommendations

Indigenous intelligence is the wise and conscientious embodiment of exemplary knowledge and the use of this knowledge in a beneficial and meaningful way. Central to indigenous intelligence is the belief that the Great Spirit placed everything within Creation that human kind would ever need to live life. As indigenous researchers, our challenge is to understand where those answers lie within our sacred knowledge, and to understand how this knowledge translates into culturally sourced activities within addictions services.

In this discussion paper, we outlined key concepts of indigenous intelligence in an attempt to demonstrate their application within addictions services. The sweat lodge, for instance, is clearly a powerful prevention strategy, given its ability to strengthen cultural identity, but it is also a powerful way to address grief and trauma, facilitate recovery and then promote health maintenance (Treatment Directors Focus Group, 2008/2009). It restores hope, provides faith and promotes purpose in life

We also discussed collaboration between western approaches and cultural knowledge. In our view, a sophisticated program would be *founded* upon cultural knowledge, and then culturally relevant western approaches would be *incorporated*.

Therefore we recommend that governments should consider accepting the following principles:

1. Indigenous knowledge is valued as a credible source of evidence. A cultural evidence base monitors the influence of culture in healing and wellness.
2. Healing and Wellness should be understood within the context of meaningful purpose, identity development, connections, and an ever-evolving path.
3. Indigenous culture and traditional healing practices are community-sourced, and more resources need to be invested in public health and primary health care development within the community.
4. Cultural practitioners and cultural knowledge should be included in work force development strategies such as human resource policies, contracted services, salary compensation, professional development and cultural specific standards of practice.
5. The design of services should include a cultural evidence base structured on clearly defined indicators, such as increased positive connection and contribution from and to family and community, and continued practice of spirituality.
6. Community development initiatives should involve the addition of programs to build a continuum of care beyond the current two components of prevention and residential treatment. Community capacity building involves improving cultural relevancy by building an evidence base using both western theoretical approaches and traditional cultural healing practices.
7. Principles for determining the cultural evidence base should be considered for the Renewal Framework. These principles are:
 - Indigenous knowledge is founded on the Creation Story of the People.
 - Indigenous evidence is the continuous and consistent process of making meaning of indigenous knowledge for its role in healing and intervention through the generations.

- Colonization must be understood as having caused indigenous knowledge and healing practices to be diminished and/or discarded.
- Indigenous practices are tied to community, and its practitioners are sanctioned by, and accountable to, their community.
- The impact of indigenous health practices on health and wellness is evident in ones physical life.
- Indigenous lifeways are neither mystical nor magical, but grounded in physical life and connected to spirit.

It is our hope that this paper has contributed to a better understanding of indigenous knowledge and of the essential contribution it can make, not only toward the treatment of addictions but also toward the restoration of indigenous identity across Canada.

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