

First Peoples Child & Family Review

An Interdisciplinary Journal Honouring the Voices, Perspectives, and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews

Cultural considerations in play therapy with Aboriginal children in Canada

Megan Brady

Volume 10, Number 2, 2015

Special Issue: 10th Anniversary of the Touchstones of Hope for Indigenous Children, Youth, and Families

URI: <https://id.erudit.org/iderudit/1077264ar>

DOI: <https://doi.org/10.7202/1077264ar>

[See table of contents](#)

Publisher(s)

First Nations Child and Family Caring Society of Canada

ISSN

1708-489X (print)

2293-6610 (digital)

[Explore this journal](#)

Cite this article

Brady, M. (2015). Cultural considerations in play therapy with Aboriginal children in Canada. *First Peoples Child & Family Review*, 10(2), 95–109.
<https://doi.org/10.7202/1077264ar>

Article abstract

Aboriginal youth in Canada need mental health services that address culture as an integral component of treatment. Suffering and oppression caused by colonialism have led to collective distress among Aboriginal peoples and continue to impede the health and wellness of children. Counsellors have an ethical responsibility to recognize culture as an important construct that may influence a client's healing and treatment preferences. Play therapy is a promising therapeutic approach that allows counsellors to utilize developmentally appropriate theoretical orientations and methods in treatment; however, current literature fails to provide adequate direction and guidelines for culturally competent practice. Counsellors can assume an active role in ensuring that all components of counselling are conducted in a culturally sensitive manner. More research is needed in this area, but this article explores cultural considerations that could be relevant to a child and family accessing play therapy services.

© Megan Brady, 2015

This document is protected by copyright law. Use of the services of Érudit (including reproduction) is subject to its terms and conditions, which can be viewed online.

<https://apropos.erudit.org/en/users/policy-on-use/>

This article is disseminated and preserved by Érudit.

Érudit is a non-profit inter-university consortium of the Université de Montréal, Université Laval, and the Université du Québec à Montréal. Its mission is to promote and disseminate research.

<https://www.erudit.org/en/>

An Interdisciplinary Journal

Honouring the Voices, Perspectives and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews

Cultural considerations in play therapy with Aboriginal children in Canada

Megan Brady

Developmental Therapist, Yukon Child Development Centre, Yukon, Canada

Contact: megan.brady@cdcyukon.ca

Abstract

Aboriginal youth in Canada need mental health services that address culture as an integral component of treatment. Suffering and oppression caused by colonialism have led to collective distress among Aboriginal peoples and continue to impede the health and wellness of children. Counsellors have an ethical responsibility to recognize culture as an important construct that may influence a client's healing and treatment preferences. Play therapy is a promising therapeutic approach that allows counsellors to utilize developmentally appropriate theoretical orientations and methods in treatment; however, current literature fails to provide adequate direction and guidelines for culturally competent practice. Counsellors can assume an active role in ensuring that all components of counselling are conducted in a culturally sensitive manner. More research is needed in this area, but this article explores cultural considerations that could be relevant to a child and family accessing play therapy services.

Key words: *Aboriginal peoples, play therapy, multicultural counselling*

According to Statistics Canada (2013), Aboriginal peoples 14 years of age and under represent 28% of the total Aboriginal population and 7% of the national population of children. Aboriginal peoples in Canada have endured many challenges associated with colonization and forced assimilation, which has resulted in devastating consequences for many (Kirmayer, Tait, & Simpson, 2009). Moreover, the effects of group trauma experienced among many Aboriginal peoples continue to influence the well-being of contemporary Aboriginal populations—including children. Therapeutic treatment for current problems related to a child's well-being should be approached from a historical perspective to support change in a meaningful and culturally sensitive fashion. Because a significant proportion of Canada's Aboriginal population is young, it is imperative that practical, developmentally suitable mental health services are accessible for this demographic. Play therapy is one approach for working with children; however, to work effectively with Aboriginal peoples, counsellors must possess the awareness, skill, and knowledge to implement effective services with culturally diverse clients. In this paper, I explore the intersection between culture-infused counselling practice and play therapy. To engage in an ethical counselling practice, culture-infused play therapy with Aboriginal children should consider traditional arts, culturally

relevant materials and symbols, the involvement and participation of family and community members, and spirituality in treatment planning.

Culture-infused counselling with Aboriginal peoples

Culture and competence

Aboriginal peoples in Canada require counselling services in which the importance of culture in healing is acknowledged and valued. Culture is a vital construct for understanding all people and is a “more idiosyncratic concept than ethnicity, with each individual selecting, consciously or unconsciously, the components of their experience, history, context, and relational affiliation that define who they see themselves to be” (Arthur & Collins, 2010, p. 15). Thus, culture can be conceptualized as part of an individual’s unique identity, comprising ideological, personal, cultural, contextual, and universal factors (Collins & Arthur, 2010a). A critical component of the discourse surrounding multicultural counselling is cultural competence (Collins & Arthur, 2010b; Brown, 2009; Sue, Zane, Hall, & Berger, 2009). The construct of cultural competence is a point of contention among scholars and varies in definition (Sue et al., 2009). There is much debate between what is known as the etic perspective—one that defines culture broadly and focuses on similarities between cultural groups that can be generalized across populations—and what is called the emic perspective—one which insists that specific or essential cultural knowledge is required by counsellors working with particular populations (Arthur & Collins, 2010).

In this paper, I refer to multicultural counselling as culture-infused counselling, a definition that suggests that cultural awareness and sensitivity are infused in all aspects of counselling and provides balance between the etic and emic perspectives (Arthur & Collins, 2010). Developing the cultural competence needed for best practice requires counsellors to advance their awareness, knowledge, and skills, and various approaches to building cultural competence serve as a foundation to effective and ethical practice. Nonetheless, Brown (2009) has claimed that the concept of cultural competence is problematic in delivering effective counselling services. Counsellors are often poorly equipped with conventional paradigms of cultural competence, which emphasize specific knowledge of cultural groups and further delineate the differences between counsellors and clients (Brown, 2009). For example, Sue, Arredondo, and McDavis (1992) describe a conceptual framework that emphasizes cultural knowledge as a core domain in building competency. Collins and Arthur (2010b) offer a comprehensive framework to remedy this problem, which includes developing attitudes, knowledge, and skills across the three domains of (a) cultural self-awareness, (b) awareness of the cultural identities of clients or understanding the worldview of clients, and (c) culturally sensitive working alliances. For the purpose of this paper, cultural competence refers to the integration of the cultural knowledge, attitudes and beliefs, and skills needed to understand a client’s worldview, to collaborate on goals within the context of a culturally sensitive working alliance, and to promote a social justice agenda (Collins & Arthur, 2010b). This framework acknowledges the significance of clients’ individual identity while offering a clear and concrete set of tools with which to navigate culture-infused practice.

Ethics of culture-infused counselling

Cultural considerations are not only necessary for constructive therapy; they are also an ethical responsibility for counsellors. Unfortunately, counsellors can neglect culture in therapy because ethical

principles and guidelines are often inadequate in supporting actual practice (Pettifor, 2010). For example, ethical codes often lack specificity, clarity, and precise language in defining ethical principles (Pettifor, 2010). In addition, ethical codes may reflect the values of the dominant culture and a hidden moral framework (Pettifor, 2010). Gil (2006) suggested that a downfall of counsellors who strive to be culturally competent is their inability to take action and utilize skills and knowledge effectively in practice. Regardless, a failure to adjust therapeutic practice to be more inclusive of diversity is irresponsible (Gil, 2006). It is the obligation of counsellors to engage in practices that minimize discrimination and help create a more just society (Arthur & Collins, 2010). Although ethical guidelines may not provide definitive tools needed for culture-infused counselling, counsellors can nonetheless assume a leadership role in which respect and caring are used to acknowledge the diversity of all people in therapy (Pettifor, 2010). Although assuming this role is a significant undertaking that pushes counsellors toward the exploration of both self and others, engagement in this process is necessary to ensure best practice.

Colonization of Aboriginal peoples in Canada

Impact on wellness

The importance of culture in a Canadian counselling context is particularly crucial for Aboriginal peoples. Collectively, Aboriginal peoples in Canada have endured oppression, discrimination, loss of human rights, displacement, and disconnection from traditional ways of life (Kirmayer, Tait, & Simpson, 2009). The cumulative effects of colonialism have resulted in economic, social, and political inequalities that continue to influence the well-being of Aboriginal peoples. These effects are exhibited in physical, emotional, and mental health challenges experienced by many Aboriginal peoples (Reading & Wien, 2013). The residential school system is one historical example of a colonialist structure that has impeded the health of Aboriginal peoples (Kaspar, 2014). Aboriginal individuals who attended residential schools have exhibited diminished health status when compared to those who did not attend (Kaspar, 2014). Moreover, many Aboriginal peoples are still grappling with the effects of the residential school system, and many of these effects have affected multiple generations (Bombay, Matheson, & Anisman, 2014). For example, the loss of parenting skills by residential-school survivors has created a disconnection between many Aboriginal children and their families (Niezen, 2009). Unfortunately, present-day child welfare systems may also contribute and perpetuate problems related to the care of Aboriginal children (Blackstock, 2008). Overall, the residential school system was a source of distress that perpetuated a cycle of undue hardship for all Aboriginal peoples—a cycle that may continue through the contemporary welfare system.

Historical trauma

To understand the complexity and depth of current suffering experienced by many Aboriginal peoples, the historical context from which trauma originated must be acknowledged. The legacy of suffering imparted on Aboriginal peoples through forced assimilation via residential schools is now well documented and can be conceptualized as historical trauma (Brave Heart, 1998; Evans-Campbell, 2008; Gone, 2013). Many individuals were deeply afflicted by various forms of maltreatment in the form of physical and sexual abuse (McCormick, 2009). According to Evans-Campbell (2008), there are three characteristics of historical trauma that differentiate it from other psychological concerns. Specifically,

historical trauma is (1) generated by widespread events occurring across a population that (2) cause significant collective distress, and that (3) are executed by out-of-group members with intentionally destructive aims. Additionally, historical trauma is transmitted across generations and affects contemporary group members (Bombay et al., 2014). An understanding of the residual effects of experiences of colonialism and their impact on wellness is imperative to understanding the well-being of Aboriginal children.

Effects on children

Enduring consequences of oppression and colonialism have multigenerational effects on Aboriginal peoples, including a psychological impact on Aboriginal children and families. The contemporary effects of colonialism are exemplified in Aboriginal peoples' experiences with stress (Bombay et al., 2014). A familial history of residential-school attendance may increase the frequency with which an individual experiences stress as well as their susceptibility to the negative effects of stress (Bombay et al., 2014). Research findings also suggest that parents who have experienced trauma report social-emotional difficulties in their children (Briggs et al., 2014). In addition, high incidence rates of suicide in Aboriginal populations—particularly in youth—can be at least partially linked to the effects of colonization (Kirmayer, Brass, Holton, Paul, Simpson, & Tait, 2007). Children's experiences within the mainstream education system may also reflect possible colonialist perspectives in school curricula that fail to meet their needs (Ball, 2004). Other factors affecting maternal and child health supporting the well-being of Aboriginal mothers and children have been identified by frontline workers (Health Council of Canada, 2011). These include emotional, financial, and spiritual poverty; overcrowding; a lack of appropriate housing; domestic violence; a lack of self-esteem; and addiction. Clearly, there are a multitude of issues affecting the health and well-being of Aboriginal children.

Therapeutic treatment

Culture-infused counselling should involve an acknowledgment of traditional methods of healing as valuable therapeutic frameworks, and counsellors should strive to integrate these methodologies when they are preferred by clients in order to prevent the continued oppression of Aboriginal peoples. Graham (2013) claimed that the notion of client preference is central to empowering Aboriginal peoples and that counsellors should refrain from making assumptions about the best course of treatment. To prevent assumptions and errors, counsellors should acknowledge the unique cultural constitutions of clients (Collins & Arthur, 2010a). Furthermore, counsellors should ask clients about their preferences and integrate their wishes as much as possible in order to engage in best practice (Canadian Psychological Association, 2000). Some Aboriginal clients may prefer Indigenous approaches to healing (Comas-Díaz, 2011; Hartmann & Gone, 2012; McCabe, 2007), while others may not. Making adjustments to Western approaches to treatment may also provide clients with preferable service delivery options (Kirmayer, Brass, & Valaskakis, 2009). Although child clients may not possess the verbal capacity to communicate their preferences with clarity, it is critical that counsellors honour the preferences of both the child and the family in the therapeutic process to empower Aboriginal clients.

Play therapy with Aboriginal children

To meet the therapeutic needs of Aboriginal children, counselling needs to be both culture-

infused and developmentally appropriate. In addition to providing therapeutic services that validate culture as a critical factor in the healing process, counsellors must balance this with the need to utilize therapeutic orientations that are suited to the unique developmental capacities of a child. A developmental perspective offers a framework for understanding children's behaviours as part of a developmental sequence, which provides information regarding their abilities (DeHart, Sroufe, & Cooper, 2004). In turn, applying a developmental lens when working with children provides counsellors with rich information in guiding case conceptualization and therapeutic decision making suitable to a child's developmental stage (Shokouhi, Limberg, & Armstrong, 2014). Counsellors can interpret children's verbal and nonverbal behaviours and use developmental cues as indicators in determining developmentally appropriate interventions (Shokouhi et al., 2014). Landreth (2012) suggested counsellors must relinquish their need for reality and verbal expression. Instead, counsellors should consider children's phenomenological worlds and rely on alternative forms of expression when suitable. This assertion suggests that counsellors must be willing to work within the parameters of a child's current capabilities.

One counselling approach that provides children with an appropriate developmental framework for therapeutic growth can occur through play. Play is a medium that allows children to engage with their environments, to create new experiences, and to become active agents in their development (DeHart et al., 2004). For example, Landreth (2012) asserted "[that] in play, children discharge energy, prepare for life's duties, achieve difficult goals and relieve frustrations" (p. 9). Play serves a variety of functions that help children utilize personal resources and reveal their individuality (Landreth, 2012). In addition, the safety of play allows children to practice and make sense of their social exchanges and interpersonal experiences and helps strengthen bonds between children and their peers, siblings, and caregivers (VanFleet, Sywulak, & Sniscak, 2010). In turn, children are able to develop strong connections and attachments that foster independence while being able to return to a safe relationship when needed (VanFleet et al., 2010).

Mental health providers are employing the therapeutic powers of play in their work with children more frequently (VanFleet et al., 2010). Children are motivated by play because it is part of their biopsychosocial composition (VanFleet et al., 2010). For children, play is a natural form of communication and one that easily lends itself to therapeutic interventions by skilled practitioners (Landreth, 2012; VanFleet et al., 2010). Play serves as a medium to address psychosocial concerns in a form that frees children of the common restrictions of everyday life, while enabling safe and creative problem solving without real-life consequences (VanFleet et al., 2010). In addition, children may not possess the cognitive, verbal, or emotional capacities to process and express their feelings through talk. Play enables children to transform their concrete thinking into meaningful forms of self-expression in the present, in a way that does not rely on the abstract nature of verbal communication (Landreth, 2012).

Although there are many different frameworks of play therapy, with distinct philosophical and methodological underpinnings (VanFleet et al., 2010), the Association for Play Therapy (n.d.) defines it as "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (para. 1). Meta-analytic reviews of play therapy suggest that it is a viable form of treatment for child clients with a range of presenting concerns (Bratton, Ray, Rhine, & Jones, 2005; Lin & Bratton, 2015). Research findings suggest that play therapy is effective

regardless of differences between theoretical models, although the greatest effect sizes have been noted in studies that utilized humanistic approaches (Bratton et al., 2005). It appears that parents can also fulfill a critical role in achieving positive outcomes (Bratton et al., 2005). Bratton et al. (2005) noted that filial play therapy performed by parents produced enhanced treatment effects when compared to treatment provided by professionals. Schaefer (2010) also claimed that play therapy is an effective form of treatment for children as young as three years of age. In sum, despite differences between various theoretical orientations, it appears that play therapy is a treatment suitable to meet the diverse therapeutic needs of children across stages of development.

Culture and play therapy

Literature regarding multicultural counselling in the context of play therapy is increasingly focusing on the importance of cultural competence (Gil & Drewes, 2006; Penn & Post, 2012; Yousef & Ener, 2014). Specifically, researchers have emphasized the importance of graduate training courses (Yousef & Ener, 2014) and advanced education courses in multicultural play therapy (Penn & Post, 2012). Penn and Post (2012) suggested that enhanced multicultural training increased counsellors' awareness of White privilege, systemic discrimination, and the racial issues experienced by clients. In addition to developing competence through educational means, Ceballos, Parikh, and Post (2012) reported that play therapists' social justice attitudes were positively correlated with quality multicultural supervision and the number of multicultural continued education credits. These findings are promising in that mental health professionals recognize that multicultural counselling demands an appreciation for the systemic influences that impede a client's well-being. In turn, conceptualizing issues from a systemic perspective allows counsellors to recognize which concerns could be effectively addressed through advocacy. An increased understanding of the value of culture-infused counselling allows counsellors to provide more ethical and relevant therapy to clients.

Although play therapy is an efficacious and developmentally appropriate form of treatment for children with a range of presenting concerns, limited literature and research exists to address how counsellors can ensure that client preferences and cultural considerations are applied to work with Aboriginal children. This is problematic given that mental health and overall well-being is important to healthy functioning for Aboriginal children. As previously mentioned, Aboriginal peoples have been subjected to decades of oppression, racism, and discrimination, which have produced sustained and deep-rooted problems influencing their wellness. Therefore, it is imperative that mental health services afford Aboriginal children the right to access developmentally suitable interventions that are also culture-infused. While some attempts have been made to draw attention to cultural competencies and multicultural practice in play therapy (Gil, 2006), more research and thoughtful considerations by clinical practitioners are needed. In order to engage in ethical practice, counsellors must develop the competencies necessary to provide culture-infused play therapy both to progress psychological practice and to increase successful counselling outcomes with Aboriginal clients.

In the literature available, a few perspectives have been applied to enhancing and understanding work with Aboriginal children. For example, Glover (2006) suggested that an understanding of traditional Aboriginal values, such as generosity and harmony, are helpful in developing competence; however, Collins and Arthur (2010a) cautioned pursuing cultural awareness when acquiring knowledge about another culture. Although it is a responsibility of counsellors to gain culture-specific knowledge to best

help their clients, the authors suggested conceptualizing cultural knowledge in the form of a hypothesis—counsellors should apply cultural understandings as a starting point from which they learn about the clients' individual experiences. These recommendations help counsellors avoid making false assumptions in the form of overgeneralizations or stereotypes. Alternatively, other researchers have investigated which play theories (e.g., ecosystemic and filial play therapy models) are most effective with Aboriginal clients (Boyer, 2011; Boyer, 2010; Glover & Landreth, 2000). Apart from examining broad cultural influences and identifying factors that may be relevant for Aboriginal peoples, more direction is needed for counsellors using play therapy with Aboriginal children.

Considerations for play therapy with Aboriginal children

Creative arts

Counsellors using play therapy with Aboriginal children should consider the value of traditional arts as a healing modality. Given that Aboriginal peoples have collectively experienced cultural disconnection historically, traditional arts may provide child clients with the opportunity to use cultural reclamation as a source of healing in the context of play. Creative art activities include writing and storytelling, music, visual arts, movement, dance, and drama (Archibald & Dewar, 2010). Both Western and traditional arts are perceived to have healing benefits and to allow for a deepening and enhancing of the healing process (Archibald & Dewar, 2010). Creative processes may also serve as a protective factor against poor health (Muirhead & de Leeuw, 2012). In a study by Archibald and Dewar (2010), participants of healing programs in Canada identified increased self-esteem, stronger relationships, enhanced confidence, and diminished tension and stress as benefits of utilizing creative processes in therapy. For a child who has had experiences with jewellery making, fabric decoration, beading, and other needle arts, providing craft materials such as fabric, beads, yarn, and other objects may be particularly helpful (Malchiodi, 2008). The benefits to health and wellness associated with creative pursuits are evidence that the arts hold potential for those working with Aboriginal clients.

Music is a type of traditional creative therapy that could be especially helpful. Research participants in a study by Archibald and Dewar (2010) described drum making and drumming as having particular significance for boys and young men. From an Aboriginal perspective, the usefulness of drumming lies in the vibrations produced by the drum, which allows people to feel emotions more readily. Moreover, music has had an important role in Aboriginal healing ceremonies, and drumming connects individuals to the spirit and teachings that are linked to the construction and use of the drum. From a Western perspective, Hilliard (2008) suggested that drumming is a technique that is well received by both children and adolescents and that rhythmic improvisation can be used to facilitate the identification and expression of emotions. It appears that drumming is a powerful therapeutic tool from both Aboriginal and Western perspectives and should be considered a useful treatment modality.

Cultural symbols and materials

Counsellors should adequately prepare play therapy rooms with toys, symbols, and other play therapy materials that are representative of Aboriginal children's lives and that provide the tools needed to represent and process their experiences. Counsellors could also explore the ways in which nature could be incorporated into play therapy. McCormick (2009) postulated that nature might be a vital component

of healing for Aboriginal peoples because individuals understand themselves to be part of nature and hold a spiritual connection to it. A history of displacement and dispossession of land has contributed to social suffering that has disrupted an intimate relationship with the environment based in tradition (Kirmayer, Brass, & Valaskakis 2009). McCormick asserted that traditional land-based activities might assist Aboriginal clients in feeling more centered and connected to something outside of themselves.

Similarly, Janelle, Laliberté, and Ottawa (2009) reported positive results in enhancing cultural pride and prosocial behaviours using traditional land-based activities, such as hunting, trapping, and game preparation, with Aboriginal youth. These findings suggest that traditional land-based healing activities have potential for not only adults but younger generations as well. It is not surprising that a strong relationship exists between Aboriginal peoples and nature, given that hunting peoples have unique bonds with animals and the environment (Samson, 2009). For some Aboriginal clients, bringing natural materials into the therapy session could be useful in providing a connection with nature. Because a traditional relationship with nature involves a strong tie to wildlife, it is imperative that these elements be represented in a play therapy room. For example, in the Yukon, animals such as caribou, moose, bison, rabbit, and fish are pertinent to northern living (Greer & Strand, 2012). Toy representations of animals should be accessible to children for the purpose of accurately representing their lived experiences. Counsellors should investigate the particular wildlife in their geographical areas that could be relevant to clients in order to ensure appropriate representation in the playroom. Aboriginal peoples' cultural disconnection from the environment suggests that natural materials and land-based experiences that facilitate an exploration between self and culture could hold therapeutic potential.

Counsellors should develop a strong knowledge of symbols pertinent to Aboriginal culture, considering that play therapy approaches often support therapeutic healing through metaphor. For example, when counsellors utilize nonintrusive responding approaches, children may become immersed in the symbolic nature of play and choose objects, activities, and scenarios with no conscious awareness of how these symbols relate to the presenting concerns (Yasenik & Gardner, 2012). Children may use these materials because they provide psychological distance from issues (Yasenik & Gardner, 2012). Counsellors need to select objects that allow Aboriginal clients to represent themselves on an unconscious level. As Ray et al. (2013) asserted, objects and toys must also be diverse because children frequently play with toys from categories such as family/nurturing, expressive, pretend/fantasy, and scary/aggressive. Counsellors must develop the cultural knowledge needed to engage in contemplation and exploration in the treatment-planning stage and must learn more about which objects may need to be included to allow children to represent their experiences. Specific adjustments in objects and materials may be required to ensure that Aboriginal clients can fully express themselves.

Symbolism is a central component of many traditional healing practices that counsellors should be aware of. The medicine wheel is a distinguishable visual representation of many Aboriginal worldviews associate with wellness (McCormick, 2009) and balance (Blue, Darou, & Ruano, 2010). It is composed of four dimensions: mental, physical, emotional, and spiritual (McCormick, 2009). Counsellors incorporating play therapy should acknowledge a holistic approach to healing that might differ from Western theory, as this may be an important consideration in treatment planning. Ceremonies also involve the use of symbolism and may be cultural practices that hold relevance for Aboriginal clients seeking play therapy treatment. Some examples of ceremonies and traditional practices that have been

acknowledged as useful treatment modalities for intrapersonal and interpersonal concerns include, name giving, drumming, singing, and storytelling (Blue et al., 2010). Garrett et al. (2011) suggested that various aspects of the sweat-lodge ceremony involve symbolism. For example, the lodge represents the womb of life, and the stones used in the ceremony are conceptualized as the earth's unwavering healing power. McCabe (2007) also noted the importance of using ceremonies and rituals that utilize symbols and medicine as a method of providing clients with hope, comfort, focus, and a sense of grounding. It is the responsibility of counsellors to demonstrate attentiveness to and respect for various symbols and their use in traditional healing practices and to appreciate that symbolism could be relevant to understanding important aspects of the lives and experiences of children and families.

Involvement of family and community members in treatment

The value of interconnectedness is emphasized throughout literature related to Aboriginal health (Blue et al., 2010; Kirmayer, Tait, & Simpson, 2009). Counsellors should consider the value of interconnectedness for Aboriginal peoples and be receptive and flexible to the direct and indirect involvement of family and community members, through their active participation in therapy or by inviting recommendations and feedback. Aboriginal clients may hold the belief that a network of relationships to animals, the natural world, spirits, ancestors, extended family, and other people living off the land contributes to a person's identity (Kirmayer, Tait, & Simpson, 2009). The value of involving family or community members in treatment is twofold: it acknowledges the importance of caregiver relationships and family systems, and it demonstrates respect for traditional knowledge and expertise. The success of incorporating family members has been demonstrated in filial (Boyer, 2011; Glover & Landreth, 2000) as well as ecosystemic (Boyer, 2010) play therapy outcomes with Aboriginal clients. These models of therapy incorporate caregivers into the therapeutic process in a way that recognizes that relationships with others are vital to promoting sustained change for children and provide caregivers with helpful relational tools and strategies. In a study examining child rearing from the perspective of members of the Lil'wat Nation, Gerlach (2008) postulated that the family system is a critical social construct that provides valuable support in child rearing as well as decision making when it comes to issues concerning children. These findings affirm that healing is done with the assistance of others (McCormick, 2009) and is indicative of the importance of community for Aboriginal peoples.

Community and family members may serve as integral figures in the therapeutic process. If a member of a client's family or community is not directly included in treatment, counsellors can use a collaborative approach to gain insight from knowledgeable Aboriginal individuals. In traditional therapeutic approaches, relatives and community members are often requested to be involved in client treatments (McCormick, 2009). In addition, counsellors may find the knowledge of community experts, such as elders, to be helpful for clients. Elders often assume multiple roles, including acting as guiding agents toward self-actualization and discovery (Blue et al., 2010) and acting as intercessors for spirit ancestors who share gifts, such as medical knowledge (Adelson, 2009). Given Aboriginal peoples' rich knowledge of well-being, it is imperative that counsellors utilize traditional knowledge to prevent colonial imperialism (Comas-Díaz, 2011).

Spirituality and traditional healing

For some Aboriginal peoples, spirituality is closely linked to general wellness and therapeutic

healing efforts. Although spirituality may not be overtly salient for a child accessing play therapy, collaborative efforts with relatives and elders may require counsellors to accommodate Aboriginal worldviews that emphasize the importance of spirituality in treatment. Spirituality is inextricably linked to Aboriginal worldviews as well as other considerations for a child in play therapy. Understanding the value of the spiritual dimension in health is central to many efforts to heal holistically and to regain balance (Hunter, Logan, Goulet, & Barton, 2006). Moreover, given that Aboriginal peoples are turning more frequently to traditional ways of healing (McCabe, 2007) and that many individuals from non-dominant cultures distrust conventional methods of healing (Comas-Díaz, 2011), it is essential that counsellors welcome new ideas about how to engage in ethical play therapy practices that empower children and families to seek preferable treatment methods.

Spirituality is part of culture and is emphasized in many traditions, pursuits, and ceremonies. Undoubtedly, then, spirituality can be conceptualized as a thread that is woven into all aspects of Aboriginal healing. According to Adelson (2009), spirituality is perceived as fundamental to and inseparable from healing; clients may believe that they need spirituality in order to heal or that the notion of healing involves the fulfillment of spiritual beliefs and practices. It appears that for some spirituality is intrinsic to cultural reclamation, and a reconnection to traditions that have been relinquished can be therapeutic (Comas-Díaz, 2011). In a study examining how Aboriginal peoples used healing traditions to address health concerns, Hunter et al. (2006) reported that participants described regaining culture as an integral component of healing, which involved learning about ceremonies and using ceremonies to become part of Aboriginal culture. The outcome of connecting to these traditions offered a sense of balance, peace, and comfort for participants and reestablished a relationship to the Creator. The link between spirituality, healing, and cultural connection could therefore be beneficial for Aboriginal clients.

Recommendations for future practice

Play therapy with Aboriginal children is an important subject of discussion given that Aboriginal peoples are faced with barriers and challenges to experiencing wellness in their lives. More research is needed to understand how counsellors can infuse culture in play therapy with Aboriginal children. The ideas outlined in this article are a starting point for counsellors to consider in therapeutic treatment planning. However, the importance of cultural competence must be underscored in the pursuit of culture-infused play therapy practice with Aboriginal children. Developing this competence requires an introspective exploration by counsellors in understanding their own cultural identities, acquiring awareness of their clients' cultures, and forming culturally sensitive working alliances (Arthur & Collins, 2010). Counsellors must ensure they develop cultural competencies, through ongoing training, education, and collaboration with professionals and knowledgeable group members, in order to integrate cultural knowledge and traditional healing methodologies into their practice with respect and thoughtfulness. Furthermore, counsellors must avoid haphazardly applying cultural knowledge or making assumptions about the salience of culture with regard to presenting issues. To prevent the latter from occurring, it is recommended that counsellors conceptualize the client's case and treatment plan from the perspective that we each hold a unique cultural identity and acknowledge both emic and etic perspectives of culture-infused therapy. Collins and Arthur (2010b) suggested "[that] what is important to competence is an appreciation of the broad brushstrokes that may enhance our understanding of particular groups combined with the unique colourful, idiosyncratic experiences and self-definition of individual clients" (p.

55). When culture is acknowledged as a powerful force in each of our lives, counsellors can consistently consider its value not only for Aboriginal clients but for every client they engage.

Conclusion

Cultural factors should be an important consideration in the therapeutic process. As awareness and understanding of multicultural counselling increases, counsellors must assume the responsibility in developing the competence needed to work proficiently with diverse clients. However, the most efficacious approach to multicultural counselling is one that positions culture as an integral part of all counselling relationships—not just with clients who are visibly different from the counsellor. In this light, culture-infused counselling allows counsellors to conceptualize presenting problems and treatment based on a client's distinct cultural identity (Collins & Arthur, 2010a). The necessity of culture-infused counselling is particularly relevant to Aboriginal peoples given their collective loss of culture through colonialist imperatives such as residential schools. Moreover, the provision of culture-infused counselling is needed not only for Aboriginal adults but for children as well. Play therapy is a useful treatment option for work with children, but current literature on how to apply cultural competence in a play-therapy context needs to explore further and consider both emic and etic perspectives of culture. Some cultural considerations that may be salient for children in play therapy include the incorporation of traditional arts, the use of relevant materials and symbols, the value of interconnection through participation and collaboration with family or community members, and the role of spirituality. Although these suggestions are simply a starting point in establishing more specific ways to approach culture-infused counselling with Aboriginal children, counsellors can reflect on each of these considerations at the onset of treatment. It is through the process of a thoughtful exploration of clients' distinct cultural identities in relation to their presenting concerns that counsellors can expand the possibilities and avenues for change.

References

- Adelson, N. (2009). Toward a recuperation of souls and bodies: Community healing and the complex interplay of faith and history. In L. Kirmayer & G. G. Valaskakis (Eds.), *Healing traditions: The mental health of Aboriginal Peoples in Canada* (pp. 272-288). Vancouver, BC: UBC Press.
- Archibald, L., & Dewar, J. (2010). Creative arts, culture, and healing: Building an evidence base. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 8(3), 1-25.
- Arthur, N., & Collins, S. (2010). *Culture-infused counselling* (2nd ed.). Calgary, AB: Counselling Concepts.
- Association for Play Therapy (n.d.). *Why play therapy?* Retrieved from <http://a4pt.site-ym.com/?page=WhyPlayTherapy>
- Ball, J. (2004). As if indigenous knowledge and communities mattered: Transformative education in First Nations communities in Canada. *American Indian Quarterly*, 28(3&4), 454-479.
- Blackstock, C. (2008). Reconciliation means not saying sorry twice: Lessons learned from child welfare in Canada. In M.B. Castellano, L. Archiblad, & M. DeGagné (Eds.), *From truth to reconciliation: Transforming the legacy of residential schools* [online edition] (pp.163-175). Ottawa, ON: Aboriginal Healing Foundation.
http://speakingmytruth.ca/downloads/AHFvol1/AHF_TRC_vol1.pdf

- Blue, A., Darou, W., & Ruano, C. (2010). Engaging the elder within. In N. Arthur & S. Collins (Eds.), *Culture-infused counselling* (2nd ed., pp. 259-284). Calgary, AB: Counselling Concepts.
- Bombay, A., Matheson, K., & Anisman, H. (2014). The intergenerational effects of Indian residential schools: Implications for the concept of historical trauma. *Transcultural Psychiatry*, 51(3), 320-338. doi:10.1177/1363461513503380
- Boyer, W. (2010). Getting to know O'Conner: Experiencing the ecosystemic play therapy model with urban First Nations people. *The Family Journal*, 18(2), 202-207. doi:10.1177/1066-480710364090
- Boyer, W. (2011). Using child parent relationship therapy (CPRT) with our First Nations people. *International Journal of Play Therapy*, 20(1), 38-49. doi:10.1037/a0022650
- Bratton, S., Ray, D., Rhine, T., & Jones, J. (2005). The efficacy of play therapy with children: A meta-analytic review of treatment outcomes. *Professional Psychology: Research and Practice*, 36(4), 376-390. doi:10.1037/0735-7028.36.4.376
- Brave Heart, M. (1998). The return to the sacred path: Healing the historical trauma and historical unresolved grief response among the Lakota through a psychoeducational group intervention. *Smith College Studies in Social Work*, 68(3), 287-305. doi:10.1080/00377319809517532
- Briggs, R., Silver, E., Krug, L., Mason, Z., Schrag, R., Chinitz, S., & Racine, A. (2014). Healthy steps as a moderator: The impact of maternal trauma on child social-emotional development. *Clinical Practice in Pediatric Psychology*, 2(2), 166-175. doi:10.1037/cpp0000060
- Brown, L. (2009). Cultural competence: A new way of thinking about integration in therapy. *Journal of Psychotherapy Integration*, 19(4), 340-353. doi:10.1037/a0017967
- Canadian Psychological Association. (2000). *Canadian code of ethics for psychologists* (3rd ed.). Retrieved from <http://www.cpa.ca/aboutcpa/committees/ethics/codeofethics/>
- Ceballos, P., Parikh, S., & Post, P. (2012). Examining social justice attitudes among play therapists: Implications for multicultural supervision and training. *International Journal of Play Therapy*, 21(4), 232-243. doi:10.1037/a0028540
- Collins, S., & Arthur, N. (2010a). Self-awareness and awareness of client cultural identities. In N. Arthur & S. Collins (Eds.), *Culture-infused counselling* (2nd ed., pp. 67-102). Calgary, AB: Counselling Concepts.
- Collins, S., & Arthur, N. (2010b). Culture-infused counselling: A framework for multicultural competence. In N. Arthur & S. Collins (Eds.), *Culture-infused counselling* (2nd ed., pp. 45-65). Calgary, AB: Counselling Concepts.
- Comas-Díaz, L. (2011). Multicultural approaches to psychotherapy. In J. D. Norcross, G. R. VandenBos, & D. K. Friedeim (Eds.), *History of psychotherapy: Continuity and change* (2nd ed., pp. 243-267). Washington, DC: American Psychological Association.
- DeHart, G., Sroufe, L., & Cooper, R. (2004). *Child development: Its nature and course* (5th ed.). New

York, NY: McGraw-Hill.

- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence*, 23(3), 316-338. doi:10.1177/0886260507312290
- Garrett, M., Torres-Rivera, E., Brubaker, M., Portman, T., Brotherton, D., West-Olatunji, C., Conwill, W., & Grayshield, L. (2011). Crying for a vision: The Native American sweat lodge ceremony as a therapeutic intervention. *Journal of Counseling & Development*, 89(3), 318-325. Retrieved from [http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)1556-6678](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1556-6678)
- Gerlach, A. (2008). "Circle of caring": A First Nations worldview of child rearing. *Canadian Journal of Occupational Therapy*, 75(1), 18-25. doi:10.1177/000841740807500107
- Gil, E. (2006). From sensitivity to competence in working across cultures. In E. Gil & A. A. Drewes (Eds.), *Cultural issues in play therapy* (pp. 3-25). New York, NY: The Guilford Press.
- Gil, E., & Drewes, A. A. (Eds.). (2006). *Cultural issues in play therapy*. New York, NY: The Guilford Press.
- Glover, G., & Landreth, G. (2000). Filial therapy with Native Americans on the flathead reservation. *International Journal of Play Therapy*, 9(2), 57-80. doi:10.1037/h0089436
- Glover, G. (2006). Musings on working with Native American children in play therapy. In E. Gil & A. A. Drewes (Eds.), *Cultural issues in play therapy* (pp. 3-25). New York, NY: The Guilford Press.
- Gone, J. (2013). Redressing First Nations historical trauma: Theorizing mechanism for indigenous culture as mental health treatment. *Transcultural Psychiatry*, 50(5), 683-706. doi:10.1177/1363461513487669
- Graham, J. (2013). Expressive therapy as a treatment preference for Aboriginal trauma. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 11(3), 501-509. Retrieved from <http://www.pimatisiwin.com/online/>
- Greer, S., & Strand, D. (2012). Cultural landscapes, past and present, and the south Yukon ice patches. *Arctic*, 65(1), 136-152. Retrieved from <http://arctic.ucalgary.ca/publications/arctic-journal>
- Hartmann, W., & Gone, J. (2012). Incorporating traditional healing into an urban American Indian health organization: A case study of community member perspectives. *Journal of Counseling Psychology*, 59(4), 542-554. doi:10.1037/a0029067
- Health Council of Canada. (2011). *Understanding and improving Aboriginal maternal and child health in Canada: Conversations about promising practices across Canada*. Retrieved from <http://www.healthcouncilcanada.ca/accord.php?mnu=1&mnu1=7>
- Hilliard, R. E. (2008). Music and grief work with children and adolescents. In C. Malchodi (Ed.), *Creative interventions with traumatized children* (pp. 62-80). New York, NY: The Guilford Press.
- Hunter, L., Logan, J., Goulet, J., & Barton, S. (2006). Aboriginal healing: Regaining balance and culture. *Journal of Transcultural Nursing*, 17(13), 13-22. doi:10.1177/1043659605278937

- Janelle, A., Laliberté, A., & Ottawa, U. (2009). Promoting traditions: An evaluation of wilderness activity among First Nations of Canada. *Australasian Psychiatry*, 17(1), 108-111. doi:10.1080/10398560902948605
- Kaspar (2014). The lifetime effect of residential school attendance on Indigenous health status. *American Journal of Public Health*, 104 (11), 2184-2190. doi:10.2105/AJPH.2013.301479
- Kirmayer, L., Brass, G., & Valaskakis, G. G. (2009). Conclusion: healing/intervention/tradition. In L. Kirmayer & G. G. Valaskakis (Eds.), *Healing traditions: The mental health of Aboriginal Peoples in Canada* (pp. 440-472). Vancouver, BC: UBC Press.
- Kirmayer, L., Tait, C., & Simpson, C. (2009). The mental health of Aboriginal Peoples in Canada: Transformations of identity and community. In L. Kirmayer & G. G. Valaskakis (Eds.), *Healing traditions: The mental health of Aboriginal Peoples in Canada* (pp. 3-35). Vancouver, BC: UBC Press.
- Kirmayer, L., Brass, G., Holton, T., Paul, K., Simpson, D., & Tait, C. (2007). *Suicide among Aboriginal people in Canada*. Ottawa, ON: Aboriginal Healing Foundation. Retrieved from <http://www.ahf.ca/publications/research-series>
- Landreth, G. (2012). *Play therapy: The art of the relationship* (3rd ed.). New York, NY: Routledge.
- Lin, Y., & Bratton, S. (2015). A meta-analytic review of child-centered play therapy approaches. *Journal of Counseling & Development*, 93(1), 45-58. doi:10.1002/j.15566676.2015.00180.x
- Malchiodi, C. (Ed.). (2008). *Creative interventions with traumatized children*. New York, NY: The Guilford Press.
- McCabe, G. (2007). The healing path: A culture and community-derived indigenous therapy model. *Psychotherapy: Theory, Research, Practice, Training*, 44(2), 148-160. doi:10.1037/0033-3204.44.2.148
- McCormick, R. (2009). Aboriginal approaches to counselling. In L. Kirmayer & G. G. Valaskakis (Eds.), *Healing traditions: The mental health of Aboriginal Peoples in Canada* (pp. 337-354). Vancouver, BC: UBC Press.
- Muirhead, A., & de Leeuw, S. (2012). *Art and wellness: The importance of art for Aboriginal Peoples' health and healing*. Retrieved from National Collaborating Centre for Aboriginal Health website: <http://www.nccah-ccnsa.ca/en/publications.aspx?sortcode=2.8.10&publication=26>
- Niezen, R. (2009). Suicide as a way of belonging: Causes and consequences of cluster suicides in Aboriginal communities. In L. Kirmayer & G. G. Valaskakis (Eds.), *Healing traditions: The mental health of Aboriginal Peoples in Canada* (pp. 178-195). Vancouver, BC: UBC Press.
- Penn, S., & Post, P. (2012). Investigating various dimensions of play therapists' self-reported multicultural counseling competence. *International Journal of Play Therapy*, 21(1), 14-29. doi:10.1037/a0026894
- Pettifor, J. (2010). Ethics, diversity, and respect in multicultural counselling. In N. Arthur & S. Collins

- (Eds.), *Culture-infused counselling* (2nd ed., pp. 45-65). Calgary, AB: Counselling Concepts.
- Ray, D., Lee, K., Meany-Walen, Carlson, S., Carnes-Holt, K., & Ware J. (2013). Use of toys in child-centered play therapy. *International Journal of Play Therapy*, 22(1), 43-57.
doi:10.1037/a0031430
- Reading, C., & Wien, F. (2013). *Health inequalities and social determinants of Aboriginal People's health*. Retrieved from National Collaborating Centre for Aboriginal Health website: http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/46/health_inequalities_EN_web.pdf
- Samson, C. (2009). A colonial double-blind: Social and historical contexts of Innu mental health. In L. Kirmayer & G.G. Valaskakis (Eds.), *Healing traditions: The mental health of Aboriginal Peoples in Canada* (pp. 109-139). Vancouver, BC: UBC Press.
- Schaefer, C. (2010). *Play therapy for preschool children*. Washington, DC: American Psychological Association.
- Shokouhi, A., Limberg, D., & Armstrong, S. (2014). Counseling preadolescents: Utilizing developmental cues to guide therapeutic approaches. *International Journal of Play Therapy*, 23(4), 217-230.
doi:10.1037/a00381468
- Statistics Canada. (2013). *Aboriginal Peoples in Canada: First Nations People, Métis and Inuit, National Household Survey, 2011* (Catalogue No. 99-011-X2011001). Retrieved from <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/99-011-x2011001-eng.pdf>
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development*, 70(4) 477-483.
- Sue, S., Zane, N., Hall, G., & Berger, L. (2009). The case for cultural competency in psychotherapeutic interventions. *Annual Review of Psychology*, 60(5), 525-548.
doi:10.1146/annurev.psych.60.110707.163651
- VanFleet, R., Sywulak, A., & Sniscak, C. (2010). *Child-centered play therapy*. New York, NY: The Guilford Press.
- Yasenik, L., & Gardner, K. (2012). *Play therapy dimensions model: A decision-making guide for integrative play therapists*. London, UK: Jessica Kingsley Publishers.
- Yousef, D., & Ener, L. (2014). Multicultural considerations in graduate play therapy courses. *International Journal of Play Therapy*, 23(2), 90-99. doi:10.1037/a0035508