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Résumé de l'article

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Relationship is Everything: Holistic Approaches to Aboriginal Child and Youth Mental Health

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Relationship is an extension of thought and being ... Gregory Cajete, 1999

Abstract

This article addresses topics related to Indigenous holistic well-being including, 1) Indigenous perspectives on Aboriginal child and youth holistic mental health; 2) Factors undermining Indigenous well-being; 3) Process and curriculum for training to support mental health practitioners working with Indigenous children, youth and communities; 4) concrete applications and participant feedback. To begin, it is important to explore the following question: What is holistic mental health for First Nations, Métis and Inuit children and youth? In outlining this training curriculum we hope to contribute to a broader conversation about supporting and enhancing the well-being of Indigenous children and youth in Canada.

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Introduction

In this article, the authors outline a curriculum and process for promoting holistic approaches to Aboriginal child and youth mental health. Jeannine Carriere/*Sokiaskiesquao* and Cathy Richardson/*Kinewesquao* developed the curriculum presented in this article and delivered it to Ministry of Children and Family Development Aboriginal Child and Youth Mental Health therapists from 2006 to 2008 in six regions of British Columbia. The purpose of the training was to inform non-Indigenous child and youth mental health practitioners about working across difference and serving First Nations, Métis and Inuit children and youth living in B.C. The training was designed to engender a fuller understanding of Canada's colonial context, Indigenous worldviews and perspectives of holistic health and well-being. As well, it provided opportunities to explore and examine the negative health outcomes related to racism including racial stereotyping and misinformation received about Indigenous peoples in the Canadian school system. Participants were offered processes for working with Indigenous communities to learn about protocols and how to establish circles of support around those experiencing mental health challenges. The curriculum promoted decolonization and contextualized approaches, including depathologizing understandable responses to colonial violence and oppression.

The trainers, have a background in counselling, child welfare and social work practice with Indigenous communities. Jeannine Carriere/*Sokiaskiesquao* is Métis with Cree and Assiniboine ancestry; Cathy Richardson/*Kinewesquao* is Métis with Cree, Dene and Gwichin ancestry. The authors have published their research related to holistic well-being after experiences of disconnection and separation experienced through colonial child welfare, residential school and land theft experiences (Carriere & Richardson, 2009; Carriere, 2006, 2005a, 2005b, Richardson, 2012; 2009; 2008; 2006, 2005b, Richardson and Wade, 2010, 2008, Wade 1995). Their focus has been supporting children, especially those in child welfare systems or in the aftermath of violence, to recover, strengthen and reconsolidate their Indigenous identity and sense of connection.

What is holistic mental health for First Nations, Métis and Inuit Children and Youth?

Many Indigenous and Indigenist theories have articulated their thoughts about Indigenous worldview and Indigenous ways of knowing and being (Cajete, 1999; Cajete & Little Bear, 2000; Green, Kovach, Montgomery, Thomas, Brown, 2007; Kovach, 2010; 2005; Smith 1999). Within Indigenous epistemology mental health is considered broadly and encompasses a holistic framework, honouring the well-being of mind, body, and spirit as well as the realm of emotions. Various Indigenous models and metaphors have been used to represent holistic wellness, including the Cedar tree, the Medicine Wheel, the Medicine Wheel of Responses (Richardson & Wade, 2010, 2008) the Circle of Courage (Brendtro, Brokenleg & Bockern, 2002), The Sacred Tree (Bopp, Bopp, Brown and Lane, 1985), the Tree of Life (Carriere, 2011). Urie Bronfenbrenner's ecological systems model (1979) can be a helpful bridge for considering the individual in relation to the family, community, society and Earth, although it does not overtly

acknowledge the stresses of colonization. Nsemenang and Dawes (1998) make the links between colonialism, resistance and human development in an African context. Erving Goffman (1963) teaches how we become who we are both by embracing what we love/emulate and by resisting that which we oppose. Practices of resistance are central to the lives of Indigenous people who experience multiple forms of oppression, which can undermine mental health and holistic well-being.

This type of holistic or interrelated ecological framework is consistent with the Indigenous philosophy of the relational and connected reality of humans in their environment. Gregory Cajete is a Tewa Indian and professor in New Mexico. His work explores culturally-based science and emphasizes its relationship to human well-being. He writes:

Native people expressed a relationship to the natural world that could only be described as 'ensoulment.' The ensoulment of nature is one of the most ancient foundations of human psychology. This projection of the human sense of the soul with its archetypes has been called the 'participation mystique,' which for Native people represented the deepest level of psychological involvement with their land and which provided a kind of map of the soul. The psychology and spiritual qualities of Indigenous people's behavior reflected in symbolism were thoroughly 'in-formed' by the depth and power of their participation mystique with the Earth as a living soul. It was from this orientation that Indian people developed 'responsibilities' to the land and all living things, similar to those that they had to each other. In the Native mind, spirit and matter were not separate; they were one and the same. (1999, p. 186)

This holistic, animistic understanding was offered as part of an expanded view of attachment theory in the training, extended to include the human relationship with the earth.

Since a main orientation to youth psychology in the Ministry is attachment theory, trainers offered an expanded view of attachment and connection similar to that articulated by Cajete. Our goal is to support the mother/child bond and to problematize practices that hold mothers responsible for parenting while making explicit the need to uphold culture and uphold the life-sustaining network of relationships in community. As a social justice approach, it is not empowering for Indigenous families to be blamed and pathologized individually for wounds inflicted by colonialism. Indigenous theorists who informed the curriculum, such as Cajete and Little Bear, showed that psychological practice must move from an individualist to a more collectivist focus if personal and collective well-being is directly linked to the health of the earth, ecosystems and the social relations between peoples. Rod McCormick (2001) also discusses the relationship between attachment theory for youth and ceremonies such as the vision quest. The curriculum offers reference to collective social justice and human rights, as opposed to a focus on individual dysfunction, substituting a language of western psychology with a language of dignity (Richardson & Wade, 2006; Wade, 1997). Further, articulating Indigenous well-being through the lens of United Nations declarations shows that equality and justice are just as health promoting as nutritious food, clean water and the love that is extended to children and young adults (http://www.un.org/esa/socdev/unpfil/documents/DRIPS_en.pdf).

Research on social responses and social networks, kinship arrangements and communal care indicates that the quality of social responses received by children and youth relates directly to their immediate and long term well-being. Children who disclose violence, bullying, racism and mistreatment and who receive negative social responses¹ are more likely to experience long-

¹ Negative social responses can be individual or systemic. They typically involve not being believed, having the violence mutualized (e.g. told "it takes two to tango") or having adults not act on their behalf. They can involve delayed action in the justice system or police inaction when violence is reported.

term suffering, distress, depression, self-harm and suicidal ideation (Andrews, Brewin & Rose, 2003; Andrews & Brewin, 1990). The research shows that people who receive quick and effective responses that stop the violence and create safety tend to recover relatively quickly. Here children gain a sense of their value, importance, and sacredness: they also learn that violence is not a viable social tool, they learn that people don't get away with it and they are less likely to use violence against others in the future. This research highlights the importance of having structures of care and justice that work to create social safety. The authors viewed this training both as a positive social response to improve lives in Indigenous communities and a guide to practitioners to orchestrating positive collective responses to the suffering of Indigenous children and youth.

Planning for Training

Planning each training session involved meeting with representatives from each local community, often employees from Indigenous agencies. A local co-facilitator was identified and invited to assist with the five day training. Elders and representatives of First Nations, Métis and urban Aboriginal communities were included. They were presented with tobacco and culturally appropriate gifts and asked to assist in the training by imparting their knowledge, skills and teachings or leading cultural and spiritual ceremonies. Some of the Elders would share stories of their life while others would teach crafts or arts such as drum making, beading, hand-games, or making prayer ties. From a cultural and body-centered perspective, it is important to introduce activities that offer room for quiet contemplation and physical activity to facilitate talking, listening and sharing of difficult information, all methods that can be used when working with children and youth.

Beginning Where We Are – Acknowledging the Territory

One of the introductory components discussed the implications of related to 'being in someone's territory,' and thus introducing the idea that much of our life in Canada takes place on unceded Indigenous land. In relation to land and geography, participants were asked to consider:

- a. Who are/were the local Indigenous caretakers of the land?
- b. What are the traditional Indigenous territories in your area?
- c. Who are the Aboriginal peoples of Canada?
- d. What do we get from/give to the land?
- e. What are the implications of identity and a sense of connection for Indigenous children and youth?



Participants watched the DVD *No Turning Back*, a film about the 1997 Royal Commission on Aboriginal Peoples, providing an overview of settler-Indigenous relations in Canada. Participants were directed to make a journal entry noting any areas of tension or discomfort (physically, emotionally, spiritually, politically), during the film. They were asked to comment on the following questions:

1. Identify a few key experiences where you felt tightening in your body/ mind.
2. Did some of the information clash with your understanding of things?
3. What did you find challenging? Difficult? Stretching? Disturbing?
4. What points did you already know about? Agree with? Empathize with?
5. How do you typically integrate new information into your being?

The facilitators propose the idea that because we were raised in a racist society, with imposed divisions between Indigenous and settler Canadians, we are all 'recovering racists.' Here facilitators focus on creating an atmosphere of openness, respect and safety where these issues can be shared and explored with non-judgment. While participants may be in the process of 'unlearning' some of the racist ideologies they would have learned living in Canadian society, they are told that Indigenous people are also shedding many of the stereotypes that were placed upon them/us, negative notions that didn't have anything to do with who we really are. Lee Maracle (1993) says that we are all climbing up the same mountain, taking different paths to reach the summit. Eventually, we will meet each other there and create a new way of being together.

Beginning the Training

Each session was opened with prayers and welcome from local Elders. Participants would then receive a history of the local territory and the particular context of colonial violence. Participants were asked to form small groups to identify and list what was needed to feel safe this week, to promote sharing and psychological safety. Each group would create a list of protocols for cooperation. Here is one example of such an agreement:

Encourage the traditional teachings of honesty, respect, no interrupting, owning our stuff ('I statements,' take care of yourself and your needs, take a break, remember to breathe) turn off cell phones, avoid sidebars (side conversations) and avoid creating distraction while others are speaking.

Participants were encouraged to take turns leading the daily openings and energizers to help create a shared responsibility for the well-being of the group. Energizers included word games, stories, song, movement, dance and energy boosting activities. Participants were also asked to keep a journal for recording their responses (physical, emotional, intellectual, and spiritual) to the daily content. This provided them with another forum for processing new or challenging information and to track the changes in their thoughts, understanding and meaning making.

For an increased sense of safety in debriefing content, participants were divided into four groups representing the four cardinal points on the compass. In some cases these groups were 'Fire,' 'Earth,' 'Water' and 'Air.' These groups took an extra role in taking care of its members, sometimes making time to debrief outside of the day, provide support and safety. Occasionally each group was be asked to prepare a certain topic and report back to the larger group. On the

last day of training each group shared a ritual that demonstrated their group learning from the training.

Safety was also established by paying particular attention to the rhythms of the day, infusing humor, energizers, movement, food and music between more emotionally challenging content to assist the participants in processing hard facts about colonial violence. Participants were asked to share what they already know and do when helping themselves or clients to become grounded in stressful situations. They shared the following list: keep breathing, do exercises with breath, focus on the body, wiggle the toes, rub the legs, move the body in some way, meditate, say a prayer in your mind, visualize a desired outcome, write notes or doodle. A helpful pedagogical approach is to elicit group knowledge, what people already know and do, rather than assume that people are not already engaged in their own growth, learning and self/collective care.

The first day's morning ended with the sharing of the poem, *The Invitation* by Oriah Mountain Dreamer (see following page), in hopes of acknowledging what it is to be present for someone who is struggling or to attend to others when we ourselves are struggling and need to put aside our own concerns to care for others. This poem offers an introduction to the kinds of 'invitations' and challenges that are experienced by Indigenous women who often live with a myriad of pressures and demands. It also acknowledges the contribution and dignity of doing real work for children and family.

A Dignity-Based Curriculum

The second day began with a conversation about dignity and its importance in the helping professions. Dignity practices form the foundation of response-based practice and relate directly to work with Indigenous communities (Richardson, 2006; Richardson & Wade, 2008, Wade 1997). Understanding that dignity is central to well-being and that efforts to preserve dignity are often misinterpreted as symptoms or deficits, we explored the ways that we, as individuals and groups, attend to the dignity of one another on a daily basis. Dignity is linked to Indigenous teachings about respect. Mohawk psychologist Clare Brant (1990) wrote about "native ethics," such as the principle of non-interference, in his work with Indigenous communities. This relates to human dignity, giving people choice and sovereignty in the decisions they make in their lives, knowing that it is the community's role to ensure that young people received good teachings throughout their development. We discussed ways that dignity can be restored through counseling and helping processes and why it is crucial to build restorative processes into mental health work.

Teaching About Colonialism

Teaching about colonialism was an eye-opening experience for many of the participants, who were largely unaware of the extent of violence in Canada's colonial history. We talked about how various Indigenous communities experienced the removal of their children to be interned in institutions referred to as 'residential schools,' which could also have been called children's internment camps. Colonial violence supported by the *Indian Act*, played out through intergenerational internment, child welfare, policing, health and social services, has devastated many Indigenous communities and resulted in great suffering. Gerry Oleman of the Seton Lake Band in the Stl'at'imc Nation and former director of the (IRSSS) Indian Residential School Survivors' Society shared teachings at one of the trainings. He identified the 5Rs as sources of unwellness and destabilization for Indigenous people that have been particularly hard to understand

The Invitation

It doesn't interest me what you do for a living

I want to know what you ache for, and if you dare to dream of meeting your heart's longing.

It doesn't interest me how old you are. I want to know if you will risk looking like a fool for love, for your dream, for the adventure of being alive.

It doesn't interest me what planets are squaring your moon. I want to know if you have touched the centre of your own sorrow, if you have been opened by life's betrayals or have become shriveled and closed from fear of further pain. I want to know if you can sit with pain, mine or your own without moving to hide it or face it or fix it.

I want to know if you can be with joy, mine or your own, if you can dance with wildness and let the ecstasy fill you to the tips of your fingers and toes without cautioning us to be careful, to be realistic, to remember the limitations of being human.

It doesn't interest me if the story you are telling me is true. I want to know if you can disappoint another to be true to yourself; if you can bear the accusation of betrayal and not betray your own soul;

If you can be faithless and therefore trustworthy.

I want to know if you can see beauty, even when it's not pretty, every day, and if you can source your own life from its presence.

I want to know if you can live with failure, yours and mine, and still stand on the edge of the lake and shout to the silver of the full moon, "Yes!"

It doesn't interest me to know where you live or how much money you have. I want to know if you can get up after the night of grief and despair, weary and bruised to the bone, and do what needs to be done to feed the children.

It doesn't interest me who you know or how you came to be here. I want to know if you will stand in the centre of the fire with me and not shrink back.

It doesn't interest me where or what or with whom you have studied. I want to know what sustains you, from the inside, when all else falls away.

I want to know if you can be alone with yourself and if you truly like the company you keep in the empty moments

(Mountain Dreamer, 1999)

and process for children and youth: Racism, Residential Schools, Reserves, RCMP (violence) and Removal (child welfare) (Oleman, personal communication at training in Vancouver, B.C.).

When Elders shared their personal experience of these colonial processes, participants were often moved and experienced a sense of compassion and understanding that reframed what the psychiatric model refers to as 'symptoms' as understandable situational responses.

Colonial Barriers to Holistic Health

In order to understand wellness for Indigenous children and youth, the mental health practitioners were presented with the historical and social context of suffering. Colonialism has inflicted realities that are antithetical to mental and holistic health, realities such as isolation, separation from family, fractured belonging and identity and deprivation of language and culture. Indigenous individuals and families have had to face many negative social responses, such as racism and prejudice as well as classist exclusion from opportunity, rights and the privileges of citizenship. Organizing energies to address these forms of inequality and violence has meant that Indigenous people have not had the luxury of pursuing middle-class wellness pursuits on a wide-scale basis, such as vacations in the sun, lives of calm and privilege or the choice of schools with teachers that uphold and value Indigenous students.

The participants were also asked to consider how Western individualism creates barriers to holistic health for many Indigenous people. Developmental imperatives of Indigenous children (learning, playing, emulating adult skills, receiving stories and skills, acquiring language, caring for self and others) and adolescents (finding a sense of purpose, preparing for adulthood, taking on apprenticeship, going through rituals that prepare for coming of age) are important considerations in addressing the well-being of young people. In many cases, Indigenous teenagers are already parents and yet have not themselves reached adulthood. Traditionally, young parents would live together with extended family in community, receiving support and mentorship which is not always available today. Mental health practitioners were taught about the notion of an extended, relational self and what it means to live with a more collective (than individualistically oriented) worldview and then to have that collectivity disrupted by colonialism. With this knowledge comes an invitation to restore collective processes rather than merely and inappropriately applying western individualistic practice and assumptions onto Indigenous people. For these reasons many practices derived from family therapy and community psychology, with an analysis of power, are offered as helpful ways of working, thereby going beyond mere one-on-one interventions where the system or family/social environment does not benefit from the potential positive change or improved relationships.

In a lesson called 'Colonization, Canada and Aboriginal Peoples,' the facilitators would share quotes, teachings and analyses from teachers, such as El_Hajj Malik El-Shabazz Malcolm X:

You've been tricked!
You've been had! Hoodwinked! Bamboozled!
Somebody sure pulled a fast one on you!
Somebody, somewhere tricked you into believing there were
certain things you could not do because of who you were someone
else told you that only certain people could do or be the very thing

you wanted to be and you were not one of those people. With a sleight of hand manipulation of facts, someone made you think you didn't have what it takes so they took it (cited in Vanzant, 1993, p. 57).

Participants were then asked to debrief what they were taught as children about Aboriginal people and history in Canada, as well as the history of the settlers. They were asked, "How did your ancestors come together with Indigenous Canadians?" To contextualize the extent of the violence, we shared the following quote:

Native American people have been subjected to one of the most systematic attempts at genocide in the world's history. At the beginning of the colonization process in North America there were over 10 million Native American people living on the continent. By the year 1900 there were only 250,000 people left (Thornton, 1986, cited in Duran & Duran, 1995, p.28).

Phil Lane (cited in Bopp, Bopp and Lane, 1985), Director of the Four Worlds International Institute in Southern Alberta, was cited stating:

When the full extent of abuse is finally revealed, we'll find the most extensive case of child sexual, physical, mental, and spiritual Abuse ever recorded in human history.

Learning about the extent and deliberateness of colonial violence can bring on an experience of spiritual pain for Canadians who were not aware of this history. Offering support in processing such content is an important part of such an educational and cross-cultural process.

The role of Indigenous women was discussed. Stories of resistance were shared, such as how many Indigenous women who engaged in activism to challenge sexism in their communities and in the *Indian Act*, including colonial laws that privileged men and took away the matrilineal property rights of women. These women included Bridget Tilley, Eva Saulis, Glenna Perley, Jeannette Corbiere Lavelle, Yvonne Bedard and many others. They launched protests, court challenges and took their case to the United Nations, which ruled eventually in their favour and prompted the creation of Bill C-31, returning status to women that had been denied through the *Indian Act's* discriminatory laws.

The Spiritual Pain Related to Colonialism

Participants sometimes needed support around the history of colonialism, white privilege and violence perpetuated by the colonial government in Canada. Some were learning about the extent of historical violence for the first time and were dealing with feelings of sadness, grief and shame. The fact that the training was five days long gave participants an opportunity to work through these feelings with support. They had the chance to speak with Elders and participate in ceremonies, such as a smudge or a sweat lodge. Each group was also asked to create a healing ritual to present and facilitate on the last day, which also provided an experience of movement, ritual and closure. The theme of the ritual was "Making Peace with the Past."

The facilitators, in their structuring of the day, tried to build in places for laughter and play in the curriculum. Laughter can be seen as a strategy for health and resistance, and is often considered in these ways in Indigenous communities. For example, Melanie Corbiere (cited in Anderson, 2007) remembers that it was her mother who taught her about the importance of humor and laughter. She says:

That's what brings you out of depression, is laughter, nothing else. No pills will do it ... The more you laugh, the longer your life will be. If you cry all the time, you shorten up your life, thereby depriving your children of yourself. (Anderson: 2007, p.152)

Kim Anderson documents that "Native women are always laughing and there is always laughter in Indian groups and organizations!" (2008, p.152). As facilitators, we tried to model a parallel process where some of the tools and methods modeled in the training were also teachings that practitioners could use in their counseling and supportive work with Indigenous children and youth. The Elders often brought humor and laughter into the training, sharing teachings that involved funny stories and paradoxical situations to highlight the complexity of particular life situations.

Contesting a Language of Effects

The facilitators spent some time in discussion with participants about the limitations and dangers of working from an over-generalized psychological or psychiatric perspective based on 'how people are affected or impacted by events.' Indigenous and response-based ideas speak of how individuals have agency, spirit, decision-making ability, pre-existing capacity, and knowledge of self preservation. People are not passive and always respond to adversity in some way (Coates & Wade, 2004, Richardson & Wade, 2008). This notion of passivity has been used against Indigenous people in a victim-blaming way; Indigenous people are often accused of not doing enough to help themselves, not being good parents and not looking after their children. The discourse of effects conceals the reality that people constantly resist mistreatment, and their responses demonstrate their knowledge, capacity, values and orientation towards respect. If we begin from the premise that people always resist mistreatment in some way, then it is impossible to impose many western, deficit-based theories because people are clearly not passive. For instance, many women and girls are blamed for the male violence against them because they were not seen as trying to stop or prevent it; this misrepresentation of events can only occur when we do not explore their resistance and the things they did in the moment to try to maximize their safety and dignity, within the limited room to move.

The facilitators structured a demonstration of a response-based interview as an example of how to structure safety into a conversation, elicit resistance knowledges and highlight client capacity, knowledge and pre-existing ability. Some practitioners appreciated a new way of exploring adverse situations with clients, through their acts of resistance, while others remained more embedded in models of psycho-pathology. In an époque of trauma-informed practice, with an intense focus on the brain of the victim, practitioners were invited to consider a social justice approach identifying violence and colonialism as problems in the social world, not merely in people's minds. This shift of focus from an intra-psycho to a social interactional approach (more aligned with systemic ideas of family therapy, social psychology, feminism, activism, and social justice work) relates to the ethics of working respectfully with Indigenous communities, supporting the social needs of the most vulnerable (girls, women, children, people with disabilities, Elders) and challenges notions of people and communities as 'broken.' Through this lens, individual actions commonly seen as 'symptoms' are more readily viewed as understandable responses in the context of particular situations. Many responses are actions which keep people alive during times of immense difficulty and suffering, such as a youth refusing to come home at night (and thus placing himself in other dangerous situations) if there is an abusive parent in the house. While psychology might label this behavior as pathologically avoidant or defiant, it tends to make sense when considered through a lens of safety and dignity.

Racism

The next component of curriculum involved analyzing racism. The facilitators explored the participants' knowledge and experience of racism in their own lives and offered theoretical models related to different types and contexts of racism. The group spent some time analyzing stereotypes and then brainstorming ways to contest racism and racialized violence. One group created the following list as an antidote to racism:

- Using academic and work opportunities to contest racism
- Learning about power, the role of governments and the law
- Deconstructing what is personal and what is institutional
- Understanding the structural relationships between government and business, and why racist attitudes remain
- Valuing the contributions of Aboriginal people
- Listening to people
- Building relationships based on humanness
- Promoting respect and change
- Recognizing successes
- Making recommendations for future reform
- Using appropriate language to describe events and interaction
- Using the court system to reaffirm constitutional law

In terms of working with children and youth who have experienced racism, various models for addressing racialized violence were presented. This included response-based interviewing, group meetings with students and educators, activities to structure safety and dignity into institutions, and strategies for inviting disenfranchised people 'into the circle.' The "Circle of Courage" work (Brendtro, Brokenleg & Bockern, 2002) was discussed as a way of supporting youth who have been harmed, alienated and excluded in order to create a sense of belonging, community and connectedness with others. This included working with youth gangs to foster a pro-social form of social participation and belonging. Strategies for reducing prejudice were discussed as well as the importance of developing an accurate analysis of racism and not reducing racialized violence to bullying, such as with the murder of Reena Virk by her peers in Victoria. It was noted that such therapeutic approaches need to take place within a larger social change project to restore histories of violence and exclusion. Canada has not yet engaged in meaningful public conversations that relate to decolonization and restoration. Australia's 'Sorry Day' is one example of a process and event where the sentiment of 'never again' can nurture a new social relationship between non-Indigenous and Indigenous Canadians.

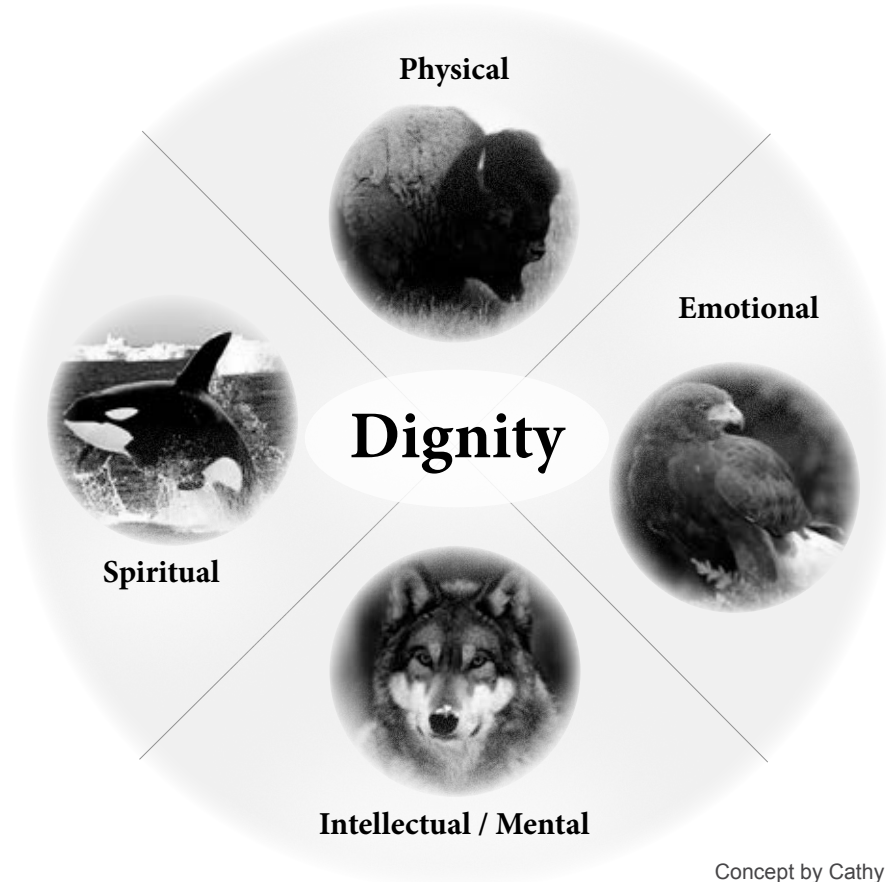
The medicine wheel of resistance framework was presented as a model for eliciting a person's responses and safety knowledges in the face of adversity, as a potential holistic tool and assessment of risk, safety and well-being (see image on the following page).

Working with Elders

Day Four was dedicated to the Elders, a day where the content and process was facilitated by local Elders and cultural teachers. This day often involved ceremony and an excursion into the

The Medicine Wheel of Responses

How did you respond? What did you do?



Concept by Cathy Richardson

local community. The final day of training was dedicated to each group facilitating a ceremony, ritual or presentation that illustrated the synthesized learning of the week. The presentations were always unique and integrated the particular talents, abilities and spiritual practices of the practitioners. They involved a 'giving back' of sorts or offering to the Elders as a demonstration of a way to move ahead in a good way, making peace with the past and visualizing an end to colonial relations by some act, gesture or commitment. These ceremonies offered a holistic way to demonstrate what each group would be taking away from the training and how their approach to Indigenous child and youth mental health would be different because of their participation.

Concrete Applicability

As discussed in previous sections, many of the activities, ideas and ways of working in the training were meant to build skills and knowledges that practitioners can use with Indigenous youth and children. Yet once the training was over, its applicability depended on what the practitioners took from the sessions and used in their work. Through four training sessions

approximately 100 individuals, approximately 65% of the health practitioners in one particular region, attended the trainings. The feedback received from these health practitioners suggest that the trainings allowed for a significant shift in mental health practice with Indigenous children and youth in the region.

In their feedback, participants discussed how the trainings increased their knowledges and skills in various ways. For some, the training provided an introduction to the experiences and cultures of Indigenous groups in the Fraser region as well as an introduction to colonialism and Indigenous-settler relations. One participant noted how the training, “presented invaluable research findings regarding residential schools, adoption practices (past and present) by Canadian government of Aboriginal children and some of the effects this has had on individuals, families, and culture.” Another person said, the “training really expanded my understanding of the impact colonization has had on the lives of our First Nations people.” This learning then informed clinical practice. A practitioner said, “Through the training, my sensitivity and awareness of the many strengths and challenges of the First Nations people has increased considerably.”

While learning about colonialism, mental health practitioners also learned about their own assumptions and beliefs regarding Aboriginal-settler relations. One participant said, “my staff who took the training report that since the training, some of their beliefs and assumptions have been challenged and their sensitivity to issues within the First Nations communities have greatly increased.” Yet while the training worked to exposed the injustice of colonialism and challenged many participants’ worldviews, the participants largely said they felt supported during the process. As one participant noted, “this training fed my body, mind, and spirit.”

Many participants saw how debunking racist stereotypes and myths that inform mainstream clinical practice helped practitioners to not reproduce racism in their work with Indigenous people. Mental health practitioners tended to see the training as reinforcing importance of practicing mindfully in their work so as to not replicate dominance in their practice. A few mental health practitioners discussed their desire to challenge colonialism and western dominance in the clinical practice. One noted her desire to “help chip away at the racism inherent to western/ dominant ideology and clinical practice.”

The training encouraged participants to develop relationships with local Indigenous communities, leaders and mental health practitioners. By building these relationships with local Indigenous communities, practitioners were able to access resources and knowledges that helped provide alternatives to mainstream western clinical intervention. One mental health practitioner “offered to provide workshops with and for Aboriginal community members and continue to have dialogue regarding co-facilitating groups with Aboriginal Outreach workers.” Another participant “offered my Langley CYMH office for use by an Aboriginal Outreach Worker every second Thursday” to “build relationship between individuals, and provide access to information, consultation and resources within the office.”

A few participants expressed frustration at working across the profound differences between the mainstream clinical practices common in government offices and the holistic practices promoted by the training. One participant noted the discouragement she felt when she heard racist remarks at work or had supervisors ignore issues of cultural sensitivity. As another participant said, it is “challenging to try to work in a culturally sensitive manner if ideas and certain practices that are outside mainstream and do not fit neatly within the Ministry ideals of clinical intervention.”

Finally, the training developed some participants' appreciation for cross-cultural practice; "the training creates an excitement about learning about different cultures, as diversity makes for a far more unique, rich and beautiful society and community in so many ways."

In another region, a team leader said that the trainings were: 1) helpful for providing an introductory "view in" to some of the important things to be aware of when working across difference with Indigenous folks, and 2) supportive of my caution and sensitivity about the importance of not replicating dominance and colonization, and so would always approach this work really cautiously. This participant said he appreciates working as part of a cross-cultural team and receiving cultural input and analysis from Indigenous counsellors. Much of this therapeutic and supportive work with Aboriginal children and youth requires cross-cultural collaboration as well as relationships with Indigenous families and communities. It is, in many ways, a cross-cultural healing project.

In conclusion, we have revisited our experiences many times since our days on the road with this training. Each session was truly a gift to us as facilitators as we were privileged to meet Elders, participants, local community resource people, as well as the various managers who were responsible to encourage their staff to fully participate and attend our sessions. We believe that this was one of the key factors in the success of these sessions. By modeling a genuine 'presence', the Aboriginal child and youth mental health team leaders and management demonstrated their commitment to the purpose and offering of our training. We have vivid memories of managers sitting in a sweat lodge with us and being humbled by the experience and the teachings of the Elders. This experience was undoubtedly more poignant than any of the handouts or discussions. The power of spiritual connection is deeper than one can explain; however, for us it was important to entrench these teachings and experiences for an audience who were working with Aboriginal children and youth, our families. We hope their memories of this time are equally positive and that those teaching continue to guide their practice and ways of being as Aboriginal Child and Youth Mental practitioners. All our relations!

References

- Alberta Mental Health Board. (2005). *Aboriginal resources: A learning resource*. Edmonton, AB: Government of Alberta.
- Amnesty International Canada. (2004). *Stolen Sisters: A Human Rights Response to Discrimination and Violence Against Indigenous Women in Canada*. Retrieved November 2012 from <http://www.amnesty.org/en/library/info/AMR20/001/2004>
- Alberta Mental Health Board (2005). *Aboriginal mental health framework*. Edmonton.
- Anderson, Kim. (2007). *A Recognition of Being: Reconstructing Native Womanhood*. Toronto ON: Sumach Press.
- Andrews, B., & Brewin, C. (1990). Attributions of Blame for Marital Violence: A Study of Antecedents and Consequences. *Journal of Marriage and the Family*, 52, 757-767.
- Andrews, B., Brewin, C., and Rose, S. (2003). Gender, Social Support and PTSD in Victims of Violent Crime. *Journal of Traumatic Stress*, 16(4), 421-427.
- Ali, S., Burns, C., & Grant, L. (2012). Equality and diversity in the health service: An evidence-led culture change. *Journal of Psychological Issues in Organizational Culture*, 3(1), 41-60.

- Assembly of First Nations, Inuit Tapirisat of Canada, First Nations and Inuit Health Branch, Health Canada. (2001). *Comprehensive culturally appropriate mental wellness framework: First Nations and Inuit healing and wellness discussion document*. Ottawa, ONT: Assembly of First Nations.
- Blackstock, C., Cross, T., George, J., Brown, I., Formsma, J. (2006). *Reconciliation in child welfare: Touchstones of hope for Indigenous children, youth and families*. Published Conference Paper. First Nations Caring Society of Canada with National Indian Child Welfare Association. Ontario.
- Bopp, J. Bopp, M & Lane, P. (1985). *The sacred tree: Reflections on a Native spirituality*. Four Worlds Press.
- Brant. C. (1990). Native ethics and rules of behavior. *Canadian Journal of Psychiatry*, 35, 534-539.
- Brendtro, L., Brokenleg, M., & Van Bockern, S. (2002). *Reclaiming youth at risk: Our hope for the future* (2nd ed.). Bloomington, IN: National Education Service.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Cajete, G. (Ed.) (1999). *A people's ecology: Explorations in sustainable living*. Santa Fe: Clear Light Publishers.
- Cajete, G. & Little Bear, L. (2000). *Native science: Natural laws of interdependence*. Santa Fe: Clear Light Publishers.
- Cameron, H. (2002). *Keeping the focus positive in family counselling*. School of Social Work & Policy, University of South Australia.
- Canadian Geographic Atlas Online*. (2005). Retrieved August 12, 2005 from www.canadiangeographic.ca
- Canadian Institute for Health Information. (2004). *Aboriginal Peoples' Health*. In *Improving the Health of Canadians* (pp. 73-104). Ottawa, ONT: Canadian Population Health Initiative.
- Carriere, J. (2005a). *Connectedness and health of First Nations adoptees*. Unpublished Dissertation. Edmonton: University of Alberta.
- Carriere, J. (2005b). Connectedness and health for First Nation adoptees. In *Paediatrics And Child Health*, 10 (9), 545-548.
- Carriere, J. (2006). Promising practices for maintaining identities in First Nation adoption. In *First Peoples Child and Family Review*, 3(1), 46-64.
- Carriere, J. (2008). Maintaining Identities: The Soul Work of Adoption and Aboriginal Children. In *Pimatisiwin, A Journal of Indigenous and Aboriginal Community Health*. Spring, 6(1).
- Carriere, J. (2011). *You should know that I trust you: Cultural planning, Aboriginal children and adoption, Phase 3*. BC Ministry of Children and Family Development.
- Carriere, J., & Richardson, C. (2009). From longing to belonging: An Indigenous critique of applying attachment theory to work with Indigenous families. In S. McKay, D. Fuchs, & I. Brown (Eds.), *Passion for action in child and family services* (pp. 49-67). Regina, SK: Canadian Plains Press.
- Castellano, M.B. (2004). Ethics of Aboriginal research. *Journal of Aboriginal Health*, January, 98-114.
- Chaimowitz, G. (2000). Aboriginal Health – Moving Forward. *Canadian Journal of Psychiatry*, 45(7), 605-606.
- Chandler, M. & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*, 35(2), 59-65.
- Chandrakant, P.S. (2004). The health of Aboriginal peoples. In D. Raphael (Ed.), *Social Determinants of Health Canadian Perspectives*. Toronto: Canadian Scholars Press.
- Daily, B. & Martens, T. & Hodson, M. (1988). *The spirit weeps: Characteristics and dynamics of incest and sexual abuse*. Ottawa, Ontario: Aboriginal Peoples Collection.
- DeJong, P. & Berg, I.K. (2002). *Interviewing for solutions* (2nd Edition). Brookes/Cole, Pacific Grove, California.

- Duran, E. and Duran, B. (1995). *Native American post colonial psychology*. Albany, NY: State University of New York.
- Emberley, J. (2001). The Bourgeois family, Aboriginal women and colonial governance in Canada: A study in feminist historical and cultural materialism. *Women in Culture and Society*, 27(1), 59-85.
- Ferry, J. (2000). No easy answer to high Native suicide rates. *Psychology and Behavioral Sciences Collection*, 355(9207), 906.
- Francis, D. & Smith, D. (Eds.) (1994). *Readings In Canadian history Pre-Confederation* (4th Ed). Toronto: Harcourt Brace & Company Canada Ltd.
- Fuller, R. (2003). *Somebodies and nobodies: Overcoming the abuse of rank*. Gabriola Island, Canada: New Society Publishers.
- Goffman, E. (1963). *Stigma: Notes on the management of a spoiled identity*. New York: Simon and Shuster.
- Green, J., Kovach, M., Montgomery, H., Thomas R., and Brown, L. (2007). Witnessing Wild Women: Resistance and resilience in Aboriginal child welfare. In Foster, L. and Wharf, B. (Eds.), *People, Politics, and Child Welfare in B.C.* (pp. 97-116). Vancouver: UBC Press.
- Grim, J. (2001). *Indigenous traditions and ecology: The interbeing of cosmology and community*. Cambridge, USA: Center for the Study of World Religions.
- Haig-Brown, C. (1988). *Resistance and renewal. Surviving the Indian residential school*. Vancouver: Tillacum Library.
- Haviland, M.G., Horswill, R.K., O'Connell, J.J., & Dynneson, V.V. (1983). Native American college student's preference for counselor race and sex and likelihood of their use of a counseling center. *Journal of Counselling Psychology*, 30, 267- 270.
- Heinrich, R.K., Corbine, J.L., and Thomas, K.R. (1990). Counselling Native Americans. *Journal of Counselling and Development*, 69, 128-133.
- Henry, F. Tator, C., Matis, W. and Rees, T. (1995). *The Colour of Democracy: Systemic Racism in Canada*. Toronto: Harcourt Brace & Company Canada.
- Hill, L. & Scott, R. (2001). *Connecting kids - Exploring diversity together*. Gabriola Island, British Columbia, Canada: New Society Publishers
- King, T. (2003). *The Truth About Stories: A Native Narrative*. Toronto, ON: Anasasi Press.
- Kirmayer, L.J., Boothroyd, L. & Hodgins. (1998). Attempted suicide among Inuit youth: Psychosocial correlates and implications for prevention. *Canadian Journal of Psychiatry*, 43, 816-822.
- Kirmayer, L.J. and Minas, H. (2000). The future of cultural psychiatry: An international perspective. *Canadian Journal of Psychiatry*, 45(5), 438-446.
- Kirmayer, L.J, Brass, G, Tait, C. (2000). The mental health of Aboriginal peoples: Transformations of identity and community. *Canadian Psychiatry*, 45, 607-615.
- Kirmayer, L.J., Boothroyd, L., Adelson, N., Robinson, E. (2000). Psychological distress among the Cree of James Bay. *Transcultural Psychiatry*, 37, 35-56.
- Kirmayer, L., Simpson, C. & Cargo, M. (2003). Healing traditions: Culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry*, 11, 15-23.
- Kovach, M. (2005). Emerging from the margins: Indigenous methodologies. In S. Strega and L. Brown (Eds.), *Research as resistance: Critical, Indigenous and Anti-oppressive approaches*, (pp. 19-36). Toronto: Canadian Scholars Press.
- Kovach, M. (2010). *Indigenous methodologies: Characteristics, conversations and contexts*. University of Toronto Press.
- Kral, M. (2003). *Unikkaartuit: Meanings of well-being, sadness, suicide, and change in two Inuit communities*. Final Report To The National Health Research and Development Programs.

- LaFramboise, T. (1981). American Indian perceptions of trustworthiness in the counselling interview. *Journal of Counselling Psychology*, 28(2), 135-139.
- Lamouche, J. (2002). *Environmental scan of Métis health information, initiatives and programs. A report prepared for the National Aboriginal Health Organization*. Ottawa, ONT. Retrieved October 15, 2004 from http://www.naho.ca/english.research_papers.php.
- Lowenborg, C. (2001). Inspiration across cultures: Reflecting teams among the Métis of Canada. *Australia and New Zealand Journal of Family Therapy*, (22), 25-27.
- Maracle, L. (1993). An infinite number of pathways to the center of the circle. In Janice Williamson (Ed.), *Conversation with Seventeen Women Writers*, (pp. 166-178). Toronto, ON: University of Toronto Press.
- Mandela, N. (1993). *Long walk to freedom*. London: Little, Brown & Co.
- Martin Hill, D. (2003). *Traditional medicine in contemporary contexts: Protecting and respecting indigenous knowledge and medicine*. A report prepared for the National Aboriginal Health Organization. Ottawa, ONT. Retrieved October 15, 2004 from http://www.naho.ca/english.research_papers.php.
- Mays, V. M., & Albee, G. W. (1992). Psychotherapy and ethnic minorities. In D.K. Freedheim (Ed.), *History of Psychotherapy*, (pp. 552-570). Washington, D.C: American Psychological Association.
- McCormick, R. (2001). *Creating capacity and skill for therapeutic safety in healing programs project. The Association of B.C. First Nations Treatment Programs and the Nechi Training Research and Health Promotions Institute Joint Project Team and Advisory*.
- McRoy, R. G. and Grape, H. (1999). Skin color In Transracial and in racial adoptive placements: Implications for special needs adoptions. *Child Welfare*, 78(5), 673-692.
- Morris, E. (2001). Clinical practice with African Americans: Juxtaposition of standard clinical practices and Africentrism. *Professional Psychology: Research and Practice*, 32(6), 563-572.
- Monture-Agnus, P. (1995) *Organizing against oppression: Thunder in my soul*. Halifax: Fernwood Press.
- Mountain Dreamer, O. (1999). *The invitation*. San Francisco, USA: HarperCollins.
- National Film Board. (1984). *Richard Cardinal: Cry from a diary of a Métis child*. Ottawa, Ontario: National Film Board.
- Nechi Training, Research and Health Promotions Institute. (2002). *Healing together our sacred journey*. Edmonton: Nechi Publications.
- Nickerson, K., Helms, J. & Terrell, F. (1994). Cultural mistrust, opinions about mental illness, and black students attitudes toward seeking help from white counselors. *Journal of Counselling Psychology*, 41, 378-385.
- Maracle, S & Craig, B. (1993). *A strategy for Aboriginal family healing*. Ottawa: Ontario.
- Nsemenang, A.B. & Dawes, A. (1998). Developmental psychology as political psychology in sub-Saharan Africa: The challenge of Africanisation. *Applied Psychology: An International Review*, 47, 73-87.
- Palmer, S. & Cooke, W. (1996). Understanding and countering racism with First Nations children in out-of-home care. *Child Welfare*, 75(6), 709-725.
- Patterson, C.H. (1996). Multicultural counseling: From diversity to universality. *Journal of Counseling & Development*, 74(3), 227-231.
- Peavy, V. (1994). *Aboriginal Support Workers' Handbook: A Research Summary Report*. Department of Psychological Foundations, University of Victoria.
- Razack, S. (1994) What is to be gained by looking White people in the eye?: Culture, race, and gender in cases of sexual violence. *Journal of Women in Culture and Society*, 19(4), 894-923.

- Richardson, C. (2012). Witnessing Life Transitions with Ritual and Ceremony in Family Therapy: Three Examples from a Métis Therapist. *Journal of Systemic Therapies*, 31(3), 68-78.
- Richardson, C. (2009). Islands of Safety and the Social Geography of Human Dignity: A Child and Mother Safety Planning Initiative for Cases of Paternal Violence in Child Welfare. *Federation of Community Social Services of BC, Research to Practice Network*, 1-12.
- Richardson, Catherine. (2008a). Métis experiences of social work practice. In S. Strega & J. Carriere (Eds.), *Walking this path together: Anti-racist and anti-oppressive child welfare practice* (pp. 110-126). Winnipeg, MB: Fernwood.
- Richardson, C. (2008b). A word is worth a thousand pictures: Working with Aboriginal women who have experienced violence. In Lynda R. Ross (Ed.), *Feminist counselling: Theories, issues and practice*. Toronto: Women's Press.
- Richardson, C. (2006). Métis identity creation and tactical responses to oppression. *Variegations* (2): 56-71.
- Richardson, C. (2005a). Cultural stories and the creation of the self. *Relational Child and Youth Care Practice*, 18(1), 55-63.
- Richardson, C. (2005b). Steps to dignity and decolonization: Family group conferencing in Aboriginal communities. *Restorative Directions*, 2(1).
- Richardson, C. (2004). *Becoming Métis: The relationship between the sense of Métis self and cultural stories*. Unpublished Dissertation. Victoria: University of Victoria.
- Richardson, C. (2003). Stories that map the way home. *Cultural Reflections*, 5, 21-27.
- Richardson, C. (2002). Embodying the oppressor and oppressed: My perspective as a Métis woman. *The International Journal of Narrative Therapy and Community Work: The Question of Forgiveness*, 1, 83-84.
- Richardson, C. (1999). To all mothers who have lost children – To all children who have lost mothers. In Dulwich Centre Publications (Eds.), *Working with the stories of women's lives*, pp. 167-177. Adelaide, AUS: Dulwich
- Richardson, C. & Cohen-Blanchet, N. (2000). Adult Aboriginal education in Canada. *The Canadian Journal of Native Education*, (24) 2, 169-184.
- Richardson, C., & Nelson, B. (2007). A Change of residence: Government schools and foster homes as sites of forced Aboriginal assimilation. *First Peoples Child and Family Review*, 3(2), 75-83.
- Richardson, C. & Wade, A. (2008). Taking Resistance Seriously: A Response-Based Approach to Social Work in Cases of Violence Against Indigenous Women. In Susan Strega and Jeannine Carriere (eds.), *Walking This Path Together: Anti-Racist and Anti-Oppressive Child Welfare Practice*, (pp. 204-220). Winnipeg MB: Fernwood.
- Richardson, C. & Wade, A. (2010). Islands of Safety: Restoring Dignity in Violence Prevention Work with Indigenous Families. *First Peoples Child and Family Review* 5(1), 137-145.
- Restoule, B. (1997). Providing services to Aboriginal clients. *Guidance and Counselling*, 12(2), 13-17.
- Smith, L. (1999). *Decolonizing methodologies: Research and Indigenous peoples*. New York: Zed Books.
- Statistics Canada. (2001). *Aboriginal peoples of Canada: A demographic profile*. Statistics Canada Catalogue no. 96F0030XIE2001007. Retrieved January 21, 2003 from <http://www12.statcan.gc.ca/english/census01/products/analytic/companion/abor/pdf/96F0030XIE2001007.pdf>.
- Stevenson, H. C., & Renard, G. (1993). Trusting ole wise ones: Therapeutic use of cultural strengths in African American families. *Professional Psychology*, 24, 433- 442.
- Sue, D.W. & Sue, D. (1990). *Counselling the culturally different: Theory and practice*. New York: Wiley.
- Tapping, C. (1993). Other wisdom other worlds colonization & family therapy. *Dulwich Center Newsletter*, 1, 3-37. Adelaide, Australia.
- Todd, N. & Wade, A. (1994, Fall). Deficiency, domination and psychotherapy. *The Calgary Participator*, 37, 46.
- Timpson, J. (1995) Four decades of literature on Native Canadian child welfare: Changing Themes. *Child and Welfare*, 74(3).

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- Vanzant, I. (1993). *Acts of faith: Daily meditations for people of color*. New York: Simon & Shuster.
- Veroff, J.B. & Goldberger, N.R. (Eds.), (1995). *What's in a name? The case for intercultural psychology*. New York University Press, New York, NY.
- Wade, A. (1995). Resistance Knowledges: Therapy with Aboriginal Persons who have Experienced Violence. In P.H. Stephenson, S.J. Elliott, L.T. Foster, and J. Harris (eds.), *A Persistent Spirit: Towards Understanding Aboriginal Health in British Columbia* (Vol. 31, 167-202). Victoria, BC: Department of Geography, University of Victoria.
- Waldegrave, C. (1990). Social justice and family therapy. *Dulwich Center Newsletter*, 1, 1-11. Adelaide, Australia.

Appendix One - The Medicine Wheel of Responses

Based on the understanding that humans are sentient beings who respond to events, including the diverse forms of oppression, rather than merely being affected by them. Humans make choices, on a number of levels of their being, that:



These responses constitute knowledge of *how to be well*, affirm *pre-existing ability* and indicate Métis resistance knowledge (Wade, 2000; Watzlawick, Beaven Bavelas & Jackson, 1967).