BECOMING AN ALLY: INTERSECTIONS OF INDIGENOUS WORLDVIEWS AND CLINICAL SOCIAL WORK PRACTICE WITHIN CARRIER SEKANI FAMILY SERVICES

by

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Abstract

Colonization – both historical and contemporary – has resulted in poor overall health status and other negative impacts for Indigenous people in Canada. To avoid further assimilation and colonization, non-Indigenous practitioners must become effective allies with Indigenous individuals and communities and work collaboratively to develop service approaches that are more culturally focused. My practicum with Carrier Sekani Family Services provided me with numerous opportunities such as observing and facilitating individual and group counselling sessions and participating in Carrier cultural and spiritual activities. My two main learning goals were to become an effective ally within Indigenous communities and learn to integrate traditional Indigenous healing approaches and Western clinical interventions into my own professional practice. This report discusses my practicum experiences and expresses how I will incorporate my learning into my future practice. My report also addresses complex issues such as appropriate boundaries, regular self-care, and vicarious trauma followed by recommendations for the social work field.

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supporting me endlessly as I followed my passions, I truly could not have made it without you. Thank you for your positivity, patience, guidance, and humour throughout this journey. Much love to you all.

Table of Contents

CHAPTER 1: INTRODUCTION

My practicum placement with Carrier Sekani Family Services (CSFS) consisted of two components: the Addictions Recovery Program at Ormond Lake Cultural Camp and Saik'uz Park and the Health and Wellness Program, in which I worked in Prince George, Fraser Lake, Vanderhoof, Saik'uz, Nadleh, Stellaquo, and Takla. During my three months I had numerous experiences such as observing and facilitating individual and group counselling sessions and participating in cultural and spiritual activities. My overall learning objectives were to become an effective ally within Indigenous communities and learn to integrate traditional Indigenous healing approaches and Western clinical interventions into my professional practice. I used anti-oppressive, anti-colonial/post-colonial, and strengths-based theoretical orientations to inform my practical learning experience.

In order to begin to understand the current struggles of Indigenous peoples, there must first be recognition of the unjust historical – and contemporary – treatment of Indigenous peoples beginning at first-contact with European settlers (Baskin, 2016). There have been numerous instances of systemic violence against Indigenous nations, cultures, and peoples including but not limited to: the Indian Act, the residential school system, the 60s scoop, and Indian hospitals (Baskin, 2016). The profession of social work and its agents have also acted as an extension of colonization through their role in apprehending children to take them to residential schools and later when the schools closed, removing children from their families and placing them in foster care (Baskin & Sinclair, 2015; Sinclair, 2004). Furthermore, involvement of the child welfare system in the lives of Indigenous children and families is still highly prevalent today, which has subsequently resulted in many Indigenous peoples' mistrust and resentment towards social workers (Sinclair, 2007; Baskin & Sinclair, 2015).

Colonization has negatively impacted and continues to impact Indigenous teachings and ways of life (Lavalee & Poole, 2010). Several generations of the survivors of both the residential school system and child welfare system continue to have poor overall health status and other significant negative impacts (Baskin, 2016). In an attempt to address the challenge of cultural diversity in health services and to provide a framework to effectively work with Indigenous service consumers, a number of models have been developed including cultural competency, cultural safety, and cultural humility (Fisher-Borne, Cain, & Martin, 2015; Kirmayer, 2012). In order to avoid further assimilation and colonization, non-Indigenous practitioners must work towards becoming effective allies with Indigenous peoples and communities (Baskin, 2016). To do so successfully allies must: acknowledge their privilege, build strong relationships, practice cultural humility, begin to understand Indigenous worldviews, engage in action, and truly work to understand the role of an ally (Baskin, 2016; Bishop, 2015; Sinclair, 2016).

Two-Eyed Seeing is a method of integrating Indigenous and Western knowledge systems in order to create effective services for Indigenous service consumers (Dobson & Brazzoni, 2016; Rowan et al., 2015). This approach provides a framework for developing collaborative relationships, where both worldviews are acknowledged as beneficial and can be used together in the healing process (Marsh, Cote-Meek, Toulouse, Najavits, & Young, 2015). Practitioners working with Indigenous communities must collaborate with Indigenous peoples to develop service delivery approaches that are more culturally focused rather than based on Western values (Baskin, 2016). Together, traditional Indigenous approaches and Western clinical approaches can create quality services for Indigenous individuals and communities.

Organization of Proposal

The purpose of this proposal is to guide my practicum experience with Carrier Sekani Family Services. My proposal has been organized into six chapters. Chapter One provides an introduction to my topic and outlines key terms. Chapter Two includes my personal positioning including my social location, personal and professional experience, and theoretical orientations in relation to my area of interest and practicum setting. Chapter Three contains an overview of literature pertaining to my practicum placement and Chapter Four includes a synopsis of the CSFS' organizational structure. Chapter Five outlines my overall learning goals and the sub-goals that guided my practice within the agency. Chapter Six provides a summary of my practicum experiences with regards to my roles and tasks within Carrier Sekani Family Services and my overall learning experiences. Chapter Seven discusses the implications of my learning for my personal professional practice and Chapter Eight provides a conclusion of my overall learning experience.

Key Terms

Ally – "someone who works for social justice from a position of power or membership within the dominant group"; non-Indigenous person working alongside Indigenous peoples (Baskin, 2016, p. 375).

Addiction – "physiological and psychological dependence on a behaviour or substance" (Barker, 2013, p. 6).

Carrier and Sekani – group of First Nations peoples residing in Northern British Columbia consisting of the following 11 Bands: Burns Lake Band, Cheslatta Carrier Nation, Lake Babine Nation, Nadleh Whut'en, Nee Tahi Buhn Band, Saik'uz First Nation, Skin Tyee Band, Stellat'en

First Nation, Talka Lake First Nation, Wet'suwe'ten First Nation, and Yekooche First Nation (Carrier Sekani Family Services, 2017).

Clinical social work – "the professional application of social work theory and methods for the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders; most professionals social workers agree that clinical social work practice includes emphasis on the person-in-environment perspective" (Barker, 2013, p. 74).

Indigenous peoples – "original inhabitants of what the Haudenosaunee Nations call 'Turtle Island,' or what is referred to as North America" (Baskin & Sinclair, 2015, p. 2).

Mental health – "the relative state of emotional well-being, freedom from incapacitating conflicts, and the consistent ability to make and carry out rational decisions and cope with environmental stresses and internal pressures" (Barker, 2013, p. 266).

Service consumer – individual utilizing social work services; the word 'consumer' signifies a relationship in which services are viewed as a product for the consumer, managed by a case/care manager, with the intent to increase power of the consumer (McLaughlin, 2009).

Settler – Canadian, non-Indigenous individuals "who [have] made Indigenous land their home and source of capital…by destroy[ing] and disappear[ing] the Indigenous peoples that live there" (Tuck & Yang, 2012, p. 5-6).

Settler-colonialism - "the processes by which the beliefs, values, and practices of the colonizing group are imposed on Indigenous peoples of this land" (Hart, Straka, & Rowe, 2017, p. 333).

Substance abuse – "a maladaptive pattern of using certain drugs, alcohol, medications, and toxins despite their adverse consequences" (Barker, 2013, p. 416).

CHAPTER 2: PERSONAL POSITIONING

The purpose of this section is to engage in reflexive practice and to examine the ways in which my personal and professional experience influences my practice. Throughout this chapter, I will outline my personal position and theoretical orientations in relation to my practicum setting.

Social Location

I am a 25-year-old, middle-class, heterosexual, able-bodied, female, of mixed European descent. I was born and raised on the territory of the Lhtako Dene, in the community of Quesnel, British Columbia. I lived my whole life in this beautiful, small community until moving to the Lheidli T'enneh territory, to the city of Prince George, in order to pursue my post-secondary education. I have called Prince George my home for the last seven years.

Personal and Professional Experience

In 2015 I graduated with a Bachelor of Science in Psychology from the University of Northern British Columbia. During my time in the psychology program, I gained a fundamental understanding of human behaviour and mental processes, and acquired a particular interest for the area of mental health and addictions. I have always found human behaviour and the brain fascinating, which has motivated me to further explore the ways in which human experiences shape understanding and their interactions with the world. After graduating with a degree in psychology, I aimed to gain professional experience through employment in the human services field.

Most of my practical experience in the human services field has been in the shelter sector and in addiction services. Over the last few years, I have had the opportunity to work for two shelters including: Seasons House Nawhuzut Koo, a mixed-gender, minimal barrier, homeless shelter that operates from a harm reduction model in Quesnel and Phoenix Transition Society, a women's transition home that functions from an abstinence model based in Prince George. Through these experiences, I noticed that a high proportion of the individuals who accessed these agencies presented with comorbidities. Additionally, a disproportionate number of service consumers self-identified as Indigenous. Mental health and addictions issues are certainly not limited to this population but are widespread among individuals from all walks of life. However, it is important to recognize the large number of Indigenous peoples that are affected by these issues and to understand the impacts of colonization that have resulted in this inequity.

I have also had the opportunity to work within the Adult Addictions Day Treatment Program (AADP) in Prince George. The Adult Addictions Day Treatment Program is an eight-week day program for individuals struggling with substance abuse and provides participants with psycho-education and group counselling. While the AADP includes useful content and provides service consumers with a supportive environment, the program has been developed and is largely delivered from a dominant culture, medical model perspective. In this program there is little acknowledgement of the impact of trauma on individuals struggling with addictions issues. Furthermore, the impacts of colonization are not mentioned during the program, which can further perpetuate colonial agendas and racism within service delivery. Thus, throughout this professional experience, I became curious about how the AADP, and other mainstream services, could incorporate Indigenous ways of knowing and healing in order to better support Indigenous service consumers.

Thus far in my personal and professional experiences, I have had fairly limited exposure to Indigenous culture. Most of my knowledge, both academic and practical, has come from a Western, dominant culture perspective. I have also found that most agencies I have worked within seemed to be somewhat lacking in both cultural competency and cultural safety practices. As a social worker, I will engage with service consumers of all cultural backgrounds throughout my career. More specifically, I hope to work with Indigenous peoples and communities. Therefore, I believe it is paramount to be familiar with the various traditions, beliefs, and practices of the Indigenous peoples in the Carrier region in order to provide culturally safe services. Becoming an effective ally is a critical goal of my personal and professional development. Overall, my practicum with Carrier Sekani Family Services provided me with an excellent opportunity to work within an Indigenous framework and develop the skills and knowledge to begin to work as an effective ally practitioner.

Theoretical Orientations

Anti-Oppressive Theory & Structural Social Work Practice

An anti-oppressive social work framework argues that society today is characterized by numerous social divisions such as class, race, gender, age, and ability, all of which "personify and produce inequality, discrimination, and marginalization" (Baskin, 2016, p. 76). According to Mullaly (2010), oppression, rather than individual issues or social disorganization, is the major cause and explanation for social problems. Anti-oppressive theory focuses on the analysis of structurally oppressive power relations which underpin issues faced by service consumers (Sakamoto, 2007). Therefore, the purpose of anti-oppressive social work practice is to address these problems in a meaningful way (Mullaly, 2010). An anti-oppressive practice:

> requires an understanding of the nature of oppression, its dynamics, the social and political functions it carries out in the interests of the dominant groups, its effects on oppressed persons, and the ways that oppressed people cope with and/or resist their oppression (Mullaly, 2002, as cited in Baskin, 2016, p. 76).

Similarly, structural social work theory focuses on the structures in society that create barriers for specific populations based on oppressions such as racism, sexism, and capitalism (Baskin, 2016). Instead of blaming individuals or groups of people for the conditions they live with, structural social work is concerned with the structures that create barriers to access resources and social services (Baskin, 2016). Similar to an anti-oppressive framework, Baskin (2016) explains that structural social work emphasizes consciousness-raising, advocates for service consumers, considers historical impacts, and recognizes internalized oppression. This emphasis is necessary in order to determine "the roots of the oppression of Indigenous peoples and begin to dismantle the institutions that continue to perpetuate the ongoing effects of colonization (Baskin, 2016, p. 77).

However, although both anti-oppressive and structural social work include a historical analysis in order to understand the lasting impacts of colonization on Indigenous peoples, Baskin (2016) argues that they fail to discuss worldviews that may include values to guide approaches to helping. From an Indigenous perspective, this is problematic because most social work scholars emphasize the importance of worldviews when doing community social work (Baskin, 2016). Baskin (2016) states that from an Indigenous perspective, anti-oppressive and structural social work approaches are not much different from other conventional theories, which are also grounded in Western worldviews.

According to Sakamoto (2007), a cultural competence model that is grounded in anti-oppressive practice "has the potential to challenge the underlying assumption that social workers in North America have historically operated from a position of Whiteness" (p. 109). That is, the North American social work knowledge base is created as "Eurocentric, Anglo-centric, or Western-centric with White, middle class social workers assumed to be the standard" (Sakamoto, 2007, p. 110). Therefore, Sakamoto (2007) further argues that current social work knowledge has been founded on exclusion, which has not historically been viewed as problematic. One way to challenge the Whiteness that has historically existed and still persists within social work is to acknowledge and integrate Indigenous knowledge and ways of knowing into our professional practice (Sakamoto, 2007). Throughout my practicum, I had the valuable opportunity to gain a better understanding of Indigenous worldviews through conversations, observations, and participation in cultural and spiritual activities. My experiences have demonstrated the value of Indigenous approaches, which must be acknowledged in social work practice.

Anti-Colonial/Post-Colonial Theory

Post-colonial, or anti-colonial theory, developed out of critical literature from countries that have been colonized (Baskin, 2016). Post-colonial discourse is "the discourse of the colonized, which begins with colonization and does not stop when [and if] the colonizers go home" (Ashcroft, 2001 as cited in Baskin, 2016, p. 82). A post-colonial approach includes the worldviews of Indigenous people that have been and continue to be affected by colonization (Tamburro, 2013). In this context, the term post-colonial does not describe a period of time following colonization as the process continues today (Tamburro, 2013). Rather, the hyphen in post-colonial writing is "a marker, which separates post-colonial and postmodern. Post-colonial theory provides a theoretical home for the discourses and ideas of people who have and continue

to be effected by colonization" (Ashcroft, 2001, as cited in Tamburro, 2013, p. 5). Thus, the post-colonial conversation aims to examine Eurocentric Western thinking and colonization from the lens of colonized peoples (Baskin, 2016).

Sefa Dei and Ascharzadeh (2001) state that an anti-colonial discursive framework recognizes the role of societal and institutional structures in producing and reproducing inequalities. According to anti-colonial theory, institutional structures serve material, political, and ideological interests of the state and both economic and social formation (Sefa Dei & Ascharzadeh, 2001). Sefa Dei and Ascharzadeh (2001) state that an anti-colonial discursive framework emphasizes the prominence of colonialism and its continuing impacts on colonized peoples and communities. Further, anti-colonial theory applies a structural lens by considering the institutional impacts that affect groups who have experienced and continue to experience colonialism (Sefa Dei & Ascharzadeh, 2001).

Through the processes of colonization, Indigenous peoples have been unable to exercise self-determination and self-governance while their lives and territories have been violently oppressed (Hart, Straka, & Rowe, 2017). According to Hart et al. (2017), anti-colonialism aims to correct this ongoing oppression by involving all groups that are part of colonial relationships, including colonizer and colonized. Settlers can work in anti-colonial ways by educating members of their own group, challenging colonial oppression, and supporting Indigenous peoples in acts of self-determination (Hart et al., 2017). However, Hart et al. (2017) state that in order to be anti-colonial, Settlers must ensure that their actions do not reproduce colonial oppression, support Indigenous people's self-determination, and always allow Indigenous peoples to determine what is defined as anti-colonial action. Anti-colonial members of both groups can work together to

challenge the operations of colonialism in political, economic, and cultural institutions, and social systems (Hart et al., 2017).

According to Tamburro (2013), an approach based on post-colonial theory can guide the decolonization of social work practice by helping to create increased awareness of the effects of colonization and create less oppressive ways of social service delivery. An approach that includes Indigenous perspectives and worldviews can help to transform the social work field, which will in turn result in the ability to collaboratively create effective services with Indigenous peoples (Tamburro, 2013). In an effort to become an effective ally within Indigenous communities, it is crucial for me to incorporate the understandings of anti-colonial/post-colonial theory into my practice as a Settler practitioner.

Strengths Perspective

According to Karoll (2010), the strengths perspective is a collection of ideas and strategies which seek to help service consumers develop their natural abilities and capacities. Strengths-based work is based upon the assumption that individuals seeking services already have various competencies and resources that can be used in order to improve their situation (Karoll, 2010). Based on this belief, all service consumers are entitled to dignity, respect, and responsibility associated with seeking help (Karoll, 2010). Karoll (2010) states that within a strength-based perspective, all individuals are viewed as having goals, abilities, and confidence and all communities are believed to contain people, resources, and opportunities. Central to the strengths perspective is also the belief that all humans are capable of positive growth and change (Karoll, 2010). Therefore, Karoll (2010) emphasizes that all individuals must be viewed in terms of their "capacities, capabilities, possibilities, talents, visions, hopes, and values, regardless of how altered…they have become due to their circumstances, trauma, and oppression" (p. 4).

The strengths-based perspective is a good fit with my professional framework, as I focus on the strengths and abilities of service consumers, regardless of the situation they are facing. I tend to work from a solution-focused approach, emphasizing positive exceptions to problems and highlighting the resiliencies of the service consumers. The strengths-based perspective informed my approach during my practicum placement, as I worked with individuals who experienced extensive trauma and oppression in their lives. Despite the adversity these individuals have encountered, they continue to persevere and strive to create positive changes in their lives. As a social worker, I aim to highlight these strengths, as I walk alongside service consumers in their healing journey.

CHAPTER 3: LITERATURE REVIEW

This chapter will broadly outline the literature related to the history of Indigenous peoples in Canada and the impact of colonization and collective trauma on Indigenous health and well-being. I then introduce the process of becoming an ally with Indigenous peoples and communities, and finally, discuss the integration of Indigenous cultures with Western clinical approaches in social work practice.

History of Indigenous Peoples in Canada

While I acknowledge that understanding colonization, residential school, the child welfare system, and other important overarching topics are crucial to the development of my professional practice, I also recognize that these areas are far broader than I can thoroughly address within the scope of my practicum experience. Thus, I do not suggest that this section of the literature review provides a sufficient summary of the topics that are relevant to the historical or current state of Indigenous peoples in Canada. This topic area reaches far beyond the breadth of my practicum report.

Colonialism refers to the process of one society seeking to conquer another and rule over it (Woroniak & Camfield, 2013). Hart, Straka, and Rowe (2014) define colonialism from an Indigenous perspective as "the processes by which the beliefs, values, and practices of the colonizing group are imposed on Indigenous peoples of this land" (p. 333). According to Woroniak and Camfield (2013), the main goal of Settler colonialism in Canada was not to simply take advantage of the labour of Indigenous peoples but rather, to displace Indigenous peoples from their lands, eradicate their cultures, and "ultimately eliminate Indigenous societies so that Settlers [could] establish themselves" (para. 3). Hart et al. (2017) state that colonial processes

hinder, or completely prevent, Indigenous peoples (both individuals and nations) from "making decisions about Indigenous lives including how, if at all, they choose to incorporate [their] ideas, beliefs, values" (p. 333).

There have been numerous instances of systemic violence directed towards Indigenous peoples over the past several hundred years (Baskin, 2016). In 1876 the *Indian Act* was implemented as the vehicle to govern every aspect of Indigenous life with the ultimate goal of assimilating Indigenous peoples into settler society (Baskin, 2016). According to Baskin, this act imposed a "White, capitalist, patriarchal governance structure" on all Indigenous communities (p. 8). Through the *Indian Act*, the Canadian government aimed to make Indigenous peoples European, eradicate Indigenous values through the imposition of settler education and religion, and to establish new economic and political systems and new concepts of property (Baskin, 2016). Baskin (2016) further states that:

> A colonizing government, through the Indian Act, promoted hierarchical, male-dominated political, economic, and social structures that led to the disintegration of traditional tribal structures that were clan-oriented and based on the concepts of extended family and collectivity. This act, which continues to control the lives of Indigenous peoples today, created the reserve system, outlawed many spiritual practices, eliminated an egalitarian economic system, and ignored our inherent right to self-government (p. 8-9).

Here in Canada, "legislation has and continues to determine who is *status Indian* (as recognized by the Federal government) as well as controlling education, health, and the land of Indigenous peoples" (Lavallee & Poole, 2010, p. 273). Specific practices of assimilation include outlawing traditional Indigenous ceremonies, forcing men to train to become farmers while

women became domestics, and a "systematic indoctrination of Christian theory and practice through the residential school system" (Baskin, 2016, p. 9).

Residential Schools

Canada's residential school legacy is an example of "shameful and paternalistic 'Indian' policies" that extended for over a century (Baskin, 2016, p. 9). Beginning as early as 1880, Indigenous children across Canada were forcibly removed from their families and communities to be placed in residential schools in order to become 'civilized' and assimilate into mainstream society (Lavallee & Poole, 2010; Sinclair, 2007). Children were imprisoned at the schools, where their languages and cultures were forbidden (Baskin, 2016). The last residential school, Gordon Indian Residential School in Saskatchewan, did not close until 1996 (Lavallee & Poole, 2010). It is estimated that 150, 000 First Nations, Inuit, and Métis children attended residential schools in Canada between this time period (Miller, 2012).

Over the last several years, many Indigenous peoples have disclosed information about their experiences within residential schools (Baskin, 2016). Many of these accounts include painful stories of sexual, physical, spiritual, mental, and emotional abuse at the hands of authorities such as nuns and priests, who operated the schools under the supervision of the Catholic churches (Baskin, 2016). Further, it is also estimated that about 6,000 children died while attending these schools (Baskin, 2016). Baskin (2016) claims that residential schools have directly caused many of the struggles in Indigenous communities due to the high prevalence of child abuse at these institutions. Residential schools have also contributed to the decline of parenting skills as children were denied the opportunity to experience appropriate parental role models (Baskin, 2016).

Sixties Scoop

The removal of Indigenous children from their families and communities has continued with the child welfare system, which consistently places children in White families and communities (Baskin, 2016). According to Sinclair (2007), the 'Sixties Scoop' refers to the time period between 1960 and the mid-1980s in Canada where thousands of Indigenous children were removed from their birth families and placed in non-Indigenous environments. Sinclair (2007) states that during this time, many Indigenous children were taken from their homes and communities without the knowledge or consent of families and bands. Children were also frequently apprehended in questionable circumstances, with "economic incentive rather than neglect or abuse emerging as the motive" for removal (Sinclair, 2007, p. 67). This mass removal of Indigenous children by social workers resulted in the number of Indigenous children involved in the child welfare system substantially growing from less than one percent to over 30% between 1959 and the late 1960s (Baskin & Sinclair, 2015). Approximately 70% of Indigenous children removed from their homes were adopted into non-Indigenous homes and by the 1970s, one in three Indigenous children had been separated from their families through adoption or fostering (Sinclair, 2007).

According to Baskin and Sinclair (2015), there are several factors that contributed to the onset of the 'Sixties Scoop.' First, legislative changes that permitted child welfare agencies to gain jurisdiction over Indigenous children in their communities (Baskin & Sinclair, 2015). Second, there was a lack of respect for the traditional child care practices held by many Indigenous communities, which led to social workers deeming Indigenous families as unfit caregivers when they did not conform to Euro-centric family norms (Baskin & Sinclair, 2015). Finally, Baskin and Sinclair (2015) note that at this time, new funding for child welfare

involvement with Indigenous peoples meant that there were incentives for out-of-home placements for children, which in turn resulted in poor screening practices for foster families, leading to lives of abuse for many children in care. However, while the number of children removed during this time is alarming, Sinclair (2007) states that it is important to recognize that the 'Sixties Scoop' was not a specific child welfare program or policy. Rather, the 'Sixties Scoop' simply refers to a period of time in Indigenous child welfare history where questionable apprehensions occurred at an increased level (Sinclair, 2007).

Indian Hospitals

The Canadian government used racially segregated Indian hospitals as another colonizing tool (Mann & Adam, 2016). During the early 20th century, separate Indian hospitals were established and primarily operated by churches before they were later taken over by the Department of Indian Affairs in the 1920s (First Nations Health Authority, n.d; Mann & Adam, 2016). These hospitals were used to isolate Indigenous peoples suffering from tuberculosis infection in order to limit further spread of the virus (Mann & Adam, 2016). The "fear of interracial pathological contagion" may have been the primary motive for developing separate services for Indigenous peoples (First Nations Health Authority, n.d., n.p).

Although medical practitioners who worked with Indigenous peoples had begun advocating for medical facilities closer to where people lived so they could receive care closer to home and near their families, the hospitals that were established instead had the opposite effect as they separated families, both emotionally and physically (First Nations Health Authority, n.d.). According to Mann and Adam (2016), many Indigenous peoples tell stories about growing up in the Indian hospital and hardly seeing their families for years. Others talk about being mistreated or suffering neglect by the nuns or nurses during their hospital stays (Mann & Adam,

2016). There are also many accounts of alleged medical experiments being conducted on patients who were quarantined at the various facilities across Canada (Mann & Adam, 2016).

Historical Role of Social Work with Indigenous Peoples

Although social work is intended to be a helping profession, this has not historically been the case with Indigenous peoples (Baskin & Sinclair, 2015). The profession of social work and its agents have not been free from colonial influence but rather, have also played a role in the colonization process in Canada, often acting as an extension of colonization while hiding behind colonial altruism (Baskin, 2016; Sinclair, 2004). Indeed, early social work practices were complicit with colonial government actions (Sinclair, 2004). Before colonization, Indigenous peoples practiced their own systems of justice, education, and childcare for many generations (Baskin & Sinclair, 2015). These practices guided responses to concerns about justice and child safety by aiming to maintain family and community ties (Baskin & Sinclair, 2015). However, Baskin and Sinclair (2015) state that since confederation, "social workers have been complicit in repeated attacks on Indigenous cultural and traditional systems" through the removal of children from their families and communities (p. 5).

When residential schools were established beginning in the 1870s, the separation of Indigenous children from their families and communities quickly increased (Baskin & Sinclair, 2015). Social workers played a major role in this process through their role in child apprehensions (Baskin & Sinclair, 2015). Sinclair (2004) states that "the scooping of…children comprises mainstream social work in the eyes of Aboriginal people" and for many, social work is viewed as "synonymous with the theft of children, the destruction of families, and the deliberate oppression of Aboriginal communities (p. 49-50). For example, under the direction of the federal government, social workers and 'Indian agents' attended reserves and removed

Indigenous children from their families and communities in order to take them to residential schools (Sinclair, 2004). Furthermore, social workers across Canada ignored the conditions and treatment of children within the schools (Baskin & Sinclair, 2015). Baskin and Sinclair (2015) state that for decades, despite countless reports and complaints detailing horrific accounts of abuse within the residential schools, child welfare and other human rights groups did not take action on a large scale. Blackstock (2009) also confirms that there is evidence that social workers were well aware of residential schools but did not take action to address the issues.

Years later, when residential schools finally began closing, the child welfare system took on "many of the same assimilative and genocidal practices that the schools [had been] guilty of" (Baskin & Sinclair, 2015, p. 5). During this time child welfare workers aligned themselves without question with the assimilation policies associated in the transracial fostering and adoption of Indigenous children (Sinclair, 2004). Social workers were instrumental in the removal of thousands of children during the 'Sixties Scoop' and the continued disproportionate removal of Indigenous children today (Sinclair, 2004). Sinclair (2004) comments "it is often stated that the intentions of social workers who went to reserves and apprehended children were good, albeit misguided" (p. 50). However, while often well-meaning, the removal of children for education, assimilation, or supposed protection, still resulted in immeasurable pain and trauma for generations of Indigenous peoples (Regan, 2010).

Social Work with Indigenous Peoples Today

Baskin and Sinclair (2015), acknowledge that the "over-surveillance of Indigenous peoples is not a thing of the past, nor is the trauma experienced by so many" (p. 5). Sinclair (2007) further emphasizes that the involvement of the child welfare system in the lives of Indigenous children and families is still prominent today (Sinclair, 2007). In fact, according to

current child welfare statistics, the ‘Sixties Scoop’ has merely evolved into the ‘Millennium Scoop’ (Sinclair, 2007). There are currently more Indigenous children in government care than at the peak of the residential school system (Sinclair, 2007). Sinclair (2007), states that a significant difference exists between the ‘Sixties Scoop’ era and the current ‘Millennium’ era of child welfare. Many Indigenous children that are currently in care are becoming institutionalized through “long term foster and institutional care with change for adoption,” which can result in further disconnect from family, community, and traditional culture (Sinclair, 2007, p. 68). The failure of social workers to consider culturally relevant placements or cultural continuity for children under care of the child welfare system has “resulted in the ongoing deterioration of Indigenous communities [and therefore,] it is not without reason that many Indigenous peoples have developed great mistrust of and resentment towards social workers” due to this unfortunate history (Baskin & Sinclair, 2015, p. 6).

Impact of Colonization and Collective Trauma on Indigenous Health

Colonization has directly impacted and continues to impact Indigenous teachings and ways of life (Lavallee & Poole, 2010). Lavallee and Poole (2010) suggest that colonial activities, both past and present, have been used as a means to eradicate Indigenous cultural identity and take control of Indigenous lands. Indeed, the historical trauma of colonization has “left a void” in many Indigenous people with respect to their individual and collective identity (Lavallee & Poole, 2010, p. 273). As a result, subsequent generations of the survivors of both the residential school system and child welfare system continue to have poor overall health status, which is often referred to by Indigenous peoples as intergenerational effects (Baskin, 2016).

Baskin (2016) uses the term “collective trauma,” which implies that all Indigenous peoples are burdened by the impacts of colonization (p. 195). Collective trauma includes a

historical perspective and recognition of how this impacts the present while also acknowledging that Indigenous peoples continue to face racism today, adding to ongoing traumatization (Baskin, 2016). According to Baskin (2016), populations with a history of long-lasting collective trauma can be vulnerable to many other challenges. The psychological, emotional, and spiritual wounding over the lifespan and across generations has resulted in group trauma leading to high rates of mental health and social challenges for Indigenous peoples in Canada (Baskin, 2016).

Ongoing effects of colonization have resulted in various effects such as "poverty, high unemployment rates, lack of education, inadequate or lack of affordable housing, family violence, dependency on social services, and substance misuse" (Baskin, 2016, p. 10). Indigenous peoples in Canada are disproportionately affected by substance abuse problems when compared to non-Indigenous peoples (Aboriginal Healing Foundation, 2007). Alcohol-related deaths occur almost twice as frequently among Indigenous peoples in comparison to non-Indigenous peoples (AHF, 2007). In addition to the adverse physical implications of substance related problems, high rates of substance abuse are commonly reported as major contributors to mental health issues among Indigenous populations (Davey, McShane, Pulver, McPherson, Firestone, & Ontario Federation of Indian Friendship Centres, 2014). At the root of these issues are colonial relations, which have produced and continue to create unfavourable conditions and environments for Indigenous peoples in Canada (Czyewski, 2011).

Cultural Competence, Cultural Safety, and Cultural Humility

In an attempt to address the challenge of cultural diversity in health services and to provide a framework to effectively work with Indigenous service consumers, a number of models have been developed including cultural competency, cultural safety, and cultural humility (Fisher-Borne, Cain, & Martin, 2015; Kirmayer, 2012).

Cultural Competence

In recent years, cultural competence has become a popular term used to describe various strategies that aim "to address the challenge of cultural diversity in mental health services" (Kirmayer, 2012, p. 149). According to Kirmayer (2012), cultural competence attempts "to make health services more accessible, acceptable, and effective for people of diverse ethnocultural communities" (p. 151). While cultural competence among mental health professionals is increasingly being recognized as an essential skill set, emphasizing professional 'competence' in the domain of culture may run the risk of cultural appropriation rather than respecting and engaging the culture of the service user (Kirmayer, 2012). The term 'competency' itself is problematic as it "indicates mastery or successful completion of a skill set," which is not attainable regarding competency of culture (Isaacson, 2014, p. 252). I do not think that cultural competence is the best model to use, as I do not believe it is possible to ever be truly 'competent' in a culture that is not your own. Due to this argument, some have advocated for the use of models such as cultural humility or cultural safety.

Cultural Safety

The concept of cultural safety was developed in the 1980s in New Zealand as a result of Maori discontent with experiences of medical care (Kirmayer, 2012). While the cultural competence model primarily focuses on practitioner skills, a cultural safety model moves beyond cultural sensitivity to also consider "power imbalances, institutional discrimination, colonization, and colonial relationships as they apply to health care" (Kirmayer, 2012, p. 157). Unlike cultural competence, cultural safety does not emphasize the development of 'competence' through knowledge about the cultures professionals are working with (Kirmayer, 2012). Rather, cultural safety emphasizes the recognition of social, historical, political, and economic circumstances that

create differences and inequalities in health care and clinical settings (Kirmayer, 2012). In Canada, cultural safety has been identified by the National Aboriginal Health Organization, other Indigenous organizations, and the Mental Health Commission of Canada as the "preferred approach to guide efforts to improve the cultural responsiveness and appropriateness of health care" (Kirmayer, 2012, p. 157).

Cultural safety within Indigenous contexts means that professionals and institutions must work to create a safe space for all service consumers that is "responsive to their social, political, linguistic, economic, and spiritual realities" (Kirmayer, 2012, p. 158). Principles of cultural safety should be grounded in recognizing and understanding the historical context of Indigenous peoples (Kirmayer, 2012). According to Kirmayer (2012), this includes recognizing diversity of Indigenous populations, understanding power dynamics in care provider-service consumer relationships, and raising awareness of cultural, social, and historical issues within organizations and institutions. Cultural safety helps draw attention to issues of power and vulnerability created from a history colonization in Canada (Kirmayer, 2012).

The objectives of cultural safety training are to teach participants to examine their own personal realities and attitudes and educate them to be open-minded towards those who are different from them (Kirmayer, 2012). Increased cultural safety education helps "to create a workforce of well-educated and self-aware health professionals who are culturally safe to practice as defined by the people they serve (Kirmayer, 2012, p. 157). According to Kirmayer (2012), self-reflexivity of practitioners and health care systems is the beginning of reorganizing service delivery to conduct clinical practice in a manner that shares power and control over health care. I believe that a cultural safety framework is useful for allies working with

Indigenous communities as the model highlights the impacts of colonization while encouraging constant self-reflection among practitioners.

Cultural Humility

Cultural humility, a concept coined by Tervalon and Murray-García, is "a process of committing to an ongoing relationship with patients, communities, and colleagues that requires humility as [practitioners] continually engage in self-reflection and self-critique" (as cited in Fisher-Borne, Cain, & Martin, 2015, p. 171). As an alternative to cultural competence, cultural humility emphasizes the idea that it is not possible to ever be fully knowledgeable about a culture that is not one's own (Levi, 2009). Unlike cultural competence, cultural humility does not include an end point of understanding but rather, requires a lifelong commitment to learning in which health care professionals avoid the 'expert' role and instead become the student of service consumers (Isaacson, 2014). Cultural humility requires practitioners to take responsibility for their interactions with others through actively listening to those from different cultural backgrounds while also being attuned their own thoughts and feelings about other cultures (Isaacson, 2014). According to Isaacson (2014), practitioners must increase their self-awareness through constant self-reflection in order to practice cultural humility effectively.

The cultural humility model also explicitly acknowledges power differentials between practitioners and service consumers (Fisher-Borne et al., 2015). According to Tervalon and Murray-García (1998), issues within the health care system are not a result of practitioners lacking knowledge but instead reflect the need for a change in practitioners' self-awareness and attitudes towards services users with diverse backgrounds. The approach advocates for practitioners to begin recognizing 'unintentional' patterns of racism, classism, and homophobia (Fisher-Borne et al., 2015). From there, practitioners must cultivate self-awareness and

acknowledge the ways that "cultural values and structural forces shape client experiences and opportunities (Fisher-Borne et al., 2015, p. 172). I personally resonate with the cultural humility model because it recognizes that working with cultural differences requires commitment to ongoing learning and highlights that power imbalances exist in practitioner-service consumer relationships (Fisher-Borne et al., 2015).

Becoming an Ally

Ally Defined

There are many definitions of the word ally. Baskin (2016) defines an ally as "someone who works for social justice from a position of power or membership within the dominant group (p. 375). Bishop (n.d.) describes allies as "people who recognize the unearned privilege they receive from society's patterns of injustice and take responsibility for changing these patterns" (para. 1). Many scholars use the term ally because it emphasizes the issues that marginalize and oppress minority groups face and highlights the fact that allies are not the ones who are most at risk or most affected by the discrimination (Baskin, 2016). Allies include men who work to end sexism, white people who work to end racism, heterosexual people who work to end heterosexism, able-bodied people who work to end ableism, and so forth (Bishop, n.d., para. 1). According to Bishop (2015), becoming an ally is a search for the origins of racism, sexism, heterosexism, ableism, ageism, and all other forms of oppression which divide individuals, then working to act on this oppression.

Becoming an Effective Ally with Indigenous Peoples and Communities

There are several components necessary to become an effective ally including: acknowledging privilege, building relationships, practicing cultural humility, understanding Indigenous worldviews, engaging in action, and truly understanding the role of an ally.

Acknowledging privilege. Examining, understanding, and acknowledging one's own privilege and relationship to oppression is crucial to becoming an ally (Baskin, 2016; Bishop, 2015). To do so, social workers must identify their social location of power within the systems of oppression (Baskin, 2016). The relationship between Indigenous peoples and social services and the health sector has been historically negative and culturally destructive (Baskin, 2016). Thus, Baskin (2016) states that in order to avoid further complicity in assimilative and colonial practices, it is crucial for non-Indigenous helpers to develop a clear understanding of their privilege and of their profession's participation in past and present colonization embedded within their practice. According to Baskin (2016), awareness of the privilege gained as a result of the oppression of Indigenous peoples is paramount if practitioners wish to build relationships with them. As a Settler social worker, I must acknowledge that I experience privilege because others, including Indigenous peoples, continue to be oppressed.

Building relationships. Building strong relationships with Indigenous peoples is absolutely fundamental in order to work as an ally. Due to the role that social workers and the social work profession have played in colonial processes, there is often a complete lack of trust of practitioners. According to the Sinclair (2016), experiences of collective trauma may "result in certain triggers and feelings of fear, mistrust, anger, shame, loneliness, and abandonment" (p. 6). Allies must demonstrate "patience, authenticity, humbleness, and a willingness to learn and honor cultural protocols" in order to begin to develop trusting relationships with Indigenous service consumers (Sinclair, 2016, p. 6).

Practicing cultural humility. Becoming an effective ally also requires cultural humility through a commitment to a lifetime of learning and challenging power imbalances within practitioner-service consumer relationships. It is critical for allies to consciously avoid taking on

the ‘expert role’ while working with Indigenous communities and instead become the student to service consumers (Baskin, 2016; Isaacson, 2014). This attitude of humility is essential to “breaking the cycle of paternalism” that has been largely historical when engaging with Indigenous communities (Baskin, 2016, p. 388). While helping professionals have obtained their credentials through education and experience, the fundamental belief that professionals hold ‘expert knowledge’ comes with great power and privilege (Baskin, 2016). Baskin (2016) states that allies must challenge the idea that non-Indigenous helping professionals are capable of holding such knowledge about Indigenous peoples in order to facilitate positive change. Through active listening to service consumers and constant self-reflection about their own thoughts and feelings about different cultures, ally practitioners can learn to effectively practice cultural humility (Isaacson, 2014).

Understanding Indigenous worldviews. Another key component to becoming an ally is developing a strong understanding of the strengths of Indigenous frameworks, methodologies, and ways of being (Baskin, 2016). Indigenous ways of viewing and relating to the world differ from Western ways (Absolon, 2010). According to Baskin (2016), building a knowledge base of the significant differences between Indigenous and mainstream worldviews must be prioritized and allies must follow the lead from Indigenous helpers, academics, and leaders. Sinclair (2004) suggests that “reclaiming Indigenous knowledge, expressing Indigenous voices, acknowledging Indigenous ways of knowing, and implementing Indigenous healing practices” are all ways to support decolonization (p. 56).

Engaging in action. Perhaps the most important aspect of becoming an effective ally lies in action. Allies understand that they must take action to create change and if an individual is not part of the solution, they are part of the problem (Bishop, 2015). According to Bishop (2015),

allies must view things from a structural perspective and have an understanding of themselves as part of a larger whole. Patton and Bondi (2015) state that:

> Allies for social justice recognize the interconnectedness of oppressive structures and work in partnership with marginalized persons toward building social justice coalitions. They aspire to move beyond individual acts and direct attention to oppressive processes and systems. Their pursuit is not merely to help oppressed persons but to create a socially just world which benefits all people (p. 490).

To be an ally has a certain level of responsibility, including the willingness to challenge the dominant narratives and 'unlearn' these notions in order to recognize past and present oppression (Baskin, 2016). Baskin (2016) also encourages allies to highlight the strengths of Indigenous worldviews as focus points and strong contributions to society. Through this work, allies can "present a counter-narrative that includes the relationship between anti-colonialism, anti-racism, Indigenous knowledges, and decolonization" (Baskin, 2016, p. 378). This ongoing work of decolonization requires allies to continue to emphasize that equity for Indigenous people is still far from being achieved (Baskin, 2016). Baskin (2016) argues that it is not simply enough to align with the values of allyship, rather, these beliefs must be translated into concrete actions.

Understanding the role of an ally. Finally, in order for allies to work effectively, they must have an understanding of where they stand in relationship to their Indigenous counterparts. In allyship work it is critical that allies always remain humble and open to feedback regarding their actions, thoughts, and contributions (Baskin, 2016). True allies "understand the importance of recognizing when to be the voice versus when to stand beside, support, and learn from Indigenous peoples" (Baskin, 2016, p. 389). In most cases, Indigenous perspectives should be heard from Indigenous voices, as it is Indigenous peoples who carry Indigenous knowledge and

understand their teachings (Baskin, 2016). Baskin (2016) states that those in the helping profession must always look to Indigenous peoples for guidance in developing approaches that are more Indigenous focused rather than based on Western values.

Integrating Indigenous Approaches and Western Clinical Interventions

Indigenous Worldviews

Indigenous peoples have worldviews and ways of relating to the world that differ from Western viewpoints (Absolon, 2010). According to Sinclair (2004), there are several key concepts that summarize basic beliefs of Indigenous epistemology. These beliefs are largely generalizable among nations, although manifestations of them may be different among nations (Sinclair, 2004). Sinclair (2004) states that two key concepts that underpin Indigenous worldviews include the concept of 'All my Relations' and the concept of the sacred (Sinclair, 2004).

'All my relations' is a cornerstone of Indigenous cosmology that has been translated to English from different Indigenous languages to highlight the traditional Indigenous value of interconnectedness (Sinclar, 2004). Sinclair (2004) describes 'all my relations' in the following way:

> 'All my relations' is first a reminder of who we are and of our relationship with both our family and our relatives. It also reminds us of the extended relationship we share with all human beings. But the relationships that Native people see go further, the web of kinship extending to the animals, to the birds, to the fish, to the plants, to all the animate and inanimate forms that can be imagined (p. 54).

King (1990) further describes ‘all my relations’ as a way of being that encourages individuals “to accept the responsibilities we have within this universal family by living our lives in a harmonious and moral manner” (as cited in Sinclair, 2004, p. 54).

Within this framework, the ‘kinship web’ extends to all human relations, both living and unborn (Sinclair, 2004). Stemming from this worldview is the understanding that because we are all related, the responsibility of the living is “to care for and honour the suffering, memory, and spiritual well-being of those who have passed away, as well as to pray for the lives of [all] for seven generations to come (Sinclair, 2004, p. 55). Furthermore, all species and forms of life are viewed as equals in the presence of the “universal power to which all are subject” (Sinclair, 2004, p. 55). Sinclair (2004) states that interrelatedness and interconnectedness of all things is widely taught and understood within an Indigenous framework.

The second concept, which is woven through all concepts of Indigenous worldview, is the concept of the sacred (Sinclair, 2004). According to Sinclair (2004), if the concept of ‘all my relations’ is a cornerstone to Indigenous worldview, then the concept of the scared may best be described as the “supreme law” (p. 55). Sacredness permeates all aspects of the Indigenous world (Sinclair, 2004). In practice, this means that there is a belief in the sacredness of life, which manifests into various behaviours that are integrated into daily life from “sunrise ceremonies honouring the new day, the simplest prayers uttered in the course of the day, to the most reverent ceremonies such as the Sundance and the Sweat Lodge” (Sinclair, 1999, p. 5). Simply put, there is an inherent belief that everything one does is sacred.

Two-Eyed Seeing

In 2004, Two-Eyed Seeing was coined by a Mi’kmaw Elder from Ontario, Albert Marshall (Dobson & Brazzoni, 2016). Marshall described Two-Eyed Seeing as “learning to see

from one eye with the strength of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing…and learning to use both these eyes together, for the benefit of all" (Institute of Integrative Science and Health, n.d., n.p.). Two-Eyed Seeing allows the two worldviews to remain autonomous and avoids knowledge domination or assimilation (Rowan et al., 2015).Rowan et al. (2015) state that Two-Eyed Seeing draws together the strengths of Indigenous and Western knowledges and the idea of this guiding principle means that by engaging the "overlapping perspective of each 'eye' integrative science enjoys a wider, deeper, and more generative field of view" (p. 2). Thus, the concept can be thought of as a 'dance' between the Indigenous ways of looking at the whole and the Western ways of looking at separate parts (Rowan et al., 2015).

The concept of Two-Eyed Seeing is evolving, with the goal of connecting the best of Indigenous and Western knowledge systems, despite their fundamental differences in values and origins (Rowan et al., 2015). While Indigenous knowledge comes from "traditional teachings, empirical observations, and revelations" and is shared orally through "holistic perspectives and metaphorical language," Western academic knowledge in the social and health sciences has "largely been rooted in positivist methods that privilege objective, linear, hierarchical, written evidence" (Rowan et al., 2015, p. 2). Two-Eyed Seeing recognizes Indigenous knowledge as a "distinct epistemological system that can exist side by side with mainstream science" (Marsh, Cote-Meek, Toulouse, Najavits, & Young, 2015, p. 4).

Although cultural and mainstream practices come from different paradigms, intersection and emersion of the two can be used within service delivery (Dobson & Brazzoni, 2016). The application of Two-Eyed Seeing in practice advocates for inclusion, trust, respect, collaboration, understanding, and acceptance of the strengths of both Indigenous and Western worldviews

(Marsh et al., 2015). Thus, Two-Eyed Seeing encourages Indigenous peoples, health-care providers, and researchers to develop working relationships built upon mutual cultural respect, where benefits of both worldviews are acknowledged as beneficial and integrated into the healing process (Marsh et al., 2015).

Integrating Indigenous and Western Approaches to Service Provision

Both Indigenous and Western clinical approaches to mental health issues and addiction challenges can be integrated in order to provide quality services for Indigenous individuals and communities. According to Baskin (2016), collaborative efforts involve emphasizing ethics, where cooperation between these two groups and an understanding of cultural safety can be established. Practitioners must ask questions and continue to challenge the ways in which current mental health policies, research, and practices "may be perpetuating neocolonial approaches to healthcare" for Indigenous peoples (Syme & Browne, 2002, p. 47). By collaboratively addressing these questions, health care practitioners can inform health ministries and policy makers in order to create and fund appropriate health services for Indigenous peoples and communities (Baskin, 2016). Baskin (2016) states that Indigenous communities must take back responsibility for their mental health well-being, which includes "cultural safety, self-determination, and the incorporation of principles of social justice" (p. 203).

CHAPTER 4: AGENCY OVERVIEW

This section provides an overview of the brief history, agency mandate, and service consumers and services provided by Carrier Sekani Family Services. Knowledge of these components has helped me to understand the structure of the agency and provided the context for the development of my practicum learning goals.

Brief History of Carrier Sekani Family Services

During the late 1980s, Elders and leaders of the newly formed Carrier Sekani Tribal Council were becoming concerned about their communities (Carrier Sekani Family Services, 2017). At this time there were high rates of youth suicide, lack of health care services in communities, rampant poverty, and many children being removed from their homes (Carrier Sekani Family Services, 2017). Loss of cultural teachings and entire family breakdowns were also evident among Carrier and Sekani nations (Carrier Sekani Family Services, 2017). The Tribal Council decided that change was necessary and began to act (Carrier Sekani Family Services, 2017). By 1990 this group formed what would eventually become Carrier Sekani Family Services (Dobson & Brazzoni, 2016). This non-profit agency would collectively serve the health and wellness needs of all First Nations' Bands that decided to join this organization (Dobson & Brazzoni, 2016).

Since then, Carrier Sekani Family Services (CSFS) has further expanded and developed as a means to reassert First Nations control of justice, health, social, and family services; all areas which have suffered as a result of colonization (Carrier Sekani Family Services, 2017). By

collectively pooling financial resources and lobbying the federal government, this group is now able to provide more services to their member Nations (Dobson & Brazzoni, 2016).

Agency Mandate, Mission, and Objectives

Today, under the guidance of Carrier Sekani Tribal Council, CSFS has been given the mandate to "establish a comprehensive infrastructure for health, social, and legal programs for the eventual take-over of these services working towards Indian Self-Government" (Carrier Sekani Family Services, 2017, n.p). Carrier Sekani Family Services' mission statement is outlined on their website as follows:

> With the guidance of our Elders, Carrier Sekani Family Services is committed to the healing and empowerment of First Nations families by taking direct responsibility for: health, social, and legal services for First Nations people residing in Carrier and Sekani territory (Mann & Adam, 2016, p. 7).
>
> The objectives of CSFS are to:
>
> - Develop and deliver health, social, family, research, and legal services in accordance with the needs, socio-economic conditions, values, and beliefs of the Carrier Sekani Nations.
> - Deliver all services in accordance with our great law of sharing wealth as set in our Bah'lats (potlatch) system; and
> - Develop, implement, and enhance Carrier and Sekani human services philosophies and standards for people residing in the Carrier Sekani traditional territory (Mann & Adam, 2016, p. 7).

Service Consumers and Services Provided

Today, Carrier Sekani Family Services is a leading organization with approximately 190 skilled professionals employed in Prince George, Vanderhoof, and Burns Lake, British Columbia (Mann & Adam, 2016). There are eleven communities that fall under the umbrella of CSFS – Carrier and Sekani Nation of Takla; the Carrier Nations of Yekooche, Nadleh Whut'en, Saik'uz, Stellaquo, Wet'suwet'en, Lake Babine, Burns Lake; and the Southside communities (South Bank) of Nee Tahi Buhn, Skin Tyee, and Cheslatta (Dobson & Brazzoni, 2016; Mann & Adam, 2016). These communities are referred to as Member Nations, which are Carrier (or Sekani) First Nations who are incorporated under the society of Carrier Sekani Family Services (Mann & Adam, 2016).

Ten out of the eleven Member Nations have signed a health transfer agreement and receive health services from CSFS (Mann & Adam, 2016). Lake Babine Nation has its own health transfer agreement and thus provides its own health programming (Mann & Adam, 2016). However, CSFS does partner with Lake Babine Nation on research and physician services (Mann & Adam, 2016). CSFS also provides certain delegated child welfare services to all Member Nations (Mann & Adam, 2016). There are many additional services and programs that CSFS provides that include: Aboriginal patient liaisons, addictions recovery, supported child development, employment bridging, family empowerment, family preservation and mediation, and youth services (Carrier Sekani Family Services, 2017). All Carrier Sekani Family Services programs are "built on a strong cultural foundation, uniquely blended with leading evidence-based approaches" (Carrier Sekani Family Services, 2017, n.p).

Addictions Recovery Program

The first component of my practicum placement was with the Addictions Recovery Program (ARP). Since 1990, the ARP has operated a residential treatment program from May through October at Ormond Lake (Dobson & Brazzoni, 2016). Ormond Lake, also known as Choostl'o Bunk'ut in Carrier language, is the traditional fishing ground of the Nadleh Whut'en people, a Band of the Carrier Nation (Dobson & Brazzoni, 2016). The Ormond Lake Cultural Camp is a 28 day, residential treatment program, that integrates traditional Indigenous culture and mainstream clinical interventions as a way to provide healing from substance abuse (Dobson & Brazzoni, 2016).

Dobson and Brazzoni (2016) describe the 14 bed facility as "relatively primitive with cabins for accommodations, a kitchen with an adjoining one room multipurpose room, pit toilets, and a naturally fed shower" (p. 11). The program staff consists of three addictions counsellors, one mental health professional, and one cultural worker (Dobson & Brazzoni, 2016). The camp also includes kitchen, maintenance, and night employees (Dobson & Brazzoni, 2016). Staff receive training in contemporary addiction and mental health interventions and work closely with participants in order to develop individualized treatment plans and goals (Dobson & Brazzoni, 2016). While some of CSFS employees are Carrier First Nations, all team members are honoured regardless of ancestry (Dobson & Brazzoni, 2016). All employees are expected to have some basic understanding of the Carrier worldview and history of each of the Nations and to participate in cultural activities with service consumers as appropriate (Dobson & Brazzoni, 2016).

Each day at Ormond Lake Cultural Camp included traditional Carrier activities (Dobson & Brazzoni, 2016). The day began with each participant smudging with sweet grass or sage as a

way to “purify the mind and spirit” followed by a talking circle to check in (Dobson & Brazzoni, 2016, p. 12). There were also a number of cultural activities, season and staff dependent, that were intended to reflect traditional Carrier life (Dobson & Brazzoni, 2016). Camp participants had the opportunity to participate in some activities such as fishing and gathering berries and natural medicines. Participants were encouraged to engage in daily activities such as gathering firewood, walking, and canoeing (Dobson & Brazzoni, 2016). Cultural crafts such as making rattles, dream catchers, and medicine pouches were also incorporated into camp programming (Dobson & Brazzoni, 2016).

Finally, participants had the opportunity to participate in various traditional ceremonies where they were taught that “spirituality existed in all aspects of traditional life” (Dobson & Brazzoni, 2016, p. 12). Welcome, Letting Go, Cold Bath, and Sweat Lodge ceremonies were held during the first camp session, which offered participants a connection to their Creator (Dobson & Brazzoni, 2016). According to Dobson and Brazzoni (2016), the treatment offered at Ormond Lake Cultural Camp is generally well received by camp participants because “connection to the natural environment and culture is embraced by Carrier people as necessary to remain or return to health” (p. 12).

Health and Wellness Program

The second component of my practicum placement was with the Health and Wellness Program. During my time with the program, I worked in Prince George, Fraser Lake, Vanderhoof, Saik’uz, Nadleh, Stellaquo, and Takla. This program offers counselling services for children, youth, adults, and families that are experiencing challenges (Carrier Sekani Family Services, 2017). Topics such as anger, grief, family conflict, and mental health issues such as anxiety and depression are addressed. All clinicians work within a cultural framework in order to

ensure consumers receive services relevant to their needs (Carrier Sekani Family Services, 2017). Clinicians working with adults visit individuals in their home communities and clinicians working with children often visit children at their schools. Overall, the focus for clinicians is to integrate traditional practices into the assessment and treatment services the program provides (Carrier Sekani Family Services, 2017).

CHAPTER 5: PRACTICUM LEARNING GOALS AND ACTIVITIES

Learning Goals

The overall objectives of my practicum were to become an effective ally within Indigenous communities and to learn to integrate traditional Indigenous approaches with Western clinical interventions. To achieve my goals, I identified the following sub-goals.

1. Continue to develop and strengthen my professional identity as a social work practitioner.
    a. Maintain appropriate professional boundaries and engage in ethical social work practice by adhering to the BCCSW Code of Ethics.
    b. Engage in reflexivity through journaling and conversations with colleagues.
    c. Attend regular clinical supervision with my agency supervisor and consult supervisors and colleagues.
2. Gain familiarity with CSFS' practice environment and agency structure.
    a. Observe and work collaboratively with colleagues.
    b. Participate in regular clinical supervision with my agency supervisor and attend team meetings.
3. Increase knowledge and understanding of Carrier worldviews and healing practices.
    a. Conduct background research on the Carrier and Sekani regions to gain a basic understanding of culture, traditions, beliefs, and practices.
    b. Observe and participate (when invited) in Carrier cultural ceremonies and practices.
    c. Listen to appropriate individuals including Elders, community members, traditional knowledge holders, and Indigenous practitioners where possible.

4. Learn to become an effective ally within Indigenous communities.
    a. Consult the literature to determine concrete ways to become an ally.
    b. Understand and acknowledge my own privilege as a Settler.
    c. Observe and work alongside practitioners from different cultural backgrounds to increase cultural safety and cultural humility.
    d. Engage in ongoing consultation with Indigenous community members for feedback regarding culturally safe community engagement.
5. Develop clinical practice skills with individuals and groups specific to Indigenous populations.
    a. Gain familiarity with various evidence-based modalities such as solution-focused therapy and cognitive behavioural therapy, trauma-informed practice, and how theory and practice work together within CSFS.
    b. Increase skills in intake, assessment, treatment planning, and termination as they apply in Indigenous contexts.
6. Learn to integrate traditional Indigenous approaches with Western clinical interventions.
    a. Observe and participate (when invited) in ceremonies to develop a better understanding of Carrier spiritual practices.
    b. Increase understanding of Carrier culture through participating in discussions and activities with Elders and traditional knowledge holders.
    c. Observe and work alongside CSFS practitioners that work within a cultural framework and integrate traditional practices into assessment and treatment services when appropriate.

Timeline of Practicum Completion and Evaluation

The Masters of Social Work program at the University of Northern British Columbia requires students to complete a practicum placement consisting of 560 hours. In order to meet these requirements, I began my practicum with Carrier Sekani Family Services on Wednesday, July 4, 2018. For the months of July and August I worked with the Addictions Recovery Program at Ormond Lake Camp and Saik'uz Park for four or five days per week for approximately 12 hours per day. For the month of September I worked with the Health and Wellness Program in Prince George, Fraser Lake, Vanderhoof, Saik'uz, Nadleh, Stellaquo, and Takla for four or five days per week for approximately eight hours per day. By following this timeframe, I was able to complete my practicum on Monday, October 1, 2018.

To monitor and evaluate my performance, I met regularly with my agency supervisor in order to ensure I was engaging in competent and ethical social work practice. To prepare for supervision and to increase my awareness as a practitioner, I also engaged in reflexive journaling throughout my practicum placement. This encouraged continuous reflection and evaluation of my practicum activities in an effort to constantly grow and improve professionally. Whenever a concern arose, I had questions about my practice or a specific situation, or I needed to debrief, I spoke to my agency supervisor or my colleagues to receive direction and support.

In addition to engaging in regular supervision and reflexive journaling, I also met with my academic supervisor at the end of August to review my learning goals and discuss my experience thus far. At this time, myself, my agency supervisor, and my academic supervisor agreed that I was progressing well through my practicum and no adjustments were required. Once I completed my practicum at the beginning of October, my academic supervisor completed a final evaluation of my performance and ensured that I have met my learning goals.

CHAPTER 6: PRACTICUM EXPERIENCES

This chapter summarizes my roles and tasks at Carrier Sekani Family Services (CSFS) while working within the Addictions Recovery Program and the Health and Wellness Program. I will describe the main components of my learning and explain how I have integrated these experiences into my professional practice.

My Role and Tasks

During my time as a practicum student with CSFS, I worked as a mental health and addictions clinician in several settings. For the first two months of my practicum (July and August 2018) I worked with the Addictions Recovery Program at both Ormond Lake and Saik'uz Park in the capacity of Addictions Counselor. I completed participant intakes and reviewed goal plans and discharge plans, maintained individual progress notes, facilitated and co-facilitated psycho-educational groups. I also participated in cultural and spiritual activities, which included daily smudges, traditional crafts, and Sweat Lodge, Letting Go, Cold Bath, and Graduation ceremonies. For the last few weeks of July, a group of Elders known as 'Healing the Healers 2.0' joined our group. These six individuals, from all different communities within the Carrier nation. They participated in the ARP workshops alongside camp staff and participants, offering presence, support, and Traditional knowledge.

At the end of July I was invited to attend a week-long children's culture camp, which was organized by the Nadleh Whut'en Band and took place at Ormond Lake Camp. All children, youth, and parents from Nadleh were welcomed to attend the culture camp. Throughout the week, I had the opportunity to participate in many traditional cultural activities, which included – berry picking and the making of jam, setting nets, cleaning and canning salmon, pitch picking

and medicine making. As well, Carrier language lessons, singing, and drumming were offered. I observed and played traditional games such as Lahal. I observed a teaching potlatch. During this time, I engaged with many community members and Elders, which provided me with a better understanding of modern Carrier life.

During the third month of my practicum (September 2018), I spent time with the Health and Wellness program in various locations which included Prince George, Fraser Lake, Vanderhoof, Saik'uz, Nadleh, Stellaquo, and Takla. I had the opportunity to work with adults, youth, and children from several member nations. I participated in numerous aspects of the counselling program. I shadowed other mental health clinicians and provided individual counselling sessions, I observed the use of various counselling methods such as solution-focused therapy, cognitive behavioural therapy, play therapy, and eye movement desensitization and reprocessing therapy (EMDR). I also witnessed the way interdisciplinary teams function in different communities and how the teams provided debriefing and crisis support during the summer wildfires emergency situation.

Finally, I had the opportunity to participate in *Nowh Guna'* Carrier Competency Training. This was a two-day workshop facilitated by Carrier Sekani Family Services. The learning objectives of the training included: understanding stereotypes; exploring traditional Carrier life prior to contact; developing empathy and understanding the effects of colonization; examining realities of Indigenous people living in north central British Columbia; dispelling myths about Indigenous peoples; exploring relationships and trust development strategies; learning about traditional governance system and protocols through a teaching feast; and discussing ways to respond to racism (Mann & Adam, 2016). Overall, the training helped to further my understanding of traditional Carrier culture as we discussed challenges as Settler practitioners

working with Indigenous peoples and communities, and expanded my knowledge of how to work as an effective ally among Carrier nations.

Learning Experiences

In the following section I will discuss my diverse learning experiences during my practicum placement and will attempt to summarize some of the larger concepts. It is a requirement for the completion of the Master of Social Work program to write a final practicum report to demonstrate my learning. However, it is important for me to acknowledge that for Indigenous cultures, knowledge and traditions have been passed down orally for generations. Indigenous ways of knowing and being also emphasize experiential learning; that is, individuals learning by observing, listening, and participating with guidance and direction from other community members and Elders. Indigenous knowledge is not something one can acquire vicariously or by reading, rather, it is "a living phenomenon" (Absolon, 2010, p. 85). Therefore, it almost feels incongruent to articulate my experiences in written form, rather than through an oral and experiential presentation. Despite this challenge, I will do my best to convey my learning experiences in written form.

Reflections on Becoming a Good Ally

The most important learning goal I had throughout my practicum was to learn how to become an effective ally with Indigenous peoples and communities. In other words, I wanted to learn how I, a non-Indigenous Settler practitioner, can work together with Indigenous peoples 'in a good way' that fosters respect and empowerment for all service consumers. "In a good way" is an expression used by many Indigenous communities to refer to practice that "honours tradition and spirit" (Flicker et al., 2015, p. 1149). Among the Anishanaabe people, and from the Carrier teachings, I learned that this phrase is embodied through the Seven Grandfather Teachings,

which include: respect, love, wisdom, bravery, honesty, humility, and truth (Flicker et al., 2015). How to work with Indigenous peoples 'in a good way' was a critical question that I continuously reflected upon during my placement and I will continue to ponder and challenge as I move forward in my personal and professional development.

Acknowledging my privilege and power. One of the first steps in the journey to becoming an ally requires personal reflection and the acknowledgement of one's own privilege and power. As a White, middle-class, educated, heterosexual, able-bodied woman, I hold privilege in several ways. I have very rarely experienced discrimination due to the colour of my skin, the neighbourhood I came from, or my cultural and spiritual beliefs and practices. I have never experienced poverty and have always had access to countless opportunities in my life, such as extra-curricular activities, international travel, and post-secondary education. Further, I hold power in my relationships with service consumers due to my formal education. In addition, the experiences I have gained through employment and professional development, and my titles of a social work student and mental health and addictions clinician creates another layer of privilege.

Together, my privilege and power affords me authority that many other people, such as service consumers, often do not have. In order to mitigate the effects of the privilege and power I possess, I must recognize and acknowledge it openly. For me, this required me to be honest about myself and my background by acknowledging that while I may not have had the same experiences as many of the Indigenous individuals I worked with I can listen and learn from them. While I did have power in my position as a social work student, I ensured that I communicated to those I was working with that they also had power in the choices they made regarding the services they received. In my opinion, demonstrating respect for the choices of service consumers is one way to mitigate power imbalances. Only through acknowledgement can

I begin to use this privilege and power to work towards reconciliation in both my personal and professional life.

Being authentic. My experiences over the last several months highlighted the value of demonstrating personal authenticity in my practice. Before my practicum, I did not have experience working from an Indigenous framework or a program designed specifically for Indigenous service consumers. Due to this lack of knowledge and experience combined with my identity as a Settler woman, I wondered how I would be able to do this work in a respectful and empowering way. I worried that I may be perceived by community members as yet another outsider who comes to community and thinks she knows how to 'fix Indigenous problems.' Despite these fears, it was important for me to be genuine and honest about who I am and where I come from. People were often curious to know more about me, my family, and my lifestyle. On a few occasions I was asked if I was Indigenous or grew up on a reserve. When I responded no to both questions, some people were curious why I chose to work with Indigenous peoples and communities. My answer was always quite simple: I want to learn to be a good ally so I can work together with Indigenous peoples and communities 'in a good way.' It is my duty to do so.

During the first few weeks of my practicum, I often felt unsure about how to conduct myself. I was hyperaware of the words I used and the way I acted. I worried about saying the wrong thing and offending someone by mistake or accidentally behaving inappropriately because I was not fully aware of community norms or cultural protocols. I wanted to be sure that the way I presented myself matched the way I felt in my heart. In other words, I sincerely hoped my actions demonstrated that I genuinely cared about the people that I was working with and the work I was doing was conducted in accordance with my vision. However, thanks to the support and kindness from the many people I had the opportunity to work with, most of the fear and

doubt I had about being an outsider quickly diminished. Instead, I rapidly adopted a humble curiosity and openness to all new learning experiences.

I distinctly remember a conversation I had with two Elders while we were sitting beside the fire out at Ormond Lake Camp. We were discussing the numerous conversations we had shared over the last few weeks and the learning we had experienced together. At this time, the two men commented that through our shared experiences, they had noticed my openness and willingness to learn about their traditions, practices, and worldviews. Henry told me I was learning to become a good ally and stated that, "I can see your heart is in the right place" (H. Joseph, personal communication, July 25, 2018). He continued by saying "we [Indigenous people] can tell when someone really cares" (H. Joseph, personal communication, July 25, 2018). They proceeded to say that what mattered most to them was knowing that an ally truly cared and wanted to be there for the right reasons (H. Joseph, personal communication, July 25, 2018). Hearing these comments reassured me, that my intentions had been interpreted genuinely.

As Baskin (2016) discusses, knowing who I am and what my purpose was in regards to the work I am doing, helped me to maintain my authenticity while also resisting appropriating a culture that is not my own. That is, while I chose this practicum in order to learn about Carrier culture, that is not my culture and it is not my intention to make that culture my own. I believe that being secure in myself and my own culture helped me to be authentic and open to learning other ways of knowing throughout my practicum experience. By simply being myself and using my heart and not just my head, I was learning how to do the work in 'a good way.' While I still have so much to learn and will never be 'culturally competent' in Carrier culture, this experience, and many other interactions marked the beginning of my learning journey.

Building relationships. When working with Indigenous communities, as a Settler practitioner, relationship building is a very important component. For many Indigenous peoples, there is a complete lack of trust of many service providers due to historical and ongoing colonialism. As indicated by Sinclair (2004), mainstream social work is synonymous with child removal, family destruction, and deliberate oppression in the eyes of many Indigenous peoples. Due to this history, it may take a long time before community members begin to trust a Settler practitioner. Demonstrating patience, humility, and willingness to build relationships with Indigenous community members is absolutely crucial in order to do effective work (Sinclair, 2016). For me personally, building a relationship with the individuals I am supporting is the most important part of my profession as a social worker. Positive changes cannot come about without a trusting and respectful relationship between myself and service consumers.

In my previous experience with different service agencies, there were often strict time constraints and scheduling that must be followed. For example, there may be a maximum number of counselling sessions a client is entitled to and time-limited appointments available. However, during my time with CSFS, I learned that the agency is much more flexible in regards to practitioners' schedules and daily activities. When I spoke to Marlaena Mann, Director of Communications and Projects at Carrier Sekani Family Services, she also emphasized the importance of relationship building with community members. Marlaena stated that relationship building must be built into a practitioner's schedule and can require as much time as necessary, depending on individual service consumers and their specific situations (M. Mann, personal communication, October 11, 2018). She acknowledged that it often takes time to connect with individuals from the Carrier Sekani member nations and recalled several times in her past practice where she spent significant time in the relationship building phase of her work (M.

Mann, personal communication, October 11, 2018). As an ally practitioner, Maralaena acknowledged the importance and potential challenge of demonstrating patience and commitment to relationship building with Indigenous service consumers.

When working in community, several mental health clinicians I shadowed also emphasized the need for strong relationships between practitioners and community members and on several occasions I witnessed the importance of this skill firsthand. Clinicians working for Carrier Sekani Family Services are encouraged to attend community events, as a way to build rapport with community members. For example, I attended the children's culture camp with the Nadleh community, which provided me with an excellent opportunity to meet people and I started making connections. By simply being present, engaging in conversations, and participating in activities, I built relationships with several families. Later when I was working in community, I saw many of the same individuals again and I easily connected with them. Attending the children's culture camp and other community events such as a traditional dance performance at Fraser Lake Elementary Secondary School and a pancake breakfast in Nadleh were opportunities to build new relationships and strengthened existing ones. Furthermore, it was these relationships that served as the foundation for much of the clinical work I performed during my time with the Health and Wellness Program.

Practicing cultural humility through listening. Along with authenticity and relationship building, I also learned the importance of practicing cultural humility in all of the allyship work that I conducted. The cultural humility model challenges ally practitioners to commit to a lifetime of learning and to recognize that we can never be truly culturally competent in a culture that is not our own. I believe that entering the work with these beliefs in mind help allies to maintain our humility and openness to learn. Furthermore, rather than assuming that we

have expert knowledge and know what is best for service consumers, cultural humility emphasizes listening and taking on the role of a student in order to learn from those who we are supporting. Working from this conceptual model was highly effective during my practicum experience and helped me to understand the true value of listening in my journey towards allyship.

Throughout my practicum experience, I was immersed in Carrier culture – one that is very different from my own. At Ormond Lake Camp and in the various communities I worked in, the ceremonies, activities, and many of the discussion topics were very new to me. Each day I was introduced to new information and perspectives that I attempted to understand and make sense of. During this time I had many questions, as I wanted to learn everything I could about the Carrier culture, traditional practices, and worldviews. However, it quickly became evident how important observation and participation in activities and ceremonies were for learning experiences. In Indigenous culture, teachings have been passed down orally for generations and community members have typically learned skills and practices through observing and participating. When learning new skills, Elders, family members, and knowledge holders guide learners gently through the process. Throughout my experiences, I gradually learned to have patience, sit back, and take it all in, rather than questioning what we were doing or the meaning behind the activity.

The Elders, community members, service consumers, and CSFS professionals I had the opportunity to learn from were paramount in my learning journey, as they guided me through numerous ceremonies and practices with kindness and humility. The Elders exemplified patience and respect by listening carefully without interrupting whenever someone in the circle was speaking, which encouraged me to do the same. I was also advised to simply listen to new

information or stories before asking questions to learn more rather than jumping to any conclusions. Many times, when I simply listened, the answers to questions I had were revealed. For me, listening is such a critical part of what it means to be an effective ally. Often times we as allies are eager to learn quickly in hopes of finding solutions to problems and improving situations for service consumers. However, if we do not take the time to truly listen to those we are supporting, we are not effectively playing our role. The importance of respectful listening to our Indigenous counterparts in all of the work that we do simply cannot be stressed enough.

Understanding Indigenous worldviews. In order to become an effective ally, practitioners must begin to develop an understanding of Indigenous worldviews and ways of knowing and being. Baskin (2016) explains that Indigenous helping approaches can benefit all who experience them, both Indigenous or non-Indigenous. As a result, the inclusion of holistic considerations, including spirituality, are slowly becoming a more integral part of all helping approaches and mainstream society, while some Western, individualistic approaches are beginning to lose their value (Baskin, 2016). For non-Indigenous allies, having an understanding of Indigenous worldviews is beneficial because it teaches allies how to better collaborate with Indigenous individuals and communities and to provide helping services from a more holistic approach.

According to Barby Skaling, Traditional Knowledge Holder from the Wet'suwet'en Nation and Cultural Support Worker with Carrier Sekani Family Services, one of the biggest challenges she faces when working with allies is communication (B. Skaling, personal communication, October 11, 2018). She said that at times, differences in words or phrases in Carrier dialects and English can result in misunderstandings between Indigenous and non-Indigenous peoples. In order to mitigate this issue, Barby advises allies to clarify what

community members mean by simply asking the individual or approaching the Community Health Representative or another key informant in the community for further information if needed (B. Skaling, personal communication, October 11, 2018). Barby explained that misunderstandings can also occur because of the differences between Indigenous and Western worldviews (B. Skaling, personal communication, October 11, 2018). My conversation with Barby highlights the importance of non-Indigenous allies taking the time to explore Indigenous worldviews as a way to minimize these challenges and enhance their skills in order to successfully work alongside Indigenous peoples.

The 'Seven Grandfather Teachings.' Throughout my practicum I had the opportunity to learn about Indigenous worldviews from various individuals including: Elders, Traditional Knowledge Holders, community members, service consumers, and CSFS professionals. Through my participation in ceremonies, activities, and discussions, I began to recognize the importance of interconnectedness and sacredness as cornerstones of Indigenous worldviews. However, I must openly acknowledge that at this point in time, I only have a very basic understanding of Indigenous worldviews and ways of knowing. As there is so much to learn, this is only the beginning of my learning journey.

One particular teaching that I learned at Ormond Lake was the 'Seven Grandfather Teachings.' This particular teaching highlights the many of the values associated with an Indigenous framework in a simple, yet graceful way. Generally viewed as traditional knowledge that collectively represents what is required for community survival, the 'Seven Grandfather Teachings' provides the foundation for Indigenous ways of knowing and being (Ojibwe.net, 2018). The teachings come from the Anishinaabe people and while the origin is unknown, Elders confirm that these are important values that have long been a part of their language and belief

system (Ojibwe.net, 2018). These fundamental teachings became widely known as the 'Seven Grandfathers' and are still taught in various nations (Ojibwe.net, 2018). Some of the Elders I worked with, the 'Healing the Healers 2.0' group, explained that these teachings have also been taught in Carrier territory for years.

Through a group discussion, the Elders explained the 'Seven Grandfathers' as morals and values that one should follow or a protocol intended to guide the way to a good life (Healing the Healers, personal communication, July, 18, 2018). If followed, the 'Seven Grandfathers' are the way to maintain harmony and keep families and communities together (Healing the Healers, personal communication, July, 18, 2018). The 'Seven Grandfather Teachings' include: respect, love, truth, bravery, wisdom, humility, and honesty. The Elders emphasized that living by these values can lead the way to living a good life (Healing the Healers, personal communication, July, 18, 2018).

In order to learn about the 'Seven Grandfather Teachings' we all participated in a group activity. We placed large sheets of paper all around the room, one for each of the seven values. Next we asked all participants, which included the Elders, camp participants, addictions counselors, and practicum students, to define what each of the seven values meant to them. Once this was complete, we discussed the definitions of each value, as a group. Below, *Table 1* outlines the definitions provided by the group during the activity. It is interesting to note the numerous definitions for each of the seven teachings. Values, like worldviews, are not singular concepts. Rather, each value may have a different meaning for each nation, community, family, or person. This exercise helped to demonstrate the fluidity and diversity of values and beliefs, which is also applicable to the concept of Indigenous worldviews. As worldviews are also

different among people, we cannot generalize one conceptualization of Indigenous worldviews to all Indigenous peoples.

Value	**Definitions**
Respect	-treating all things as you want to be treated -showing thanks for all you have -acting in accordance in public and by yourself -valuing others -accepting others -honouring 'all my relations' -respect is the highest of all -Dakelh (Carrier peoples)
Love	-kindness -warmth -caring for others -giving freely without expectation of anything in return -Creator and Yourself -loving yourself unconditionally -Dakelh
Truth	-to live, think, act in a very good way -telling it like it is -honesty in words -accepting -pure -Dakelh
Bravery	-facing fears -being true to yourself -dealing with actions -having pride -showing inner strength -responsibility and ownership of self -able to forgive -Dakelh
Wisdom	-sharing teachings -constantly learning and growing -knowing right and wrong -reasonable power -using and sharing knowledge -Dakelh

Humility	-respecting other's beliefs/values -being humble -letting others teach you -knowing you don't know everything and being okay with it -willingness to listen -acknowledging wrongs -Dakelh
Honesty	-telling the truth at all times -being real -strength to speak from the heart -openness -loyal, truth living -truthful -keeping your word -with self and others -Dakelh

Table 1. Definitions for each value of the 'Seven Grandfather Teachings' as given by group members including Elders from 'Healing the Healers 2.0.'

Moving towards action: Having the difficult conversations. As an ally, most of the work lies in engaging in action. However, according to Baskin (2016), in order to take action, allies must first challenge "feelings of guilt and shame in order to change [their] approach and motivation for allyship" (p. 390). To do so, allies must not minimize who they are, their culture, or where they come from (Baskin, 2016). As I discussed, it is very important to maintain authenticity as allies. Thus, rather than coming forward with apology and shame, we must come to Indigenous peoples with feelings of worth and value, communicating the message that we want things to change and ask what we can do to stand together, as Indigenous and non-Indigenous peoples (Baskin, 2016).

In my experiences, participating in difficult discussions was a way to move from feelings of guilt and helplessness towards positive action. I had an open dialogue with some of the camp participants about the colonial relationship between Indigenous peoples and Settlers. Engaging in

difficult conversations about topics such as colonization, racism, and oppression is part of the work of what it means to be an ally. Through personal stories from service consumers and Elders, I began to develop a better understanding of the injustices and violence that Indigenous people in Canada have faced and continue to face, such as attending residential schools and having children taken away by social services. I am honoured to have had the opportunity to hear these painful stories and to witness such incredible resilience among all those who spoke with me. I am forever grateful for those who shared pieces of themselves with me and hope to honour them in all the work that I do in the future.

As a White ally, I have often felt guilt, shame, and anger about what my ancestors and I have done and continue to do to Indigenous peoples in Canada. Hearing stories and engaging in discussions with individuals with whom I made a personal connection with made it real and difficult. However, we must know the truth in order to pursue decolonization and reconciliation in our lives and in our practices. Without knowing the truth, we will not understand how to move forward together 'in a good way.' Thus, experiencing these uncomfortable emotions have helped me begin the process of moving towards action. In discussions, I began to ask the Indigenous people questions such as 'where do we go from here?' and 'what steps do allies need to take in order to stand beside Indigenous community members?' Although the answers to these questions are not always simple, there are steps we can take together to move forward in the right direction.

Understanding my place as an ally. Working in various Indigenous communities throughout my practicum demonstrated the importance of knowing my place, as an ally. According to Baskin (2016), true allies recognize when to be a voice and when to listen to and support Indigenous peoples from the sidelines. I spoke to Marlaena Mann about her experiences

with allyship over the years and she told me that her role as an ally has been to stand behind her Indigenous colleagues and service consumers, supporting and empowering them in their work (M. Mann, personal communication, October 11, 2018). As Baskin (2016) emphasized, Marlaena also echoed that Indigenous perspectives should be heard from Indigenous voices. When Indigenous peoples present knowledges and perspectives that are much needed in the helping professions, non-Indigenous allies must create the space for worldviews and approaches that differ from those of mainstream society (Baskin, 2016). Baskin (2016) states that collaboration between Indigenous and non-Indigenous helpers and services spearheaded by Indigenous leadership is the way to create lasting change.

In my experiences over the last three months, I came to realize that knowing my place as an ally requires me to listen more than I speak and to always take the lead from Indigenous leaders, community members, and service consumers, as I am working alongside. My place, as an ally, requires taking direction from Indigenous peoples about what changes they would like to make and how to make them. For me, the biggest realization has been that it is not my role to direct people, develop ideas, or spearhead projects. Rather, my role is to listen, maintain humility, and accept feedback from Indigenous peoples regarding what is needed from me and how to best provide that support. As a non-Indigenous ally, I must also give individuals and communities the option to choose not to work with me, as the decision-making power should lie with Indigenous peoples. Overall, through my numerous and diverse experiences with Carrier Sekani Family Services, I have come to recognize that becoming a good ally is truly a lifelong learning journey and for me, the journey has only just begun.

Redefining "Clinical Social Work Practice"

According to Barker (2013), clinical social work is defined as "the professional application of social work theory and methods for the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders" (p. 74). Prior to this practicum experience, my understanding and previous experience with clinical social work practice was relatively narrow and rigid. Clinical social work practice as I knew it consisted of intakes, assessments, and treatment or therapy done in a professional office setting by a qualified individual who used a variety of clinical skills taken from specific counselling modalities. This narrow viewpoint focused more on the delivery of very specific clinical skills than on the individual person sitting in the room.

However, after working in a variety of settings with CSFS during my practicum placement, my perception surrounding what can be considered clinical work has changed immensely. I have learned that when working in different settings and with many individuals, the clinical work can vary significantly. Rather than primarily sitting in an office and having service consumers attend a scheduled and formal 'counselling session,' clinical social work practice may take various forms, depending on the specific needs of service consumers.

Flexible service delivery through home visits. When I shadowed mental health clinicians in several Carrier communities, we used a diversity of methods in order to support community members. For example, on several occasions we conducted home visits, as this was the only way to make contact with some individuals. As not all service consumers had access to a personal telephone or vehicle, home visits were the most feasible way to reach them. During these home visits, the clinician and I would check in with the individual and/or family to see how they were doing. We used this opportunity to ask the individual about him or herself and other

family members that we may know. While some aspects of discussion were often informal, most would transition into a more therapeutic conversation. These conversations also provided an opportunity to conduct visual assessments to determine how the individual was doing based on verbal and non-verbal cues. Things such as body language, family interactions during our visit, and the state of the home provided insight into the individuals' current state of well-being. Although the setting of a home visit differs from a regular office appointment and were perhaps more comfortable for some individuals, we still utilized our clinical skills despite the environment. Home visits simply provided us with an alternative way to connect with service consumers that otherwise may not occur, it served as a valuable way to do important community work.

Clinical practice through traditional activities. When working with the Addictions Recovery Program at Ormond Lake Camp and Saik'uz Park, part of my role was to provide individual counselling sessions to the program participants that were assigned to me. Several times when I offered to have an individual session with someone, the individual did not want to attend a session or seemed somewhat unwilling to engage if they attended. However, I noticed that when I was out walking, canoeing, or crafting alongside people, they often began to share personal information freely and voluntarily. Although these conversations often began quite casually, the content transitioned into more serious discussions where individuals would share struggles about a variety of issues. I soon recognized that while most camp participants were not interested in an office visit that may be conceptualized as 'therapy sessions,' the same individuals were quick to open up, unprompted, about their personal challenges while paddling with me in a canoe or creating medicine pouches together.

At first, without even realizing, I began automatically using my clinical skills such as empathetic listening, validation, and clarification questions during the conversations. Most discussions I had with individuals at the camp led to some aspect of therapeutic value. For many camp participants, engaging in an activity while talking with me appeared to make the process much more comfortable and natural. I too, noticed that I felt more relaxed at ease in these settings, even during discussions about highly emotional issues. Based on these experiences, I found participating in various traditional activities with service consumers to be an extremely effective way to engage in meaningful clinical practice. In fact, some of my most productive 'counselling sessions' took place out on the canoes, enjoying the beautiful and calming natural scenery.

Integrating Indigenous and Western Approaches to Service Provision

In order to provide quality services that meet the needs of Indigenous service consumers effectively, both Indigenous and Western approaches to health should be integrated using a Two-Eyed Seeing approach (Baskin, 2016). However, instead of simply working to integrate traditional wellness approaches into Western clinical practice, I believe that Indigenous approaches stand on their own as valuable healing methods. According to Baskin (2016), the process of "centering all helping approaches" requires Western knowledge to create a space for Indigenous knowledge (p. 106). Rather than prioritizing Western knowledge, this means that Indigenous knowledge is equally valued within the circle (Baskin, 2016). By validating traditional knowledge and healers and encouraging communities to return to traditional teachings for wellness in communities, ally practitioners can actively support Indigenous approaches to healing.

As a non-Indigenous ally, I acknowledge that I do not hold traditional Indigenous knowledge. I recognize that I not have the knowledge, training, or permissions to teach traditional practices or facilitate Indigenous ceremonies. In regards to Indigenous worldviews and ways of knowing, my knowledge is limited, but I recognize that the learning journey requires humility and a lifelong commitment. As an ally practitioner, I can integrate Indigenous healing approaches into my clinical practice in other ways. It is important for me to be aware of cultural supports, traditional knowledge holders, and Elders in the communities I work within. If service consumers express interest in exploring cultural and spiritual practices, I can connect them with appropriate individuals and groups. Inviting knowledge holders and Elders to work alongside me in my practice with Indigenous service consumers may also help to facilitate healing. By acknowledging the strengths and value of Indigenous healing methods and connecting with Indigenous community members and services, I can combine Indigenous and Western approaches to service provision in my own practice.

CHAPTER 7: IMPLICATIONS AND RECOMMENDATIONS FOR SOCIAL WORK PRACTICE

In this chapter, I will reflect upon the implications of my learning experiences as they pertain to the development of my personal professional social work practice. Some of the challenges I faced during my practicum placement include: maintaining boundaries, practicing regular self-care, and addressing vicarious trauma, all of which require continuous development as I move forward in my professional career. I will also make some recommendations for social work practice.

Implications for Personal Professional Practice

Maintaining Boundaries

According to the Canadian Association of Social Workers' Code of Ethics, all social workers are required to uphold Value 4: Integrity in Professional Practice, which includes the establishment and maintenance of appropriate boundaries with service consumers (CASW, 2015). Appropriate boundaries are required in order to ensure that the practitioner-service consumer relationship effectively serves the needs of the individual accessing services (CASW, 2015). Throughout my practicum experiences, I faced challenges associated with boundaries and self-disclosure. Especially when working with the Addictions Recovery Program at Ormond Lake and Saik'uz Park, it was often difficult to maintain strict professional boundaries and limit my self-disclosure when interacting with camp participants.

Due to the nature of the Addictions Recovery Program, the camp setting differed significantly from other professional settings I have worked within. Unlike other typical office settings with regular day time hours that service consumers attend to receive services, the ARP

offered service consumers month-long residential treatment. At Ormond Lake and Saik'uz Park, I spent long days with camp participants as I was on shift from 8am until 8pm and sometimes even later. Although I was not engaging in therapeutic discussions or facilitating workshops for the entirety of my shift, I was always around camp participants. I ate, relaxed, exercised, and participated in all daily activities with the service consumers. This meant I had to be cognizant of my words and actions at all times throughout the days because I was constantly being observed. Sometimes I found it difficult to take time or space for myself away from the campers in order to take a break and relax. Separating myself from camp participants when I was off shift was also a difficult task at times, considering I stayed on site during the evenings.

My role as a social work student also created a different dynamic that sometimes made it difficult to maintain boundaries and limit self-disclosure. As a student, a large part of my learning experiences consisted of my participation in cultural and spiritual activities while at camp. Thus, I was participating in various activities in the capacity as both a practicum student and as a participant. This dual role required me to be very conscientious of the personal information I shared as I knew it was important for me to share my story authentically while also ensuring I had the camp participants' best interests in mind.

Appropriate self-disclosure can be used to develop trust and build relationships with service consumers. Therefore, in various activities, I would share some details about myself but would also evaluate the purpose of my sharing to determine how my sharing could be helpful or harmful for myself or those I was working with. Often times I would question the reason for sharing whether it was to build trust and set an example for participants or if it was to gain approval among the service consumers, the former being appropriate and the latter being inappropriate. As boundaries and self-disclosure can be difficult to navigate at times, I

recognized the importance of constant self-reflection and appropriate supervision for individual situations in regards to these topics. So long as service consumers' best interests were being upheld and disclosure was occurring for the purpose of building trusting relationships, I believe that appropriate boundaries were being maintained.

Practicing Regular Self-Care

About halfway through my practicum with CSFS, I began to recognize that I was becoming very tired, physically and emotionally. I had been working long days in an effort to maintain the timeline I had developed in order to finish my practicum on time. Prior to starting my practicum, I planned to commit an hour each evening for reflexive journaling and writing my final practicum report. However, shortly after beginning my practicum, I realized that this expectation was unreasonable. After spending extremely long days with camp participants, I did not have the energy to spend another hour in the evenings working. Instead, I often used the evenings to read literature about my topic or simply relax. If I needed to, I would also shorten my days in order to ensure I was getting enough rest. By August, I realized that I was still demanding too much from myself, while also neglecting some of my regular self-care practices. At this point, I started to feel physically unwell and decided it was time to make some significant changes to my daily routine.

Although this was not the first time I have overexerted myself during my professional and educational career, this experience reminded me of the importance of regularly practicing self-care. Especially, as someone who works in the helping field and emotionally supports others in various capacities for the majority of my work days, I needed to ensure I was treating myself with care and compassion. This meant taking the time to do activities I enjoyed or that made me feel good. After the first month of my practicum, I began to purposely schedule at least an hour

of self-care time each evening. During this time, I wrote in my personal journal, made phone calls to loved ones, watched television shows, or simply slept when I needed the extra rest. Through my practicum experiences, I was reminded that while self-care does not need to be extensive, it needs to be a priority, both during the work day and after hours. I have committed to small self-care practices throughout my work day such as quick breaks to listen to music or go for a walk around the building. In the evenings, I have committed to engaging in some type of activity that I enjoy. Practicing regular self-care was necessary to maintain my health and to ensure that I had the ability to be present for the individuals that I was working with.

Addressing Vicarious Trauma

Vicarious trauma, also referred to as secondary trauma, is defined by Killian (2008) as "a process by which a professional's inner experience is negatively transformed through empathic engagement with clients' trauma material" (p. 33). In this process, the trauma discussed in therapy sessions is transferred from service consumer to practitioner who may then become prone to stress and post-traumatic stress disorder (PTSD) symptoms (Killian, 2008). According to Killian (2008), the stress generated from working with extensive trauma can accumulate over time and begin to disrupt aspects of the practitioner's life if not addressed. However, Killian (2008) states that practicing regular self-care, maintaining collegial support, participating in regular supervision and debriefing are also strategies that can reduce the impacts of vicarious trauma.

Over the course of my practicum, I was exposed to countless stories of trauma and struggle, which began to wear on me emotionally over time. On several occasions, the stories I heard personally affected me to the point where I felt strong emotions such as anger, sadness, and helplessness. In these instances, once the sessions were finished, I took time to process what

I had heard, at times crying briefly, as a form of emotional release. In all of these experiences I also turned to my colleagues and supervisor for support and to debrief about what I had heard. My practicum at CSFS reiterated the importance of a supportive work environment when employed within the helping field. Whenever I needed to talk, my colleagues and supervisor, K. Bhandari, were available. K. Bhandari frequently made time during the work day to discuss situations in order to encourage the team to express our emotions, debrief, and evaluate our responses to the situation. For me, knowing I had a supportive team I felt comfortable talking to about these challenges made it easier to work through the difficult situations that I encountered, as I worked hard to mitigate the effects of vicarious trauma.

Recommendations for Social Work Practice

My practicum placement showed me the true value of experiential learning. Although the majority of academic learning takes place in the classroom setting and requires students to read, write, and research about various topics and issues. I believe that learning through observation and participation is absolutely crucial. In Indigenous cultures there is an emphasis on experiential learning and acquiring knowledge through living (Abolson, 2010). Thus, Settler people cannot simply learn to 'become an ally' through reading articles or by discussing the actions that are necessary to take to achieve this goal. In my experience, the journey towards becoming an ally requires non-Indigenous Settler practitioners to connect with individuals and communities in a personal way and to learn from Indigenous peoples firsthand. For me, the most powerful learning I experienced took place while I was participating in traditional Carrier activities, spending time in the beautiful Carrier communities, and engaging with community members. My practicum experience is just the beginning of my lifelong journey to becoming an ally. However, it was only once I began to visit the communities, meet the people, and participate in ceremonies and

activities, that I truly began to understand what it means to be an ally within Indigenous communities. Due to the importance of experiential learning in the journey to becoming an ally, I have several recommendations for various areas of social work practice.

I recommend including an experiential Indigenous component in the elementary and high school curriculum for students across Canada. Although the school curriculum currently includes Indigenous content, I believe that social workers could play a vital role in the development of an experiential Indigenous learning component that school districts and educators could implement into the classroom setting fostering cultural awareness. During my time at the Nadleh children's culture camp, I had the opportunity to participate in numerous traditional Carrier activities with the children. The children absolutely loved participating in the activities and while many children already knew how to make jam and can fish, others had the opportunity to learn for the first time. It was very powerful to see the children enjoying the activities so much. Although this particular camp is held for the Carrier children in this community, I believe that providing non-Indigenous children with a similar opportunity would be an excellent way for all children to learn about Carrier culture and traditions while also experiencing the strength and resiliency of Indigenous peoples. I recommend that social workers in positions of Indigenous education, school districts, and educators work together to create opportunities such as culture camps to allow both Indigenous and non-Indigenous children to engage in traditional cultural activities together. I believe that these type of activities are one way to increase experiential learning experiences for young students and to promote positive ally relationships among Indigenous and non-Indigenous children, beginning at a young age.

I also recommend that more experiential Indigenous-focused learning opportunities should be incorporated at the post-secondary level—the university. I think that the opportunity to

participate in traditional activities and engage in meaningful conversation about allyship would lend to creating environments where positive relationships can be fostered. For example, the University of Northern British Columbia's First Nations Center is an inclusive space that is open to all members of the university community. This space offers activities such as feasts, crafts, and speakers that anyone is welcome to attend. These type of initiatives can help include the entire university community in taking steps towards becoming good allies.

Furthermore, I recommend that schools of social work across Canada include more experiential specific learning, such as required coursework at both the Bachelor of Social Work and Master of Social Work levels which involve experiential, community-based projects. This might include a northern and remote practice course that allows students to travel to northern Indigenous communities, as part of their training, in order to get a firsthand sense of what the communities are like and how they function. For example, the University of Northern British Columbia offers Northern and Remote Social Work Practice as a required course for the Bachelor of Social Work program. The course includes an experiential component where students are able to visit a community to experience cultural components. I believe that all social work programs should include this type of learning experience as a required course. It would also be beneficial to develop components of course work that require students to attend Indigenous community events such as feasts or a smudge ceremony. I believe that these added components to social work education would help to provide depth and increase student understanding of Indigenous culture and traditions, while also promoting positive ally relationships.

Finally, I recommend that all professionals in the health and social services sector participate in required training that emphasizes cultural safety and humility and focuses on the importance of becoming an ally. While many employers do require employees to complete some

type of cultural competency training, I do not personally feel that this is enough for individuals working in the health and social services profession. Cultural competency is the bare minimum as these types of courses address history and some general cultural information. However, cultural humility additionally emphasizes the need for health care practitioners to take on the role of student and commit to a lifetime of learning in regards to working with Indigenous peoples and individuals from other cultural backgrounds. I believe that a cultural humility approach better achieves the good of working towards becoming an ally, and would better promote positive relationships among Indigenous and non-Indigenous peoples in health care settings. It would be beneficial for both employers and employees to attend Indigenous community events when possible in order to encourage experiential learning while also strengthening relationships between health care practitioners and Indigenous community members.

Conclusion

On a personal level, this practicum placement has strengthened my understanding of what it means to be an effective ally within Indigenous communities. My numerous and diverse experiences have also demonstrated the importance of integrating Indigenous healing approaches with Western clinical interventions using a Two-Eyed Seeing approach in order to facilitate healing with Indigenous service consumers. At a broader level, I hope this report contributes to the social work field by highlighting the need for strong allyship between Settler practitioners and Indigenous individuals and communities and by discussing recommendations for social work practice to improve ally relationships. Through the discussion of the components necessary to become an effective ally, I hope this work demonstrated the immense value of integrating Indigenous approaches and clinical social work services in culturally safe and humble ways.

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