

**BRIDGING THE GAP:  
SOCIAL WORK PRACTICE WITH INDIGENOUS PEOPLES IN NORTHERN  
BRITISH COLUMBIA**

by

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## **Abstract**

This report provides an overview of my practicum placement with a non-profit organization, Carrier Sekani Family Services (CSFS), in particular its Health and Wellness Program. Most of my placement was at Ormand Lake Cultural Healing Camp, known in Carrier language and within the Carrier nations as Choostl'ō Bunk'ut. CSFS serves 11 Carrier First Nations bands in north central British Columbia. The objective of my practicum was to gain competency working with Indigenous peoples and their communities and to understand Indigenous wellness from the perspective of the Carrier people. Overall, this practicum helped me to explore my interest in Indigenous mental health and traditional healing. This report will discuss my experiences as a practicum student and will explore how culture can be used for healing in mental health. Several topics that emerged in relation to my practicum goals will be outlined, including ethics and boundaries, spirituality, clinical and alternative practice skills, and integrating Indigenous and Western approaches.

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## Glossary

**Ally:** “[A] member of an oppressor group who works to end a form of oppression which gives her or him privilege” (Bishop, 2015, p. 152).

**Carrier and Sekani:** First Nations people residing in Northern Central British Columbia who are members of one 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 Nation, Stelat’en First Nation, Talka Lake First Nation, Wet’suwe’ten First Nation, and Yekooche First Nation (Mann & Adam, 2016).

**Colonization:** Colonization occurs when a minority Indigenous group or culture is taken control over. Within the context of Indigenous peoples in Canada, this has included the displacement of their traditional forms of government and the devaluation of their traditional spirituality, knowledge and practices, in part through the actions of residential school systems, child welfare systems, and missionaries (Baskin, 2016).

**Competency:** “An approach that focuses on practitioners attaining skills, knowledge, and attitudes to work in more effective and respectful ways with Indigenous patients and people of different cultures” (Ward, Branch, & Fridkin, 2016, p. 1).

**Elders:** Elders are older people who are sought out by their community for their knowledge and spiritual leadership. An Elder could also be a healer or someone who has the ability to heal (Baskin, 2016).

**Indigenous Peoples:** An umbrella term for First Nations, Métis, and Inuit people on and off reserve (Sensoy & DiAngelo, 2017).

**Mental Health:** There is no single definition of mental health and the term is defined differently depending on the context. Within a Western lens, mental health is recognized as a

mind and body relationship with regard to illnesses or disorders. Within an Indigenous lens, mental health includes holistic and relational ways of knowing and being in the world and considers the balance of mental, physical, spiritual and emotional components of health. Currently, the definition for mental health provided by the World Health Organization (2016) is widely used: a state marked by the absence of illness or disorder; “a state of well-being in which the individual can realize his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (p. 1).

**Settlers:** People who come to a land that is inhabited by Indigenous peoples and declare the land to be their property and therefore force groups of people to be “transplanted from their own lands and enslaved on other peoples’ lands” (Amadahy & Lawrence, 2009, p. 107).

**Two-Eyed Seeing:** The concept of integrating the strengths of Indigenous and Western knowledges to benefit service delivery in practice with collaboration, respect, and understanding (Marshall, Marshall, & Bartlett, 2015).

## **Acknowledgement**

I would like to say mussih cho to the Elders, traditional healers, and knowledge holders who have taught and shared with me their stories, wisdom, traditional practices, and world views. It was an honour to learn from you. Your compassion, strength, and humility have inspired me to continue my journey to be a lifelong learner.

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## **Chapter 1: Introduction**

Colonization has resulted in Indigenous communities having some of the worst health outcomes in Canada (Steinhauer & Lamouche, 2015). Issues remain in the health and wellness services being provided to Indigenous peoples and, while these services are generally delivered with good intentions, many of them ignore the elements vital to traditional Indigenous world views and deliver health services without an understanding of Indigenous connections to language, spiritual teachings, community stories, and the impacts of colonization; thus, they perpetuate the cycle of colonization and assimilation (cite).

It is clear that one's culture is vital in supporting healthy individuals and communities and that traditional practices and social determinants of health contribute to improved health. For example, the seminal research conducted by Chandler and Lalonde (1998) found that Indigenous self-governance regarding health, education, policing and cultural resources is essential to improve the health and wellness outcomes of Indigenous peoples and that community involvement in health services, schools, cultural facilities, police and fire services is associated with lower rates of suicide. It is therefore argued that cultural continuity and self-determination are of utmost importance to the health and well-being of Indigenous communities.

As a non-Indigenous Master of Social Work (MSW) student who desires a career working with Indigenous peoples, it is critical to develop an understanding of Indigenous world views and ways of knowing. It also is important to recognize that Indigenous practices are not homogeneous and that there is great diversity across and within Indigenous communities (Clark et al., 2010). Therefore, I wanted to develop general

competencies and specific knowledge of the local Indigenous peoples and communities that I might be working with after I graduate from the MSW program. I deliberately sought out an agency that utilizes culture as a foundation for all of its services and programs, that emphasizes holistic wellness services for Indigenous peoples, and that is a strong supporter of Indigenous self-determination and self-governance. I chose to complete my practicum with Carrier Sekani Family Services (CSFS), in particular in their Health and Wellness Program, in order to better understand Indigenous wellness from the perspective of the Carrier and Sekani peoples. My goal for this practicum placement was two fold. I wanted to develop an understanding of clinical social work skills, including evidence-based modalities such as Solution Focused Therapy and Cognitive Behavioural Therapy and alternative counselling techniques such as guided imagery, mindful meditation, and art. Secondly, I wanted to begin to learn how these modalities can be utilized with Indigenous peoples and their cultures as well as adapting the Two-Eyed Seeing approach in practice (Marshall et al., 2015).

This practicum report is divided into six chapters, with this first chapter serving as the Introduction. Chapter 2 provides an overview of the literature that is relevant to my practicum experience. Chapter 3 outlines my theoretical foundation and my personal positioning as a practicum student. Chapter 4 describes the structure and mandate of CSFS, as well as the services provided and the populations served, with a focus on its Health and Wellness Counselling Program. Chapter 5 summarizes my learning goals, practicum activities, and reflections on my practicum experience. Chapter 6 discusses the broader contributions of my practicum experience to the field of social work.

## **Chapter 2: Literature Review**

To understand the mental health and wellness disparities between Canada's Indigenous population and the overall Canadian population, one must understand the factors contributing to the current mental health challenges faced by Indigenous peoples (Boksa, Joobar, & Kirmayer, 2015). In this chapter, six main bodies of literature are explored. Topics include the historical context of colonialism, colonialism and its impact on Indigenous peoples, services available to Indigenous peoples, mental health and two world views, Western social work modalities, and settler colonialism and allyship.

When exploring the literature, it is important to keep in mind that Indigenous peoples are diverse in terms of cultures, lifestyles, traditions, languages and opinions and there is danger of viewing them as one homogeneous group (Baskin, 2007). Nevertheless, Indigenous peoples experienced the history and impacts of colonization (Baskin, 2007; Dobson & Schmidt, 2015) and they therefore share the sociohistorical predicaments described in the literature that have been brought on by the legacy of historical injustices resulting from colonization (Baskin, 2007; Kirmayer, Simpson, & Cargo, 2003; Marsh, Coholic, Cote-Meek, & Najavitsset, 2015).

### **Historical Context of Colonialism**

As stated earlier, colonialism can be defined as a situation in which one society conquers another, taking control of physical, social, and political space (Baskin, 2016; Thomas & Green, 2015). Settler colonialism occurred when European settlers took over Indigenous peoples' lives, lands, and resources (Baskin, 2016; Thomas & Green, 2015). As capitalism developed, where goods and services were made for profit, "the needs of humans and of a natural world with its land, air and water, were given little to no

consideration” (Baskin, 2016, p. 7). The ultimate goal of settler colonialism was to displace Indigenous peoples from their lands and take away their cultures, traditions, languages, and identities (Baskin, 2016; Thomas & Green, 2015).

Hand in hand with colonization was the implementation of the *Indian Act*, which has been described as an “enforced colonialist, paternalistic legalisation that has governed and classified every aspect of the lives of Indigenous peoples in Canada for well over a hundred years” (Thomas & Green, 2015, p. 30). The *Indian Act* has controlled Indigenous peoples’ lives by enforcing European, Christian, and capitalistic world views, in part by removing many Indigenous children out of their homes, families and communities and placing the children into residential schools as well as by banning many traditional ceremonies, including political structures such as the Bahl’ats system (Baskin, 2016; Thomas & Green, 2015). The Canadian government designed the *Indian Act* to assimilate Indigenous peoples to European world views through education and the imposition of European-based systems. For example, the reserve system was created through the *Indian Act* and it also eliminated an egalitarian economic system and failed to recognize Indigenous peoples’ rights to self-government (Baskin, 2016).

### **Residential Schools and the Sixties Scoop**

Residential schools, with mandatory attendance requirements, were implemented and funded by the Canadian government but administered by Christian churches. Blackstock (2009) states that the provisions of the *Indian Act* resulted in children 5–15 years of age being removed from their family homes and placed in poorly run residential schools. Attendance at these schools resulted in almost half of all Indigenous children dying from malnutrition, mistreatment, or diseases such as smallpox and tuberculosis.

Furthermore, the goal of residential schools was to teach Indigenous children to be Euro-Canadians and to destroy Indigenous identities, traditions, and ways of life (Baskin, 2016). The governments during the residential school era did not wish to be held responsible for what was happening and instead chose to ignore issues such as the high mortality rate and prevalence of diseases among children at these schools, along with the rampant abuse and neglect these children suffered (Blackstock, 2009). In time, residential schools began to close; the residential school in Lejac, which housed Carrier First Nations children, closed in 1976 and the last reported residential school in Canada closed in 1996 (Blackstock, 2009; Dobson & Brazzoni, 2016). In recent years, Indigenous peoples have been speaking about their experiences in these schools including sharing stories of the sexual and physical abuse and neglect that occurred as well as recounting the poor conditions, untrained staff, overcrowding, starvation, and the rampant spread of diseases such as tuberculosis and smallpox (Baskin, 2016; Belanger, 2018).

The Sixties Scoop commenced in the 1960s, around the time that many residential schools were being phased out. The term “Sixties Scoop” refers to the increase of Indigenous children being apprehended from their homes and communities from the 1960s to the mid-1980s, often without the consent of either their families or their communities; over 70% of Indigenous children apprehended were adopted by non-Indigenous families located elsewhere in Canada, in the United States, or even overseas (Sinclair, 2007). Exporting Indigenous children to the United States was a common practice, and American adoption agencies paid child welfare services in Canada \$5,000 to \$10,000 per child, often with minimal screening and monitoring of adoptive and foster parents; one in three Indigenous children were placed in adoption and foster care (Alston-O’Connor, 2010).

Social workers played an active role in the Sixties Scoop. Alston-O'Connor (2010) suggests that social service workers attempted to “rescue” children from their Indigenous families and communities, but instead, this “rescue” resulted in devastating the children’s lives and “furthering the destitution of many families” (p. 54). She further argues that power, privilege and poverty were related to the disproportionate number of Indigenous children who were removed from their own communities and that social welfare policies allowed government agencies to continue to remove Indigenous children from their homes and communities, causing harm to Indigenous culture and traditions.

Systemic issues were ignored during the removal of Indigenous children from their families (Blackstock, 2009). Poverty, social exclusion, and the impacts of colonialism were not taken into account. In addition, culture and ethnicity were not considered because it was assumed that Indigenous children would take on the culture of their foster and adoption parents (Alston-O'Connor, 2010). Furthermore, social service workers were unfamiliar with traditional child-rearing skills in Indigenous communities, where child-rearing was viewed as a shared responsibility and it was not uncommon for a child to be raised by those who were not their biological parents. As a result, social service workers removed children, believing that Indigenous mothers were unfit to care for their children (Alston-O'Connor, 2010; Sinclair, 2007). Further, other factors were ignored, including poor living conditions on most reserves due to financial mismanagement and manipulation by the government; instead of investing funds into supporting Indigenous families and communities, children were simply removed at disproportionate rates. It has been argued that social service workers were ultimately naïve professionals who acted on their mandate

and made judgment decisions about removing Indigenous children from their communities and families using a white, middle-class lens (Alston-O'Connor, 2010; Sinclair, 2007).

Many of the children removed during the Sixties Scoop were treated similarly to how children had been treated during the Residential School Era (Baskin, 2016; Blackstock, 2009). This mass removal of Indigenous children has been viewed by many people as an act of cultural genocide because many Indigenous children were adopted by non-Indigenous families and/or were placed in long-term foster care, resulting in a loss of identity and culture (Sinclair, 2004). The Indigenous families and communities who lost their children were also greatly impacted by mental, emotional, and spiritual harm (Alston-O'Connor, 2010).

The Sixties Scoop and the residential school era are a significant reason for the current struggles and challenges that Indigenous communities experience (Baskin, 2016). The abuse of children involved in these systems led to a decline in parenting skills because children did not have appropriate parental role models (Baskin, 2016). In addition, the knowledge of Indigenous peoples' traditions and practices was diminished if not lost in some circumstances because Elders died without having had the opportunity to pass their knowledge and traditional practices on to the next generations (Belanger, 2018).

### **Millennium Scoop**

In the 1980s, Indigenous people in Canada became increasingly politicized and initiated movements to raise their voices about how government "authorities were adhering to the assimilationist colonial model that assumed [Indigenous] peoples were culturally inferior and unable to adequately provide for the needs of their children" (Sinclair, 2007, p. 67) and how removing children under questionable circumstances perpetuated these

assimilation policies. As a result of these protests, many Indigenous communities were successful in taking back jurisdiction from the federal government over child welfare through the creation of Delegated Aboriginal Agencies (DAAs) which were designed to ensure that services were culturally based and to allow children to remain within their communities. Despite this change in policy, funding issues persist for DAAs and insufficient resources continue to be provided for these children to safely remain with their families and in their homes (Blackstock, 2009). This reality contributes to a continued over-representation of Indigenous children in care (Blackstock, 2009). The removal of Indigenous children from their families and communities continues in the child welfare system today and many Indigenous children are placed in non-Indigenous homes (Baskin, 2016). The *Sixties Scoop* has evolved into the *Millennium Scoop*, with Statistics Canada (2016) reporting that out of the 7.7% of children who identify as Indigenous in Canada, 52.2% of the children in foster care are Indigenous.

### **Colonialism and its Impact on Indigenous Peoples**

Currently, Statistics Canada (2016) reports that 1,673,785 Indigenous people reside in Canada, including First Nations, Inuit, and Métis. This number accounts for 4.9% of the total Canadian population. Many of these are survivors of residential schools and the child welfare system and have been affected negatively by colonization, experiencing social and health challenges that are at much higher rates than non-Indigenous peoples (Belanger, 2018; Marsh, et al., 2015). In fact, it is important to note that almost every social pathology or health issue in Indigenous communities is connected directly to the historical context of colonialism (Boksa et al., 2015; Menzies, 2010; Sinclair, 2004).



These health and social disparities are significant. For instance, Kirmayer et al. (2003) state that Indigenous peoples suffer from a range of health problems at a higher rate than non-Indigenous peoples including a 6–7 times greater incidence of tuberculosis, a 4–5 times greater incidence of diabetes, a 3 times greater incidence of heart disease and hypertension, and a mortality rate that is 1.5 times the national rate. Social problems are also prominent, including high incarceration, sexual abuse and family violence rates as well as suicide rates that are 3–6 times greater than among non-Indigenous peoples (Kirmayer et al., 2003). Many Indigenous peoples experience poverty, high unemployment rates, substance misuse, dependency on social services, as well as a lack of affordable housing (Baskin, 2016; Blackstock, 2009; Jardine & Lines, 2018). Furthermore, educational disparities exist and in a recent study “approximately 33% of Indigenous adults aged 25 to 54 reported having less than a high school education compared to nearly 13% of the non-Indigenous population” (Jardine & Lines, 2018, p. 1). In addition, Indigenous peoples are three times more likely to experience food insecurity than are non-Indigenous Canadians (Health Canada, 2017). Furthermore, Indigenous peoples have suffered trauma, loss, and grief and that has greatly affected their mental health (Kirmayer, Brass & Tait, 2000) and concurrent disorders [where a person experiences both mental health disorder(s) and a substance abuse issue] are as high as 70% within Indigenous communities (Menzie, 2010). Many Indigenous peoples also experience low self-esteem, including loss of cultural identity (Baskin, 2016; Greenwood, de Leeuw & Lindsay, 2018; Kirmayer et al., 2000). These issues have all been linked to an overarching colonial structure which continues to perpetuate material and social inequalities that ultimately

result in health disparities that Indigenous peoples are facing over several generations (Reading, 2015).

### **Services Available to Indigenous Peoples**

The ongoing oppression of Indigenous peoples is not being fully addressed due to social services and Indigenous peoples' organizations being underfunded, leaving them to deal on their own with the unjust impacts of colonialism (Baskin, 2016). The governments in Canada continue to argue over who is responsible for health care and Indigenous peoples are often left without services. Colonialism and capitalism continue to marginalize Indigenous peoples and government and professional responses to social pathologies do not adequately address Indigenous peoples' fundamental causes of suffering, with the issues of colonialism and intergenerational trauma continuing to be ignored in government policies (Kirmayer et al., 2000).

It is vital that Indigenous health and wellness services be improved and that the federal government expand its role in public health programs and take responsibility for the well-being of Indigenous communities. In order for Indigenous peoples to regain their physical and emotional health, including their culture, social workers and academics must deconstruct Western hegemony and world views, including political policies, to make space for Indigenous knowledge and world views (Baskin, 2016; Blackstock, 2009). Deconstructing Western hegemony starts with being able to reflect critically about the knowledge that we hold (Antoine, Mason, Mason, Palahicky, & Rodriguez de France, 2018). We must examine how we have acquired such knowledge and consider what we can do to change misconceptions and assumptions about Indigenous peoples (Antoine et al., 2018). Each of us as non-Indigenous people must examine our assumptions, biases and

beliefs about Indigenous peoples and cultures “by learning about [ourselves] in relationship to the communities where [we] live and the people with whom [we] interact” and by reflecting on our own background, cultures, privileges, and oppressions to identify the gaps and biases in our knowledge (Antoine et al., 2018, p. 5).

As stated previously, many Indigenous peoples experience intergenerational trauma directly related to past and present colonization. It is important to note that intergenerational trauma is ongoing for people rather than becoming a historical or past event (Klinic Community Health Centre, 2013). Trauma impacts people’s physical, mental, emotional and spiritual wellness; therefore, it is essential that practitioners recognize the importance of trauma aware practice in service delivery to develop a safe, trusting, and compassionate working relationship with Indigenous peoples and to support healing (Klinic Community Health Centre, 2013). Trauma aware practice involves understanding the psychological and emotional impacts on people who have experienced trauma; it requires practitioners to explore the various coping strategies people have already developed which can then be adopted to respond to trauma (Klinic Community Health Centre, 2013). Understanding trauma in Indigenous communities is critical, as it is our responsibility as social workers and practitioners to be compassionate and to collaborate with Indigenous peoples to create safer helping environments. Furthermore, being trauma-aware involves service providers understanding what trauma is, the types of trauma, and the implications of trauma in order to help Indigenous peoples build coping and resilience skills, overcome traumatic experiences, and embark on healing journeys (Klinic Community Health Centre, 2013). Being trauma aware also involves being culturally competent regarding the traditions and practices of Indigenous people within our

communities, as many of these teachings are foundational to their beliefs. It is vital to have trauma aware approaches to achieve the goal of developing services and programs that are trauma informed, which can help reduce any harm that may occur within one's practice and improve Indigenous health and wellness services.

### **Mental Health and Two World Views**

Mental health services often lack cultural relevance due to important differences between how Indigenous and Western people view mental health (Vukic, Gregory, Martin-Misener, & Etowa, 2011). From a Western perspective, mental health has been defined as a “state of well-being in which the individual can realize his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (World Health Organization, 2016, p. 1). In a Western paradigm, “mental health and illness covers a broad landscape that encompasses personal growth and well being, everyday problems in living, common disorders such as anxiety and depression, and severe mental disorders such as schizophrenia or manic-depressive illness” (Vukic et al., 2011, p. 67). The absence of these types of disorders is viewed as an indicator of good mental health (Beaulieu, 2011). In other words, Western views of mental health are often based on a wide range of conditions that are labelled as abnormalities where there is a neurobiological explanation for any psychiatric disorder and behaviour and one's mental health is seen primarily from the perspective of a mind and body relationship (Lavallee & Poole, 2009; Vukic et al., 2011). A Western context tends to define mental health in relation to disorders and there is a “tendency to pathologize mental health problems into mental health disorders and to locate the cause for the disorder internally with the individual” (Beaulieu, 2011, p. 22).

In Indigenous world views, mental health tends to be seen as much more than the absence of mental health problems (National Collaborating Centre for Aboriginal Health, 2017). Indigenous concepts of mental health and wellness extend to “holistic and relational ways of knowing and being in the world” (National Collaborating Centre for Aboriginal Health, 2017, p. 1). Furthermore, “good health is generally understood as a balance of the mental, physical, spiritual and emotional dimensions of self and the ability to live in harmony with family, community, nature and the environment” (p. 1). An imbalance in one dimension is perceived as the root source for the development of health problems, and the goal, therefore, is to work to heal and restore balance and harmony among the four quadrants (Beaulieu, 2011; Vukic et al., 2011). The four dimensions of health (mental, physical, spiritual, and emotional) are not considered separate entities but rather are treated as interconnected elements, therefore, the Western concept of mind-body dualism is not viewed by Indigenous peoples as adequately addressing wellness (Beaulieu, 2011; Vukic et al., 2011).

It is important to understand that individuals are different and there is no single model that can effectively address the complexity of mental health and wellness (Belanger, 2018; Vukic et al., 2011); however, for many Indigenous peoples, the medicine wheel captures this concept of health and the importance of the interconnection of all four entities, which “represents the four aspects of the self, the four directions, the stages of human development, and other beings which humans have relationships with (animals, plants, spirits)” (Beaulieu, 2011, p. 32). Health is seen as an ongoing process that cannot be treated in an isolated fashion because it stems from balancing the four quadrants of the medicine wheel (Vukic et al., 2011).

Mental health and wellness programs need to adopt culturally relevant perspectives and social workers must be aware of Indigenous peoples' historical and cultural contexts (Belanger, 2018). The Truth and Reconciliation Commission of Canada (2015) report states in Call to Action 22: "We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients" (p. 7). There is a need for those of us who operate from the dominant Western world view to broaden our understanding of mental health and to make space to understand Indigenous ways of knowing, including the concept of the holistic nature of mental health and healing (Belanger, 2018; Vukic et al., 2011).

Mental health professionals and services must recognize that Western frameworks for addressing mental health do not meet the needs of Indigenous communities. Vukic et al. (2011) argue that professionals and practitioners must step away from the Western lens of mental health in which one's mental health is viewed only in terms of mind and body. Thinking about mental health strictly in terms of our mind and body is too simplistic an approach and ignores the other aspects of mental health that are also important, such as our emotions and spirit. Furthermore, a successful approach to culturally safe mental health programs must be interdisciplinary, incorporating a diversity of professionals in a community-driven framework where practitioners work with Indigenous communities and those communities are "stakeholders and can take into account the culture, needs and preferences of individual communities" (Giroux et al. 2016, p. 4). Indigenous peoples' ways of knowing, as well as their actual canons of knowledge, are protective factors that

we, as practitioners, must learn and promote in order to increase resiliency for Indigenous communities in Canada.

### **Two-Eyed Seeing**

One way we can look at mental health and wellness beyond the biomedical model and incorporate an understanding of the effects of colonization, oppression, and attempted assimilation into their practice is to choose to utilize a Two-Eyed Seeing approach, which is the ability to first learn about and see from two different world views, then bring together the strengths of both (Marshall et al., 2015). In other words, we can learn to see from one eye with the strengths of Indigenous knowledge and ways of knowing and from the other eye with the strengths of Western knowledge and ways of knowing (Marshall et al., 2015). As practitioners, we can utilize this idea of multiple perspectives working together for the common good: “Using these eyes together to bring diverse strengths to bear on understanding and making the world a better place today and in the future” (Greenwood & Jones, 2015, p. 67). The incorporation of Indigenous and Western perspectives towards promoting healing is an important step towards resiliency and effectively enhancing the well-being of Indigenous peoples (Vukic et al., 2011). We therefore must take the strengths of both world views and work collaboratively to focus on improving the social, physical and economic environments that determine the mental health of individuals and populations (Vukic et al., 2011, p. 75). As we join together and work with Indigenous communities and people, we must reflect on our own positioning and utilize reflexivity (Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2011).

### **Western Social Work Modalities**

A variety of frameworks and interventions within the field of social work can be used in practice; however, it is important to reflect on how these frameworks and interventions are utilized when working with Indigenous peoples. In my practice with CSFS, I utilized both Solution Focused Therapy (SFT) and Cognitive Behavioural Therapy (CBT) within a Two-Eyed Seeing approach. I also used alternative and arts based methods. In this section, I will discuss these counselling modalities and how they can be adapted to suit the needs of Indigenous clients.

#### **Solution Focused Therapy**

Solution-Focused Therapy (SFT), also called Solution-Focused Brief Therapy, was developed to shift the role of the practitioner away from problem-based counselling (which focuses on the problems that affect a client) to instead have the practitioner build upon and enhance the client's natural responses to challenging circumstances (Meyer & Cottone, 2013; Sobhy & Cavallaro, 2010). Meyer and Cottone (2013) state that the two principles of SFT are that the practitioner does not change what already works for the client and the practitioner's role is to help the client look for solutions based on their existing strengths. They further explain that this therapy is a goal-directed, collaborative approach to psychotherapeutic change and that it commits the practitioner to find workable solutions for clients as quickly as possible and to discover how to overcome an obstacle in a timely manner. Furthermore, it is future-oriented and goal-driven and therefore it only looks at present issues and not the client's past. Accordingly, the therapy is often used to alleviate stressors in current life events. This therapy can be applied to a variety of contexts, including with individuals, couples, and families (Meyer & Cottone, 2013).



## **Cognitive Behavioural Therapy**

CBT is an evidence-based practice that has been utilized most frequently as a form of psychotherapeutic intervention (González-Prendes & Brisebois, 2012). CBT is a popular choice for practitioners as it emphasizes the principle that a “person’s thinking is determinant of emotional and behavioral responses to life events” (González & Brisebois, 2012, p. 21). Rector (2010) states that CBT is a short-term intensive therapy that uses a problem-oriented approach. It is designed to be goal-oriented and to provide clients with long-term skills to sustain good health. He further reports that CBT is used to focus on the present issues that occur in one’s day-to-day life. In addition, CBT “helps people to look at how they interpret and evaluate what is happening around them and the effects these perceptions have on their emotional experience” (Rector, 2010, p. 2). CBT is often used to treat psychological conditions or mental health challenges such as anxiety, depression, bipolar disorder, social phobia, panic disorder, and substance use disorders. The goal of CBT is to “identify, question and change the thoughts, attitudes, beliefs and assumptions related to your problematic emotional and behavioural reactions to certain kinds of situations” (Rector, 2010, p. 3). Rector (2010) argues that CBT is an effective therapy because it is structured, problem-focused, and goal-oriented. Furthermore, it is used to teach strategies and skills to clients while emphasizing a collaborative approach between the practitioner and client.

## **Alternative and Holistic Therapies**

During my practicum placement, I also used alternative and holistic approaches. These approaches, which include mindfulness and expressive and creative art therapy, can be utilized to provide clients with a variety of options during their healing journey.

Alternative techniques such as mindfulness involve “a way of seeing, feeling, knowing and loving that is present-focused and facilitates greater centredness of focus and awareness” (Erford, 2015, p. 73). Furthermore, as Erford (2015) states, mindfulness is used to focus on the present experiences and to accept and develop a tolerance for difficult feelings. He argues that mindfulness can reduce stressful events and block out negative thoughts and feelings. Techniques include guided imagery and mindful meditation.

Guided imagery is used to help clients by visualizing a relaxing or empowering image. Erford (2015) states that this is done by having a client close their eyes and imagine a scene or a series of actions the practitioner suggests. This technique is helpful for Indigenous clients to feel grounded as they can picture themselves in nature. An example could be “walking through the woods along a stream and imagine the sights and sounds one might encounter” (Erford, 2015, p. 73). The idea is to help the client feel more relaxed and to convey scenery that promotes a calming and soothing environment for a client.

Hays (2016) argues that mindful meditation is another technique focused on the mind and body and the present moment without judgment. Mindful meditation concentrates on working memory and recognizing the positives in life by slowing down emotional reactivity. An example of mindful meditation is deep breathing, where your body may feel relaxed and often you feel calmer due to the breath drawing attention away from any worries about the past or fears about the future (Hays, 2016). This technique ultimately works for clients who are feeling anxious because deep breathing can reduce feelings of stress.

Since many major modalities and therapies are heavily language-dependent, it is essential to include a therapy that is less verbally oriented for clients who may struggle

with speech or communication or perhaps are simply less verbal (Hays, 2016). Therefore, we must utilize other tools that can help clients express themselves. Expressive and creative arts therapies allow clients to communicate and disclose information without verbal communication. Examples of expressive and creative arts include music, body movement, dance, art, and play (Hays, 2016). They allow clients to express their stories, find solutions and process emotions to promote a healing journey. Expressive and creative arts therapies are often used for clients who do not want to talk but would rather communicate through interaction and elicit responses (Hays, 2016). An example of incorporating art into a counselling session would be to ask clients to create an image of their world or their future. In addition, art expression is intended to help clients engage in self-exploration to provide meaning and understanding regarding their trauma to both practitioner and client. Creative arts can be used as a coping mechanism for clients going through difficult times. As Hays (2016) states, “the arts offer a powerful mode of expression that can incorporate cultural traditions and at the same time facilitate healing (p. 266). For Indigenous clients, arts can be used to prompt clients to tell their stories in a safe way.

### **Western Social Work Modalities in Practice with Indigenous Peoples**

There are both strengths and limitations to SFT and CBT. One specific issue is that both modalities lack culturally sensitive approaches to use when working with Indigenous clients. Because I intended to use these Western modalities during my practicum placement, it was imperative that I utilized a Two-Eyed Seeing approach to ensure that they were amended to fit with an Indigenous perspective.

Since SFT and CBT are both time-efficient and task-oriented, they can be useful in workplaces with high caseloads. However, it is important to understand that, although quick and efficient theories are valuable in a Western world view, many Indigenous people value patience and see time as being relative, basing it on nature and not on a clock (Baskin, 2016). As a social worker, I often make use of a timeline in diligently working away on tasks. It is essential that in my practice with Indigenous clients, I adapt these tendencies to fit their specific needs. For instance, I must take the time to listen, to be patient, and to build rapport with my clients. I desire to build a relationship with each client and truly take the time to learn about their story and who they are as an individual. As Baskin (2016) writes, in order to practice effectively, social workers must establish relationships with Indigenous peoples and communities.

Another important component in building both trust and a relationship with clients is talking with them about their culture and history. SFT and CBT do not take historical contexts into account and these theories lead the practitioner to strictly consider present-day issues. Practitioners utilizing SFT and CBT do not ask about their client's culture or past experiences and behaviours. It is therefore crucial to modify these modalities to include a discussion of a client's culture, history, and beliefs (Creed, 2014). Historical context is essential to discuss because each client is unique and has different views; therefore, we must listen to the client's perspective in order to enhance our relationship with the client and to promote a healthy, healing journey (Nabigon & Wenger-Nabigon, 2012). Learning how a client self-identifies and the role that culture plays in their lives is critical to explore because how a client identifies with their culture will ultimately impact the work you do together. Furthermore, discussing cultural identity and how colonialism

has impacted Indigenous peoples' culture and identity is part of the relationship and trust-building process. Since social workers were historically involved in the assimilation process, including the Sixties Scoop, it is important in building trust and rapport with Indigenous clients to spend time discussing the historical trauma, such as how colonialism has contributed to the growth of child welfare services, and how, in particular, Indigenous children continue to be taken away and placed in non-Indigenous homes (Sinclair, 2004). As a social worker, my willingness to learn about issues such as colonization and oppression is vital and I can continue to learn about these issues through the stories and experiences that my clients share with me.

Another modification that could be made to both SFT and CBT is to limit the number of directive questions. SFT and CBT are both structured forms of therapy with questions that could be viewed as intrusive and disrespectful by Indigenous peoples (Hays, 2009). Practitioners must be mindful of the questions being asked and must take their time during therapy sessions. Therefore, it is important to slow down the questioning process, allow for silences, and give the individual control over the therapy process and the content of the information being provided (Hays, 2009). This will mean that, when appropriate, we must allow for some so-called "small talk" and avoid asking certain questions that could be perceived negatively.

SFT and CBT are theories that emphasize individualism. For instance, SFT and CBT often look at personal strengths in order to enhance what is working for an individual and then develop goals and empower clients to continue working on themselves to increase their resiliency and coping strategies. Baskin (2016) argues that Western values often individualize our practice with clients and that in order to promote individual goals, we

tend to work with our clients on a one-on-one basis and individualize each person's difficulties. In contrast, Indigenous world views move away from the ideology of individualism and consider the planet and people as a collective (Assembly of Manitoba Chiefs, 2009; Baskin, 2016). Although social workers are apt to promote individual development and the pursuit of individual goals, Indigenous world views consider how we relate to each other and the world, and how we can care for everyone's well-being (Assembly of Manitoba Chiefs, 2009; Baskin, 2016; Canadian Association of Social Workers, 2005). Therefore, when utilizing CBT and SFT modalities, we must adapt them to draw attention to strengths and supports that have cultural connections (Hays, 2009). Furthermore, we must include interpersonal supports such as extended families, traditional ceremonies and rituals, storytelling activities and Elders to enhance the view of a healing journey as a holistic approach in which a person is always seen in relation to their community and family. We must take into consideration that a person is interconnected and a person's mental health is "not seen as located only within a person but is also reflected in the problems in that person's family, peer group and community" (Baskin, 2016, p. 100). In other words, we must utilize a collaborative approach in SFT and CBT, where we consider relatives and community members as we all work together to re-establish a person's health and well-being.

I have demonstrated ways in which SFT and CBT could be utilized in my own practice in a northern Indigenous community. I also discussed the importance of alternative and holistic therapies in practice. I believe it is crucial, though, to consider social work therapies as guidelines for our practice. It is also important to remember that Indigenous communities are individual and that understanding the specific community one is

practising in is essential in order to work effectively and appropriately within a northern Indigenous environment (Graham et al., 2008).

### **Settler Colonialism and Allyship**

Another idea to explore in practice with Indigenous peoples is the ability of settlers to act as allies in the therapeutic process. There are no easy answers to the question of how settlers can become effective allies. Even defining the word ally is also difficult due to the many ways one can explain the term; however, Bishop (2015) defines an ally as “a member of an oppressor group who works to end a form of oppression which gives her or him privilege” (p. 152). In other words, an ally is someone who recognizes their unearned privileges and uses those privileges to promote social justice and take responsibility for advocating change to patterns of oppression.

Fortier and Hon-Sing Wong (2018) state that as social workers we often rush to practice “without carefully considering the way in which our histories reverberate in the actions we take in the present” (p. 11). Tuck and Yang (2012) argue that we must recognize ways in which we engage in settler complicity and colonial violence. Furthermore, they discuss how settler colonialism operates and how settler colonialism is different from other forms of colonialism in that settlers come intending to make a new home on the land and therefore perpetuate settler sovereignty. They further argue that within settler colonialism, the important concerns are land, water, air, and the earth itself. Land is valuable and required and, to Indigenous peoples, a sacred natural resource. In addition, settler colonialism is a process where “land is remade into property and human relationships to land are restricted to the relationship of the owner and his property” (p. 5). It is important to understand settler colonialism in order to build alliances with Indigenous

peoples. It is not easy to be a settler and to commit and act as an Indigenous ally (Davis, 2010). In fact, to become an ally we must understand our privileges and critically reflect on how we as settlers act to replicate the effects of colonization. Therefore, as a social work practitioner working with Indigenous peoples, it is essential that I disclose who I am in a settler context.

In reviewing a considerable volume of literature on settler colonialism, and in doing so as a person of colour (POC), I found that research on allyship as a POC with Indigenous peoples is very limited. I also learned that becoming an ally would be a journey that is uncomfortable and unsettling. Furthermore, as a settler, I must decide what actions I am going to take to be an ally.

Reflecting on the topic of being a settler and a POC, I believe it is important to briefly discuss my historical background. My parents moved to Canada in the 1970s from Pakistan in the hope of a better life. They desired to be successful through hard work, and they came intending to fully adapt to the Western Canadian culture. I asked myself whether immigrants are settlers, but I realized that the answer depends on one's context. I would argue that in this situation, we are settlers because we came to Canada and assimilated to Western values. We did and continue to perpetuate Western values in competing for power, wealth, and opportunities. I have wondered if being a POC would impact the work that I would do with Indigenous peoples. I thought my experiences of racism and understanding what it is like to be a minority would be a commonality I would have as a POC practitioner working with Indigenous peoples. However, have I realized that being a POC does not change the fact that I am a settler and that my struggles are not the same as the struggles of Indigenous peoples. As a POC, my struggles consist primarily



of trying to gain equal rights in a capitalist and materialistic world “within the laws, economy and institutions of the colonial settler state” (Amadahy & Lawrence, 2009, p. 128). Indigenous peoples, on the other hand, are fighting for Indigenous sovereignty and “negotiation processes regarding land, resources and reparations” (Amadahy & Lawrence, 2009, p. 130). Furthermore, Grey (2004) states that Indigenous peoples have a distinct relationship to the land, home, and place, and it is different from other minority groups who are affected by colonialism. She argues that Indigenous peoples are “not like other minorities and that multiculturalism strips Indigenous men and women from their status as ‘first peoples’ and replaces that status with ethnicity, circumventing the issue of land title and sovereignty in the process” (Grey, 2004, p. 15).

There are no clear answers on how to become an ally; however, I did find that as a POC and a settler it is up to me to change my level of colonial involvement. In order to choose a decolonizing path, I must be willing to feel unsettled and unlearn “what is taken for granted in contemporary Canadian society” (Davis, 2010).

My work with Indigenous peoples can only be effective when I recognize the importance of Indigenous sovereignty and join in solidarity with Indigenous peoples by taking responsibility as a settler to hold myself, the government and the institutions that perpetuate Western values to account. It also means that as a settler and a POC, I must modify my values, world views, and practices to recognize the ways in which I play a role in a colonial system. As Davis (2010) argues, “to be in a position of privilege and power and not to question the source of that power and privilege indicates a deliberate choice of colonial action and intent” (p. 319). I agree with Davis (2010), and if I am serious about being an ally, I must be prepared to give up what is comforting to me. That means

sacrificing my privileges and making a critical choice to both reject the role I play in colonialism and to step away from a competitive and individualistic world view. While I admit this will be a challenge, I believe a step towards acknowledging and understanding the realities of being a settler is a step towards being in an alliance with Indigenous peoples. Baskin (2016) argues that being an ally involves sharing one's power with Indigenous peoples. At times we need to give up our privilege, and at other times, we need to use our privilege to benefit Indigenous peoples. In order to stand with Indigenous peoples, I need to reflect on who I am and how I can work towards action that leads government bodies and society to change their approach to Indigenous peoples. We must know when to stay humble and be open to learning from Indigenous peoples and their ways of knowing (Baskin, 2016). We must know when to be a voice and when instead to stand beside Indigenous peoples to support and learn from them. Rejecting a colonial society means that I stand with Indigenous peoples, am willing to assist Indigenous peoples in pursuit of their goal to confront imperialism, and although I come from a Western world view, respect Indigenous ways of knowing and their traditions (Davis, 2010). As a settler, all I can do is try. In Chapter 5, I will reflect on my role as an ally within the context of my practicum placement.

### **Positioning Myself Professionally**

As stated previously, my choice of practicum site was motivated by my desire to gain a broader understanding of the role of a social worker working with Indigenous peoples, the ways in which we can address the mental health needs of Indigenous peoples, and how best to adopt safe and culturally relevant approaches in service delivery. My professional background has played a key role in my desire to work with Indigenous

peoples in this practicum. Over the last four years, I have had the opportunity to work with Indigenous peoples, but primarily in bureaucratic structures, and those experiences have ultimately led me to want to challenge the structures and systems that tend to perpetuate oppression.

Previously in my practice as a social worker, I found that cultural knowledge and practices were often overlooked when working with clients who were homeless and had mental health challenges. I worked with an agency in Kamloops that claimed to be culturally safe; however, I did not see this in practice. As I worked closely with clients, including Indigenous people, I noticed how often our intake forms and assessments were purely based on a Western view where questions reflected mostly on the individual and their goals. These assessments did not consider Indigenous ways of knowing and perspectives. I found it interesting and disappointing that during the intake process, the person's cultural background was not even asked about. As Vukic et al. (2011) state, we need to start using culturally relevant assessments in our practice and we need to be more aware of Indigenous history and cultural understanding.

When I reflect on the concept of mental health and wellness, I find that I agree with Vukic et al. (2011) in that we often view mental health exclusively as a physical disorder and as an issue with our mind and body. I have learned what mental health and wellness is from my friends and family, my education and training, and my previous workplace, and I have therefore been socially constructed to view mental health and wellness as something that is physical and that can be diagnosed. Thinking about mental health strictly in terms of our mind and body is too simple an approach and ignores other aspects of mental health that are also important such as our mind, emotion, spirit, and body; we need to adopt

Indigenous world views and incorporate a holistic view of what mental health and wellness are rather than viewing mental health and wellness as merely a function of the brain (Vukic et al., 2011). In my previous workplace, we only viewed mental health as an illness, and we did not consider other aspects that could contribute to mental health and wellness. Although this was only one experience, I think it says a lot about how society views mental health from a Western perspective.

Working with clients in the past, I did not consider mental health and wellness from an Indigenous perspective. I always viewed it from a Western lens. I would look at health and mental health as an individual problem and find myself using the biomedical view, where if someone is diagnosed with a mental health disorder, we work with them to find a doctor who can help them by prescribing medication. This was the process many of us followed in the agency I referenced earlier. I have reflected on my past and found that in my practice, I was doing more harm than good by ignoring Indigenous practices. With the knowledge I now have, I know I could have impacted clients more positively than I did. I realize that I need to continue to reflect on my practices and challenge myself to do better in my work with clients by expanding my knowledge of Indigenous teachings.

### **Conclusion**

It was my desire during this practicum to challenge myself to look at different ways to view mental health and wellness in the context of historical, social, political, and economic factors (Vukic et al., 2011). Working with CSFS encouraged me to challenge myself to participate in and learn about Indigenous ways of knowing and then appropriately incorporate that learning into my practice as both a practicum student and a future practitioner. I will discuss these ideas further in Chapters 4 and 5.

### **Chapter 3: Theoretical Orientation**

I believe it is important to remember that while theories are undoubtedly flawed, they are an attempt to go beyond a purely personal perspective and rely on personal experiences to make decisions and guide interventions; however, social work theories are often presented from mainstream knowledge and social work education is mostly based on a Western lens, so it is difficult to find a theory that closely fits the context of Indigenous communities. The lack of practice models and theories from Indigenous lenses means that social workers must draw upon conventional theories and adapt these approaches to Indigenous practice. Anti-Oppressive Practice (AOP) theory exists for social workers to use as a guide in their practice. AOP does not provide clear-cut answers for what to do, but it helps the practitioner to think critically about the facts and that some intervention may need to be implemented, even though it cannot be guaranteed not to do harm (Dumbrill, 2012). AOP provides practical tools with an eye towards social justice. In this chapter, I discuss how Anti-Oppressive Practice can be applied to social work practice in Indigenous communities.

AOP is an umbrella term for social justice oriented approaches such as “feminist, Marxist, postmodernist, Indigenous, poststructuralist, critical constructionist, anti-colonial and anti-racist” (Baines, 2011, p. 4). It has historical underpinnings in early social work practice. Baines (2011) states that the intervention approach that social workers in the Victorian era took was premised on finding quick solutions to complex problems while ignoring the underlying structural issues. Essentially, social workers at that time were failing to challenge the system that perpetuated oppression in relation to race, gender, disability, socioeconomic status, and systemic exclusions. It was not until the latter part of

the Victorian era that social justice oriented approaches to social work started to emerge, such as in the late 1880s when social workers began to participate in and lead social justice organizations. In the 1940s, Bertha Reynolds, an active socialist, wrote books on egalitarian approaches to social work and emphasized that social workers work both to serve people in need and to reorganize society (Baines, 2011). Social workers who were social justice oriented continued to develop their practice knowledge and published literature regarding radical social work, Marxist approaches to social work, and feminist social work. Early versions of multiple oppressions analysis emerged and became known as structural social work. Structural social work examines the ways in which everyday problems are shaped by social structures such as patriarchy, racism, and interactions with people, families, and communities (Baines, 2011, p. 9).

In the 1990s, social justice oriented social work shifted to blend postmodernism and poststructuralism and expanded on ways to understand intersectionality and how multiple oppressions such as identity, social location, inclusion and exclusion work in the experiences of everyday life (Baines, 2011). In the late 1990s, “anti-oppressive social work explored the blending of critical postmodernism and intersections, class analysis” (p. 9). Postmodernism and poststructuralism ultimately challenged the notion of oppression, who is oppressed, and the multiple ways in which oppression can be sustained (Baines, 2011).

Baines (2011) argues that AOP is unique in that it can be readily translated into frontline practice. AOP focuses on issues that stem from political inequalities, social policies, and economic forces. It is used to promote social justice through education and consciousness-raising activities involving clients and co-workers. Examples include “First Nations interventions; community development and organizing; political activism and

workplace resistance” (Baines, 2011, p. 3). Further, “AOP attempts to integrate the search and struggle for social change directly into the social work experience” (Baines, 2011, p. 5). Drawing on social justice, AOP helps to provide people with the understanding that their problems are linked to social inequality (Baines, 2011). It looks at their problems through a macro lens such as social structures and social forces, including capitalism and economic, social and financial policies, as well as at a micro level, taking into account social norms and everyday practices, values, and identities.

AOP does not look at changing individuals per se, but rather it assists individuals to meet their needs and challenge the forces that perpetuate inequality and oppression (Baines, 2011). Social workers who practise with AOP join with other groups and communities to build and maintain relationships that are meaningful. AOP uses a strengths-based approach to empower and support clients to feel liberated by letting them be a part of every program and policy planning process, as well as participate in making changes (Baines, 2011).

An essential component of AOP is critical reflexivity, where social workers must reflect on their own positioning, biases, and assumptions when working with clients. As social workers, we must build on the concept of reflexivity in order to engage in culturally safe practices, as well as to examine our values and beliefs and how they contribute to colonization and harm towards Indigenous peoples (Johnson, Tamburro, & Clark, 2012). To engage in AOP, I must critically analyze my attitudes and values and consider how both my profession and my practice may create unsafe conditions for people who are not from the dominant culture (Johnson et al., 2012).

As a social worker, I recognize that I grew up in a primarily non-Indigenous southern community. I recognize and acknowledge the fact that I have no experience working in either northern British Columbia or an Indigenous community. AOP makes me think about both what I know and how I know it. My reflection is important as a first step towards working in a northern Indigenous community because I must be open-minded during my practice and allow the community and Indigenous people to guide my practice. Social workers must practise from a knowledge base that is localized to the community (Graham, Brownlee, Shier, and Doucette, 2008).

I believe applying AOP to our practice is essential because it allows practitioners to build and maintain meaningful, effective relationships with clients. Building relationships with Indigenous peoples is an important practice in social work. It allows the social worker an opportunity to meet Indigenous peoples' needs and their own needs by working together and talking about what works for Indigenous peoples and what works for the social worker as a practitioner in an Indigenous community (Graham, Brownlee, Shier, & Doucette, 2008).

AOP emphasizes a participatory approach and community involvement. AOP is essential for practice in northern Indigenous communities because it allows clients to be active in their own liberation (Baines, 2011). As a practitioner in an Indigenous community, I can work with the people of the community and they can voice their concerns and be a part of program and policy planning. I will stand by the Indigenous community as an ally and advocate. Again, coming from a Western education and background, and if working in a northern Indigenous community, I will not know at first what services are needed and what systemic issues are prevalent in that community.



However, I can listen to the community's stories and experiences and allow the community to guide my practice. The community has their own lived experiences, and it will be important to learn and be responsive to the community's needs, whether they are at the regional, cultural, or individual level (Graham et al., 2008). AOP allows a practitioner to work collaboratively with an Indigenous community in order to be flexible and creative in providing services (Graham et al., 2008). When using AOP, it is critical to work with different organizations to maximize the ability to meet the needs of clients with localized knowledge, despite whatever barriers may exist. We must have a positive lens as practitioners and utilize a strengths-based approach to look at what we can do instead of what we cannot.

In social work practice, we must develop more knowledge around being a social justice social worker and learn to combine AOP with other practices such as participating in community events and Indigenous ceremonies, developing partnerships and promoting empowerment (Burke & Harrison, 2009). Being an ally and having the voices of clients and service users heard is one step towards bringing awareness to social issues. Addressing social issues is something quite tangible that we can do as social workers to help make a difference.

### **Conclusion**

AOP is a conventional approach that can be applied to Indigenous northern and remote communities. A theory such as AOP exists for social workers to utilize in practice as guidance, but what we do with that theory is up to us. AOP does not provide clear-cut answers for what to do, but it helps us to think about our practice in general terms as social workers. We need to remember that Indigenous communities are not homogenous and that

understanding community is essential to working effectively and appropriately in a practice within northern Indigenous environments (Graham et al., 2008). Therefore, developing partnerships and promoting empowerment is important when working with Indigenous communities and as social workers we can draw on different approaches to utilize in our practice.

## **Chapter 4: Overview of Practicum Site**

As a practicum student working with CSFS, it was important that I understand the legal, policy, and organizational contexts of CSFS. This section will provide an overview of the structure and mandate of CSFS, its history, its Health and Wellness Counselling Program, the populations served, and the services provided.

### **About CSFS**

CSFS is a non-profit organization that offers holistic wellness services to Indigenous people in Carrier and Sekani territory (CSFS, 2019). The organization was created to reclaim Indigenous control over justice, health, social, and family services (CSFS, 2019). All programs implemented by CSFS have a strong cultural foundation that is blended with evidence-based approaches. Culture is integrated within all CSFS practice; it is aligned with the *Bah'lats* (potlatch) system, and the “carrier system of governance is used to maintain order and good ways of living in all areas of life including justice, land stewardship, spirituality, values and conduct” (CSFS, 2019, p. 1).

### **A Brief History of CSFS**

In the late 1980s, the newly formed Carrier Sekani Tribal Council was concerned about the high rates of suicide among Indigenous youth, the lack of health care services in Indigenous communities, and the rampant poverty found in these communities (CSFS, 2019). It was evident that their communities had been impacted by colonization. The loss of cultural teachings and the breakdown of families were two of the reasons for the Tribal Council taking initial steps to find professionals to work with Carrier families (CSFS, 2019; Ogen, 2006). The Elders and Chiefs added professionals and practitioners to their organization and the Tribal Council established a branch society, Northern Native Family

Services, to deliver health and social services (CSFS, 2019; Ogen, 2006). By the 1990s, they had started a non-profit organization that grew into what in 1994 was renamed CSFS (CSFS, 2019; Ogen, 2006). The society allowed the Tribal Council to have greater control over health services and, through negotiations with the federal government, the Tribal Council gained control over federally funded health and income assistance programs (Ogen, 2006). CSFS has worked to create its own health and social service programs based on Carrier wisdom and culture, as well as evidence-based practices (CSFS, 2019).

CSFS operates under some key values, starting with respect. These start with respect, which is at the heart of all that CSFS does. Employees of CSFS are asked to show respect for each other and for the people residing in the communities they serve, including respect for the teachings of Elders and the diversity of cultures found within Carrier and Sekani territory. Other important values include delivering all services with integrity and honesty and offering compassion to each other and the member communities. Compassion is demonstrated by listening to one another and learning about the history of Carrier and Sekani nations and the cultural knowledge of their people. Responsibility is another integral value and guiding principle of CSFS. It is demonstrated by the serious devotion CSFS has to its duties and the high level of accountability CSFS takes for the work they do to ensure that they are truly meeting the needs of service users.

The traditional territory of Carrier and Sekani nations is primarily located in north central British Columbia (Holyk, Shawana, & Adam, 2005; Mann & Adam, 2016). There are approximately 22 Indian Bands that identify as Carrier or Sekani societies. Eleven member nations are associated with CSFS and the population represented by Carrier Sekani First Nation is comprised of over 10,000 individuals (CSFS, 2019; Holyk et al.,

2005). While Sekani societies are similar to and linked with Carrier societies, there are differences in their legal and social orders (Holyk et al., 2005). Among the Carrier and Sekani peoples, there are distinct groups with differences in language (CSFS, 2019). For instance, Carrier and Sekani people are part of the Athapaskan language family, which is divided into several language dialects (Holyk et al., 2005).

Carrier people maintain the *Bah'lats* system (Ogen, 2006). The *Bah'lats* system utilizes the law of sharing and the principles of respect, responsibility, wisdom, compassion, caring, and love (CSFS, 2019). The four primary clans which make up Carrier society are the Bear, Caribou, Frog and Beaver; and they each have numerous sub-clans. In the Bear (Likh ji bu clan), there are five sub-clans: Black, Grizzly, Fox, Crow, and Timberwolf (Ogen, 2006). In the Caribou (Gilhanten clan), there are four sub-clans: Mountain, Geese, Mask, and Flag. The Frog (Jihl tse yu clan) has four sub-clans, which are the Marten, Thunderbird, Beads, and Ribbons. Lastly, in the Beaver (Likh sta Mis yu clan), the four sub-clans are Grouse, Owl, Moose, and Sun (Ogen, 2006). For each primary clan, there is one head clansman (Holyk et al., 2005). A hereditary chief holds the rank in the *Bah'lats* system, and a wing Chief represents each sub-clan (Holyk et al., 2005). The positions can be passed down through family or clan lineages and are guided by clan Elders (Holyk et al., 2005). The roles of the head clansmen are varied and include being the spokesperson for the clan they represent, often “looking after people’s welfare and providing direction to clan members” (Holyk et al., 2005, p. 1). The guiding principles of the *Bah'lats* system are shared among communities and are inclusive of all members of the nation, and “protocols are flexible and adaptive to the differing systems of each community” (Holyk et al., 2005, p. 2).

The Agency utilizes the Carrier Life Cycle Model which views everyone and everything as being both interconnected and interdependent and sees multiple determinants of health and wellness for people of every age (CSFS, 2019). Given the historical impacts of colonization on Indigenous peoples, the goal of this agency is to provide culturally relevant and holistic services to ensure wellness can be restored and strengthened for all individuals, communities, and nations.

### **The Mandate of CSFS**

The mandate of CSFS, under the guidance of Carrier Sekani Tribal Council, is to “establish a comprehensive infrastructure for social, health and legal programs, for the eventual take-over of these services, consistent with the Tribal Council’s objective of working towards Indian Self-Government” (CSFS, 2019, p. 2). The objectives of CSFS include delivering health, social, family corrections, and legal services in accordance with the needs, values, and beliefs of the Carrier Sekani Nations and to deliver all services using the *Bah’lats* system (CSFS, 2019). Furthermore, the goal of CSFS is to develop, implement, and strengthen Carrier and Sekani human service standards and philosophy. The stated mission of CSFS is that “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 Health and Wellness Counselling Program**

The Health and Wellness Counselling Program is one component of CSFS. It serves children, youth, adults and families “who are having a hard time finding a balance in their life” (CSFS, 2019, p. 1). Adults and youth of all ages with Indian status are eligible

to receive services (CSFS, 2019). Professional counsellors provide health and wellness services to 11 Carrier Nation communities through on- and off-reserve counselling (CSFS, 2019). The Health and Wellness Program utilizes culture as an intervention and works to integrate traditional practices into its assessment and treatment services (CSFS, 2019). The program consists of multi-disciplinary staff that includes counsellors, social workers, and Elders and they collaborate with traditional healers and knowledge holders to provide culturally appropriate services (CSFS, 2019).

The services in the Health and Wellness Counselling Program include the Community Mental Health Service, where a qualified therapist comes into a community for a specific number of days each week and works to provide psychosocial education as well as direct counselling services. The Addictions Recovery Program (ARP) is available throughout the year. ARP provides mobile programming, which is where the team provides workshops in various member nations during the winter and operates the land-based residential cultural healing program in the summer. Addictions and treatment programs are offered which focus on cultural healing while partially utilizing Western forms of therapy. The Counselling for Children and Families service works with children and their families who are experiencing challenges such as family violence and addictions (CSFS, 2019). The National Native Alcohol and Drug Abuse Mentorship service provides support in the community by delivering culturally relevant and community-based programs aimed at reducing substance misuse (CSFS, 2019). The Critical Incident Stress Management service exists to help communities manage their responses to stress (CSFS, 2019). While CSFS offers many services, my primary concentration during my practicum

was working with the ARP and the Community Mental Health and Wellness Counselling Service. I will discuss both further in the next chapter.

Many of the services within the Health and Wellness Counselling Program are funded through the First Nations Health Authority (FNHA) (C. Dobson, personal communication, March 2019). One exception is the Counselling for Children and Families service, which is funded by the Ministry of Children and Family Development (C. Dobson, personal communication, March 2019). The FNHA was established in British Columbia (BC) in 2011 as the first province-wide health authority in Canada. Its goal is to reform the way health care is delivered to Indigenous peoples living in BC and to deliver and coordinate programs, services and responsibilities, including health, education and housing that had previously been handled by the federal government (Richmond and Cook, 2016). The FNHA has a tripartite governance framework that includes BC First Nations, the Province of BC, and the federal government, including the First Nations and Inuit Health Branch. It is responsible for planning, management, and service delivery, as well as the funding of health programs in partnership with First Nations communities in BC (Richardson & Murphy, 2018).

Richmond and Cook (2016) state that the FNHA was established to address service gaps through collaboration and partnerships, to reform the way health care is delivered to Indigenous peoples in BC, and as a way to implement self-determination in health care in BC. However, one problem that remains is that the framework only applies to Indigenous people living on reserve. They argue that since the FNHA only engages with Indigenous communities, it marginalizes Indigenous people who do not live on reserve or are detached from their home communities. However, there is one exception: FNHA funds an off-



reserve Crisis Mental Health Program for status Indigenous people who are living off the reserve in BC, allowing Indigenous people access to services (C. Dobson, personal communication, February 22, 2020). The Health and Wellness Program mostly serves Indigenous people with status with the exception of their Addictions Recovery service and their Southside Health and Wellness Centre (C. Dobson, personal communication, March 2019). This centre services in part the Nee Tahi Buhn Band, Skin Tyee Nation, and Cheslatta Carrier Nation, each of which has an agreement with the FNHA permitting any member to access the services offered by their Community Mental Health service (C. Dobson, personal communication, March 2019).

### **Carrier Perspectives on Mental Health and Wellness**

Previously it was discussed that Indigenous peoples have their own perspectives on mental health and wellness. An example of this can be found in the Carrier people. Dobson and Schmidt (2015) explored Carrier people's traditional knowledge, beliefs, and practices regarding mental health and wellness. They found that the concept of mental illness did not exist within traditional Carrier culture. It was only introduced after colonization and thus a Western perspective has shaped what we expect the Carrier concept of mental illness to be.

Carrier people believe that all things are interconnected and have a spirit. Health and well-being are seen to involve living in harmony with the natural environment. Dobson and Schmidt (2015) state that Carrier values include having a respect for nature and the environment, including the spirit world, and believing that if one disrespects the spirit world, then one may risk ill-health. Carrier people have a healer, also known as Dwayne, who is a person with a strong and special connection to the spirit world. Furthermore, healers are important within Carrier communities as they perform ceremonies

to restore balance, connection, and health to people. Carrier healers call upon spirits to assist with healing and it is argued that only a person who has a natural ability and the gift of healing can perform these rituals and ceremonies (Dobson and Schmidt, 2015). Carrier healers have knowledge and skills in the utilization of plants and herbs for healing that is beyond the capabilities of many people within Carrier communities. Other skills and methods that healers use include dreams and visions as well as what is known as spiritual or universal energy. Chanting, singing, and drumming are also used regularly in both healing work and to express emotion. Carrier ceremonies include the use of smudging and sweat lodges, both of which are considered to be a form of cleansing and healing (Dobson and Schmidt, 2015). It is important to understand the role of Carrier healers because their gifts and healing methods are innate and play a vital role in the Carrier community. It is recognized that culture is healing. For instance, cultural practices and ceremonies such as the use of tobacco or smudging, prayers and sweat lodges as well as connection to the natural environment aid in the healing process for many Indigenous peoples. For Carrier people in particular, the connection to the land and spiritual practices are essential to health and wellness (Dobson & Brazzoni, 2016).

Dobson and Schmidt (2015) argue that non-Carrier mental health practitioners must accept guidance from community Elders and leadership in order to build trusting therapeutic relationships with clients. Unlike a Western world view, where a person can go to a post-secondary school to become a mental health practitioner, in the Carrier world view a person does not choose to be a healer as a profession; it is a path that is given to an individual through natural ability. Practitioners working with Carrier people must explore Carrier world views and not just treat the presenting problem. It is important to understand

the Carrier world view in our work with Carrier people. We must explore the client's present day situation, family, community and spiritual beliefs and work alongside traditional healers, working from both Western and traditional world views of healing and well-being (Dobson & Schmidt, 2015, p. 33).

### **Conclusion**

In conclusion, CSFS is a non-profit organization that delivers justice, holistic wellness, health, social, and family services to Indigenous people in Carrier and Sekani territory (CSFS, 2019). All programs implemented by CSFS have a strong cultural foundation and align with Carrier and Sekani wisdom and knowledge. In this section, I have discussed in depth the overview of the structure and mandate of CSFS, the history of CSFS, its Health and Wellness Counselling Program, the populations served, and the services provided.

## **Chapter 5: The Practicum Learning Experience**

Practicum placements are essential to social work practice because they provide students with an opportunity to gain and develop the skills necessary for professional growth and development (Pehrson, Panos, Larson, & Cox, 2009). Therefore, as an MSW student, I decided to take the practicum option instead of the thesis option so that I could advance my practice knowledge, values, and skills. During my practicum, I explored my interest in Indigenous mental health and traditional healing and engaged in ongoing reflection. By engaging in reflective practice, I was able to identify my learning goals, evaluate my progress, and further develop my practice as a social worker. Reflective practice enhanced my overall learning experience and I developed important skills for my professional growth as a social work practitioner. In this chapter, I will outline and describe my practicum opportunities and activities. I will unpack my learning experiences and discuss my reflections related to my overarching goals. To review my learning goals, please refer to Appendix A.

### **Description of Practicum Opportunities**

The MSW Program at the University of Northern British Columbia requires students to complete a practicum placement consisting of 450 hours. In order to meet these requirements, I began my practicum with Carrier Sekani Family Services on Thursday, June 20, 2019. As stated previously, the majority of my practicum placement was with the ARP. The ARP residential treatment program is located on the shores of Ormond Lake, known as Choostl'o Bunk'ut in Carrier language. The program is situated on the traditional fishing ground of the Nadleh Whut'en territory, 20 km north of one of the 11 Carrier nation Bands (Dobson & Brazzoni, 2016). The ARP is located on a rustic campsite in the

middle of the forest on the base of a sacred mountain overlooking Ormond Lake and operates as a cultural healing camp from May through October for 28 days. The Ormond Lake site was deliberately chosen because the lake has a calming effect that allows clients to “experience a sense of tranquility while exploring and dealing with issues that have affected them” (CSFS, 2019, p. 1). This idea aligns with the traditional Carrier values and beliefs, which are to restore and utilize culture as a foundation for treatment. Furthermore, the ARP works to integrate traditional Indigenous culture with evidence-based clinical interventions as a way to provide healing to Indigenous peoples around their health and wellness. The program offers land-based healing which uses culture and the natural environment to encourage Indigenous peoples to find their sense of identity and belonging within their culture (Dobson & Brazzoni, 2016).

The ARP has been operating since 1999, and the program’s staff includes four addictions counsellors, one mental health practitioner, two cultural facilitators, two cooks, maintenance staff, and night staff. The program has five cabins and 11 beds for accommodations, one Elders’ cabin, a trailer for employees, a kitchen with one common room attached, pit toilets, and two naturally fed showers (Dobson & Brazzoni, 2016). The ARP staff work closely with clients who are struggling with addictions and mental health issues and assist them with their individual treatment goals utilizing evidence-based practice as well as traditional activities employing the Two-Eyed Seeing framework (Dobson & Brazzoni, 2016). Occasionally, Ormond Lake camp is also used for culture camp days for Nadleh Whut’en community members, as well as for other gatherings including Healing the Healers, which is a project that was developed to provide assistance

to Elders to heal from the effects of colonization and support them as traditional healers. I had an opportunity to attend both the culture camp and the Healing the Healers project.

The second component of my practicum was spent with the Health and Wellness program working with mental health clinicians at Brazzoni and Associates Mental Health services and community outreach mental health services. I worked in Prince George, Fort Saint James, Nak'azdli Whut'en, Nadleh Whut'en, and Yekooche. This program offers counselling services and psychosocial education to Indigenous adults, children, youth, and families who are experiencing challenges. Topics that are addressed include grief and loss, family conflict, anxiety, depression, healthy relationships, suicide awareness and prevention, drug and alcohol effects on the brain, and recognizing trauma and its role in violence (CSFS, 2019). Furthermore, clinicians working with Indigenous communities and families are expected to have an understanding of the Carrier world view and to utilize a cultural framework in practice to provide services that are relevant to Indigenous peoples' needs. Clinicians working with Indigenous peoples must embrace and integrate Carrier ways of knowing in practice.

### **Practicum and Social Work Practice**

During my practicum, I had a unique opportunity to engage in diverse practice experiences with CSFS and Indigenous communities. As an MSW student, I learned by observing, listening, and participating with Indigenous communities and Elders. In this section, I provide an overview of tasks and activities and discuss these in the context of what I learned and gained from the experiences as a social work practicum student. In writing about my practicum experience and providing suggestions for practice, I want to begin by emphasizing that we must never assume that all Indigenous peoples adhere to

Indigenous traditions and beliefs. Individuals should have the option to choose whether to participate in cultural practices. Furthermore, it is critical to know that as a non-Indigenous practitioner, I do not wish to appropriate or take any of the Indigenous teachings that were shared with me, and I would not use any of the traditional practices without permission from a knowledge holder.

### **Task and Activities**

During my time working with the ARP at Ormond Lake, I spent a total of 38 days at camp working 12 hours a day. This was my first exposure to a remote, northern area and also to an addictions recovery healing camp. In my first week at camp, I was invited to join the Nadleh Whut'en children's cultural camp for a week. I had the opportunity to participate in many traditional cultural activities including berry picking, net fishing, canning salmon and berries, pitch picking, learning about natural medicines, making medicine, and making traditional rattles out of hide. I also learned components of the Carrier language as well as singing traditional Carrier songs. At the end of the culture camp, I observed and participated in a Bahl'ats ceremony. I also engaged with many of the Nadleh community members as well as Elders who shared their Carrier world views and provided me with some understanding of Carrier cultural practices, activities, and knowledge.

During my time at ARP, I completed participant intakes and reviewed goal plans, progress reports, and discharge plans. I also facilitated and co-facilitated psychoeducational groups and participated in cultural, ceremonial, and traditional practices. Every morning we would begin with a smudge with the smoke of sweetgrass or sage, which was used to purify our mind, body, and spirit. We would follow up with a

morning check-in and then provide workshops on topics such as relapse prevention, healthy relationships, boundaries, trauma, and self-care. In addition, I facilitated one-on-one client-centred sessions with the participants, along with group work. Finally, I participated in various ceremonies, which included the sweat lodge, the Welcoming, and the Letting Go ceremony, and food offerings. These traditional ceremonies offered participants the opportunity to feel connected to traditional culture and spirituality.

## **Learning Experiences and Reflection**

### **Boundaries and Ethical Space**

One of my goals for this practicum was to continue to develop and strengthen my professional identity as a social work practitioner and to maintain professional boundaries utilizing and referring to the British Columbia College of Social Workers Code of Ethics. Reflecting on my practice working with Indigenous peoples in northern and remote communities, I found that I was continually integrating Western and Indigenous perspectives in social work practice. During my placement, I came across what is known as *ethical space*, which is the space between two world views which provides a neutral zone or a meeting place between Indigenous and Western world views (Ermine, 2007). Engaging in diversity can be overwhelming because of conflicting thoughts on issues such as knowledge, traditions, values, interests, and political realities (Alberta College of Social Workers, 2019). I struggled at times to shift my professional practice when it contrasted with Carrier cultural values, especially when it conflicted with social work ethics and values. For instance, in social work practice, we are taught to keep professional boundaries in a working relationship. There are codes of ethics that provide guidelines around boundaries and protect the public and the professional from unethical behaviours.



However, I argue that these values and ethics are developed and designed by non-Indigenous people from a Western framework and therefore at times the ethics and values we uphold in practice are not feasible when working with Indigenous peoples. As social workers who have been taught from a Western framework, we may then experience stress because there are times where we are conflicted between our social work professional practice and working cross-culturally with Indigenous peoples. These conflicts often present ethical dilemmas.

### **Gifting Rituals**

An example of this dilemma was when I was working in a remote, northern community where poverty was prevalent and I was offered gifts and snacks. It is a common practice among Carrier peoples to offer gifts for relationship building and also as a small, gentle gesture of appreciation. In Carrier culture, it is the protocol to accept the gifts that are offered to you. Accepting gifts can be viewed as interfering with my integrity in practice and diminishing the maintenance of healthy and appropriate boundaries. If I refused the gift offered to me, it could impact my relationship with community members and taint the rapport that I had built. I reflected on how professional ethics and values might interfere with practising in a culturally safe and appropriate manner, and I realized that I had to find a middle ground. Respecting each other's cultural values and beliefs means that I must be flexible in practice and acknowledge the core values and practices of Carrier peoples. It also means that I must be mindful and respectful of the culture I am working within, and that means being able to find a middle ground and reciprocate and participate in cultural practices. Consulting with my supervisor helped ensure that I was demonstrating my ability to set and maintain professional boundaries within a cultural

context. I realized that if I accepted a gift from a client, then I must also reciprocate by giving a gift such as food to show my appreciation and respect. This act of giving gifts can also help social workers build rapport and a trusting relationship with their clients.

### **Self-Disclosure**

Another example of how Indigenous and Western social work values and ethics differ involves the appropriate level of self-disclosure. For instance, I noticed that Indigenous peoples are interested in learning about the social worker. I was often asked where I was from, whether I had family or children, and what were my background, ethnicity, and religion. I noticed that many Indigenous knowledge holders and Elders connect with Indigenous peoples who are struggling with their health and wellness by disclosing their own journeys. I was taught that in a professional setting we must have boundaries by limiting self-disclosure. Therefore, I often hesitated to disclose information because I thought that it was unethical to discuss my experiences. However, I learned that when working with Indigenous communities and building authentic and trusting relationships it is essential and acceptable to reveal who you are in an appropriate manner.

I recognized that self-disclosure is helpful in Indigenous world views because many Indigenous peoples share their experiences orally through stories and teachings. Furthermore, Indigenous peoples often state their family lineage and nation because it expresses their identity as an Indigenous person. I realized that I must challenge the discourse and conventional rules of how health and wellness services are provided to Indigenous peoples. I must be flexible in practice; therefore, self-disclosure is important in the relationship-building process, and sometimes it is important to share our personal voices. When I disclosed my heritage, ancestry, and where my knowledge and values come

from, clients felt a sense of comfort and increased their willingness to converse with me. This practice is one way of utilizing AOP, as I learned that it is helpful to talk about who you are in order to balance the power dynamics in the client–worker relationship.

In utilizing AOP and minimizing the issues of power, relationship building is a key component in supporting a service user to feel comfortable with a practitioner. Thinking about my social location as a non-Indigenous woman is critical, and I must consider how being a non-Indigenous person may impact Indigenous service users. Therefore, sharing information about myself and inviting the client to ask questions helps the client feel comfortable and builds a stronger relationship. At the same time, I must be mindful of how I use self-disclosure and ensure that the content shared is used to assist service users.

### **Understanding of Dual Relationships and Burnout**

Another ethical dilemma that can occur in social work practice involves dual relationships. I struggled with dual relationships during my practicum placement. For example, at the ARP I often worked long hours and stayed on-site during my practicum. I often felt that I was in a “fishbowl,” where clients were constantly observing me, so I was careful in the way I presented myself. Social workers such as myself who were taught in an urban framework may then experience stress because, while having relationships outside of the workplace is generally unavoidable in small communities, those relationships at the same time often present an ethical dilemma (Graham et al., 2008; Schmidt, 2008).

Having relationships with clients outside the workplace is often understood from an urban lens where dual relationships have consequences such as clouding a social worker’s judgment, possibly resulting in a social worker’s licence being revoked (Graham et al., 2008). The view of dual relationships in urban settings is very black and white, and

therefore it is argued that they should be discouraged. However, during my practicum, I found that the context of dual relationships for a community mental health worker should shift from how they can be avoided to how a practitioner can work in a remote community where they will encounter relationships outside of their employment. Dual relationships can encourage workers to build and maintain relationships with clients that are meaningful and effective. Building relationships with clients is an essential part of social work practice and dual relationships should not be viewed as negative but rather as an opportunity to meet your client's needs by working together and talking with each client about what works for them and what works for you as a practitioner in a remote community.

Using AOP as my theoretical foundation, I noticed that being well connected within a community is important and that dual relationships can promote those connections and engagement, in addition to creating opportunities to listen to and learn from local residents. Furthermore, working in remote and northern Indigenous communities, the "social work–client relationship can become integral to building trust and having successful outcomes with [Indigenous] communities, wherein a longstanding distrust persists from colonialism" (McKenzie, 2016, p. 24). Since social workers have had a longstanding history of harmful practice with Indigenous peoples, in order to work effectively with them, it is essential for us to build relationships (McKenzie, 2016). As stated previously, dual relationships can be more complex than stated in our social work codes of ethics. Creating social work curriculum and codes of ethics that include northern and remote practice will decrease the stress that results from requiring social workers in remote communities to maintain at times impossible boundaries and not be seen in the community with their clients (Graham et al., 2008).

Although utilizing an AOP approach to build relationships is essential to practice, especially in a northern and remote community, being visible in a small community can also be draining. As I was working long hours at camp, I noticed that I was not able to have space to myself and that I was exhausted throughout my placement. This was because service users approached me during breaks and I felt that I had to be available to provide counselling and support. At times we would also be short-staffed. Therefore, I felt that I needed to be available at all times. I recognized that I was getting tired and I knew that I needed to take time for self-care. I did not realize how important self-care was until I started to feel burnt out by the end of my practicum. Self-care is important and should not be neglected as part of the helping profession. We must take care of ourselves to help others to the best of our ability. As much as we would like to help others at all times, it is not feasible. I realized that I must learn to recognize what my body is telling me and take appropriate breaks when needed before I feel completely burnt out.

Another factor that contributed to my level of burnout was that I felt that I was not prepared for northern remote practice because much of my social work education was delivered from an urban lens. I found that my expectation was very different from reality because I had received limited exposure to northern and remote practice. For example, a lack of resources and leadership may be prevalent in remote work; however, I appreciate the experience I received and I was able to take on a leadership role during my practicum, which allowed me to be creative. I think it is important for people who are considering northern and remote work to understand that working in an urban setting is different from working in northern and remote communities. Furthermore, as stated previously, self-care is important and must be prioritized in practice.

### **Cultural Humility and Understanding Carrier World Views of Healing**

Although there has been a recent shift in which organizations are placing value on being culturally sensitive, there is still a shortage of practitioners who are aware of cultural customs and philosophies held by many Indigenous peoples, in particular, Indigenous healing and traditional practices. Therefore, I wanted to expand my learning experiences to increase my understanding of Indigenous culture and to learn about localized knowledge among Carrier peoples and their traditional practices. I aimed to challenge myself to be open-minded and explored culture-based approaches in social work practice with Carrier nations.

Although I wanted to learn Indigenous peoples' world views as a non-Indigenous social worker I quickly realized that I could not be competent in another culture in a few months because the transfer of knowledge happens very slowly over time. Indigenous practices and traditions are sacred and interconnected, and everything takes place through visual and oral teachings. Furthermore, I cannot be completely competent in a culture that is not my own, and I also want to acknowledge that Carrier peoples are revitalizing their cultural practices, which means they are going through a process of their own change and relearning. Therefore, there is continuous learning of the Carrier culture, and I cannot possibly know everything there is to know about Indigenous cultures.

I have come to terms with the fact that I may not be fully competent in Indigenous culture but instead will aim to increase my sense of cultural humility where I will continue to be a life-long learner and consistently reflect on my practice as a social worker working with Indigenous peoples (First Nations Health Authority, 2019). One of the things I learned in this practicum is that among the Carrier nations there are many different

traditional healing practices and teachings. Almost all Indigenous traditions and protocols vary depending on the territory and nation; although there is diversity in practices among Indigenous peoples, I discuss what I learned at Ormond Lake and the traditions and practices in which I participated.

### **Spirituality**

One of the important realities I learned is that spirituality is important and central to Carrier culture. Spirituality is defined as “individual experiences with or without a structured belief” (Baskin, 2016, p. 171). Spirituality can also be your own journey with the creator or higher power (W. Sutherland, personal communication, August 2019). In Indigenous cultures, spirituality is viewed as a connection to others, community, and land, and it brings some meaning and fulfilment to people’s lives. Spirituality, therefore, embraces the philosophy of interconnectedness and interrelationship with all life (Baskin, 2016). Spirituality is a way of living and is the core of an Indigenous world view where everything is connected.

As a social worker, I often steered away from spirituality because discussing it with clients and colleagues made me uncomfortable. I have noticed that many of the helping professions prioritize evidence-based and scientific practice, and spirituality is often viewed as non-scientific; therefore, spirituality is often not talked about because it is not valued among many practitioners (Baskin, 2016). Furthermore, spirituality is often associated with religion, which is a topic that many people tend to avoid. Spirituality was almost non-existent in my social work education and practice.

I noticed while working in the ARP that spirituality is significant for many clients who are on their healing journey. Clients who struggle with mental health and addictions

often state that they have “lost their spirit” and that they wanted to be at ARP to “heal their spiritual injury.” Indigenous clients state that they are looking to find their spirituality in order to heal and get them through the challenges they are facing. I quickly learned the importance of spirituality and how crucial it is in my line of work, especially since the “spiritual aspects of Indigenous identity have suffered greatly from the impacts of colonization” (Baskin, 2016, p. 93).

### **Land-Based Healing**

I learned that most Indigenous peoples have a connection to the land and the water. Clients talked about their strong connection to the land or mother Earth, in particular, how Ormond Lake is a sacred place for them, and that the land contributes to their healing. Within many Indigenous world views, land and people are connected. Indigenous peoples also use the land to conduct their spiritual ceremonies (Baskin, 2016; Linklater, 2014). The land at Ormond Lake has the ability to calm, restore, and inspire Indigenous peoples to increase their creativity. As a non-Indigenous person, I previously did not understand what they meant by the land being healing. I struggled with this concept and felt disconnected from nature. I believe that I have taken nature for granted and did not notice that one can connect to one’s spirituality through land.

Baskin (2016) argues that social workers tend to focus on person-environment relationships. She argues that as social workers, we view person and environment as two separate entities, and we often associate an environment with systems such as schools, workplaces, and services instead of nature and the physical environment. I agree with her when I think of how I previously viewed the environment—as an “objective thing, as a commodity to be developed or traded or wasted or exploited, as an economic unit as



property” (Baskin, 2016, p. 178). I thought about the environment this way because I learned from the dominant Western culture where nature is under-valued. I did not consider land-based spirituality until I started to explore and learn how the person and the environment are connected. Staying at Ormond Lake contributed to my new-found respect for nature and understanding that the land contributes to an individual’s well-being by providing food and medicines that promote a sense of connection, peace, and groundedness. I also learned that spirituality is something that a person needs to find on their own. Our connection to the land can take time but everyone has their own journey to follow. As a social worker, spirituality must be acknowledged, especially when working cross-culturally. As a non-Indigenous practitioner I have noticed how spirituality contributes to Indigenous peoples’ healing; therefore, it is essential that we include holistic ways of healing, including land-based spirituality, to connect effectively with and understand clients better and thereby be more effective in helping.

### **Welcoming Ceremony**

During my placement, I realized that in order to ground myself in Indigenous world views, it was important to immerse myself in the cultural resources that are associated with traditional forms of learning and living (Linklater, 2014). Indigenous cultures, traditional healings, rituals, pipes, herbs, prayers, dreams, and visions are all part of the journey towards spiritual balance and well-being. As such, I had the privilege to witness and participate in many cultural ceremonies and traditions during my time with ARP. The first event was the Welcoming Ceremony, which is a ceremony to help participants feel welcomed to the sacred site at Ormond Lake and commence their healing journey. During the Welcoming Ceremony, a cultural facilitator started a ceremonial fire and participants

gathered spruce boughs. We were asked by the cultural facilitator to call back our spirits and ask our ancestors to help us achieve our goals for health and healing. The cultural facilitators began to drum and sing while each participant chose some boughs and carried them to the fire. Each participant walked around the fire in a circle twice, dropped their spruce bough in the fire, and used the smoke to smudge and pray. A cultural facilitator greeted us with a hug or handshake. At the time, participants stated that they felt grounded and at home, and felt a sense of belonging and connection to the people and the land. It was at this moment, in my first formal ceremony, that I realized that a simple ceremony such as this truly does help people feel a sense of identity and peace. Indigenous healing ceremonies such as this offer a powerful presence of spiritual activity and enhance the healing in a person who requires assistance.

### **Smudging Ceremony**

I participated in the Smudging Ceremony, which was done every morning at ARP. There are several ways a person can smudge. One of the traditional forms of smudging used a traditional sacred fire and spruce boughs, which was discussed above. Another way to smudge is to use an eagle feather, abalone shell, and medicines such as sage, cedar, and sweetgrass. The idea of smudging is to purify and cleanse your mind, body, and soul or anything that hinders us from being mentally, spiritually, physically, and emotionally balanced. The smoke from the medicines is used to cleanse any impurities. During camp, participants often participated in the smudging because they stated that it made them feel focused and cleared their consciousness. Many of us followed the ritual for smudging: raise the smoke to our eyes to see things in a positive light; raise smoke to our mouths to only speak of good, positive, and truthful words; lift the smoke to our ears for the gift of

listening; and pull the smoke towards our hearts for love and compassion for each other and everything around us. Lastly, we would move the smoke down our body over our arms and legs to brush away negative energy and end the smudging session with ending with “all my relations.”

Ormond Lake was my first encounter with smudging, and I felt a sense of protection. While smudging, I often felt centred, focused, and free from any stressors. I found smudging a powerful and symbolic way to help clients start their day with a new positive perspective and end their day by letting go of bad energy. This was a simple way to do a cleansing ritual to remove anything hindering us and smudging can also be used to cleanse a specific location or place where it can disinfect and purify. An Elder stated that Carrier people use smudging to cleanse before arriving on a new territory or place. An example of this is when newcomers come to Ormond Lake: they are asked by an Elder to be charcoaled on the cheeks using a piece of charcoal from the sacred fire at Ormond Lake and smudged at arrival. The charcoal and smudge symbolize protection for that individual entering a new territory and ensure that the warm and good weather stays. Overall, I found that the traditions and rituals of smudging are an effective therapeutic approach to feel balanced emotionally, physically, mentally and spiritually for all people, which is essential for one’s healing journey.

### **Sweat Lodge Ceremony**

Another spiritual ceremony that I participated in was the sweat lodge. Upon speaking with many Carrier people, I found that group prayer sweat lodges are not necessarily a Carrier traditional practice but were adapted from the Cree Nations due to popularity over the years. Carrier people did use individual sweats in the past but not group

prayer sweats (C. Dobson, personal communication, February 2020). A Nadleh community member said that Carrier people adapted the group prayer sweat lodge to revitalize ways in which Carrier people can heal traditionally. Since colonization prohibited Indigenous cultural traditions and ceremonial practices, Carrier people lost a lot of their ways; therefore, adapting some of the Cree Nations' practices helped Carrier people reclaim some of the spiritual and cultural ceremonies (G. Janzen, personal communication, August 2019).

There are many kinds of sweat lodge structures with various meanings and intentions that differ across nations and territories. The sweat lodges can differ depending on who is running the sweat and each lodge-keeper runs their sweat their own way. In the ARP, a pipe carrier builds their own sweat. A pipe carrier is defined as someone who has fasted and has been given the traditional teachings and permission to heal others (J. Luggi, personal communication, August 2019). It is rebuilt each spring, the time of renewal, to represent that all things are temporary and things are always changing and developing in life. Willow saplings are used as a foundation for the dome-shaped sweat at Ormond Lake to represent the ribs of Mother Earth and are tied together and covered by canvas tarps to characterize Mother Earth's womb. Between the sweat entrance and the sacred fire is the umbilical cord that connects the two. The door of the sweat faces east towards a sacred fire, which is where the stones, also referred to as grandfathers, are heated. Seven grandfathers are placed in each round in the middle of the sweat, and a total of 28 stones are used. The rocks are blessed by medicine, usually sage or cedar, and a spruce bough is used to splash water on the stones. The purpose of the sweat is to cleanse any toxins from

the body and increase a person's spiritual awareness. The sweat is a symbolic rebirth of our healing journey and is used to purify our mind, body, heart, and soul.

The sweat I participated in at Ormond Lake was my first sweat lodge experience. I felt nervous because I was not sure what to expect when I entered. I wore a long skirt and t-shirt because women are expected to wear gowns while participating in a sweat. Inside the dark lodge, I watched the glow from the rocks as I listened to the pipe carrier perform a ritual prayer. The intense heat took my breath away, but I remembered feeling safe, secure, and warm. I focused on my thoughts as I sat in the small, confined space in utter darkness while there was drumming, prayer, and singing around me. A smoking pipe was passed along, and everyone was given a choice of smoking or holding the sacred pipe to their heart and saying a prayer. I chose to hold the pipe to my heart and said a prayer to the higher power. The sweat allowed us to have time for self-reflection and to think about what we wanted to achieve as a group on our healing journey. I focused on my positive thoughts as both a participant and practicum student and how I was honoured to be a part of this healing journey with the clients. This experience was truly powerful and many participants stated after the sweat that they felt reborn and cleansed since the lodge represents a womb. Furthermore, some participants stated that they had a spiritual encounter or a sign that showed them their path towards wellness. This demonstrated how meaningful a ceremony such as a sweat lodge is for many Indigenous peoples and the many healing properties that can occur for an individual.

### **Prayers**

Another way that spirituality is an important part of healing is through prayers. Indigenous peoples have a strong relationship with the Creator, and at the ARP we prayed

to the Creator three or more times a day. Any time we were drumming, singing, and praying, we were talking to the Creator. The Creator represents everything that is living and non-living and therefore symbolizes the value of interconnectedness and the idea that everything is connected in Indigenous culture. As stated previously, health and wellness starts with looking beyond ourselves to consider our relationships, including extended family, the context of community and the world; relationship with the Creator is the core of it all. As Linklater (2014) states, “communicating with the creator encourages a person to see themselves as part of a larger network” (p. 76). Speaking to the Creator gives a person a greater sense of community and an important place in the world. Prayer is a philosophy that many Carrier people utilize, and it plays an important role in helping people by gaining support and connection to others and the spiritual world. During my stay at the camp, an Elder stated that prayers are easy to do, and anyone can contribute to praying. She stated, “doing a prayer is just like talking to others. There are no rituals to follow, just simple language to say thank you for the Earth, food and life” (M. Thomas, personal communication, July 16, 2019). Therefore, prayer can be a simple way to acknowledge a client’s spiritual beliefs and connect with their spirituality in social work practice.

### **Letting Go Ceremony**

Another ceremony that I attended is the Letting Go Ceremony, which was performed near the end of the ARP I attended at Ormond Lake. The Letting Go Ceremony is a spiritual ceremony that is similar to the Welcoming Ceremony except that clients are asked to bring items to the sacred fire to let go of. This is a symbolic ceremony where clients burn their letters to the people they have hurt, to their addiction and anything that

hinders them from moving forward in a good way. Other items include their art works, tissues full of tears, and journals. The ceremony helps clients to let go of the past, including their attitudes, behaviours, and emotions and replace them with goals, positive thoughts and behaviours, and healing emotions. Each client burns items they need to let go of and, with an offering of sage or cedar, they smudge with the smoke of the fire and then what they are letting go of and what they wanted to change in order to move forward.

The Letting Go Ceremony is an experience that helps many Indigenous peoples heal, and since Indigenous peoples are visualizers and oral storytellers, this is an impactful ceremony for many clients because it shows them what they are letting go of and tells the universe what positive things they want to have in their healing journey. I was honoured to be a part of this ceremony because I noticed how many clients felt empowered and spiritually connected when participating.

### **Creative Expression**

Other cultural interventions and tools I witnessed during the ARP that contributed to the health and wellness of Indigenous peoples involved art expression. Art can be expressed in many forms in Indigenous cultures, including painting, drumming, singing, dancing, and crafting rattles and dream catchers. During my practicum, I witnessed how art can serve as a healing tool for Indigenous peoples. Muirhead and de Leeuw (2012) state that addiction and depression are prevalent among Indigenous populations and that these conditions do not have a cure but, instead, treatment including alternative healing tools such as art could aim to improve the quality of life for Indigenous peoples. Furthermore, since colonization has disrupted traditional practices such as singing, storytelling, dancing, drumming, weaving and other creative expressions, it is now essential to acknowledge that

these cultural practices are a form of healing for Indigenous peoples and communities. As Chandler and Lalonde (1998) stated in their research study, assertion of cultural practices is an important factor in the health and wellness of Indigenous peoples.

In Carrier culture, drumming and singing traditional songs are forms of praying to the spiritual world, which ultimately contributes to an individual's healing journey. The spiritual significance of drumming, songs, stories, and drama is to pass on myths and traditions of Indigenous cultures. The revival of cultural and spiritual practices through art forms is essential for Indigenous peoples. The clients at ARP stated that art work including making cultural tools such as drums, rattles, and dream catchers gave them a strong sense of identity, which is vital for their well-being. Having the opportunity to practise and express the things that define Indigenous peoples' cultures contributes to their overall well-being. Furthermore, as Dobson and Brazzoni (2016) state, spirit is in all things and cultural interventions such as art are spirit-centred and stem from a spiritual relationship. Therefore, it is important for non-Indigenous practitioners to be aware of cultural practices of Indigenous peoples and their communities and to understand holistic ways in which these practices can improve Indigenous peoples' health and wellness.

In social work practice, it is essential to understand spirituality and wellness and to recognize that healing starts with bringing spirituality and balance into your life. Linklater (2014) suggests that it is important to be well in your spirit before you can be well physically, mentally, and emotionally. Therefore, as a non-Indigenous practitioner, I want to expand my knowledge and practice to respectfully incorporate other people's views on healing wellness and spirituality. I intend to incorporate and think about holistic ways of healing that I can incorporate in my social work practice, such as starting with a prayer and



offering a smudging session to clients. Again, as I have previously stated, as a non-Indigenous practitioner, it is imperative that I do not appropriate any of the Indigenous teachings that are shared with me. I am taking a non-expert approach in practice and only participating in traditional practices with permission. Furthermore, I will not use any of the sacred practices without permission from a knowledge holder. I must recognize that every individual has a different perspective on healing and as a practitioner, I must consider the client's views on healing to help the therapeutic process and be respectful of people's views and teachings. Any misuse of sacred ceremonies and traditions is oppressive and disrespectful.

I am honoured to have had the opportunity to participate in many of these ceremonies and traditions to experience and begin to understand how these practices impact the health and wellness of many Indigenous communities. This experience has also taught me that it is imperative to pursue life-long learning and advocate for Indigenous healing philosophies to be recognized and validated within our social work practice and bridge the gap between Indigenous and Western approaches. We must commit to cultural humility and take responsibility for diverse education in the helping profession so that we may practise in a culturally safe manner (Vinkle, 2012). Therefore, I will continue my journey to work with Indigenous peoples and learn about their ways of knowing.

### **Integrating Traditional and Western Approaches in Social Work Practice**

For my placement, one of my goals was to determine how I, as a non-Indigenous practitioner, can work between the two world views of Indigenous and Western paradigms utilizing the Two-Eyed Seeing approach. From my experiences, I found that we must educate ourselves about the fundamental beliefs and values of the Indigenous peoples we

work with in order to deliver services in a culturally relevant and safe manner. I worked with cultural facilitators, Elders, and my practicum supervisor to determine the concrete ways in which integration can occur between both world views in practice.

Blending Indigenous and Western healing methods utilizing the Two-Eyed Seeing approach means that we must recognize Indigenous knowledge and practices as “a distinct and whole knowledge system that can exist side by side with mainstream (western) [views]” (Marsh et al., 2015, p. 5). I realized that to practise using the Two-Eyed Seeing model, we must be respectful, humble, and passionate about learning Indigenous peoples’ ways of life and bring together the different ways of knowing to understand and adapt our practice to benefit the individual’s healing journey. This means that as practitioners, we must advocate for “inclusion, trust, respect collaboration, understanding and acceptance of the strengths that reside in both [Western and Indigenous worldviews]” (Marsh et al., 2015, p. 5).

In the ARP, the two world views of Western and Indigenous knowledge work together; they co-exist and complement each other. For instance, I witnessed many of the non-Indigenous counsellors use the Western practice of educating clients using workshops to inform clients of various topics and models that stem from the Western perspective. I also witnessed cultural facilitators working with the team to provide cultural components such as drum making, rattle making, fishing, berry picking, storytelling, and other traditional practices. The Indigenous and Western views of practices worked together to enhance clients’ healing.

The most important component of integration is that practitioners must learn Indigenous teachings, which can only be learned experientially. One must experience and

learn from Indigenous peoples by immersing oneself in Indigenous cultural practices to begin to fully understand the use of culture as healing. I had the privilege to participate in and witness the ceremonies and practices at the ARP. One thing I struggled with at the beginning was to ensure that I did not appropriate cultural practices. On my second day at ARP, I was asked to smudge the clients during one of our morning check-ins. I felt very uncomfortable doing so. I asked someone else to do it because I did not feel that as a non-Indigenous practitioner, I was competent enough to smudge others. I did not want to appropriate a ceremony that I did not know anything about. I needed to learn about how to smudge and to gain permission before I was able to do it myself. A cultural facilitator stated that “learning about cultural practices and traditions to inform your own practice is different than practicing the rituals yourself. No one should be using Indigenous teachings and knowledge in their practice without receiving the teachings from someone who has been given the right to teach them and we must as practitioners receive permission to use these teachings in practice” (R. Prince, personal communication, August 2019). This means I must always ask permission to use any Indigenous practices and always use these practices with respect and good intentions.

As I grow and develop in my role as a practitioner working with Indigenous peoples and beginning to understand Indigenous ways of knowing, with permission I want to provide clients I serve with access to traditional healing practices not only by connecting clients to Elders and ceremonies in the program but also by working with clients within an Indigenous world view. There are several ways I can incorporate Indigenous teachings in my counselling sessions in consultation with the cultural facilitators and my practicum supervisor. I learned that I had to start by introducing myself, sharing with clients where I

am from, my heritage and my ancestry. I then asked clients where they are from, if they were interested in traditional healing practices, and if so, what they preferred and how we could incorporate that into our work together (St-Denis & Walsh, 2017). It is important to take a learning stance and ask clients about their world views, including traditions, beliefs and values, so that you can work together to determine the best approaches for a therapeutic relationship (Dobson & Brazzoni, 2016).

As a practitioner, I learned that in order to use a holistic approach to practice, we must help establish a balance so that an individual can harmonize their physical, emotional, spiritual, and mental aspects (St-Denis & Walsh, 2017). During my practicum, one of the ways I incorporated Indigenous traditions and practices as a non-Indigenous practitioner consulting with an Indigenous client was by engaging in prayer, with permission, before I started a session with a client. Clients would often state that they would like to begin by acknowledging the positive things for which they were thankful. I can also modify some of the traditional practices that I have learned to fit within a Western paradigm such as providing smudge kits for clients to use to cleanse the space where we would do our counselling session and to cleanse our spirit, body, mind, and heart so that we can start and end the session feeling centred and grounded. We can burn medicines together or have the medicines available, which is a way that we can integrate the Western and Indigenous approaches in practice and do it in an ethical and culturally safe way. Until I have the proper teachings and permission, I would allow clients to guide our sessions by providing the necessary resources for cultural practices. Furthermore, I would also ensure that I have a drum available for participants to use, which can ultimately be a form of cultural integration.

Another way I can modify some of the traditional approaches to fit within a Western world view is to include practice using the principles and philosophies of Indigenous teachings, such as the Letting Go Ceremony. For instance, I can have clients write and burn letters as part of a therapeutic process, which allows clients to explore some of their spiritual practices and may benefit them in their healing journey. As practitioners, we must learn and walk alongside the people we serve and practise wisely and respectfully to benefit them.

I have found that we must advocate for culturally appropriate ways to serve Indigenous peoples and honour their ways of life. This means that we must work alongside traditional healers and collaborate with Elders and knowledge holders. We must also work towards being allies and view holistic approaches as valuable healing methods. I have learned that in Western practice we must create space for Indigenous knowledge rather than prioritizing Western knowledge. As a social worker and an ally, I must contribute towards revitalizing and reclaiming Indigenous peoples' traditions and practices by actively supporting them in their approaches to healing and also recognize that Indigenous knowledge is equally valued and pass on the information I have learned during my practicum experiences. I found that integrating the Two-Eyed Seeing approach in practice in a true AOP framework means that I must ask Indigenous communities and peoples what their beliefs and values are because Indigenous communities are diverse in their beliefs, values, and needs. Furthermore, the best thing I can do as a non-Indigenous practitioner is to ask how a client or community would like me to incorporate practices and beliefs into the work we are doing together. I find that asking what I can do for Indigenous peoples is the best way that I can be an ally and an advocate. Getting to know people and their way of

life by asking is critical, and I recommend all practitioners avoid the expert role and always ask questions.

Ultimately, I believe integration of Indigenous and Western views through Two-eyed Seeing is possible; however, collaboration must be done respectfully and appropriately. Furthermore, we must be lifelong learners in this journey working with Indigenous peoples, inviting knowledge holders and Elders to work alongside us when working with Indigenous communities. I must continue to practise cultural humility and acknowledge the importance of cultural practice and healing methods among Indigenous peoples. I hope that by sharing and advocating for Indigenous approaches, we can begin to bring awareness to the larger social work and therapeutic community.

### **Clinical Social Work Practice With Indigenous Peoples**

For my practicum placement with CSFS, I had two primary goals. The first was to develop an understanding of clinical social work skills, particularly evidence-based modalities such as Solution Focused Therapy and Cognitive Behavioural Therapy and alternative counselling techniques such as guided imagery, mindful meditation, and art. I also wanted to learn how these modalities could be utilized with Indigenous peoples and their cultures through a Two-Eyed Seeing approach. In this section I discuss how, as a non-Indigenous practitioner, I engaged in a therapeutic relationship with service users to suit their needs.

### **Culturally Safe Environments**

As stated previously, in my practice I learned that I need to incorporate Indigenous knowledge and world views when working with Indigenous peoples for a therapeutic relationship to be effective. I found that creating culturally safe environments in practice is

critical. As a non-Indigenous practitioner, I previously had a narrow and rigid understanding of how clinical practice should be delivered and I thought that clinical counselling needed to be done in an office setting. I understood that when working with clients, it was up to me how I deliver services and to be mindful of the environment that we work in; however, I was quick to realize that one of the essential components for delivering culturally safe mental health services is to ensure that your client feels comfortable and safe in the environment. From an Indigenous world view, people are connected through land and natural settings; therefore, I decided to engage in relationships outside the clinical setting and work with clients outside in nature instead of in confined spaces.

Linklater (2012) suggests that a therapeutic relationship emerges when practitioners meet clients where they are at and work to heal in a natural environment. The clients I worked with would voluntarily and freely engage in a conversation with me when we were out on a nature walk or berry picking. Clients stated that the natural setting contributed to their healing and they found it more comfortable to talk outside near the trees and water. An Elder stated that a therapeutic relationship can be helpful if practitioners engage in cultural activities while working with Indigenous peoples (W. Sutherland, personal communication, August 2019). I found that engaging in cultural activities and practices on the land did build an authentic relationship that formed naturally. For example, I found that engaging in cultural activities such as gathering berries or medicine picking with clients helped clients open up to me and engage in a conversation naturally. A client once told me that talking while being out in nature and doing cultural activities helps heal them spiritually, emotionally, and physically. Therefore, it is important to step away from

mainstream counselling and work towards informal counselling where we may practice in different settings with clients depending on their needs. Engaging in activities while talking is helpful to Indigenous peoples and so as practitioners we must be mindful of how we deliver our services to Indigenous peoples and create a healing space that is calm and supportive.

During my work in northern and remote communities, I learned that I needed to be mindful and creative in how I approach Indigenous communities and peoples. A practitioner reminded me that it is unusual to see a truck driving in a remote community and unrecognized vehicles driving in Indigenous communities are associated with child welfare agencies (K. Westergaard, personal communication, August 2019). Therefore, to approach Indigenous people's homes for home visits, we should park somewhere and walk to their home so as to be discreet and respect their confidentiality. As a practitioner, using AOP as a framework in practice allows clients to feel more comfortable receiving health and wellness services. Therefore, home delivery services are essential in social work practice because giving services in someone's own environment where they are comfortable allows the client to feel calm and safe in talking to a practitioner. It also eliminates issues of limited transportation or financial burdens associated with accessing services. Making appointments and seeing a client in an office is not always feasible; as practitioners, we must be flexible in the way that we work with our clients and meet them where they are. Again, using AOP as a framework to practice, we must assist individuals to meet their needs and prevent any barriers that perpetuate oppression and inequalities. By offering home services, we are diminishing barriers that may exist by looking at what we can do as practitioners that aligns with client and community needs.



## **Redefining Clinical Modalities**

When utilizing conventional modalities such as CBT and SFT in our work with Indigenous peoples, we must amend these modalities to suit their needs. These modalities are based on a Western paradigm and offer very little, if any, recognition of Indigenous historical, cultural, and social-political contexts. These evidence-based modalities also do not identify traditional healings, well-being, and spiritual connections (Vukic et al., 2011). One of the important components that I added to these evidence-based modalities is using holistic approaches to help clients understand themselves in a culturally connected way. During my counselling sessions, I added the medicine wheel as a tool because Indigenous peoples view mental health from a holistic perspective, with every aspect of one's life interrelated to the others (Vukic et al., 2011). As stated previously, mental health is not only a physical state but involves the four quadrants of our beings: the "physical, emotional, mental and spiritual aspects of a person in connection to extended family, community and the land" (Vukic et al., 2011, p. 69). With that said, it is important to note that not all Indigenous cultures use the medicine wheel; for some it is a traditional practice and it is shared with other nations. Most cultures are open to using the medicine wheels, but I recommend asking the service users how they feel about the medicine wheel before using it with a client. With permission from clients, I incorporated the medicine wheel to use a holistic approach in which each client would be able to talk about what they believe is important in relation to each quadrant. I wanted to step away from the Western lens of mental health in which health is viewed mostly in terms of mind and body. Linklater (2012) argues that many mental health problems experienced by Indigenous peoples are because of the disconnection from their culture. Using cultural and ceremonial resources is

vital in helping Indigenous peoples, which is why incorporating the medicine wheel into counselling sessions is critical, as the medicine wheel stems from an Indigenous world view of healing holistically.

Learning about the service users' relationships to the community, Elders, and traditional healings through the medicine wheel and a genogram is helpful in counselling sessions. Therefore, I amended evidence-based modalities by incorporating and learning about each client's family, culture, and history, as these are significant factors that contribute to people's well-being and self-identity (Baines, 2011). As previously mentioned, SFT and CBT do not consider a client's history or beliefs. Therefore, I chose to include a genogram as part of my counselling sessions because I desired to build a relationship with each client and truly take the time to learn about their story and who they are. Preparing a genogram is fitting because it permits the client to map out the important people in their life and what role each person plays. I found Indigenous people I worked with during my practicum to be very visual; therefore, a genogram felt very fitting, both for the client and for me as a practitioner, because it enabled me to gain an understanding of the person's history and supports. Since CBT and SFT focus on the present, I felt that it was important to use a tool to help me learn about historical factors and to ensure that my practice was inclusive and would include the client's family, friends, and community.

Furthermore, a genogram is empowering as it utilizes a strength-based perspective to show the client protective factors and what supports and resources they already have in place. This can help us gain a sense of the environmental context of the family and who is involved in relationships with the client. I wanted the counselling session to be a way for the client to provide sufficient information so that I did not assume the client's situation

and their story and experiences. It helped me to understand the client's world view and work within their beliefs and values, thereby utilizing an AOP approach. It is essential to recognize and acknowledge the impact colonization has had on Indigenous peoples, and the ways in which I amended these modalities allowed me to assist the client to unpack the trauma that has occurred. It is important for clients to be aware of systemic issues and how they have affected Indigenous peoples (Kirmayer et al., 2000).

As a practitioner, my willingness to learn about issues such as colonization and oppression is important, and one way I can do this is through the stories and experiences my clients share with me. I believe we must include other community members while working with clients because a healing journey is not an individual process (Sinclair, 2004). Making a conscious effort to think about my practice holistically and shift my perspective away from an individual framework means that I must reflect upon the natural environment, communities, families, friends and Elders, and how all living things are created and interconnected, especially for Indigenous peoples because interconnectedness is integral to their healing. This requires time, and it certainly is a process, but I must learn this process with the client (Sinclair, 2004).

Mushquash and Bova (2007) make a valid argument that assessments should entail a multi-method assessment approach where a combination of interviews, observations, and standardized measures are utilized for counselling sessions to be more comprehensive. As practitioners, we must be creative and flexible to suit the needs of service users. It must also be recognized that many counselling modalities are from a Western lens and system. I encourage practitioners to consider ways in which we can make Western counselling tools

more culturally respectful when the opportunity arises and incorporate Indigenous teachings and tools in our counselling whenever possible.

### **Alternative Healing Techniques**

Before I started my practicum, I had the idea that clinical social work meant that I needed to use traditional, Western, evidence-based modalities that are scientifically shown to be effective in mainstream counselling. However, I was encouraged by my practicum supervisor to utilize alternative techniques in counselling. What I then realized was that as a practitioner I needed to build my toolkit to employ a variety of techniques and skills. I found that social work practice can take various forms depending on the specific needs of a client, as each individual is unique. Therefore, a practitioner must develop a toolbox to figure out which approach will be effective with each client.

### **Mindful Meditation**

One of the alternative techniques I relied on heavily during my counselling sessions working with clients who talked about their historical trauma was mindful meditation. During this experience, I found that mindful meditation is not only a tool that a client can practise and utilize on their own but also a helpful tool for the practitioner when they are experiencing strong emotions from a story a client is telling them. Mindful meditation is helpful for Indigenous clients because it allows clients to focus on their body, mind, spirit, and emotion, all of which can result in a state of relaxation and awareness. On a personal level, I found this practice helpful to ensure that I was not overwhelmed by the client's experience of pain. By focusing instead on my own body's physical reaction, I was able to step back and be somewhat disconnected from their strong emotions (Hays, 2016). Furthermore, I was able to teach mindful meditation to clients by asking them to close their

eyes, start breathing, and focus on their breathing to create and maintain a sense of relaxation and calmness. This was helpful to clients who were experiencing anxiety. A discussion usually followed where I would ask the client how they were feeling and talk about how paying attention to your body can have a calming effect (Hays, 2016).

During a session, a client told me that drumming could also be incorporated in mindful meditation because drumming reminds many Indigenous peoples of a heartbeat, a sound that reminds us of the Creator and Mother Earth. In using AOP as a framework in my practice, I think it is important to empower and support clients and to have them participate in making changes to not only the program but also in the services that we provide. Therefore, having clients share what they would like to see in the future is essential, and their voices should be incorporated. I personally thought this was an insightful comment. I will include Indigenous teachings in mindfulness by having a drum available for a client to use or by working with a cultural facilitator or Elder to drum before or during sessions.

### **Guided Imagery**

Another alternative technique I utilized was guided imagery, which was useful in my work because many Indigenous peoples are visual and learn through visualization. I often asked clients to think of an image that can reduce stress and provide positive feelings and experiences. Many of the Indigenous clients I worked with pictured nature and the natural environment because it helped them feel grounded and connected spiritually. Sometimes, if a client struggled to visualize a scene, I would ask them to close their eyes and imagine a scene or a series of actions that I suggested. What I found was that this simple technique of positive imagery is a tool that helped clients put their emotions into

words. Furthermore, guided imagery is a tool that service users can use at any time, and it has some therapeutic value. A client disclosed that they felt more relaxed when thinking about the calming natural scenery. As previously stated, Indigenous peoples have a connection to land, and picturing a safe and calming environment such as the natural environment can help Indigenous clients to feel relaxed (Linklater, 2012).

### **Art Expression**

As stated previously, in social work counselling, using creative arts, including music, drawing, and other expressions of art is helpful among Indigenous clients, especially those who struggle with communicating or expressing their thoughts and feelings verbally. In some counselling sessions during my practicum, clients would draw and paint pictures expressing their creativity and bringing up various issues. I had some clients who said that art helps them feel comfortable addressing what they are feeling and thinking. One client drew a black and red picture expressing her past childhood trauma and stated that using art as a means to communicate helps her express what she went through without talking about it. Art, as we know, can be expressed in various ways. As a practitioner, I must build a tool kit which would include art supplies to ensure that clients have an opportunity to express themselves through art and not just with words as some clients may feel comfortable using art as a form as a way of keeping their hands busy while communicating, while others used it as a form of communication. Art expression is a tool that can be incorporated in any clinical session, as it is an effective way to help clients heal.

Based on the feedback I received from many clients, I recognized ways in which I can engage in culturally relevant practice and practice using the Two-Eyed Seeing

approach. I recommend that social workers ask clients how they would like non-Indigenous practitioners to amend their practice from a Western perspective to include Indigenous practices.

### **Becoming an Ally**

During my practicum I was determined to find concrete ways in which I can be an effective ally with Indigenous peoples. I also wanted to explore ways that I can practise effectively with Indigenous peoples and communities using an AOP approach.

### **Working Within an Indigenous Framework**

I have learned that being an ally involves sharing power with Indigenous peoples, at times giving up my privilege and at other times using my privilege to benefit them (Baskin, 2016). In order to stand with Indigenous peoples, I need to reflect on who I am and how I can work towards creating action that leads government bodies and society at large to change their approaches to Indigenous peoples. One of the ways I have learned to become an ally is to come out of my comfort zone and work with Indigenous peoples and learn about their cultures. During my practicum that meant that I needed to step away from the Western lens of knowledge and make space to learn about Indigenous culture, practices, traditions, languages, and ways of life. I knew that meant I needed to begin building a strong understanding of Indigenous frameworks and methodologies of healing and how they impact the work I do with Indigenous peoples. It also meant that I needed to advocate and educate others about Indigenous cultural practices from what I learned from my own experiences working with Indigenous peoples. I must challenge myself and others to engage in cultural humility and to follow the lead of Indigenous peoples to reclaim Indigenous knowledge. As non-Indigenous practitioners we must work towards

acknowledging Indigenous ways of knowing and implementing Indigenous healing practices in social work in a culturally relevant and respectful manner.

As Baskin (2016) argues, I must know when to stay humble and “shut up” in order to be open to learning from Indigenous peoples and their ways of knowing. I must know when to be a voice and when to stand beside Indigenous peoples to support and learn from them. I have learned in this practicum that we, as social workers, must take a learning stance in our work, which means we must align ourselves with clients and communities and work with people to empower them to find their own solutions. We must always think about our practice and shift our perspectives on how we practise with communities and individuals.

### **Acknowledging Privileges**

Social workers must have an understanding of oppression and how it is maintained and perpetuated by those in power. We must be aware of the past and look at how systemic issues impact Indigenous peoples in the present. We must utilize reflexivity in our practice, continuously reflect on our own biases, and be aware of where they come from. We must learn from Indigenous peoples and their knowledge. I recognize that to become an effective ally with Indigenous peoples, I must know myself first, understand my positioning, and also acknowledge my privileges. For instance, I needed to be able to address my insecurities and privileges (Regan, 2010). Some of my insecurities stem from the fact that I am somewhat unfamiliar with Indigenous cultures and that I am scared about doing the wrong thing or saying something wrong. However, I noticed that my fear and insecurities are based on my own beliefs and values and because I am comfortable with the things I do know, especially from the Western world view. I often felt uncomfortable with



the unknown, particularly cultural protocols, language, traditions, and beliefs; however, most Indigenous peoples and communities are welcoming and I found that stepping outside my comfort zone and asking questions was an important step towards becoming an ally. I had to remind myself that as a non-Indigenous practitioner, I was trying to learn and it was acceptable to make mistakes and to make an effort.

During my practicum, I experienced what is known as “culture shock.” I realized that this feeling was because I was coming from a place of privilege and Western thinking. When I was working in the Program, I felt a level of discomfort because I was so used to my own comfort space where I had cell service, Internet, flushing toilets, heat, and other materialistic things that are associated with a capitalist world view. However, once I used self-reflection and recognized my privileges, I started to step away from my Western thinking towards challenging myself to learn about Indigenous ways of knowing and the importance of land and spirituality and working from an Indigenous framework. I had to be open-minded about practising from a place that was not familiar to me. I found that I made positive changes not only as a practitioner but also in my personal life, because I had a new-found respect for Indigenous world views, land, and spirituality. For me, one of the biggest challenges was to get over my fear of working with Indigenous peoples and self-reflect on developing cultural courage and being genuine and honest. Using AOP as a practice framework, I found that it was acceptable to say “I don’t know” and ask questions about cultural practices. The only way I was able to learn was to ask questions and to hear what Indigenous clients, workers, and knowledge holders had to say.

### **Building Relationships**

During my practice, I learned that building trust and earning respect can be difficult as a non-Indigenous social worker because of the role we played during the residential

schools and Sixties Scoop and social workers' roles in the assimilation process. The legacy of colonization left many Indigenous community members feeling fear, distrust, betrayal, anger, and hurt. Therefore, relationship building takes time. Many Indigenous peoples simply do not trust social work practitioners; therefore, building trust and rapport may take a while. I found that engaging in "small talk" and focusing on how I can help a person is an effective way to build trust and relationship with clients. An example of this is that when I was working in a remote northern community. I struggled to connect with a client, because this client was reluctant to speak. She was in the process of moving and needed help and I found that when I helped her move her items to a different home, she began opening up to me. My most effective allyship in the community occurred when I took on a helping role assisting clients with day-to-day tasks such as cleaning rather than coming in as a professional trying to fix problems. This is one way that we practitioners can build alliances and relationships with Indigenous peoples.

I also found that when building relationships with Indigenous peoples, we need to learn to have a sense of humour. Much of the work we do with Indigenous peoples can be serious, but it is nice to laugh and smile when possible. In my practice in remote communities, I found that Indigenous peoples love humour. An example of this is when I tried to pronounce a word in Carrier language, and an Indigenous Elder made fun of me. However, I quickly learned that humour and teasing are common among many Indigenous peoples. When they make fun of you, it is not to make you feel bad but instead a sign of acceptance. I have learned not to take this personally but instead to laugh with them. I also think it is essential to incorporate Indigenous languages in our practice. When I use the Carrier language that I have learned and say simple things such as "hello" or "Hadih" in

Carrier, Indigenous peoples warm up to you as they can see that you are trying to familiarize yourself with some of the traditional teachings and culture.

There are several ways in which we as practitioners can be effective allies. I have demonstrated some concrete ways I have experienced and showed allyship in my practice. I believe that it is up to us as practitioners how we choose to be allies as non-Indigenous settlers. Choosing to be an ally is not an easy task and may even be uncomfortable, but I encourage practitioners to embrace the unsettling experiences.

### **Conclusion**

During my practicum, I had the unique opportunity to participate in diverse cultural practices with Indigenous peoples and their communities. As an MSW student, I learned by observing, listening and participating with Indigenous communities and Elders. In this chapter I provided an overview of tasks and activities as well as a summary of each of the goals I wanted to achieve during my placement. From this practicum experience, I wanted to gain a more comprehensive understanding of how, as a social worker, I can practise in a culturally safe and respectful manner. This experience has allowed me to reflect on my journey towards cultural humility.

## **Chapter 6: 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 social work practice. I will make some recommendations relevant to social work practice based on what I have learned during my practicum placement.

### **Community Mental Health and Wellness**

One of my recommendations for schools of social work is to provide education and practicum opportunities in northern and remote Indigenous communities to minimize culture shock and help practitioners prepare. As a social worker receiving limited exposure to northern and remote social work practice, I was not prepared for professional practice in remote communities. My schooling and most of my professional training come from an urban lens. Furthermore, a challenge that I found working in remote, northern communities was that there is a lack of supervision and training (Blackman & Schmidt, 2013). I appreciate all the experiences I gained during my practicum and the work that I engaged in; however, I think it is important for future practitioners to recognize that northern and remote practice differs greatly from urban settings. This means that we must prepare for limited resources, supervision, and leadership because supervision and leadership are not always provided face to face in remote communities (Blackman & Schmidt, 2013). Furthermore, we must understand that our supervisors may be in a different community and may only provide assistance over the phone and not in person. Many practitioners such as myself do not know about remote living and practice and, therefore, stress and isolation often contribute to burnout (Blackman & Schmidt, 2013). While leadership and supervision are generally effective for the delivery of social work services in urban areas

and are often done in person, this is not always feasible in remote communities (Blackman & Schmidt, 2013). Research shows that insufficient training and knowledge are linked to a high level of stress, and, as a result, burnout occurs among practitioners (Blackman & Schmidt, 2013). Lack of training can also hinder job performance and heighten the vulnerability of clients (Roeder, 2009). I feel that strong leadership, supervision, guidance, and support are needed in remote practice (McKenzie, 2016). One important aspect of good supervision is to provide adequate training and skill development. Schmidt (2009) gives as an example the situation of working with Indigenous peoples in northern and remote locations and how new social workers educated in the urban south may not have extensive knowledge about Indigenous cultures. Thus, competence in cultural diversity in remote communities is important, and supervisors must ensure that new social workers learn about Indigenous communities and their cultures and peoples (Schmidt, 2009). In health and wellness practice in remote communities, it is also essential to understand Indigenous cultures and the historical relationship between social workers and Indigenous peoples.

Since most social workers receive limited exposure to a remote social work practice when in school, and their professional training is thus from an urban lens, there is a general lack of “preparation that creates a major barrier to developing professional social work practice [in remote communities]” (Rural Social Work, n.d.). Furthermore, burnout and job-related stress are associated with a worker’s inability to do their job efficiently. That inability will impact a worker’s competency and therefore affect both the community and clients as clients will find themselves working with a practitioner who not only lacks training and supervision but is also stressed and burned out. Effective leadership in remote

social work practices will decrease burnout because teamwork and collaboration to solve problems and create positive change are desirable characteristics for a workplace. For instance, in remote areas, effective supervision and the opportunity to be continually learning new skills will decrease feelings of isolation and increase a practitioner's ability to provide appropriate services to remote communities. Furthermore, proper supervision strengthens a worker's sense of empowerment and creates a work environment that promotes retention (Blackman & Schmidt, 2013). I recommend that organizations practising in northern and remote communities establish an interdisciplinary team to increase support and skills (Boone, Minore, Katt, & Kinch, 1997). Working together and sharing responsibilities, along with sharing ideas with other experts, is a creative way to solve problems and enhance a social worker's ability to work in cooperation with local community resources (Boone et al., 1997). These resources, such as Indigenous Elders, can meet together with the social workers in a community to form networks and share concerns and issues (Boone et al., 1997). In the end, practitioners can counteract the lack of resources found in remote and northern communities by working in collaboration with other practitioners. During my placement, I learned that in remote northern practice there might be a lack of structure, but as practitioners, we must be able to work creatively and demonstrate flexibility.

### **Experiential Learning**

Another recommendation is to include experiential, Indigenous-related components in social work programs across Canada. I think it is important for everyone to experience Indigenous cultural practices and healing methodology, not only to increase awareness but also to legitimize Indigenous ways of knowing in social work practice that is primarily

Western. During my time at ARP and at the Nadleh children's culture camp, I had the privilege to be exposed to many traditional Carrier activities and practices. I learned not only through observing but also by participating in these traditions. Immersing myself in Carrier culture allowed me to increase my understanding of their ways of life and the positive ways it can impact them holistically. It is therefore important for social workers to have the opportunity to learn about Indigenous culture through lived experiences and to promote ally relationships with Indigenous peoples as non-Indigenous workers. I believe that all schools of social work in Canada can include community-based projects or events that allow students to travel to remote communities and work with Indigenous peoples to learn first-hand what it is like and how they function. I suggest that social work programs have partnerships with organizations that offer practicum placements in northern communities. I believe this will help students to understand what remote practice looks like and this can better prepare practitioners who desire to work with Indigenous communities. I also suggest that social work programs expand their curriculum to include northern remote practice and to have guest speakers who work first hand in the field to have a better understanding of what to expect working in northern and remote areas.

### **Self-care**

I also recommend that social work programs emphasize self-care in practice. In my own practice, I neglected to place a strong emphasis on my own health and wellness. People who practise in the social work field and related professions will sometimes work with clients whose experiences can be triggering and traumatizing for the professional. As those types of experiences can ultimately affect the social worker's practise with their clients, it is very important to recognize how one can overcome such challenges should

they arise. Social work practitioners must reflect on their beliefs, values, skills, and experiences to help them determine both their own strengths and weaknesses and how to practise to the best of their ability.

It is our ethical duty to reflect and use self-care. Therefore, it is essential for social workers to plan their self-care journey, think about their overall wellness, and critically reflect on what they currently do, and what is lacking in their wellness thinking about their emotional, spiritual, physical, and mental well-being. Practitioners should think about their mental health holistically and utilize the medicine wheel themselves to incorporate something in each quadrant to help maintain wellness as a student and social worker. I need to practise self-care now and in the future as I work with clients. Social workers must think about stressors and triggers and be aware of burnout, compassion fatigue, and vicarious trauma before they happen. We must be able to identify how we can maintain our wellness so we can practise the best we can as social workers.

In my future practice, I plan to create a wellness wheel and go through each quadrant writing down what I currently do for my self-care and what I can add to improve my overall holistic wellness, and critically reflect on the activities each week to see what is working for me and what I need to change and/or what my challenges are. Social work programs should include the importance of self-care in practice and help students form a plan for their self-care journey to utilize and update during their practice.

### **Conclusion**

In conclusion, the lack of preparedness for a remote and northern practice contributes to its challenges, and it has been found that social work education is not effective in preparing social workers for remote practice (Roeder, 2009). Therefore, an



increase is needed in specific training regarding remote and northern practices in order to better prepare practitioners for living and working in such communities. Furthermore, it must be understood that the high turnover rate of professionals in northern and remote communities actually results from a lack of adequate training and skill development, and burnout. A shift needs to be made to emphasize the positive aspects of remote and northern living, including the opportunity for community involvement and connection, personal growth, and the development of skills such as building on community strength and resources. Attention should shift to practitioners being better prepared for remote and northern work in addition to the benefits of a remote and northern practice being discussed in undergraduate and graduate education. More practicum opportunities should be offered in remote and northern areas, support and supervision in these communities should be enhanced, and sufficient information about the realities of a remote and northern practice and communities should be provided to better prepare social work candidates for small-town practice and living. Furthermore, practitioners need to recognize the importance of self-care and adopt a holistic approach not only for clients but for themselves as well.

Overall, this practicum placement has strengthened my understanding of social work practice with Indigenous peoples and communities. My placement experiences demonstrated the importance of cultural humility, taking a learning stance in practice, and ways to integrate Indigenous healing approaches with Western clinical practice. Utilizing the Two-Eyed Seeing approach is possible and can enhance the healing journey of Indigenous clients. Furthermore, I have discussed concrete ways in which practitioners can demonstrate allyship towards Indigenous communities. I hope this work provides the value

of understanding Indigenous cultures and their practices and ways we can work together to provide services in a culturally safe and respectful manner.

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## Appendix A

### MSW Practicum II: Learning Contract

**Student:** Sarah Chaudhary

**Academic Supervisor:** Dr. Susan Burke

**Agency:** Carrier Sekani Family Services

**Length of Placement:** June 20, 2019 to September 1, 2019

**Hours of Work:** 8:00am - 8:00pm

<b>Learning Goals</b>	<b>TASKS, ACTIVITIES AND STRATEGIES</b>	<b>PERFORMANCE INDICATORS</b>
	<b>To assist in achieving goal</b>	<b>Observable indicators of achievement</b>
Continue to develop and strengthen my professional identity as a social work practitioner	<p>Maintain professional boundaries and engage in BCCSW code of ethics and ethical practice in northern and remote communities</p> <p>Engage in reflexivity through a combination of journaling and debriefing with supervisors and mentors</p> <p>Further develop my professional practice framework as I integrate my learning and experiences from my placement</p>	<p>Practice ethics and boundaries by adhering to the BCCSW Code of Ethics</p> <p>Thoroughly understand and take notes on how one can respect the confidentiality and legal rights of clients in the practicum context</p> <p>Maintain a journal to document my practicum experience and engage in ongoing critical reflection of self and practice</p>
Gain familiarity with CSFS' practice environment and agency structure	<p>Review policy and manuals regarding service delivery.</p> <p>Become familiar with the documentation used by the CSFS' Health and Wellness Program. Develop effective working relationships with clients, co-workers, and supervisors</p>	<p>Follow agency policy and use proper forms and paperwork.</p> <p>Discuss with my agency supervisor the related readings and ask questions about policy</p> <p>Participate in regular clinical supervision with my agency</p>

		<p>supervisor and attend team meetings.</p> <p>Observe, shadow and work collaboratively with colleagues</p>
<b>Learning Goals</b>	<b>TASKS, ACTIVITIES AND STRATEGIES</b>  <b>To assist in achieving goal</b>	<b>PERFORMANCE INDICATORS</b>  <b>Observable indicators of achievement</b>
Increase my knowledge and understanding of Carrier world views and healing practices	<p>Conduct background research on the Carrier and Sekani nations to gain a basic understanding of culture, traditions, beliefs, and practices</p> <p>Observe and participate in Carrier cultural ceremonies and traditional practices (when invited)</p> <p>Listen and work with Elders, community members, traditional knowledge holders, and Indigenous practitioners</p>	<p>Continue to research and consult academic literature in order to better understand Carrier culture and beliefs</p> <p>Attend (when invited) Carrier ceremonies and traditional practices</p> <p>Discuss/reflect with supervisor, practitioners and Elders the experiences I have observed</p> <p>Receive evaluative feedback on my own practice to ensure that I am practising in a culturally safe manner</p>
Develop clinical social work skills	<p>Gain an understanding of various evidence-based modalities such as Solution Focused Therapy and Cognitive Behavioural Therapy and how theory and practice work together within CSFS' Health and Wellness Program</p> <p>Gain an understanding in alternative counselling techniques including guided imagery, mindful meditation, and art expression</p> <p>Increase skills in intake, assessment, treatment</p>	<p>Participate in agency orientation and relevant professional development training, including training in counselling modalities that complement the needs of Indigenous people</p> <p>Complete intake and assessment documents for clients, as well as the other professional documents that CSFS utilizes, and ask for feedback from my field supervisor</p>

	<p>planning, and termination as they apply in Indigenous contexts</p> <p>Develop effective relationships with children and their families.</p>	<p>Ask questions, build relationships with Indigenous people and reflect on my practice in order to align myself with Indigenous people when working alongside Indigenous communities</p>
<b>Learning Goals</b>	<p><b>TASKS, ACTIVITIES AND STRATEGIES</b></p> <p><b>To assist in achieving goal</b></p>	<p><b>PERFORMANCE INDICATORS</b></p> <p><b>Observable indicators of achievement</b></p>
Learn to integrate traditional and Western approaches in social work practice	<p>Observe and participate (when invited) in ceremonies in order to develop a better understanding of Carrier spiritual practices</p> <p>Increase understanding of Carrier culture through participating in activities with Elders and traditional knowledge holders</p> <p>Shadow and work alongside CSFS practitioners who work within both Indigenous and Western frameworks, and learn to integrate both traditional and Western practices into assessment and treatment services</p>	<p>Attend ceremonies and traditional practices with Indigenous people in order to gain an understanding of their practices (when invited)</p> <p>Continue to research and consult academic literature as well as shadow in and discuss with Elders and knowledge holders the best ways to integrate both traditional and Western approaches to social work practice</p> <p>Receive feedback on my performance of integrating traditional knowledge within evidence-based practice</p>
<b>Learning Goals</b>	<p><b>TASKS, ACTIVITIES AND STRATEGIES</b></p> <p><b>To assist in achieving goal</b></p>	<p><b>PERFORMANCE INDICATORS</b></p> <p><b>Observable indicators of achievement</b></p>
Learn to become an effective ally with Indigenous people and their communities	<p>Determine concrete ways to become an ally</p> <p>Understand and acknowledge my own privileges as a settler and utilize reflexivity in order</p>	<p>Continue to research and consult academic literature about ways to become an ally and discuss same with practitioners and Elders</p>

	<p>to understand and acknowledge my own privileges as a settler</p> <p>Understand ways to increase cultural safety and competency</p> <p>Develop practice skills that are specific to Indigenous people</p> <p>Gain a better understanding of Indigenous healing in social work practice</p>	<p>Engage in journal writing to reflect on my own biases, assumptions and values</p> <p>Work alongside and discuss with practitioners from different cultural backgrounds in order to gain knowledge on being culturally safe and competent</p> <p>Ask for feedback and consult with practitioners and Elders on how best to engage in cultural safety and competency</p> <p>Attend professional development training to increase my understanding of local culture and how it can be woven into social work practice.</p> <p>Provide services that include cultural components and engage with practitioners and Elders to ensure services are delivered in a culturally safe manner</p>
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