

**REFLECTIONS ON RURAL SOCIAL WORK RESULTING FROM A PRACTICUM
WITH THE GITANMAAX MEN'S GROUP AT THE GITANMAAX HEALTH AND
WELLNESS CENTER**

by

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Abstract

The purpose of this report is to summarize my practicum experience with the Gitanmaax Men's Group at the Gitanmaax Health and Wellness Centre in Gitanmaax Village, BC. The agency serves Gitanmaax membership living within the community of Gitanmaax village as well as those living off-reserve in the surrounding area. This report outlines the learning goals of my practicum and how those objectives were met through reflection, supervision, mentorship, and practice. Unforeseen learning came as a result of the COVID-19 pandemic and the impact it was having on the Gitxsan nation and on the transfer of cultural knowledge to the younger generation. Along with strengthening my social work skills, my practicum allowed me to explore rural ethics in social work and how these connect to practice. This account of what emerged from my practicum learning concludes with suggestions around ethics, self-care, service delivery, and one's role as a non-First Nations person working in a First Nations community.

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CHAPTER ONE: Introduction

Attempting to liberate the oppressed without their reflective participation in the act of liberation is to treat them as objects which must be saved from a burning building; it is to lead them into the populist pitfall and transform them into masses which can be manipulated.

— Paulo Freire (2000)

Introduction

My practicum took place at the Gitanmaax Health and Wellness Center. The primary focus of my practicum was working with men within the Gitxsan territory by engaging with land-based programming. The practicum process was a personal, reflective exploration of my current location, and past experiences that led to deeper understandings of my role, and identity as a social worker. Elements of wellness and land-based programming were woven together to develop a framework for the Gitanmaax Men's Wellness program that could be used as a support mechanism and learning tool for other Gitxsan villages within the nation. The secondary focus of the practicum examined how I—specifically as a white male social worker—situated myself in the practicum process alongside a majority of Gitxsan men. I came to the topic with a passion for issues that impact men's health, First Nations people, and the most precious resources of our communities: children.

Since 2005, I have lived in the communities of Gitsegukla, Telkwa, and New Hazelton, which are situated in Northwestern British Columbia (BC) within the Gitxsan and Wet'suwet'en territories. Before moving to Northwestern BC and starting a career in the field of social work, I became aware of issues related to men's health through the efforts of organizations such as BC Male Survivors of Sexual Abuse, the Men's Project, the Lifeline Centre in Ottawa, and the National Organization of Male Sexual Victimization (now Male Survivor). Since 2005, the windows into men's wellness have grown to include organizations such as the Gitanmaax Men's

Program; DUDE's Club; the Domestic Peace Program, operated by the Northern Society of Domestic Peace; and the Movember Foundation. My identity formation has been a meandering path that continues to venture inward and is influenced by my social relationships, physical location, employment, and education. The deceitfully simple question—who am I? —is necessarily rooted in my privilege that intersects with my age, race, class, and gender, all of which coincide with the positive and negative experiences that shaped my emotional wellbeing during my adolescence and young adulthood. People are quick to discern that I am a white, straight, male, middle-class social worker. I believe that as I grew within Western societal structures—particularly the patriarchal conventions that have operated in my own world, society, and family—they did not allow me space to speak about the personal issues of sexual abuse. Simultaneously, within these same structures, I have been afforded opportunities and privileges that have made it inherently easier for me to navigate the systems such as employment and education in Canadian society.

Universal gender stereotypes which include myths about what it means to be a “man” begin to exert influence at an early age. Phrases and archetypes such as “boys don’t cry” and “the strong silent type” shaped the foundational years of my childhood and negatively impacted my wellbeing. Concurrently, these traditional masculine concepts allowed me opportunities to enter spaces of education, employment, and everyday life that brought many benefits, including the fact that I could visibly see myself represented in my educators, jobs aspirations, media, and history books. Coming to terms with traditional masculine concepts has brought me deep awareness of the impacts that collective societal beliefs and structures, such as the nuclear family, can impose on individuals. I approached this practicum placement with humility and openness so that I could better understand how I might serve as an ally of the Gitxsan people

and, in this context, of local men to improve their wellness. My practicum was also a means to examine my role as a white ally in this work—if there is, in fact, such a role to be filled. My family was my guiding force as I reflected on the question of what it means to be a non–First Nations ally working and living within a First Nations community.

This practicum increased my awareness and understanding of the colonizing forces and structures that continue to oppress First Nations people. I found that reflecting on the layered complexity of what it means to be a non–First Nations person living, working, and conducting research in First Nations communities was the most essential learning that evolved during my practicum placement. Growing racial tensions and calls to address systemic racism in our country and, indeed, around the world, make this topic exceptionally important.

The Covid-19 Pandemic

It is important for the reader to understand the significant impact that COVID-19 had prior to, during, and at the conclusion of my practicum. The coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus that causes respiratory illness that can severely impact older people and those with underlying medical problems (World Health Organization, 2021). On March 11, 2020, the World Health Organization (WHO) declared that the COVID-19 virus constituted a worldwide pandemic. Program planning, activities, meetings, and supervision discussions were all affected by the frequently changing British Columbia Public Health Orders that resulted from the COVID-19 pandemic.

On March 18, 2020, the province of British Columbia declared a state of emergency due to an increase in COVID-19 cases and the seriousness of COVID-19 outbreaks in long-term care facilities. The Provincial Health Officer, Dr. Bonnie Henry, began a structured Monday–Friday 3:00 pm update that included a summary of new COVID-19 cases, deaths, and hospitalizations

along with public health orders and reminders to social distance, wear masks, and restrict non-essential travel. The ebb and flow of Public Health Orders (PHO) and restrictions that were included with these daily updates would drastically shift the practices within my practicum. The continually changing PHO and restrictions ranged from barring social gatherings to allowing gatherings of a maximum of 50 people. The most recent PHO restrictions, issued in April of 2021 resulted in the Province of British Columbia setting up roadblocks, restricting nonessential travel, and fining individuals attempting to travel out of specified regions (except for medical reasons). My practicum experience encompassed the full range of PHO restrictions along with many unintended consequences the pandemic has imposed on the Gitksan nation with respect to their cultural practices. In preparing for my practicum, I did not forecast the role the COVID-19 pandemic would exert on my practicum; however, it became an integral part of my learning.

Chapter 2: Gitanmaax Health and Wellness Centre

If you take a bucket of water out of the Skeena River, the Skeena keeps on flowing. Our rights still flow and they will flow forever.

Gitxsan Hereditary Chief Delgamuukw, Earl Muldoe
(Fournier, 1993, p. A19)

Geographical Location

The Gitxsan territories are situated along the Skeena River in Northwestern British Columbia. Anspa'yaxw (Kispiox), Sik-e-Dakh (Glen Vowell), Gitanmaax, Gitsegukla, Gitwangak, and the community of Gitanyow make up the Gitxsan villages located on Gitxsan territory. The First Nation village of Hagwilget is also located on the Gitxsan territory, but identified as a Wet'suwet'en village by Indigenous Services Canada despite many families also identifying as Gitxsan through their maternal lineage. Old Hazelton, South Hazelton, New Hazelton, Two Mile, Kitwanga Valley and Kispiox Valley make up the remaining off-reserve communities within the Gitxsan territories. The Gitxsan name for the Skeena River is Xsi'yeen (River of the Mist) from which the word *Skeena* is derived (Sterritt, 2016). In 2011, the Public Health Services Authority ([PHSA], 2016) reported that 56% of the population in the Upper Skeena (Gitxsan territory) were First Nations descendants. The PHSA report does not acknowledge that the majority of First Nations living in the area are primarily of Gitxsan descent. Furthermore, the PHSA splits the Gitxsan territory into two public health regions rather than keeping the Gitxsan villages connected as one nation. The PHSA identifies people living in the easternmost villages of Kispiox, Glen Vowell, Gitanmaax, and Gitsegukla included in the Upper Skeena, or Hazelton catchment area. The communities of Gitwangak and Gitanyow are not combined with other Gitxsan communities, and are grouped with people living in the

community of Terrace, located 100 km west. As people, the Gitxsan have existed since time immemorial, long before the first European set foot on the territory; they were first acknowledged and recorded in 1822 by the first Hudson Bay trader, William Brown (Baskin, 2013). It is this writer's opinion that a PHSA report that identified the Gitxsan people as one cultural group would bring a more wholesome representation of health statistics within the Gitxsan nation.

Practicum Setting

The Gitanmaax Health and Wellness Centre was established in 2017 after Gitanmaax separated from the Gitxsan Health Authority to operate independently when providing health services to Gitanmaax band members. The Gitanmaax Health and Wellness Centre provides nurses, physiotherapists, mental health counsellors, and *halayts* (Spiritual healers); pre-natal care, drug and alcohol counselling, disease control, and HIV/AIDS awareness; patient transportation; and Elder, youth, and men's programming. The programming is rooted in a Gitxsan wellness model that was developed in collaboration with the Gitxsan Government Commission and included the participation of hundreds of Gitxsan community members who identified four interconnected themes and pillars that include the *Wil'naa'tahl'* (matrilineal relations), *Wilxis'witxw* (patrilineal relations), *Lax Yip* (land/territory), and *Otsin* (spirit) (Gitxsan Government Commission ([GGC], 2015). The Gitanmaax Band Office (2012) community vision is to restore and maintain healthy traditional values while actively participating in the new economy. In working toward this vision, the Gitanmaax Band Office (2012) envisions a healthy community that is sustainable in its economy and social infrastructure, values all people for their

knowledge and skills, and makes available opportunities and resources to empower community members to reach their potential.

Learning Goals

For my practicum placement, I completed over 450 hours at the Gitanmaax Health and Wellness Centre with mentorship and supervision from the Gitanmaax Wellness Worker and the Clinical Social Worker, who agreed to support my practicum placement. Some key activities I was directly involved with at Gitanmaax Health and Wellness Centre included assisting with the logistics, planning, and structure of land-based programming for men, think tanks (planning meetings), community networking and engagement (community service/land-based activities), and individual and community wellness activities as agreed upon with my supervisor. The centre aims to ensure the sustainability, growth, and success of its health and wellness programs through a holistic approach grounded in a Gitxsan worldview. For the purposes of my practicum, the Gitanmaax Comprehensive Community Plan (CCP) was utilized to help focus my attention on a specific need identified by the community. The learning goals for my practicum were grounded by the Gitxsan phrase *Yuxgyatxw'm didils*, which translates to “healthy living” and stems from the first goal of the CCP, which aims to improve the health and wellbeing of Gitanmaax members.

Due to the COVID-19 pandemic, we had to adapt some activities which strengthened my practicum by enabling me to weave unexpected experiences into my learning goals. A detailed account of my original learning goals for this practicum are provided in Appendix A. In brief they included the following:

1. Using social work theories and methods to assist Gitanmaax village in its work with men and learn aspects of community organization, development, and clinical practice. (How do non-First Nations workers best support community development when working within a First Nations community?)
2. Using social work theories and practice with individuals and groups. (How does one balance and integrate Western and First Nations ways of thinking into practice?)
3. Identity as a social worker. (What is my role as a non-Indigenous social worker in an Indigenous community?)
4. Gaining a deeper understanding of social work ethics in rural and Indigenous communities. (How do ethics impact rural social work?)

Chapter 3: Theoretical Orientation

To build community requires vigilant awareness of the work we must continually do to undermine all the socialization that leads us to behave in ways that perpetuate domination.

bell hooks (2003)

Locating Self

Indigenous scholars speak about the importance of understanding one's social location (Knudsgard, 2019). Because my practicum occurred within a Gitxsan organization, it is important that I contextualize myself in my work, practicum, and community and provide some history to describe who I am today without coming across as self-absorbed as such I find this to be a difficult balancing act. In this practicum placement, it is important that I identify myself as a father, grandfather, and husband who is 45 years old, white, middle-class, and as having lived and worked as a social worker in the Gitxsan territory for 15 years. I approach this work *luu giim go'ot* (with one heart) to cultivate insight for myself, my children, and to identify the strengths d all Gitxsan children possess as individuals and as part of a nation. My wife, Virginia, is fully Gitxsan in lineage. We have three children and two grandchildren who are Gitxsan, in keeping with their matrilineal roots. It is through our shared lived experiences that I have witnessed the most painful and heart wrenching racism and discrimination directed at my family. During these experiences, I have slowly come to learn about and witness the racism and discriminatory thoughts that exists in me, which I continue to acknowledge, decipher and address. I believe I am someone with a colonized mind who is working toward decolonizing my heart. On this journey, I am attempting to find tools and practices to decolonize my mind so it aligns with my heart. This process has created an unsettledness in myself, leaving me in a perpetual state of reflection about my own beliefs and biases, and, at the same time, focussed on the strengths in myself, my family, and the community my children belong to. My journey started in a place called Neptune City,

New Jersey, where I was born, and led to what I can only describe as an epiphanic moment at the age 22; my epiphany guided me into the field of social work and eventually led me to the community of Gitsegukla at the age of 29 due, in large part, to the heart of my wife, Virginia.

I am a white male with genealogical roots in France, Italy, England, Ireland, and Bialystok, Poland. My paternal lineage can be traced to the first English and French colonizers of North America. My upbringing was based on the foundation of white privilege and the patriarchal systems that permeate North American society. My mother was 17 years old and my dad was 15 when I was born. I was raised by a stepfather whom my mom met not long after as I was born. My stepfather worked in the Standardbred horse racing industry for his entire life, and my mom stayed at home to raise their children—including my sister (who died of SIDS), my brother, and me—until I was about 13. The Standardbred industry is one that is controlled and operated primarily by white men. Like the patriarchal systems that permeate North American culture, the Standardbred business is a dying industry. Growing up at the racetrack, nearly all of the drivers, owners, trainers, and businesspeople were white men. Female workers in the industry generally took on grooming roles for substantially less pay. To be a man in the horse industry is to take on cowboy-like characteristics such as chewing tobacco and manifesting the toughness one learns when working on a farm.

It is the untold stories of my life as an athlete, cyclist, social worker, husband, and white guy that prepared me for the work I do today. I have worked various jobs in my life; however, the most influential employment followed earning my social work degree—first as a Child Protection Worker for seven years, then as a Family Key Worker at Bulkley Valley Child Development Centre for three years, as a Team Leader of Child Protection Services with the Ministry of Children and Family Development for two years, and for the last two years with

Gitxsan Child and Family Services as a Practice Manager and Project Coordinator. Additionally, my wife, Virginia, and her family have taught me valuable lessons about the oppression and discrimination First Nations people face not only in the Bulkley-Skeena area, but in BC and Canada as a whole. I continued to approach my work, and practicum, as a novice social worker who is continually learning the value and importance of family, collectiveness, oneness, spirituality, patience, and most importantly, kindness.

The time I spent playing soccer as a child, teenager, and young adult enabled me to develop relationships I could never have foreseen. Soccer is one of the most popular sports in the Gitxsan territory, and having played the sport as a child, teenager, and young adult helped me gain a spot on the roster of the Gitsegukla Tigers soccer team. My relationships with my in-laws and Gitsegukla Tigers teammates created a sense of belonging in a community where I was, at least visually, an obvious outsider. It was through these relationships that I witnessed the devastating impact of the suicide death of two teammates. As I type these words, the thought of these two young men taking their lives brings me to tears. It brings to the surface all of the things most important to me and leaves me wondering what more could have been done to prevent these deaths from happening? The pain these men felt in a society that teaches boys not to cry and men to be warriors and protectors cannot be overstated. I believe the pain of these tears must motivate change. The academic, linear requirements of a practicum do not provide a natural vessel to accommodate the depth and width of my passion for the Gitxsan people; nevertheless, I feel confident that my practicum placement with the Gitanmaax Health and Wellness Centre was part of a path that enabled me to explore and develop ways that I can better serve the Gitxsan nation.

Theoretical Orientation

I used Structural Social Work and Two-Eyed Seeing as the theoretical frameworks for my practicum placement with the Gitanmaax Health and Wellness Centre. The current field of social work teaches students the importance of critical thinking and Structural Social Work. Social work attempts to eliminate the oppressive structural elements of society that contribute to inequities in society in the hope of promoting equal opportunity for all and the greater good of humanity. My theoretical tendencies with regard to social change are most aligned with Structural Social Work because I am most critical of the structural systems in place that appear to function as machines of oppression rather than facilitators of social justice and equality. Structural Social Work critiques contemporary social, economic, and political institutions, as well as practices, while simultaneously seeking to change them (Mullaly, 1997). More specifically, Narhi and Mattheis (2018) define Structural Social Work as the critical and radical social work traditions that focus on the large socio-economic and political dimensions of society and how capitalism increases inequality among individuals and communities. Through this lens, Structural Social Work seeks to dismantle colonial, patriarchal, and capitalist domination and views the societal structures as barriers to individual growth and equality. Because I work in a community where the majority of people identify as Gitxsan, I also used “Two-Eyed Seeing” as a theoretical orientation during my practicum placement. My objective was to balance First Nations and Western ways of knowing. Structural Social Work was used as my primary “eye” to heighten awareness of my own inherent bias and counter my own Western worldview.

Lavalee and Levesque (2012) identify Two- Eyed Seeing as a term coined by Mi’kmaq elder Albert Marshall. Two-Eyed Seeing requires an attentiveness to bi-cultural ways of knowing and incorporates the strengths of First Nations and Western perspectives to flesh out

understanding of how to contextualize and address a particular issue. Through Two-Eyed Seeing, we recognize that academic knowledge has been monopolized and directed primarily by Western perspectives. Two-Eyed Seeing opens up spaces and dialogue for multiple ways of understanding rather than favouring a single, dominant discourse. Albert Marshall suggests Westernized academic perspectives tend to categorize or colonize knowledge and ways of knowing in an attempt to fit knowing, co-learning, and collaboration into a discipline or specific content or subject area (Hovey et al., 2017). Two-Eyed Seeing acknowledges there are many ways of seeing the world and that these varied perspectives are of equal importance and strength. With my personal and professional connections to the placement community, Two-Eyed Seeing was of great value and guided my learning goals throughout my practicum with the Gitanmaax Health and Wellness Centre and the community itself.

The Truth and Reconciliation Commission of Canada (TRCC) was established for the purpose of documenting the history and impacts of Indian residential schools across Canada (TRCC, 2015a). In June 2015, The TRCC released an executive summary of their findings and 94 “calls to action” regarding reconciliation between Canadians and First Nations people. When highlighting each “call to action,” the TRCC (2015b) begins by stating “we call upon.” I believe the TRCC final report and its calls to action essentially entreat non-native Canadians to incorporate a Two-Eyed Seeing approach to issues First Nations people face and to acknowledge First Nations’ worldviews. Hovey et al. (2017) explain that understanding and interpretation are inseparable in the process of learning from the other; this is because what one learns from another person must first be interpreted through existing understandings, discussed, and then added to a new, developing worldview. The form of interpretation described by Hovey et al. (2017) guided me throughout my practicum as I challenged my own worldview through my

learning goals with the Gitanmaax Health and Wellness Centre. This lens enabled me to deepen my awareness and knowledge of Gitxsan views about men's wellness in relation to other non-First Nation service providers in the community, such as Northern Health. Two-Eyed Seeing widens our horizons because individual perspectives are no longer disconnected and competing, but, rather, they share a common understanding and a new worldview where we are able to say, "I see with you" (Hovey et al., 2017).

The Gitanmaax Band Office (2012) identified seven planning areas and 18 community-based goals in their summary of their five-year (2012–2017) Comprehensive Community Plan (CCP), which was developed with community members. Community goal number one, which focusses on the planning area of health and wellbeing, aims to cultivate a high level of skills, knowledge about, and understanding of health issues among community members, all of which are based on a holistic perspective that connects to the Gitxsan language, culture, and land (Gitanmaax Band Office, 2012). This goal was a good fit with the theoretical orientations of Two-Eyed Seeing and Structural Social Work that I used while reflecting on my own identification as a white settler and while engaging in the planning, design, counselling strategies, think tanks, cultural activities, and development of land-based healing activities within the Gitanmaax Health and Wellness Centre. When referencing or using the term "settler" it is important to clarify that I am referring to people who are non-First Nations. For the purpose of this report, I have chosen to reference Knudsgaard's (2019) definition of the word settler, which refers to the people who represent the legacy of colonization of First Nations people and the dominant colonial ideology.

While using the frameworks of Two-Eyed Seeing and Structural Social Work, I also operated from a theory of hope that change can happen while also listening to the reality

described by the individuals and the community that I live in and work with. My beliefs about Structural Social Work have been influenced by my own personal and professional experience with government systems and by my own interpretations of the beliefs and thoughts of the people I interact with every day. Mullaly (1997) states that, “Given that oppression is perpetrated and perpetuated by dominant groups and is systematic and continuous in its application, a logical question is: why does it occur?” (p. 139). As a person who can be perceived as someone from the dominant group, was I or am I part of the Mullaly’s “why”? Gitxsan leader and First Nations child advocate Cindy Blackstock (2005) posits that “the beliefs that we know good, are good, and can instill good in others, are so ingrained in the social work fabric that there is little meaningful conversation about our potential to do harm” (p. 1). Keeping these perspectives in mind, throughout the practicum I reflected on the question of how can non–First Nations social workers, such as myself, do more good than harm when working within First Nations communities?

Chapter 4: Literature Review

It is ideological power that allows an individual or group to influence others' concepts of reality, and their ideas of what is possible and what is valuable.

Anne Bishop (2002)

This literature explored issues related to men's health with a focus on rural social work and work within a First Nations community. This literature review addresses several topics, including colonization, First Nations child welfare, First Nations men's wellness, Attachment Theory, fatherhood and parenting, the engagement of men in social services, ethics in rural social work, and the concept of allyship. While these topics are diverse, they intersect on many levels and connect to larger conversations about men's health in Northwestern BC. The themes of child welfare, First Nations fatherhood and parenting, and Attachment Theory may not seem directly related to the larger conversation about men's health; however, within a First Nations perspective, children are at the heart of the community. Government funded Indian Residential Schools (IRS) operated by churches have affected and created the most devastating impacts on First Nations people while, undermining First Nations ways of parenting and disconnecting children from their territory. Consequently, it is imperative that these topics are included in the literature review. It became clear during my review that there is a general lack of information specific to men's health and wellness. In particular, research that addressed First Nations men's wellness was lacking. The literature reviewed concentrated primarily on programs related to justice and violence.

Colonization

Colonization is defined by the *Oxford Learner's Dictionary of Academic English* as “the action or process of settling among and establishing control over the First Nations people of an

area” (Colonization, n.d.). Because my practicum placement occurred in the Gitxsan territory where the majority of people identify as First Nations, the topic of colonization cannot be ignored because it directly affects men’s health here, as well as in First Nations communities across Canada. Holyk (2002) asserts that in order to enforce the colonial ideologies of the West within the Gitxsan territory, those who settled (both settlers and the government) on lands occupied by First Nations people used both ideological and physical force in their attempts to remove First Nations peoples. Holyk notes that within Gitxsan territory, as elsewhere on Northwest Coast, this force took the form of banning feasts and creating reserves.

In January 2011, Gitanmaax village began the process of researching and developing a community-based approach to build a 5-year Comprehensive Community Plan (CCP) for their community, which produced the Gitanmaax Comprehensive Plan (2012–2017): Goals and Strategic Directions “Honouring Our Voices” (Gitanmaax Band Office, 2012). In the Gitanmaax CCP plan, Gary Patsey writes that the federal government established the reserve system in the 1890s over the continuous objections of the Chiefs, and, eventually, four parcels of land were established: *Anlaw*, *Gitanmaax*, *Ksoo-gun-ya*, and *Tsitak*, totalling 1,407 hectares (Gitanmaax Band Office, 2012, p. 4). For First Nations people, colonization is evident in the history of Indian residential schools, the Sixties Scoop, and the child welfare system, all of which are widely understood to have disrupted traditional parenting, caused cultural dislocation, and introduced violence and substance abuse (John, 2016). These causes of intergenerational trauma were systematic in nature: they first disconnected people from the land through reserve policies and the creation of land ownership for settlers, and second, individuals were disconnected from their families by means of the imposition of the residential school system. Intergenerational trauma has been compounded by hardships imposed by the administration of the Indian Act; by decades

of racism and attempted assimilation; and by discrimination embedded in the laws, policies, practices, attitudes, and actions of the state (John, 2016).

It is important to acknowledge that intergenerational trauma impacting First Nations people originated from sources of oppression such as colonization and residential school that intersect at all levels—personal, familial, and cultural (O’Neill et al., 2016). The negative effects of colonization and residential schools have had a devastating impact on all First Nations peoples, and not least on First Nations men. The Truth and Reconciliation Commission of Canada (TRCC) identifies the residential school period as the beginning of an intergenerational cycle of trauma and neglect (John, 2016). The displacement of children from their families and home communities as a result of residential schools impacted lives on many levels, including children’s physical and emotional attachments to land, people, and culture. Social determinants of health are the conditions in which people are born, live, learn, work, and grow; they include elements such as income, social status, employment, and education. Unfortunately, individuals, communities, and nations that experience inequalities in the social determinants of health bear not only an additional burden in the form of health problems, but they also often experience restricted access to resources that might ameliorate those health problems (Reading & Wien, 2009).

The first five calls to action articulated in the TRCC report speak directly to changes needed in the child welfare system. Speaking to the current reality of First Nations people, Senator Murray Sinclair, a keynote speaker at National Child Welfare Conference, held from October 23 to 26, 2018, declared that “the monster that was created in the residential schools moved into a new home and that monster now lives in the child welfare system” (Krugel, 2018). First Nations children and youth are the fastest growing demographic in the province of British

Columbia and, as such, they are a powerful force in determining our future (John, 2016). Despite the tremendous potential of First Nations youth to contribute to economic success in BC, many are held back as they struggle to overcome myriad challenges in their families, communities, and the child welfare system that is meant to support them (John, 2016). According to Ministry of Children and Family Development data from 2019, as of March 2019, 65.6% (4,111) of the total number of children and youth (6,263) in care in BC were First Nations. Furthermore, the Ministry of Children Family Development data reports that in March 2019 rates of First Nations Children and Youth in Care were 43.8 children per population of 1000 children in BC whereas rates of non-First Nations children was 2.6 children. This means that First Nations children and youth in BC are more than 16.5 times as likely to be in care than non-First Nations children and youth.

Present-day issues affecting First Nations child welfare cannot be understood in isolation. These issues are inextricably linked to larger structural factors related to colonization, including the legacy of residential schools (Trocmé et al., 2011) The larger structural factors of colonization, residential schools, the Sixties Scoop, health care, education, politics, and the current state of the child welfare system have all directly impacted First Nations men's health. Prior to contact, First Nations families and communities cared for their children in accordance with their cultural practices, spiritual beliefs, laws, and traditions. The arrival of non-First Nations settlers, and the subsequent imposition of colonial policies on First Nations territories, disrupted traditional systems of child rearing and imposed practices that resulted in the removal of tens of thousands of First Nations children from their homes and communities. The mass removal of First Nations children began with the introduction of the residential school system and was continued by the child welfare system under the policies of the Sixties Scoop (Trocmé et

al., 2011). The Sixties Scoop refers to a period of time when massive numbers of First Nations children across Canada were taken from their families and placed in foster homes or placed for adoption at the objection of their families and communities. Due to structural and historical factors such as colonization, family poverty, and chronic underfunding of services on reserves, First Nations children are vastly overrepresented in the child welfare system and experience significant gaps across the board in education and health outcomes (TRCC, 2015a).

Canada's decentralized governance and split jurisdictions make reform of the child welfare system problematic. The Constitution of Canada assigns provincial and territorial governments control over and responsibility for child welfare and for the funding of off-reserve programs; for its part, the federal government is responsible for funding on-reserve programs (Barker et al., 2014). The complicated funding mechanisms of government generate inconsistent policies and practices and result in generating fragmented data across the country; these deficiencies make it difficult to track trends and outcomes for children and youth exposed to the child welfare system (Barker et al., 2014). Canada's role has been limited to funding each provincial system for First Nations children who are "ordinarily resident on reserve" and who are in care; if a child is not "ordinarily resident on reserve," no federal funding is available to them (John, 2015). On June 21, 2019, the Canadian federal government passed Bill C-92, An Act Respecting First Nations, Inuit and Metis Children, Youth and Families, which created new child welfare laws for First Nations children living on reserve and also opened potential pathways for First Nations to assume jurisdiction over their children and youth.

First Nations Men's Wellness

The impact of a stressor on individual functioning is influenced by a person's past experiences and current environment, so the collective trauma on individual wellbeing needs to be considered in the context of a group's historical and contemporary stressor experiences (Bombay et al., 2014). In the context of working with Gitxsan men from Gitanmaax village, I considered the historical and current traumatic experiences individual First Nations men have endured directly and tried to understand them in conjunction with the intergenerational trauma imposed on their immediate families, communities, and the larger First Nations population in Canada. Socio-economic indicators, reflecting the impacts of past and current state policies and practices, point to a chronic state of marginalization and the underdevelopment of First Nations communities. All of this has led to the dependence of many individuals, families, and communities on government level support for many everyday services (John, 2016).

The mental health and recovery of First Nations people in Canada have always been tied to history, identity, politics, language, and dislocation (Lavallee & Poole, 2010). The socio-historically conditioned challenges that many First Nations fathers face must be recognized so that efforts to harness their potential are understood as part of a long-term, multigenerational process of healing and strengthening First Nations families (Ball, 2012). Ball notes that as access to the land and jobs in industries that are dependent on natural resources have diminished, few First Nations fathers have had the means to take their children out on trap lines, fishing boats, or hunting grounds. As a result, jobs that traditionally enabled First Nations men to form culturally authentic father roles as breadwinners and teachers are rapidly vanishing (Ball, 2009). The ideal image of men as strong providers conditions many men to define themselves by their work, and this can result in poor work-life balance and high levels of stress (Bowering, 2011). Given that

Northern BC is characterized by high unemployment due to the vicissitudes of a resource-based economy, the ideal of men as protectors and providers is often beyond men's grasp.

Bowering (2011) reports that proportionately more First Nations people reside in Northern BC than anywhere else in the province, with the Nisga'a Region at 92.7%, and the Upper Skeena Region (my current location) having the second highest percentage at 69.2%. Unfortunately, Northern BC has one of the least diversified economies, and men living here have the highest rates of death by suicide, the highest rate of alcohol-related hospitalization and deaths in the province, and the highest rate of hospitalization for tobacco use (Bowering, 2011). Across Canada, males die by suicide at a rate four times greater than females (Bowering, 2011). A study by Chandler and Lalonde (1998) showed that First Nations community control of police and fire services, education, health, local facilities for cultural activities, self-government, and involvement in land claims were associated with lower suicide rates when compared with communities that lacked such control. Hallet et al. (2006) showed that First Nations bands in which a majority of members reported a conversational knowledge of a First Nations language also experienced low or no youth suicide. By contrast, First Nation bands in which less than half the members reported conversational knowledge of their language, suicide rates were six times greater (Hallet et al., 2006, p. 398). These statistics on suicide suggest that cultural knowledge is a deterrent to suicide; recall that men die by suicide at a much higher rate than the rest of the population.

First Nations masculinity has been profoundly impacted by colonization, and the imposition of a white supremacist hetero-normative patriarchy has left a lasting and negative legacy for First Nations people and their communities as a whole (Anderson & Innes, 2015). Beydoun (as cited in Anderson & Innes, 2015) argues that the black and brown bodies of men of

colour incite an overwhelming fear in onlookers; whether observers are politicians, police officers, or television viewers, they interpret minority masculinity as threatening. Many social workers who work in the “helping” professions, myself included, can be unaware of the extent to which gender and race biases affect their day-to-day interactions. With this in mind, the dominant discourse about how masculinity is defined is currently being challenged and re-examined in unprecedented ways as global citizens confront the dominant patriarchal structures that impact them. At the same time that the dominant structures are confronted in both government and social media, there is also an opposite and equal amount of resistance to reducing their impacts or acknowledging that systemic racism is present in our society.

In the book *First Nations Men and Masculinities: Legacies, Identities, Regeneration*, Anderson and Innes (2015) argue that unpacking the way violence plays out in First Nations men’s lives is one way to begin engaging a broader practice of gender-based analysis in the service of decolonization. They note that statistics on violence can inform a larger discussion about First Nations men’s lives in Canada. They point out that race and gender bias contribute to First Nations men being more likely to adopt high-risk lifestyles that lead to violence, addictions, and incarceration. Furthermore, Anderson and Innes (2015) note that First Nations men are perceived more often as victimizers rather than victims, people who require protection rather than protectors, and people who require support rather than supporters. As a result of the colonization of their lands, minds, and bodies, many First Nations men come to not only accept these perceptions, but they also internalize them (Anderson & Innes, 2015, p. 10).

Racialized and gendered perceptions of First Nations peoples globally are used, in part, to justify both access to and exploitation of First Nations lands and resources, as well as the subordination of First Nations peoples by white men and, to a lesser extent, by white women in

support of white male power structures (Anderson & Innes, 2015, p.10). It is important to note that hegemonic, Eurocentric constructions of men's roles—as heads of households, clans and communities, and as dominant decision makers who allocate family and community resources—may have been inconsistent with traditional First Nations family and community structures and constructions of masculinity (Ball, 2010).

Attachment Theory

I think it is important to include the subject of Attachment Theory because of its mainstream influence on child development, the role of fathers, and the differences between Western and First Nations worldviews, which can play an important role in men's health. A widespread absence that became evident as I compiled this literature review was the lack of information available regarding First Nations fathers. Locating information specific to father attachment was also unproductive. Articles about fathers specifically focused, again, on negative stereotypes reflecting a lack of involvement, marital conflict, and alcohol abuse. For this section, I drew from resources that focused on child welfare and First Nations perspectives of attachment. The term “Attachment Theory” is derived from the work of British psychologist John Bowlby. Attachment Theory suggests that a key development task of infancy is forming an attachment to the mother or primary caregiver (Mennen & O'Keefe, 2005). Attachment Theory commonly defines the relationship of the child as being with one or two people in the immediate family, typically the mother or father. This Westernized perspective does not take into account distinct cultural views of attachment, nor does it consider the multitude of caregivers that may be in the child's life, such as those found in Gitxsan family structures. Hardy and Bellamy (2013) note that attachment behaviours may look different across cultures but achieve the same functions, which is to build a positive connection between the caregivers and the child for whom the

emotional bonds sustain life, especially for infants and young children. Attachment is regarded as significant in shaping our capacity for interpersonal relationships and the formulation of our view of the world and of others around us (Neckoway et al., 2007).

Simard (2009) argues that First Nations children and families often fall victim to the misapplication of Attachment Theory and its use of developmental stages and timelines that do not give adequate time to change individuals, families, and communities. The use of Attachment Theory with First Nations people continues to have a negative impact on their involvement with children protection services. This misapplication may be due to many factors, including the differences between Western and First Nation worldviews and Western judgements of First Nations men. Christenson and Manson (2001) believe that framing the mental health of First Nations families in terms of adult attachment is a worthwhile endeavour to better understand the dynamics of the family unit and as a framework to guide intervention in child welfare. However, when thinking about attachment and its role in contemporary First Nations child welfare, it is important to think beyond the immediate nuclear family. The extended family is likely to include more than biological family and may, like the Gitksan, incorporate *pdeek* (clan) systems—the clans of mothers and fathers, grandmothers and grandfathers. Attachment can extend beyond the person in front of us—whether mother or father—to include connection to a person’s culture, land, and spirit. Simard (2009) states that research on the Anishinaabe child welfare system suggests that the broader the application of cultural attachment strategies when working with First Nations people, the greater the response in terms of the engagement of community members with the cultural restoration processes of First Nations communities. In my opinion, present-day procedures and policies applied in First Nations child welfare are beginning to align

with this broader definition of cultural attachment, though the practical application of these policies has been slow to follow.

Fatherhood and Parenting

A number of former residential school students have acknowledged mistakes they have made as parents and the guilt they feel about passing their trauma on to their own children (TRCC, 2015a). Ball (2010) interviewed First Nations fathers to better understand their challenges and the opportunities they face when caring for their children. Seventy-two First Nations and seven Métis fathers, along with one non-First Nations father of First Nations children, were recruited for the study. Through participant interviews, Ball found that personal wellness figured prominently in fathers' narratives, including their struggles with depression, suicidal thoughts and attempts, substance use, violence and other problems. Due to the pervasive misconception that First Nations fathers are disengaged and uninvolved in social service programs, many researchers, social advocates, and policy and program developers tend to direct their attention elsewhere and, consequently, there is a lack of information about the needs and goals of First Nations fathers (Ball, 2010).

In BC and across Canada, there is a pressing need to increase understanding of and support for First Nations fathers, especially in the form of policy frameworks and programs that aim to improve the health and quality of life of First Nations children and families (Ball, 2010). Socioeconomic exclusion exacerbates the lack of positive father role models, a lack of social support, and low self-esteem that combine to produce a poor prognosis for fathers' positive and sustained involvement with children (Ball, 2009). First Nations fathers articulated a desire for community-based agencies and political bodies to get involved in and support healing programs,

reduce negative stereotypes of First Nations fathers and families, and actively reach out to support fathers in their fatherhood journeys (Ball, 2010, p. 134).

Research on non-First Nations fathers can provide us with some important insights relevant to the field of social work practice with First Nations fathers. The Western model of the nuclear family, in which one father figure (paired with one mother figure) is meant to meet all the needs of a child for guidance, discipline, affection, and support, have never matched the practices of traditional First Nations communities (Ball, 2010). First Nations fathers' explicit references to "circles of care" evoke a conception of family that is consistent with culturally and historically collectivist communities in which deeply intertwined relationships among family members provide a network of care for children and that contrasts with the nuclear family unit of care characteristic of Western European life (Ball, 2010).

In community-based programs, the behaviours and needs of First Nations fathers tend to be interpreted through a Euro-Western lens. This occurs, in part, because of a gap in knowledge about First Nations fathers' experiences (Ball, 2010). The developmental, lifespan perspective that is associated with Attachment Theory cannot fully accommodate the significance of the challenges and changes in the lives of First Nations fathers because they are not aligned with a holistic network of care that is based on a collective society (Ball, 2010). Fathers in Ball's (2009) research spoke pessimistically about the future of First Nations fatherhood regarding the recovery of First Nations forms of family life and men's roles as teachers, guides, providers, and guardians of the spiritual life of the family. First Nation fathers identified the importance of positive portrayals of First Nations men in caregiving roles while also identifying the need for a cultural framework around the services available to them; specifically, some fathers regretted not being able to share their culture and language (Ball, 2009). Fathers emphasized that learning

fatherhood takes time and, therefore, health care and other practitioners need to be persistent, patient, and creative in their efforts to involve First Nations fathers (Ball, 2012). Fathers who were positively involved with their children described caring for their children as part of their “healing journey” (Ball, 2009, p. 38).

Fathers who identify poverty as a barrier to fathering and family wellbeing attributed this reality to government policies and interventions (Ball, 2009). Fathers described encountering roadblocks to their efforts to access paperwork and notary services for registering their paternity on children’s birth records, to access legal advice to establish or enforce shared custody of or visitation with a child after separation or divorce, and to access treatment services or parenting supports to meet criteria for the return of a child from government care (Ball, 2009). Barriers to registering paternity included a personal lack of funds to have a signature notarized, which is required, and a lack of transportation to sites to complete legal paperwork (Ball, 2009). Given the low rate of paternity registration on birth records among First Nations peoples, there is a high likelihood that many First Nations children in Canada are not registered as status individuals and are therefore not included in statistics produced by the federal and provincial government authorities. Deeper knowledge of the challenges First Nations men face can inform the aims of programs intended support them in their parenting roles and would indirectly promote the wellbeing of First Nations children (Ball, 2010). First Nations fathers’ desire to become the “turn-around generation”—by redefining positive roles of First Nations men in raising children—is an asset that needs to be fortified and leveraged in policies and practices that aim to improve First Nations children’s health and development outcomes (Ball, 2012).

Brown et al. (2009) argue that the child welfare system has historically focused on women and their children and has treated fathers as largely invisible and irrelevant to child

welfare practice (p. 238). They note that prevention and intervention efforts in the field of child welfare primarily focus on the mother. Similarly, Ball (2009) found that First Nations fathers described being left out of parent support programming due to a perception that the programs were for mothers, which created a bias favouring mothers in home-school outreach, community programs, and government services. Additionally, Brown et al. (2009) claim that child welfare workers seem ill-prepared to work with fathers, which may contribute, in part, to their reluctance to engage with fathers, which leads to fathers' invisibility. Unfortunately, by failing to engage fathers, as a society we may fail to protect mothers and children, which is yet another reason why child welfare workers need to engage fathers as part of their practice (Brown et al., 2009).

In an effort to make fathers visible in child welfare practices, Brown et al. (2009), posit that workers in the child welfare system need to determine whether fathers want to continue relationships with their children, but also their reasons for doing so. For example, the child welfare option of men "leaving the home" when domestic issues arise does not hold fathers accountable (Brown et al., 2009). Workers may have to meet with fathers in jail, at a probation office, or at an agency where fathers are getting services. For fathers who are violent, child welfare workers need to directly engage these men as both fathers and as perpetrators of violence (Brown et al., 2009). Excluding fathers and focusing primarily on mothers—regardless of whether a father is a risk or an asset—fails to adequately protect children (Brown et al., 2009).

Engaging Men

The absence of an explicit theory of change that can apply when working with men and boys means that it is sometimes unclear what change is sought, that is, whether a change in health-related behaviours is required (a reduction in perpetration of violence, for instance) or a broad realignment of the dominant form of masculinity in men (Gibbs et al., 2015). While First

Nations men seek their own understanding of history and colonization, non—First Nations workers and clinicians (like me) must be aware of the impacts of colonization and take appropriate action if we are to be true advocates for reconciliation. A key learning for individuals working with First Nations fathers is that we must carefully build strong and trusting relationships before we can initiate meaningful intervention (Stuart et al., 2015). Relationships that are built over time require a commitment that is often difficult to achieve when working in First Nations communities due to high rates of turnover in frontline workers. Ensuring that male workers are present in First Nations programs can potentially diminish barriers and increase the likelihood that men will participate in programming that is offered (Stuart et al., 2015). Programs should also focus their activities on factors relevant to fathering roles in First Nations communities such as culture and connection to community (Stuart et al., 2015). Strengths-based approaches to working with fathers and First Nations communities are important for challenging some of the negative, disempowering approaches that have been adopted previously with First Nations communities (Stuart et al., 2015). Brown, Callahan et al. (2009) offer the following practice suggestions to engage fathers with the child welfare system: acknowledge their presence, be strengths focused, purposefully engage them as both fathers and as perpetrators of violence, and be knowledgeable about how contextual structures such as colonization, residential school, and racism and gender impact their involvement with child welfare and family support services.

The statistics tied to men's health can be quite depressing, particularly in regard to men in Northern BC and, even more so, First Nations men. However, research by Hallet et al. (2007) indicates a positive correlation between knowledge of First Nations language and culture and communities' social and emotional wellbeing. Recommendations from Bowering's (2011) article

“Where Are the Men? Chief Medical Health Officer’s Report on The Health and Wellbeing of Men and Boys in Northern BC”, suggest that simple strategies such as paying attention to men, listening to and learning from men, speaking to men in plain language, and cultivating collaboration with industry and business can help build a road to improved health outcomes for men in general. Knowing that the highest proportion of First Nations reside in Northern BC, it is imperative that effective and culturally appropriate strategies are developed to interrupt the intergenerational transmission of trauma so that individuals, families, and communities can begin to heal (Aguiar & Halseth, 2015). By engaging men in their own health and wellness, there is hope that healthier men will lead to better partners, fathers, providers, and role models in Northern BC (Bowering, 2011).

First Nations Land-based Activities and Programming

The Gitanmaax Men’s Wellness Program weaves land-based practices into all of its interventions with the men it serves. The territory and land of the Gitxsan is acknowledged at gatherings and was a fundamental focus during my practicum experience at the Gitanmaax Health and Wellness Centre. In preliminary discussions with the Gitanmaax Health Director, Operations Manager, Men’s Wellness Worker, and Clinical Counsellor, a land-based pilot program that targeted the wellness of Gitanmaax men was identified as a potential starting point for my practicum experience. This land-based pilot project had to be put on hold for the past year; however, it has been identified by the Gitanmaax Health and Wellness staff as a project they want to restart in the near future and will focus, at least initially, on men from Gitanmaax village. Although we were unable to complete this project during the practicum, I was able to

partake in the initial planning and development of the program in preparation for a BC public health order that allows for increased attendance at public gatherings.

The literature I found that addresses land-based programming has focused historically on non-First Nations individuals, youth, justice, the outdoors, and wilderness programs. Redvers (2016) observes that finding consistent language which describes such programs is challenging; it includes concepts such as “wilderness,” “nature,” “environment,” “outdoor,” “land,” “land-based,” and “being on the land.” Redvers points out that these terms have slightly different connotations depending on the discipline or agency that provides the programming. For the purpose of this literature review, proposal, and practicum placement, I will use the term “land-based” activities and programming; the rationale for my decision is that my searches of the UNBC Geoffrey R. Weller Library academic database, the UNBC thesis collection, and internet searches led to a plethora of literature that referenced First Nations land-based programs. Redvers (2016) notes a distinction between land-based activities and programs with land-based activities including berry picking to hunting, ceremonial gatherings, fasting, and moose-hide tanning. Organized land-based programs are clearly a present-day phenomenon since the idea of a “program” is rooted in mainstream funding and organization (Redvers, 2016, p. 77). In the literature, I found many land-based programs appear to be in their infancy; the majority of publications date from 2014 to 2020. This speaks to a resurgence and revitalization of land-based programs and activities with First Nations across Canada as a means to sustain Indigenous life and knowledge, and to contest settler colonialism and its drive to eliminate First Nations life and First Nations claims to the land (Wildcat et al., 2014).

As previously noted by Reading and Wien (2009), First Nations individuals, communities, and nations carry not only the additional burden of health problems, but they also

often confront restricted access to funding resources that might improve their health and wellness. There is an obvious gap between what is happening at the community level with First Nations communities, with respect to linking wellness to land-based programming, and what has been described in non-First Nations academic publishing circles relative to mental health, which serves to guide government policy (Redvers, 2016). The growing recognition of the importance of First Nations-led land-based programming by First Nations scholars and leaders is contributing to the current increase in literature and awareness of present-day activities around health occurring on the land.

The activities that make up First Nations land-based programming work interdependently and this is reflected in how land-based programs connect First Nations people to their emotional, spiritual, and physical connection to the land (Thunderbird Partnership Foundation [TPF], 2018). A prominent theme in the literature is that land-based programming must be led by First Nations, such as the Gitxsan, and that the programming should be specific to that nation in order to incorporate the history, stories, and traditions of their ancestors, elders, and knowledge keepers (TPF, 2018). Dobson and Brazzoni (2016) assert that when researching, planning, and, or, doing land-based work, it is important to remember that there is no “one” homogenous culture to draw on because culture is defined by the land, language, and the Nation of a given people. Maintaining awareness of First Nations’ connection to a territory and the land is important so that we as service providers do not risk generalizing First Nations culture without considering the differences between them, or neglect to appreciate the dynamic nature of First Nations peoples’ cultural worldviews, values, beliefs, and understandings (Vukic et al., 2011).

Understanding that First Nations health and wellness cannot be separated from the peoples’ relationship with the land is a concept that needs to be more fully understood outside of

First Nation communities themselves in order for First Nations communities to be successful in developing their own sustainable land-based wellness programs (Place & Hanlon, 2011).

Redvers (2016) observes that some research evidence indicates land-based initiatives are a promising means to support First Nations mental health outcomes; however, there are few materials that outline how to conceptualize, design, organize, or operate such programs to help First Nations people increase their use of land-based approaches. The Thunderbird Partnership Foundation (2018) published a booklet entitled “Land for Healing: Developing a First Nations Land Based Model” to assist First Nations people overcome the absence of literature that recognizes the need to build infrastructure and capacity in First Nations communities to establish and sustain land-based programs. Community development, ownership, and capacity building are significant factors that must be developed at all service levels—design, delivery, implementation, and evaluation—to enhance mental wellness in First Nations communities (Thunderbird Partnership Foundation, 2018).

Programs that employ a land-centred pedagogy incorporate the interaction of decolonization, mental health, and resilience (Redvers, 2016). A holistic approach that includes concepts of mind, body, emotion, and spirit, or the interconnectedness with family, land, and community, is essential for First Nations people, even though it runs contrary to Western ideologies (Vukic et al., 2011). The mental health and recovery of First Nations people in Canada have always been tied to history, identity, politics, language, and dislocation (Lavallee & Poole, 2010, p. 271). Grounded in the awareness that we are all unique individuals, social workers must be aware that the effects of colonization have critically impacted the wellness of First Nations people. The scope of this literature review does not do justice to the concept of

place or land or the connection between place, land, and health and their relevance to the Gitksan people and First Nations people in Canada.

Ethics in Rural Social Work

My practicum took place in the village of Gitanmaax, which is located in northwestern BC on the unceded territory of the Gitksan people. Traditionally, rural communities have been defined by the Census Bureau based on population density and geography (Daley & Avant, 2014). When preparing to work in rural communities such as Gitanmaax, it is important that social workers are prepared for and are aware of the ethical dilemmas they are likely to encounter in their practice. Social workers who work and live within rural communities face significantly different ethical challenges than those who work in urban communities. The ethical dilemmas faced in rural social work may not have been addressed by ethics guidelines or courses that social workers either integrated or studied in post-secondary education, professional associations, or places of employment. This literature review includes ethical dilemmas that rural social workers are likely to encounter, strategies to navigate these dilemmas, and the potential benefits and learnings that social workers may gain by confronting and addressing ethical issues when working in rural communities.

Canadian social workers who adhere to the Canadian Association of Social Workers' ([CASW], 2005) Code of Ethics may well experience struggles in implementing their ethical responsibilities when practicing in rural communities (Daley, 2021). Mullaly (2006) asserts the CASW Code of Ethics reflects an approach to social work that aims to comfort the victims of social problems rather than seeking fundamental social change or transformation of the existing system. The dichotomy of individual and collective social

work engenders ethical issues that represent the core of rural social work. Some challenges rural social workers encounter includes high visibility and accessibility within the community they work in, dual or multiple relationships, access to too much personal or sensitive information, heightened scrutiny by community members, potentially burdensome responsibility, and limited access to professional development (Schmidt, 2008). These challenges can generate ethical conundrums that are often impossible to avoid in a rural community and can hinder the promotion of trust and acceptance. The size and isolation of the community and the expectations the populace has of the social worker are characteristics that directly impact the practitioner's ability to establish clear boundaries with clients when operating within a rural practice (Scoplettiti et al., 2004). Building trust can also be undermined by the community's previous experience with social workers or frontline workers who may not have been very successful in following ethical guidelines, maybe because of under qualifications or lack of clinical supervision. Trust may also be slow to develop because of a community's experience with having a revolving door of helper's coming in and then leaving after a short time. Setting appropriate boundaries in rural communities is no small task and learning to navigate the complex nuances of dual and multiple relationships while at the same time building trusting relationships is a key part of rural social work.

When rural social workers are confronted with conflicting pressures from clients, the agency, and/or the community, they need to protect themselves from obscuring judgement so that their decisions about social work practice are not influenced by competing interests (Collier, 2006). Collier (2006) believes that to meet the conflicting pressures of rural social work, one must firmly and consistently ground their judgements and actions on agency policy, standards of the profession, the needs of the client, and community pressure—in this order (p. 96).

Consultation, supervision, and reflective practice play important roles in ensuring that issues arising from dual relationships are managed well (Scoplettiti et al., 2016). For rural social workers, this may require actively seeking consultation and supervision to offset working in a remote physical location and/or the lack of other workers with whom to consult and reflect. The use of an ethical decision-making model, the assessment of potential harm, collaborative work with clients, the use of informed consent, and consistent documentation can help practitioners alleviate or diminish ethical issues commonly encountered in rural social work (Daley, 2021). Limited attention has been paid to the emotional impact of working in a community where social workers are easily visible and accessible; the negative effects of this, such as burnout, that can occur as a result of these intersecting relationships must be considered when developing strategies and supports to manage dual relationships (Scopletti et al., 2016).

The appropriate use of boundary setting can be a polarizing topic among social workers when they discuss differences between urban and rural social work practice. Separating professional relationships and responsibilities from personal connections is an arduous task for social workers living and working in a rural community. Scopletti et al. (2016) states that some health professionals contend that establishing strict boundaries around where you meet clients and what is disclosed with other professionals need to be exercised consistently. Though potentially well intended, the establishment of strict boundaries within a rural community can be not only difficult, but it can also be detrimental to building relationships and trust; this is an important consideration to manage in light of the fact that increased familiarity, understanding, and connection can increase the likelihood of success in social work (Scopletti et al., 2016). Scopletti et al. (2016) advocate for the use of and distinction between the terms “boundary

crossings” and “boundary violation” to help workers navigate conundrums that arise in rural practice.

The terms boundary violation and boundary crossing are used to describe client and patient relationships within the medical field and are most commonly referenced by nurse practitioners, physicians, psychiatrists and psychologists. The focus on ethically sound individual relationships and boundary setting serves as the foundation for Mullaly’s concerns about the need for the CASW Code of Ethics to focus on the client’s issues and not on problems related to a social system in need of transformation (Mullaly, 2006). A “boundary crossing” is defined as a deviation from a therapeutic relationship that is essentially harmless, non-exploitative, and possibly supportive of the therapy itself (Aravind et al., 2012). In a rural setting, such boundary crossing may occur when the client you are working with has children that attend the same school as your own children. In contrast, a “boundary violation” is harmful or potentially harmful to the client (Aravind et al., 2012). Two examples of boundary violations include entering into a sexual relationship with a client or financially exploiting a client. The CASW (2005) Code of Ethics invests the primary responsibility of navigating dual and multiple relationships with the social worker. For non–First Nation social workers working within rural First Nation communities such as Gitanmaax, the need to provide a culturally safe space for relationships between non–First nation and First Nations people to occur without bias and discrimination is an additional reality.

Ermine (2007) argues that ethical space is formed when two societies with different worldviews are poised to engage with each other. In the current context, this includes First Nations and Western worldviews. The idea of ethical space entertains the notion of a meeting place or initial thoughts about a neutral zone between entities or cultures (Ermine, 2007).

Greenwood et al. (2017) suggest that non–First Nation health organizations, systems, and service providers must create space—ethical space—to accommodate and integrate Indigenous knowledge that is specific, local, and relevant to the communities being served and thereby shape the delivery of health services to those communities. Engagement within an ethical space promotes a dialogue that begins to set the parameters within which to interact based on appropriate, ethical, and humane principles (Ermine, 2007). Appropriate ethical principles are set out in First Nations laws that articulate fundamental values that guide behaviour and aim to honour the balance in relationships, which includes one’s physical, mental, emotional and spiritual connection with all beings, human and nonhuman (Greenwood et al., 2017). As part of my practicum experience with the Gitanmaax Health and Wellness Centre, I was able to speak to identified Gitxsan knowledge holders to further my understanding of Gitxsan protocols and ethics which helped to influenced and shape my learning and social work practice in the Gitxsan territory.

Becoming an Ally

The primary focus of my practicum placement at the Gitanmaax Health and Wellness Centre was men’s health. However, I would be negligent if I were to ignore the fact that I am a white male working and living in a First Nations community. Appropriately, then, this part of the literature review focuses on the concept of being an ally and the role of non–First Nations workers within First Nations communities. Bishop (2002) defines an ally as “a member of an oppressor group who works to end a form of oppression which gives her or him privilege, for example a white person who works to end racism or a man who works to end sexism” (p. 152).

This definition is not as simple as it sounds because a white person can work to end racism but may not necessarily be viewed as an ally as a consequence of their behaviour and actions.

In her research entitled “Do No Further Harm: Becoming a White Ally in Child Welfare Work with First Nations Children, Families, and Communities,” Atkinson (2010) identifies five emerging themes that she asserts contribute positively to becoming a white ally. These themes include the importance of relationships, an individual’s personal journey, professional journey, racism, and white ally potential. Atkinson argues that knowing one’s place on the dominant–oppressed spectrum is necessary to working effectively with First Nations peoples. In order to know one’s place, a constant reflection upon self and values is required by the individual who aims to work as an ally with First Nations peoples. Fraser (2004), who identifies himself as a white male social worker, advocates that exercising a de-colonizing approach by deconstructing colonial ideologies will help social workers to better reflect on and understand their own internalized sense of dominance when working with First Nations people. Throughout the literature, it is clear that a continuous reflection upon self where one is able to question and critique their own biases and beliefs with themselves and others is required to reprogram many of the oppressive characteristics, behaviours, and practices that are instilled by living in a society of white dominance. I negotiated this self-reflection by participating in ongoing conversations with key Gitxsan informants, which included mentorship with the Gitanmaax Wellness Worker and weekly supervision with my field supervisor.

Lang (2010) remarks that what seems to matter most in the process of becoming an ally is not the way you *look*, but the way you *are*. Reflective journaling, narrative stories, and generating artwork in the form of poetry and photography contributed significantly to Lang’s research. Interestingly, Lang notes that much of the research that addresses the goal of becoming

an ally has focussed on the relationship between a “white” ally and the “Other”. Lang states that there is a common misconception that an ally is most often perceived as white; however, the reality is that an ally can come from any racial and cultural background. Her observation highlights the oppressive nature of the society we live in, even when the goal is to offer partnership and collaboration. Most importantly, Lang’s study affirms that becoming an ally is a process learned through experience and critical self-reflection. The literature that explores the notion of being an ally clearly articulates that allyship can never be self-defined or self-determined; to be considered an ally, one must actively examine one’s own role in oppressive structures and continuously communicate with those with whom one would align oneself.

Chapter 5: Activities, Tasks and Learning

We are asking to get back the land of our grandfathers—we want our places, and we want our places to be free as they were before; as our fathers had a free living in their own land, we want to be the same way.

William Jackson, Kisgegas House chief, to McKenna-McBride Commission on July 13, 1915, in Hazelton, BC (Tennant, 1990, p. 97)

My practicum experience at the Gitanmaax Health and Wellness Center gave me the opportunity to increase my knowledge in the field of rural social work and the Gitksan community. I was able to build on my previous learnings as a social worker; my current employment at Gitksan Child and Family Services Society and my time living in the community of Gitsegukla with my wife and in-laws. The primary focus of this practicum was to participate, engage, and assist in program development for a land-based service delivery model to address men's wellness. The changing landscape, policies, and public health orders surrounding the COVID-19 pandemic provided unforeseen learning opportunities connected to the impact that the pandemic was having on the Gitksan nation where Gitanmaax is located. Through this experience, I was able to gain knowledge about community organization and development, and specifically, to do so as a non-First Nations social worker working within Gitanmaax village. What follows are the insights uncovered through my practicum experience as I linked my learning goals to my rural social work practice.

Role as a Social Worker

Since 2005, my work has been primarily within the Gitksan territory. The bulk of this work has been in the field of child protection while working with the provincial government along with six years' working in the non-profit sector. Prior to the past two years, my employment has always existed with agencies predominately rooted in Western schools of

thought. For this practicum, I wanted to expand my learning by utilizing the social work theories of Structural Social Work and Two-Eyed Seeing. Using these social work theories and practice, I wanted to assist Gitanmaax Health and Wellness in their work and development of programming focused on men. My experience with the Gitanmaax Men's Group guided my learning through aspects of community organization, development, and alternate pathways to wellness not rooted solely in clinical practice. In completing this practicum, I sought to expand my practice with individuals and groups. Additionally, I wanted to explore my identity as a social worker and, more precisely, my role as a non-First Nations social worker working in the Gitxsan community. Lastly, I pursued a deeper understanding of social work ethics in rural and First Nations communities. The following pages are a synthesis of my practicum learning through a Two-Eyed Seeing approach and the aim to balance my own worldview with that of my wife, children, and the larger Gitxsan community where I work and live.

Community Planning and Program Development

For the purposes of my practicum the Gitanmaax Comprehensive Community Plan (CCP) was utilized to help focus my learning on a specific need identified by the community. As part of the Gitanmaax CCP that was completed between 2012 and 2017, community feedback stressed the importance of land-based practices such as fishing, hunting, berry picking and medicine gathering in promoting and contributing to the wellness of community members. The first three goals of the Gitanmaax CCP aim to improve the health and wellbeing of Gitanmaax members (Gitanmaax Band Office, 2016). Many of the goals and strategic directions of the CCP overlapped each other; however, we decided to focus our energy on goal number one, which was to cultivate a high level of knowledge, skills and understanding about health issues among community members based on a holistic perspective that connects to the Gitxsan language,

culture, and land (Gitanmaax Band Office, 2016). The Gitxsan phrase *Yuxgyatxw'm didils*, which translates in English to mean “healthy living,” directed this part of my learning (Gitanmaax Band Office, 2016).

At the beginning of my practicum, social gatherings of up to 50 people were permissible, and during the first few weeks of November the men’s group met indoors with an average of 20 men attending at Gitanmaax Hall. As safety measures, social distancing and hand sanitizing stations were put in place, along with mandatory mask wearing in order to follow COVID-19 protocols to allow safe gatherings for the Gitanmaax men’s group. With indoor gatherings for the practicum’s beginning in November, 2020, the Movember campaign was used as a framework to promote men’s wellness within the community by encouraging participation of positive social and physical activities. The Movember campaign is a worldwide campaign that raises awareness about a host of men’s health issues such as mental health and suicide, and prostate and testicular cancers (Movember Foundation, 2021).

On November 19, 2020, British Columbia Provincial Health Officer Dr. Bonnie Henry announced wide-ranging new rules for controlling the spread of COVID-19, including mandatory masks in indoor public and retail spaces and restricting social gatherings to household members only for everyone across the province (Bethany, 2020). The new Public Health Order (PHO) as well as the nature of the local response to and concerns about COVID-19 dramatically shifted service delivery at Gitanmaax Health and Wellness Center. The surrounding Gitxsan and Wet’suwet’en villages in the area responded by blocking access roads and creating checkpoints as well as earlier travel restrictions which weren’t seen in non-FN communities. To ensure safety and needs were met within these new COVID-19 pandemic restrictions, I participated in conversations with staff along with both my field and school supervisors to help problem solve,

brainstorm and adapt to this new PHO—and with others as they presented themselves.

Gitanmaax Health and Wellness was identified as an essential service and navigating the COVID-19 pandemic to ensure we were meeting the needs of the clients while keeping everyone safe became a recurring theme and conversation throughout the practicum. Fortunately, the initial three men's groups held at Gitanmaax Hall were structured in a manner that re-established the group by seeking input about the type of programming they wanted to take part in the future given COVID-19 restrictions.

The progression of my practicum gave me a greater appreciation of the connection Gitxsan people have with the land. This appreciation allowed me to understand that the concepts of a land-based service delivery model as they related to a holistic Gitxsan wellness program were not new ideas. I learned and continue to learn that the importance of Gitxsan connection to the land has been raised by Gitxsan leadership and ancestors from time immemorial—long before the beginnings of colonization and the influx of the first white settlers into the Gitxsan nation. By listening to the Gitanmaax men discuss the programming they wanted, I learned that their wellness is rooted in cultural experiences that connect them to the land, culture and language. The responses included activities such as walking, hiking, medicine gathering, fishing, hunting and drum making. The responses reaffirmed the findings and goals found in the strategic planning identified in the Gitanmaax CCP. This also reinforced the importance of a land-based service delivery model as a central path forward, not only for Gitanmaax men's wellness, but for the entire community. While these initial ideas provided a path for my learning, they also highlighted some of the negative impacts that COVID-19 pandemic restrictions were having on the delivery of land-based services to the community. To ensure the safety of ourselves and community members, we began to strategize ways that we could meet people outside (and

considering COVID-19 protocols) encourage men of the group to stay engaged by participating in activities that took place outdoors and on the land.

During the practicum I was able to meet with staff from the Gitanmaax Band Office and the Gitanmaax Health and Wellness Center to better understand the planning required for upcoming land-based men's programming. I met with two Gitxsan Hereditary chiefs and was able to connect and network with other organizations which included staff from Northern Health, Hazelton High School, Hazelton Rainmakers fire crew, members of the Hazelton Trail Society, and other surrounding Gitxsan village service providers. As a participant in these planning meetings, my inclination was to figure out what it was that I could offer. What could I contribute that would check off my learning goals while at the same time offer something to benefit the community? Could my experience at a men's trauma and addictions centre in Ottawa, Northwind Healing in Dawson Creek, cycling across Canada, hiking and my previous work as a social worker provide any assistance to the community? Perhaps my family connections?

What I learned during the networking process is that the questions and conversations that I had about program planning and development for men focused on the Gitanmaax men's connection to the land I was currently on. As much as I wanted to be an active participant, I could not speak to cultural protocols regarding the Gitxsan and their *lax yip* nor could I speak to the work of the *Wilp* (house groups) to whom the territory belonged. Furthermore, I could not speak to the traditional medicines on the territory or rites of passage ceremonies. As a part of these conversations, the most impactful act I could perform as an "outsider" was to simply listen. While I did ask questions, provided feedback, and was included in the planning, I found I was most effective as a listener and observer. Through listening and observing, I was able to gain a better understanding of the Gitxsan worldview and vision.

Differing Worldviews Through the Concept of Time

Gitxsan concepts of time are not linear. They are cyclical. Furthermore, First Nations believe in expansive concepts of time in which the past, present and future are mutually reinforcing (Blackstock, 2011, p. 6). The Gitxsan concepts of time presented important lessons; I had never considered it in such depth until my practicum placement. While lots of ideas for land-based programming were produced, not all of these ideas were fulfilled or completed. Because I was not able to complete all the tasks, my supervisor suggested I could perhaps summarize a calendar of activities and suggestions which could be used for future men's programming. The Gitanmaax Men's Group had identified activities that included hunting, fishing, berry picking and medicine gathering expeditions. In an attempt to complete what seemed like a simple task, I realized that I could not simply pick a date or week on the calendar to gather fish, medicine or berries. Instead, the activities that I was attempting to put into a calendar were based on the cyclical patterns of seasons. We could not forecast an exact date when the oolichan, salmon, moose, berries and medicine would be ready for harvest and processing.

Reflecting on the land-based group activities that were both possible and impossible to complete, I began to understand the very real differences between Western and Gitxsan concepts of time. As a practicum student, it was easiest for me to complete my hours by working a regularly set weekly schedule of Monday and Tuesday which helped to exclusively protect my practicum work with Gitanmaax men from my employment with Gitxsan Child and Family Services Society. While this regular schedule provided the structure to complete my practicum hours, a regular part time schedule did not always work within the land-based service delivery model. It was a matter of luck, or perhaps circumstance that the fishing derby we planned and scheduled for January 30, 2021 actually took place. A slight change in the weather could have

impacted the fishing conditions in a number of ways and we would have had to cancel the activity. Another example occurred when we planned a trip to fish for oolichan. Once again, I realized we were running on different calendars, and mine was not based on when the oolichan were compelled to come up river. For this activity, we arrived a week before the oolichan during a season when they were not as plentiful. While the oolichan trip did not go exactly as planned, perhaps that was the lesson?

My mind is and always will be westernized. I tend to overthink, analyze and critique matters that most often require none of the aforementioned. In 2000, I embarked on a cycling journey that took me over 16,000 km from my hometown of Langley, BC, and eastward to connect with family in New Jersey. From New Jersey I went up the East Coast to Newfoundland before turning around and cycling back across Canada to Langley. I was equipped with my bicycle, a trailer, a tent, and some food. I had no set itinerary, took in some beautiful scenery, came across wildlife and met some extraordinary people. However, the cyclical concept of the seasons, the land and their interconnectedness increasingly resonated with me over these past six months.

The *lax yip* is central to the wellbeing of the Gitxsan. *Lax* meaning “on top of” and *yip* meaning “the land.” *Lax yip* describes a physical space and the nature of one’s relationship with that space (Gitxsan Government Commission, 2015). As my practicum evolved, it became clear how important pursuing a land-based service delivery model focused on holistic wellness would benefit not only the Gitanmaax men we were serving, but also the larger Gitxsan nation—regardless of gender. I found both the concept and definition of attachment as defined in my literature review were much deeper for the Gitxsan nation. Concepts of attachment were intertwined with the land, Gitxsan *ayookw* (laws), and kinship responsibilities. For Gitxsan men,

attachment included responsibilities to their *wilnaatahl* (mother clan), where intergenerational knowledge transfer was tied to their specific *lax yip* and *Wilp* (house), and the roles and responsibilities within the Gitxsan extended even further to include the *wilxa'witxw* (father clan) (Gitxsan Government Commission, 2015). These Gitxsan concepts of attachment included protecting the values, places, resources, stories and cultural obligations associated with their land, as well as the processes that connected them with their families, ancestors, land, water, air, trees and food.

Much like my cycling journey, this practicum enabled me to better understand my family, parts of where I was from, and who I was. My cycling and this practicum were both land-based journeys; however, the language that I use in this report and in my everyday life is not always one that is connected or rooted to the land, water and air that surrounds me. Gathering the rich learning from this reflection was like trying to translate Gitxsan to English and was not easily defined. As I moved forward, I found that the most appropriate way to describe this interconnectedness was through the Gitxsan word *ot'sin* which translates to “the spirit that permeates everything” (Gitxsan Government Commission, 2015).

Adapting Service Delivery

The COVID-19 pandemic created several obstacles to the practicum process we had hoped to follow and how we interacted with Gitanmaax men as individuals and in group settings. One of my identified learning goals was to utilize social work theories and practice with individuals and groups. Initial strategies for this learning goal included meeting with the men's group every Tuesday; however, this was not possible due to restrictions resulting from the pandemic. To adapt to the restrictions, we used an outreach model as a means of engagement. The outreach approach included going to homes and connecting with men at their front porches

and doorways. In limited numbers, we also went for hikes in areas close to Gitanmaax. On these hikes we conversed, identified landmarks, trails and medicines found in the Gitxsan territory. In the final month of the practicum, we began to create maps of trail routes via GPS tracking and narrative descriptions. As an outreach service, we transported a few men to appointments, and we assisted with the cleaning and decluttering of a client's home to provide homemakers better access for individual follow-up. These experiences and interactions combined to enhance and build my relationship with the Gitanmaax men that we worked with most frequently. At the same time, I was able to recognise the challenges many Gitanmaax men were facing, particularly regarding access to transportation and social disconnection from people, traditional protocols, the land, language and culture that men were experiencing as a result of COVID-19 restrictions.

Early planning with the Gitanmaax men's group included plans for a moose hunting expedition to secure moose meat for Gitanmaax elders who were confined to their homes during the pandemic and were unable to access traditional foods. Along with providing moose meat to elders, this was an opportunity to learn about the process of tanning moosehide and then use that learning to raise awareness around the Moose Hide Campaign. The Moose Hide Campaign is a grassroots movement of Indigenous and non-Indigenous men and boys who are standing up against violence against women and children (Moose Hide Campaign, 2021). This activity was not fully realized; however, it is an activity that the Gitanmaax men's group is hoping to complete in the future. Discussing and planning the process of organizing a moose hunt showed it to be a more complicated process than simply going out and finding a moose. The logistics of finding the right people—trained to find and shoot the moose—combined with organizing vehicles, finding the people needed to process the meat and adhere to the cultural protocols required meant there was insufficient time to undertake this activity. COVID-19 restrictions also

imposed additional logistical complications. Because we were unable to complete some land-based programming such as the moose hunt, I began to enter these planned activities into a seasonal calendar for future programming.

Connecting with individual Elders and hereditary leadership was an important aspect of my learning. Prior to starting my practicum, conversations around land-based programming focused on the goal of holding a weeklong program on a specific Gitxsan *lax yip*. The location had the required infrastructure and was also approved by the First Nations Health Authority. As we discussed land-based programming in greater depth with Elders and knowledge holders, another perspective about land-based programming revealed itself. It was brought to our attention that all the programming that was being done with the Gitanmaax Men's Group already employed a land-based service delivery model: the fact that we were holding groups at Gitanmaax Hall, going for hikes, and providing outreach services to Gitanmaax men constituted a land-based service delivery model in the minds of those leading the programming. Based on these gatherings and conversation, a land-based service delivery model was not exclusive to the medicine gathering, hunting, fishing, or outdoor recreation programs. It was a concept that was integrated into everyday life. This awareness drove home just how deeply embedded the concepts of land and holistic wellness are for not only the Gitanmaax men's group, but the larger Gitxsan nation.

Who Is the Expert? Self-Determination, Ownership, and Control

The practicum taught me valuable lessons about myself and ways I can improve my social work practice in the future. In initial planning meetings with the men's group at the Gitanmaax Hall, myself, along with the Gitanmaax Wellness Worker met with a retired Chief Health Medical Officer for Northern Health. This person has been a sporadic but active

participant with the Gitanmaax Men's Group and has extensive knowledge in the field of medicine. In light of his credentials and publications, it would be quite easy to defer to him for his "expert" advice on men's health, and I found myself predisposed to do so. It was not until we went for a hike in January 2021 on the Breakover Trail near Hagwilget Village, however, that I began to question who the "real" expert on the topic of wellness was, especially for Gitanmaax men.

During the hike, the topic of medicine and wellness was a central discussion. The Gitanmaax Wellness Worker identified and spoke of the traditional medicines available on the land we were living on and hiking through. He described this conversation and similar conversations as the "philosophy of medicine." The Gitanmaax Wellness Worker described the body's own ability to heal itself and used the analogy of someone with a cut on their finger; he described how placing a band-aid on your finger creates conditions for the cut to heal. At one point during the conversation, the former medical officer acknowledged this concept and the remarkable ability our bodies have to heal themselves. With that, they concurred that "real" healing most often is enabled beyond the cut on the surface by creating the conditions (band aid) for our own body to heal the cut itself.

It seems rudimentary to acknowledge that the most critical component of a successful program in any Indigenous community ought to be led, owned and controlled by the community itself. In developing the Gitanmaax Men's Group, we determined that rebranding and naming the program were priorities to address. The Gitanmaax Men's Group had formerly been known as the Gitanmaax DUDE's club. Key stakeholders from the Gitanmaax band, health, and men's group considered it important that Gitanmaax men differentiate themselves from the larger DUDE's club organization to which the Gitanmaax Men's Group was originally connected a few

years prior. The men communicated that they were unique from DUDE's club and other First Nations across British Columbia and Canada. The group strongly affirmed that their land-based service delivery model could not be replicated by any other organization because it was rooted in who they were as Gitxsan. The Gitxsan men did not want to feel like the activities they were organizing and practicing were being used to fund or accelerate competing interests relating to men's wellness. In other words, the Gitxsan culture could not be appropriated and replicated by another organization to adopt and control. The localized nature of the Gitanmaax men's program, which included Gitxsan-specific programming, required a name and logo that represented the Gitxsan people and language. The rebranding and logo were completed in March and April of 2020, and an official rollout was planned for the remainder of 2021.

After reflecting on our hike and conversation on the Breakover Trail, I began to think of this issue in terms of First Nations ownership and control. Ownership and control over programming is one condition (the band aid) that I believe allows for healing (i.e., improved wellness of Gitanmaax men) to occur. Like our bodies' ability to heal themselves, it makes sense that the most direct pathway to healing derives from the ideas and services that come from the community itself. Recognition and acceptance of First Nations' demands, nationally and internationally, for the right to control the collection, use, ownership and application of information is limited and highly contested (Walter et al., 2020). Acknowledging First Nations ownership and control of their programming and supporting the efforts toward that realization are two different things. Throughout the practicum I found myself taking steps forward and back in my efforts to become a better listener and supporter of what the Gitanmaax men wanted to see in their everyday programming.

Personally, one step backward would occur when I focused my attention on the narrative playing in my own head rather than being fully engaged with the person or conversation directly in front of me. My inner thoughts and ideas about programming would fully occupy my mind, rather than listening intently to the ideas of the group and the meaning that was most important to them. I found myself struggling to get out of my own head. Another step backward could occur if I didn't seek clarification or was not open and curious about conversations I did not understand. This happened, for example, when we were planning and talking about a rites of passage program for Gitanmaax men. Had I not asked clarifying questions about the intricacies under discussion, I would not have adequately understood the planning required to prepare participants for the program. For me, these steps forward and back required a holistic form of listening that brought awareness into how my body, mind and spirit communicated with others. Perhaps, taking two, three, or four steps *into* important conversations would enable organizations with an approach similar to my own to widen their outlook and assessment of First Nation individuals and communities. After taking a step back and then a step forward and listening with a holistic ear, it is quite likely that one will more fully integrate and account for the perspectives of clients. Holistic listening and genuine curiosity helped me balance my own Western ways of thinking with the interests and vision of the community.

I came to learn that my own theories, ideas, experiences and ways of practice, which I believed valuable, were often at odds with what Gitanmaax men and the community wanted, needed and valued. I learned by improving my listening skills and through self-reflection that everyone was better served when I assessed critically my own perspective and ideas. Critical self-reflection would not neutralize all the biases I have, but I believe it opened the door to better

communication and heightened my ability see things from perspectives I may not have imagined or inhabited previously.

Self-care Through Self-awareness

As much as I felt connected to the Gitxsan community through my wife and in-laws, and as a result of simply living in the community of Gitsegukla, I realized I had a lot to learn about myself and my practice when working within First Nations communities. In fact, the more I learned during my practicum, the more I became aware of how little I knew. My practicum experience included self-reflective exercises such as journaling, regular supervision with my field supervisor, and conversations with the Gitanmaax Wellness Worker and other knowledge holders in the village of Gitanmaax and the larger Gitxsan community. My reflective process also included a review of readings about allyship and participation in, and completion of, an online course called Ripples of Resiliency, facilitated by Monique Gray-Smith. Additionally, I was able to converse about the course content with Monique Gray-Smith on a couple of occasions.

When I first moved to the Gitxsan territory, I knew very little about Gitxsan protocols. I am and always have been what I would call a deliberate learner. I have actively engaged in Gitxsan language classes for the past four years, albeit with limited improvement. The combination of my participation in the Gitxsan language class, the Ripples of Resiliency course and the Gitanmaax Men's Group highlighted for me the importance of how I acknowledge, introduce and bring myself into the work that I do within the Gitxsan nation. For me, the process of learning how to introduce myself, my family and where I come from into Gitxsan communities was a personal exploration that brought me greater understanding about my own ancestors. While exploring my own ancestry is something I have often dabbled in, it is

something I explored more fully during my practicum, and this helped me gain insight into my heritage. Furthermore, the exploration of my genealogy grounded me in such a way that I was better able to relate to the work I am doing today on the Gitxsan territory.

Introducing Self

It is common for the Gitxsan to introduce themselves through their genealogical roots and network of connections at community gatherings, within the feast hall, and sometimes, even when sitting around the fire with the Gitanmaax Men's Group. Introductions help the people in attendance understand where you come from, who you are connected with, and how you tie into the Gitxsan community. Over the last few years, Katie Ludwig has facilitated a Gitxsan language class in the community of Gitsegukla in which I have become an active participant. What follows is an example of how I have learned to introduce myself in *sim'algyax* within the Gitxsan community:

Simgiget Sigidim haanak' ganhl kubawilksisxw
(Male chiefs, female chiefs and children of chiefs)

Luu am hl goodi'y nuun gya'asi'm
(I am happy to see everyone)

Luu am hl goodi'y nuun siwilaksin hl sim'algyax
(I am happy to be learning *sim'algyax*)

Luu am hl goodi'y nuun hla nax'niihl sim'algyax
(I am happy to be learning to understand *sim'algyax*)

T'oyaxsi'y nisi'm win bekxw si'm.
(Thank you everyone for coming.)

James Woodworth *hl we'y*
(My names is James Woodworth.)

Virginia Sampare-Woodworth *wes neksi'y*
(My wife is Virginia Sampare-Woodworth.)

Gwilun ga bi hl hlgí'y.
(I have three children.)

Darion Starr *gant* Brilee Woodworth *gant* Braiden Woodworth
(Darion Starr and Brilee Woodworth and Braiden Woodworth.)

Elizabeth Hollingsworth *hl wes noo'y*
(Elizabeth Hollingsworth is my mother.)

James Bussiere *hl wes nigwoodi'y*
(James Bussiere is my father.)

Florence Woodworth *hl wes nits'iitsi'y*
(Florence Woodworth is my grandmother.)

William Woodworth *hl wes niye'ey*
(William Woodworth is my grandfather.)

Margaret Silverstein *hl wes agwi nits'iitsi'y*
(Margaret Silverstein is my great grandmother.)

David Silverstein *hl wes Agwi niye'e'y*
(David Silverstein is my great grandfather.)

Sue Ellen *gant* Chris Woodworth *hl ga nixdaatxwi'y*
(Sue Ellen and Chris Woodworth are my aunt's.)

Steven *gant* William Woodworth *hl ga nibipxwi'y*
(Steve and William Woodworth are my uncle's.)

Joe Hollingsworth *hl wes wegi'y*
(Joe Hollingsworth is my brother. [*wegi'y* is only used by men referring to a brother].)

Meg *gant* Katie Woodworth *hl ga gutxsa'ootxwi'y*
(Meg and Katie Woodworth are my cousins.)

Roddy *gant* Violet Sampare *hl wes ga hlemsxwi'y*
(Roddy and Violet Sampare are my in-laws.)

Gitxsan Child and Family Services *hl win hahlee'elsdi'y*
(I work at Gitxsan Child and Family Services.)

New Hazelton *hl win joga'y.*
(I live in New Hazelton.)

Connecting Genealogy with Practice

Normally, an introduction would be placed at the beginning of a paper. This lesson did not take hold for me, however, until January 2021 and represents a much richer presentation of myself than how I identified myself early in this paper. It must also be noted that the introduction above does not include indicators of *pdeek* (clan) or *wilp* (house group) because I have not been adopted into the Gitxsan nation. This is an important piece of information that would normally be included by members of the Gitxsan nation in accordance with their *Ayookw* (laws). Seeing and hearing the family tree above, you may be able to find and understand how I am connected to the Gitxsan people. Most obviously, my wife, children, and in-laws are included and can help people understand how I am connected. By tracing the roots of my genealogy through my maternal grandmother, Florence Woodworth, I was able to find some commonalities with the Gitxsan culture, which have illuminated personal insights into my upbringing and helped me better understand who I am and where I come from.

David Silverstein, my grandmother Florence's father, and my great-grandfather, was of Jewish ancestry and immigrated to the United States in the early 1900s. He eventually settled in Neptune City, New Jersey, my birthplace. Census information from the time show that my great-great grandparents, Simon Silverstein and Anna Silverstein Kutsky, were born in Bialystok, Russia, which is now located in present-day Bialystok, Poland. The same census information indicates that the native tongue of both Simon and Anna was Yiddish. Deepening my research into the religion of Judaism, I came to learn that—like the Gitxsan culture—Judaism traces descents through the maternal lineage. My great grandmother was Roman Catholic, so many of Jewish traditions were neither passed down to nor practiced by that nuclear family.

Interestingly, I have come to learn that there is a unique bagel connected to my Jewish heritage that originated in the city of Bialystok, Poland, which is called the *bialy*. The *bialy*'s full name was *Bialystoker Kuchen* and originated in the city of Bialystok, which was located in Russia until 1918 and now falls within Poland (190 kilometers northeast of Warsaw). In searching for the most authentic and delicious bialy, Mimi Sheraton (2001) wrote an entire book aptly titled, *The Bialy Eaters: The Story of a Bread and a Lost World*. The search for the bialy was made especially difficult because almost the entire Jewish population of more than 60,000 in Bialystok and the surrounding region were killed during WWII. Only a small group of Jewish women living with false papers remained afterwards (Crago, 2012). Bialystok, Poland, no longer has a Jewish demographic in the region; however, according to Mimi Sheraton, the most authentic and delicious bialy can still be found in New York City at a tiny bakery established in New York City in 1936, called Kossar's Bagels & Bialys. Interestingly, tracing my lineage brought me to food, which I have found to be a staple of cultures and the connections that bind us as people and to the land. While the exploration of my genealogy continues, and this example is only a small part of my history, my feeling is that these types of discovery and self-reflection can only guide us when we are working with others in the field of social work. Reflecting on the experiences of our own ancestors can unearth a mixture of positive and negative events and emotions, and I wondered how the anxieties, traumas, loves, and triumphs of my own family shape who I am and how I present myself in my daily interactions.

Self-care was not a learning goal clearly identified at the outset of my practicum, nor during the midterm evaluation; however, its relevance was a crucial takeaway of my experience. In one's efforts to become an effective social worker in a rural community, you quickly recognize that work often falls outside the boundaries of a nine-to-five workday. This reality can

bring additional stresses. In my rural social work experience, I regularly see clients, co-workers and other health professionals at the grocery store, on a hike, grabbing a coffee, getting gas for my vehicle, or picking up my children from school, to name a few contexts. I am also more likely to see familiar faces when visiting neighbouring towns and cities such as Smithers, Terrace, Prince George, and Prince Rupert. The topic of self-care was a conversation that weaved in and out of my regular supervision meetings, my work with the men's group, the Ripple of Resiliency course, and the weekly hikes I took part in. Finding a balance between my personal life, practicum and work life was one of the greatest obstacles I was forced to confront. During my practicum I began to realize that I was lacking the physical activity that I had previously utilized through bicycling and hiking as a form of self-care. Being reintroduced to hiking during my practicum created a ripple effect into my personal life, and I committed myself to exploring the hills, mountains and trails behind my home through daily hikes. These daily hikes helped to re-focus my thoughts and let go of the stresses that I found in my day-to-day work. This realization that I needed to start taking better care of myself helped guide and support me through the practicum.

The Ripples of Resiliency course and the training from one of my mentors regarding First Nations medicine and Indigenous Focused Orientation Training (IFOT) were key tools that set the tone for my learning in the area of self-care. Monique Gray-Smith offered invitation and reflections after each course module of Ripples of Resiliency. In follow-up conversations with Monique, we discussed the practice of journaling as a form of ceremony and a means to put down and let go of the day's work, and to disconnect from the workspace. Seemingly simple questions, such as "what two things did I learn today?", helped give structure to my self-reflective process and differentiated my learning goals into elements of self-care and learning.

The enduring themes of my own physical, emotional and spiritual health compounded by the COVID-19 PHO restrictions forced me to look at the concept of self-care on a larger scale. I began to think about how my body and psyche as a social worker responded to people and their stories in my day-to-day work. Triggers from outside influences and events increased my level of awareness that I was at risk of burning out if I did not start caring of myself. My understanding of self-care shifted into more well-grounded practices that connected my self-care with the land-based service delivery model I was using as part of my practicum. I was reminded that connecting with the rhythm of land and my own heartbeat was one of the best ways to heal trauma within myself, and that the connections could be made through the landscape that surrounded us. By simply sitting next to the river, being on the land, and looking at the stars, I could let go and put down the trauma I was vicariously exposed to on a daily basis through my practicum and work. For me, the importance of self-care was a reminder that hiking, cycling, journaling, reading, playing music and simply being outdoors were all essential medicine for my personal and professional lives.

Working as a rural social worker with limited access to resources, it can be easy to fall into a mindset in which one feels remorseful or guilty for taking time off. When living and working in a rural community, the work often feels like it is present twenty-four hours a day, seven days a week. For me, this combines with additional awareness that I am always observed in my every action, including everything I do outside of work hours. This made it difficult to disengage or separate my mind from the work. In a rural context like Gitsegukla, if I decide to take time off to see a counsellor, walk during work time or go for a vacation, I felt that I was neglecting my job duties as a social worker. Taking time off meant leaving the work to someone else—someone who might also be working beyond their limits. In light of these challenges, I

began to wonder if the self-care of a rural social worker was inextricably linked to the many ethical issues inherent in dual relationships and conflicts of interest.

The Ethics of Rural Social Work

As part of my practicum proposal review, there was significant discussion with the committee about the complexities of ethics in a rural social work context. The ethical dilemmas of rural social work—combined with my being a person who is working, living in and married into the Gitxsan community added additional layers of complexity. The topic and process of navigating ethics in rural social work became an integral piece of my daily learning and navigation during the practicum. To support my learning around ethical rural social work practice, I engaged in regular dialogue with my practicum field supervisor. We discussed ethical considerations that we had both experienced in our rural social work practice over the years. My field supervisor spoke about a time early in his career when he was working in the small, remote community of Atlin, BC (M. Larsen, personal communication, November 7, 2020). He eventually wrote a letter to the Canadian Association of Social Workers (CASW) to address his concerns about their code of ethics, or more specifically, dual relationships. In his letter, he raised concerns about his ability to avoid dual relationships as described in the CASW code of ethics and he outlined the difficulty of adhering to the CASW code of ethics for remote and rural social workers such as himself. He recalled being told little more by the CASW than the advice to “be careful” in his practice.

In relating my own experience, I mentioned my frequent encounters with clients, including a recent experience at the local grocery store. On one occasion during my practicum, I was standing six feet away from the till with a face mask on when someone who also had a facemask on standing on the other side of the till asked me if I was a social worker. I replied that,

yes, I was. He said, “I thought I remembered you.” I didn’t say anything and his friend at the till quipped, “He is not very social for a social worker.” I had no idea who the individual was, or what context I had encountered him, so I didn’t engage. This interaction at the grocery store reminded me that the work in rural communities never stops, and it transcends expectations for social work practice around boundary setting and professional codes of ethics. Although we, as professionals and individuals, must be mindful of our practice and adhere to a professional code of ethics, I began to question whether there should be more of an ethical responsibility on the part of the profession or the employer to provide additional support to rural social workers? If the code of ethics does not align with our professional obligations or is extremely difficult to apply, whose responsibility is it to support rural social workers in their day-to-day practice?

Throughout the practicum experience I was supported by my field supervisor and the wellness coordinator in navigating these ethical concerns. Reflecting on my practicum and my previous work in the Gitxsan territory, I believe that having to navigate potential ethical conflicts has made me a more private person than I normally am. Because I married into the Gitxsan community, my interactions outside of work are typically with members of that community. I believe that an essential part of rural social work is becoming a part of the community, which means attending community events, gatherings, funerals and feasts. My circle of friends, family and work are in many ways the same, and this tends to make me more reserved in my conversations and interactions with people in general. By nature, I am an introverted person; however, during the practicum I realized that I spend a fair amount of time thinking about scenarios and analyzing potential conflicts without much of an outlet or opportunity to discuss my thoughts and feelings.

As mentioned in my literature review, high visibility is a concern for many social work professionals working in rural and remote communities. Simply avoiding the community altogether, however, is not the answer because we can end up isolating ourselves and creating the risk that we won't be known or accessible to the community. From another perspective, visibility can connect us to the larger community and thus be able to get to know people, learn about the culture and better understand the strengths and struggles of individuals and a community. This is one of the conflicts I have experienced with fly-in/fly-out services. As a rule of thumb, when I am in the community, I most often follow the lead of whomever is engaging with me. If someone engages with me at a place such as the grocery store, I might ask them if we can take up the conversation at a different time and place. Because my practicum was with Gitanmaax Health and Wellness and the clientele we work with was men, the risk of potential conflict was reduced somewhat as my current place of employment at Gitxsan Child and Family Services Society does not include the community of Gitanmaax. Additionally, immediate and extended family primarily live in the communities of Gitsegukla and Kispiox. The reality of my rural social work practice is that there are frequently conflicts to navigate that could spill into my work, practicum and personal life. Navigating these potential conflicts with other professionals can help ground a social worker in ethical practice, and I believe my weekly meetings with my field supervisor allowed me to appreciate the importance of consulting with others around these conflicts when they arise. The literature review for this topic was also beneficial as the distinction between boundary crossing and boundary violations helped given me a tool to navigate ethical challenges as they arose.

Many times, a conflict can arise because of unfamiliarity with a person's genealogy. For the Gitxsan community, a perceived conflict of interest within the family may not be interpreted

as an ethical consideration, but rather a responsibility, obligation and extension of their Gitxsan laws. What I came to learn during my practicum is that there are many layers to ethics, and these include how one engages with the community in which one is working. What are the protocols we need to consider when working in a community? To help understand unwritten protocols, I will use a metaphor that was shared at a Gitxsan community gathering. The example describes a person driving a vehicle over the Hagwilget bridge, which is the bridge that connects the communities of New Hazelton and Hagwilget to Gitanmaax village. The Hagwilget suspension bridge is a one-way bridge with no traffic lights on either side. Despite (or because of) the absence of traffic lights and signage, unwritten protocols exist. The first person to stop on either side of the bridge has the right of way to proceed when the lane is clear or when cars have already safely crossed the bridge from the side on which the newest arrival is waiting.

Discussions about a land-based service delivery model must also accommodate a number of Gitxsan nation protocols that apply on the land and in the feast hall. As discussed in the literature review section, there is an ethical space in which we, as rural social workers, must accommodate and integrate local knowledge. In this case, the ethical structure is shaped by the Gitxsan knowledge holders and hereditary systems that were in place pre-colonization and upon whose land I live and work.

During my practicum I bumped up against some of these unwritten protocols. The Gitanmaax Wellness Worker regularly sought out Elder advice and guidance before deciding on a course of action. Having these conversations provided greater clarity regarding the land-based planning and programming regarding men's wellness. For the Gitanmaax Men's Group to effectively provide a land-based service delivery model, it was important to understand the territories and the house groups to which those lands belonged. Gatherings that occur on the

Gitxsan territory are typically permitted by the house group that represents the specific land within the territory. For the Gitxsan, this is not only protocol, but it is also an ethical practice that one must follow.

My Role as a Non–First Nations Social Worker in the Gitxsan Community

As part of my practicum, I sought to explore what my role was as a non–First Nations social worker completing a practicum with Gitanmaax Health and Wellness. I reflected further on my role during my participation in the Ripples of Resiliency program, my ongoing supervision, and my conversations with the Gitanmaax Wellness Worker. A review of literature on the topic of allyship was also helpful; nevertheless, I had difficulty relating or connecting with the term “allyship,” perhaps because it is something that is difficult to define for myself. In 2006, when I first settled in the Gitxsan territory to live and to work as a social worker—who happens to be non-First Nations—defining allyship was not a question I pondered. However, since that time, this has crept into my consciousness and is an approach and practice I now reflect upon daily.

One of my greatest insights into allyship came about when the Gitanmaax Men’s Group went to the Skeena River to fish for oolichan. Upon arriving at our destination, we learned from fisheries and the locals that the oolichan were still a few days away from arriving. Despite no one catching any oolichan, the men went into the water to dip their nets and try their luck. I was encouraged to go into the river, and I joked that the authorities would question what a white guy was doing in the water fishing for oolichan. Later that evening, the Gitanmaax Wellness Worker approached me to discuss those conversations from earlier in the day.

He explained that I was part of the Gitanmaax Men’s Group and that none of the participants in the group viewed me as being separate from the group. By expressing my

discomfort in the manner that I had, I was not really speaking for the group, but was instead identifying my own baggage, anxiety and awareness of being an outsider. He said that if anyone had said anything, they would have had my back and everyone was also aware that my father-in-law is Waagl'lo, Roddy Sampare, and, as such, I was connected to the larger Gitxsan community. This conversation made me think about my earlier comments and my presence in that space in a different manner. Did I always carry this unconscious insecurity about being a white outsider to the table? Perhaps in this practicum and report as well? This was an invaluable lesson that made me contemplate how I was unwittingly projecting my discomfort, assumptions and beliefs on others and my context. Was I doing this in other areas of my life?

“What was I hoping to contribute to the Gitxsan community?” This question was also a subject of my reflective journaling and helped gain clarity about my role and the work I do. Reflecting on my role as a rural social worker brought me back to the importance of setting a positive example for my children, grandchildren, wife, in laws and extended family. For me, I believe I do this by listening and becoming a better communicator in all aspects of my life. This remains an important piece of learning that I am still navigating. I have found that divergent worldviews can bypass each other in translation, even when people are speaking the same language. By taking care of myself and becoming aware of my behaviours and motivations, I can open myself to new perspectives and ways of seeing things. These are key factors that help me in my work and as a non-First Nations social worker in the Gitxsan community.

Personal Reflections on COVID-19

The impact that the COVID-19 pandemic has had on my learning was unforeseen. The social impact on my personal and professional lives may not be fully appreciated until I take the time to reflect on all that happened prior to my practicum, during my practicum, and the

uncertainty of what is to come. On April 29, 2020, my paternal grandmother, who was living in an extended care facility, passed away. In late 2019 and early 2020, our family was making plans to visit family in New Jersey in the mid-2020. Part of our motivation was to enable my children to see my side of the family, including my grandmother. These plans never materialized and remain on hold. From more than 5,000 kilometres away I watched my grandmother's funeral virtually; only a few people attended the service and the funeral service had to be completed in a 15-minute timeframe.

In the Gitxsan territory, fear of the COVID-19 pandemic played out in similar and different ways. For the Gitxsan people, there was fear that the vaccine might destroy their communities—much like the impacts of colonization and smallpox. All seven Gitxsan communities set up village entry checkpoints during the pandemic; the community of Gitanmaax was one of the last to do this and one of the first to take it down. From December 2020 through April 2021, I had to drive my child through a checkpoint so they could attend school at Majagaleehl Gali Aks. My work with the Gitanmaax Health and Wellness Centre also required us to pass through checkpoints to work with clients. Many people in the area have argued both for and against the checkpoints at different points in time. Ironically, as I write this report, the provincial government of BC has announced a new PHO regarding travel restrictions and is considering the idea of checkpoints to prevent non-essential travel and movement. In essence, I wonder who is learning from who? Is the province of British Columbia learning from the First Nations communities?

In February 2021, two of my in-laws were impacted by COVID-19, one of whom was my father-in-law, Waagl'lo, Roddy Sampare. Waagl'lo was hospitalized for two months after being diagnosed with COVID-19. His first hospital visit was at Wrinch Memorial Hospital in Hazelton,

BC; after he tested positive for COVID-19, he was taken to Mills Memorial Hospital in Terrace, about 150 kilometers away. Waagl'lo was placed on a ventilator for eight days and there were more than a few days when we feared he would become another COVID-19 casualty. When he was taken off the ventilator, his health slowly improved and, in early April, he was sent to Bulkley Valley Hospital in Smithers. A few days later, he was returned to Wrinch Memorial Hospital and it was then that we were able to see and talk to him through a window in his room at the back side of Wrinch Memorial. We are fortunate that he has survived; many Gitxsan were not as lucky.

Waagl'lo is a hereditary chief of *Gitsegukla* and comes from the *Ganeda* (frog) clan. He is a fluent speaker of Gitxsan and a long-time commercial fisherman with extensive knowledge of the salmon, which are so important to the Gitxsan, and about Gitxsan structures, laws and territory. This experience occurred during my practicum, and I was occasionally asked, “How is Super?” because my father-in-law’s nickname is “Super Frog.” Quite often we do not see with clarity the importance of people and things until we’re impacted on a personal level. It is in the individual and collective psyche that my learnings have deepened the most. I observed a collective empathy emerge within the Gitxsan community that is difficult to describe or explain. It is even more difficult for a white settler such as myself, who for most of his life has prioritized the immediate nuclear family to the exclusion of a larger community. It is in a state of collective empathy that we begin to relate to and connect with others. In this moment of learning, I had and have retained a deep appreciation for the urgency of First Nation leaders desire to protect their people and, in particular, the knowledge holders and elders of the community. An individual and community cannot replace the depth and magnitude of expertise and traditional knowledge many elders have. By protecting the elders, the Gitxsan villages were essentially protecting their

children and in doing this I recognized the value and worth of people like Waagl'lo. While these events were happening, we still had to go to work and I still attended to my practicum. There was little we could do while Waagl'lo was in the hospital and perhaps this was the hardest part. We couldn't hold his hand or sit by him to offer words of encouragement. All we had in those days of his suffering was conversation among our inner bubble and moments of prayer. Our natural inclination to help out and be supportive was constrained to texts and screen calls until those too stopped in the hope that the energy we were emitting through our cell phones and bodies would somehow make its way to him.

The checkpoint was a small inconvenience compared with the complications many Gitxsan families faced when dealing with the death of a loved one. With gatherings restricted to a bubble of 10 people, families struggled, and continue to struggle with being unable to fulfill Gitxsan cultural protocols surrounding laying someone to rest. Traditional feasts and ceremonies have been reduced to scaled-down versions of those that previously enabled the Gitxsan nation to process its grief, offer condolences and to carry out their Gitxsan *Ayookw*. The Gitxsan nations' ability to uphold Gitxsan traditions in the feast hall have been severely impacted by the global pandemic and COVID-19 restrictions. The social impact of not being able to carry out Gitxsan law cannot be underestimated, and the long-term implications are unknown. The passing of Elders due to COVID-19 made the importance of a land-based service delivery model—with its connections to language and territory—even more critical for future generations of Gitxsan children.

During the pandemic, a new way of supporting families dealing with the loss of a loved one emerged. In response to the pandemic, friends, family and community members have started lining the roads and highways in large numbers as a sign of respect, honour, and dignity when

members are returned to the nation to be laid to rest. This is one of the ways the Gitxsan community and culture has adapted to the pandemic reality. At the Gitanmaax Health and Wellness Centre, we adapted to this new way by showing up at the side of the road, at a distance, to show our respect and check in with people in their grieving process. I recall someone telling me that they were disturbed by the focus on death and on memorials; they wished there were more positive things to bring the community together. Not long after this conversation, I was told by someone that the Skeena River was once the transportation hub for all the Gitxsan communities. Traditionally, when someone died, the Gitxsan people would stand by the river as a sign of respect as the remains were brought back to the home community by way of the Skeena River. In some ways, perhaps the pandemic has brought us full circle. What I have learned for certain is that the Gitxsan are among the most resilient people I know.

Chapter 6: Considerations and Implications for Rural Social Work Practice

Reconciliation means not saying sorry twice.

Cindy Blackstock (as cited in Sterritt, 2011, p. 17)

For my practicum, I had some difficulty finding a field supervisor in the community who held the qualifications of a Master of Social Work (MSW) degree. Additionally, I was hoping to connect with someone who had a solid understanding of rural social work in the Gitxsan nation to support my learning. The preparation for my practicum began a couple of years ago and only started to coalesce in the midst of the COVID-19 pandemic. I stopped and started the practicum process on one occasion and wondered if I would be able to complete the program. In hindsight, if it had not for this disruption, I would not have had the privilege of completing my practicum through the Gitanmaax Health and Wellness Centre, nor experienced the richness that the Gitanmaax Men's Group and my mentors brought to my learning.

At the beginning of the pandemic, I had expended the spring and summer reflecting on my personal and professional life by completing a virtual bicycle journey. As part of this virtual journey, I was able to create my own cycling route from New Hazelton, British Columbia to Ottawa, Ontario. Every kilometer I cycled within my surrounding area brought me a kilometer closer to Ottawa, Ontario. The virtual journey was tracked online predominately through Facebook, and I provided daily updates about where I had cycled locally and how far the kilometers had placed me on the virtual map for that day. As part of this journey, I was reconnected with the Gitanmaax Wellness worker through social media and the larger Gitanmaax Men's Group. They reached out to see if I would be able to help with a fundraising campaign for childhood cancer in August 2020. In response to the pandemic, a community drum group was also initiated by the Gitanmaax Men's Group drumming every Monday night at 7:00 PM at

Wrinch Memorial Hospital through the spring, summer and fall of 2020. Through my intermittent participation in the Monday night drumming group, I was met by my field supervisor. I share this because these small interactions speak to the heartbeat and life of rural social work. The regular reminders of our connectedness to one another helped to start a dialogue about a possible practicum placement with Gitanmaax Health and Wellness, one that focused on developing a land-based service delivery model for Gitanmaax men.

My practicum with the Gitanmaax Men's Group was undertaken to fulfil the requirements of my Master of Social Work at the University of Northern British Columbia. The experience gave me the opportunity to expand my skills as a rural social worker on a graduate level. Completing my degree requirements within the community in which I work and live allowed me to reflect on my life experiences while connecting the literature of rural social work and my MSW courses to my own social work practice. Many of my assumptions and my self-identity as a social worker were challenged during my practicum, which helped my learning to evolve. In the face of ongoing challenges resulting from the COVID-19 pandemic, the team at Gitanmaax Health and Wellness Center assisted me with tweaking and adapting my practicum experience to meet my learning goals.

Through my practicum experience I was offered some contemplations about self-care and ethics that contributed to my learning. Considerations about current and post-pandemic service delivery are also offered for Gitanmaax Health and Wellness Centre. Although these considerations are related to my role with Gitanmaax Health and Wellness Center and the men's program, they may be applicable to other villages situated in the Gitxsan territories. Lastly, I shared potential practice contemplations for non-First Nations workers considering or currently working in the Gitxsan nation.

Self-Care and Ethics

At the beginning of my practicum, I completed a literature review on the topic of ethics. I found conducting this review a helpful guide when it came to navigating aspects of my own ethical concerns and considerations. Exploring the topic of rural social work ethics uncovered themes of self-care that became a recurring practice of my practicum. Self-care was not included in my initial literature review; however, I have found it to be one the most important facets of rural social work. The importance of self-care was underscored by the COVID-19 pandemic and by my theoretical orientation of Two-Eyed Seeing. Self-care was a particularly critical aspect of social work within the First Nations people and organizations I worked within and alongside. This was especially true for the local health and social workers who reside in, live in, or arrived from their own location, to work. For myself, the topics of self-care and ethics were interchangeable.

Reflecting on my 15 years' experience working within the Gitksan community I found myself connecting my periods of struggles with wellness to the ethical dilemmas that I confronted during specific times during work and life. During my practicum, I began to realize that during large chunks of my career I did not have access to the support or supervision I required in order to debrief some of the ethical issues I was facing. Perhaps this circumstance was of my own making because I didn't reach out or access these services. Oftentimes, in rural social work, we are left to our own devices. Meeting with mentors on a regular basis during my practicum gave me the opportunity to debrief in a way I have rarely experienced in rural social work practice. Having access to supports with knowledge of rural social work in the Gitksan territory helped me improve and support my own wellness. Additionally, the land-based activities we undertook as part of our programming helped me recognize that I was lacking

outlets and activities that could have helped me release many of the stresses I faced in my day-to-day practice. Increasing my physical activity and having two mentors, one of whom was the Gitanmaax Wellness Worker and the other my field supervisor, helped establish a foundation on which I became more grounded and centred in my social work practice. I started to posit the question, “How much ethical responsibility rests with the individual social worker and how much responsibility rests with the education system, employer, organization, or professional association the worker is employed by or affiliated with?”

For a social worker who chooses to practice rural social work, it is important that they spend time taking care of themselves so they can better care for others. The importance of self-care has been highlighted as a necessity in the field, but it is not something I consciously identified as a requisite discipline or necessity for my own rural social work practice until I was immersed in my practicum. The high rate of social worker turnover in Gitksan villages and the difficulty of retaining health professionals speak to a growing need for health workers to care for themselves and—perhaps as an equal partner—for the employers and professional associations to support them. Developing individual and collective organizational wellness plans to address stressors inherent in rural social work could help better prepare and retain workers in rural communities. I believe that understanding ourselves, where we come from, and how our individual backgrounds impact the work we do are critical foundations to establish when working within First Nation communities.

In the province of British Columbia, the British Columbia College of Social Workers (BCCSW) is a professional association with which social workers can register. A Code of Ethics and Standards of Practice manual guides the minimal level of performance expected of social work in British Columbia (British Columbia College of Social Workers, 2021). Professional

development is a yearly requirement for all registered social workers. Currently, registered social workers must complete a minimum requirement of three hours of professional development each year that addresses ethics. I believe that three hours of training is insufficient, particularly for the professional development of social workers who practice in remote and rural areas. The professional development requirements of the BCCSW comprise a self-directed process that allows workers flexibility to concentrate on specific ethical issues related to their field of work. I believe the profession of social work would benefit from the creation of ongoing one- or two-day courses that focus on specific aspects of rural social work practice. Professional development could be supplemented by mandatory training that addresses First Nations peoples in Canada. Perhaps this could also address ethical components of the social work profession? Brownlee et al. (2019) suggest that introducing rural and remote social workers to the planned and intentional use of self-reflection in practice would establish safeguards for clients and workers when they confront an issue such as dual relationships.

Additionally, when speaking of dual relationships and conflicts of interest, the BCCSW standards of practice manual refers the social worker to footnotes 11 and 12, within Principle 2, for more information (BCCSW, 2021). I believe that practice in rural social work would be best served through the integration of the concepts of dual relationships and conflict of interest into the main body of the document rather than defining them as a footnote. Utilizing the concepts of boundary crossings and boundary violations that are commonly found in the health profession may provide remote and rural social workers a more tangible frame of reference when navigating ethical concerns when they arise. Brownlee et al. (2019) suggest that procedures that address rural practice could include a flow chart that depicts consultation with a supervisor, regular reviews of relevant codes of ethics, as well as consideration of decision-making models and

concepts such as boundary crossings and boundary violations. Last, a social worker could also consult with the appropriate regulatory social work association.

Ongoing professional development in the areas of ethical considerations and self-care, including regular intentional self-reflection with a supervisor or consultant, may be a means to assist communities' retention of workers, especially social workers new to the field. There are efforts on several organizational levels to acknowledge the difficulties of recruiting and retaining rural social workers. Strategies to recruit and retain rural social workers include salary bonuses, increased schedule flexibility, and, in some cases, travel per diems to include lodging, transportation and meals. I believe there is growing recognition within First Nations organizations and communities of the importance of self-care; perhaps government agencies would be wise to listen to local stakeholders on this subject.

Service Delivery Coordination: Ownership and Inclusion

Because of the COVID-19 pandemic, it was difficult or strongly discouraged to gather in groups, not only to work with clients, but also as organizational practice. On some level, it appeared that organizations in the Gitxsan territory siloed themselves away from other organizations and communities for the safety of staff and to implement COVID-19 policy and procedures. Understandably, this focus was important for preventing the spread of COVID-19 in BC; unfortunately, I believe it slowed efforts to bring about reconciliation between government and First Nations agencies. Prior to the pandemic, governments were already failing in their efforts to reduce the inequities of social determinants and health outcomes that exist between

First Nations and non-First Nations citizens. First Nations peoples are generally under-resourced when it comes to responding to the crises like the current one (Power et al., 2020).

In my work at Gitanmaax Health and Wellness Center, we most often learned of or were notified about the hospitalization of clients only after their discharge. This revealed a significant gap in communication between the Northern Health body and the men we were working with. There's no doubt that confidentiality is a significant concern; however, due to the high number of health workers who fly in and out of the Gitxsan communities, it is vitally important that local service providers who live and work in the community are a part of relevant conversation. As a component of the path toward self-determination it seems logical that each community, including the Gitxsan communities outside of Gitanmaax, must be represented and involved in conversations at the point of hospital discharge. Article 23 of the United Nations Declaration on the Rights of Indigenous Peoples, adopted by the UN General Assembly on October 2, 2007, states:

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

Had it been included in the discharge process, Gitanmaax Health and Wellness Centre would increase awareness of the developing issues and would be better situated to advocate and plan for the members of the community. It was concerning to see how not only Gitxsan men, but also community members at large, could fall through the cracks when local service providers were unaware of their needs.

Enhanced communication between the Northern Health Authority and the Gitanmaax Health and Centre, and perhaps all the Gitxsan village health authorities, is central in ensuring the wellness of the Gitxsan membership. In seeking a renewed relationship with Canada, the Truth and Reconciliation Commission (TRCC) calls for recognition of Indigenous peoples' rights to self-determination; this includes constructive action from all levels of government including federal, provincial, municipal and First Nations to address ongoing legacies of colonialism; working toward a more equitable and inclusive society; respect for Indigenous knowledge systems and their guardians; "political will, joint leadership, trust building, accountability, and transparency; as well as a substantial investment of resources" (Truth and Reconciliation Commission, 2015b: 3–4). A renewed effort to ensure that Gitxsan partnership is at the table will go a long way toward improving the wellness of Gitanmaax membership in the future.

Gitxsan ownership of and inclusion in the delivery of health services on their territory is an essential activity that must be navigated by the competing health authorities. Efforts to bridge service delivery between Northern Health (Wrinch Memorial Hospital), First Nations Health Authority, and Gitanmaax Health and Wellness appear to be sporadic, at best, due to a large degree to the revolving door of health workers in the area. The lack of a stable workforce creates significant gaps and poor communication between the health authority and the communities. The Gitxsan community leadership repeatedly communicate their concerns about wellness strategies to the larger health authorities, and the improvements that they envision would benefit their communities. Initiatives move slowly because conversations need to be communicated to different administrators who have different ideas, directions, and goals. Due to the high number of health workers who drive and fly in and out of Gitxsan communities, it is vitally important

that local service providers—those who live and work in the communities—are present at all round tables that address and plan for members of their communities. At the end of the day, when considering service delivery with and for the Gitxsan nation, rural health and social workers must ask themselves, “What is best for the client?”. This must be asked in a context that takes into consideration the Gitxsan traditional health systems. In 2016 a Community Health Improvement Committee (CHIC) was established as part of the settlement resulting from a longstanding human rights lawsuit which accused Wrinch Memorial Hospital in Hazelton, BC of discrimination against First Nations people (“Three Rivers Report”, 2016). The original purpose of the CHIC was to identify and close gaps in health outcomes for both First Nation and non-First Nation communities. My own immediate family has experienced the systemic racism inherent in our health care system. My wife was turned away from Wrinch Memorial Hospital and told by a nurse that she had to have her baby in Smithers or Terrace after her water had just broken, because there was no doctor on site. On route to the Terrace hospital, on a snowy morning in December on the infamous Highway of Tears, our child was born in the parking lot in a place that was previously known as the Cedarvale Grill. This is very brief snapshot and was not reported to the Human Rights Tribunal. Perhaps, with this example in mind, provincial and federal health authorities and the Community Health Improvement Committee could establish a renewed commitment among levels of government and providers of care to create a more responsive and supportive foundation of care and accountability.

Post-COVID-19 Response

COVID-19 has had a detrimental impact on the Gitxsan social community, preventing them from gathering and carrying out their traditional laws. As a result, many feasts have been put on hold and people were unable to use traditions and ceremonies that normally support their

friends, family, and community. As the pandemic restrictions subside, there may be an additional need for grief and loss support services for the village of Gitanmaax, and potentially, the Gitxsan nation as a whole.

Power et al. (2020) state that cultural determinants of health must be recognised as the remedy for First Nations and that they be built into health policy, practice, and research. Additional support for wellness may be best supported by cultivating a renewed focus on a land-based service delivery model to provide teaching, learning and healing, with Gitxsan membership at the forefront. The Gitxsan community has lost several knowledge holders during this pandemic. Concurrently, these losses have occurred as the younger generations have been limited in their ability to interact and participate in cultural activities such as attending feasts and ceremonies, and the processing and harvesting of both fish and berries. To ensure traditional cultural practices are passed on to future generations, it is imperative that both the federal and provincial governments look toward increasing funds in the area of language, culture and land-based programs to support the wellness and continued resurgence of First Nations communities as they advance on the path toward wellness. In supporting this learning, a path forward for the Gitanmaax Men's Group is laid out for the years ahead.

Non-First Nations workers working with First Nations communities

Having read literature on allyship and explored my role as a non-Indigenous social worker living and working in, and married into the Gitxsan community, I feel it is important to offer some ideas about non-First Nations social workers working in First Nations communities. I am by no means an expert in this area and simply offer suggestions based on my own experiences, the personal feedback I received from the Gitxsan community, and my subsequent reflections. Ultimately, the term allyship was something that I found difficult to connect with and

will use the term non-First Nations worker to reflect on this part of my practicum. I try to refrain from using the term ally, despite the fact that the term *ally*, along with settler and *colonizer*, are the most commonly used to describe non-First Nations and First Nations relations.

When I first moved to the Gitxsan territory over 16 years ago, I had very little knowledge of the community I was visiting. The notion of exploring the history and community I was about to visit was not a consideration. It was not suggested in my academic social work studies, nor in the Interdisciplinary Rural Program of BC (IRPBC) that I took part in during my practicum in Hazelton, BC. My practicum was not very far removed from the location involved in the Gisday' wa- Delgamuukw vs British Columbia court case and one of the most important legal decisions in First Nations history. Furthermore, it is important to challenge the stories we believe about ourselves and to focus our energy on the nature and limits of our own identity, values, and experiences as colonizers (when appropriate) and to share pertinent insights (Regan, 2010). I bring this up because I believe it is important for a social worker to have a level of self-awareness about the impact that their own ancestors have had on the communities they live and work. When entering a First Nations community or territory exploring our own roots can increase our own understanding of where we come from as people, our culture, habits, and behaviours, and how our own ancestors have made us who we are. For me, this has been an important learning process that gained clarity during the practicum.

When I first started working in the Gitxsan territory, I recall a social worker with several years' experience describing how a member from the Gitanmaax community was hesitant to engage with him because they thought he was probably going to leave in a year or two. This comment had a profound impact on the social worker, and they readjusted their initial short-term commitment from five years to 10; now, 30 years later, that person still lives in the community.

When working in any rural community, particularly one of First Nations, it is helpful consider whether one is simply passing through the community on our way to something else or whether one brings a genuine commitment to the people and community around them. The clients and community will likely be assessing this very question and will affect how much they want to invest into their relationships with the worker. One's commitment to the community in which they work is vital.

Early in my career in Hazelton I suffered from a condition I have dubbed *white saviour mentality*. This approach was characterized by an assumption that I knew more than the people descended from and living in the community where I was working. In Knudsgard's (2019) thesis, *How One Becomes What One Is: Transformative Journeys to Allyship*, White Raven advises to not come with an idea to save but to come with the idea to learn and support First Nations people's journeys, choices and leadership. Reflecting on my own thoughts and pursuing what I perceive to be the best way forward can (indeed, will most likely) create barriers to the work process in a First Nations community. A perception that what I believe as the "right way" can easily take root in my mind; this is something I have learned to be wary of. Staying humble in one's work in your personal and professional lives is an essential approach to practice and life. Humbleness in our work and life opens us to new ideas and perspectives about the work we do.

While gathering around a fire one day at the KSAN campground with other service providers, my mentor from Gitksan Wellness stated, "first we learn to listen, and then we listen to learn." He had been taught this by an Elder, and it became a concept that resonated with me throughout my practicum. Listening became an essential component that flowed in and out of every element of my practicum. Once again, this is a concept that is rudimentary to social work and life itself. However, this was a listening that incorporated all facets of our life physically,

mentally, emotionally and spiritually that differed from what I remembered from the school of social work. I was not listening only to the words people said, but also their actions, stories and moral teachings. The practice entailed listening to my mind, body and spirit. If I am sick in my body, perhaps there are other areas in my life that are out of balance and connected to that sickness. Listening, in this broader sense, was a more holistic combining of elements of Two-eyed Seeing with two-eared listening.

Conclusion

Completing my practicum with the Gitanmaax Health and Wellness Centre gave me the opportunity to learn about First Nations–led community development in rural communities. Not only did this practicum enable me to work alongside Gitxsan men, it also gave me time and space to reflect on how I can improve my social work practice as a non–First Nations individual who lives and works predominately with Gitxsan people on the Gitxsan territory. I approached the practicum as an observer, learner, and participant with the Gitanmaax Health and Wellness Centre in working toward men’s wellness on the unceded territory of the Gitxsan people, and I am extremely grateful for the learning this experience has enabled me to explore and build.

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APPENDIX A: Learning Contract

Learning Goals	TASKS, ACTIVITIES, AND STRATEGIES	PERFORMANCE INDICATORS
	To help achieve goals	Observable indicators of achievement
Use social work theories and methods to assist Gitanmaax village in their work with men and learn aspects of community organization, development, and clinical practice	<p>-I will assist and participate with larger community programming as required.</p> <p>-I will participate in meetings and think tanks with supervisors and agency and will engage in networking using my lens as a social worker and bringing those theories to the practicum</p>	<p>This will include the delivery of COVID 19 and holiday care packages for members along with any other activities as they arise.</p> <p>This community work may also include wellness/Health/Community Fairs and events if/when applicable</p> <p>I will read applicable material and wellness strategies as identified by practicum supervisor including suggested literature on theories of change and program design</p> <p>Actively participate in strategic planning relating to Gitanmaax men's group developing the framework for a land based activities that are suggested or arise during the practicum (Gitanmaax has identified year round land based camps and Moose Hide campaign)</p>

		Networking with other organizations and stakeholders that work with men such as Dude's Club, Movember campaign, First Nations Health Authority
Use social work theories and practice with individuals and groups	<p>I will participate and assist with planning for weekly group meetings using SW theories and practice with Gitanmaax men's group</p> <p>I will assist facilitator with program set up and facilitation of group activities along with individual follow up of clientele when requested or required.</p>	<p>Group meetings with Gitanmaax men's group will take place every Tuesday and will include a variety of topics and workshops including drum making, suicide prevention, cultural learning from identified Gitxsan leaders and the wants and needs to group.</p> <p>I will seek input, clinical strategies and feedback from field supervisor a minimum of once every second week when working with both individuals and groups.</p>
Identity as a social worker	I will engage in reflectivity throughout my practicum regarding topics such as my role as a non-Indigenous social worker in an Indigenous	Reflective daily journaling insights and feedback from supervisor, wellness worker, and other knowledge holders.

	community. As part of that, I will seek outside feedback.	<p>I will participate in the course Ripples of Resilience and engage in reflective feedback with Monique Gray Smith after each lesson (there are 6) as part of my learning.</p> <p>I will meet with field supervisor Mark Larsen once every two weeks.</p> <p>I will meet and discuss learning and direction with wellness counselor Mike Johnson every week.</p> <p>I will read the thesis, How one becomes what one is: Transformative Journeys to Allyship as part of the reflective process.</p> <p>I will have a trusted Gitxsan Elder/expert read the final draft of report and evaluation of program.</p>
Evidence-based evaluations of SW practice	I will receive Ongoing feedback from facilitators, supervisors, and community members.	<p>Meet with field supervisor Mark Larsen one time every two weeks for a period of one hour to review learning and identify any gaps or opportunities that could be added to the learning goals.</p> <p>Mid term evaluation with academic supervisor Susan Burke, field supervisor Mark</p>

		<p>Larsen and Bruce Bidgood at approximately 225 hours.</p> <p>Final Evaluation with academic supervisor Susan Burke, field supervisor Mark Larsen and Bruce Bidgood to be arranged after completion of practicum.</p>
<p>Deeper understanding of Social Work ethics in rural & Indigenous communities</p>	<p>Within the first two weeks of my practicum I will research and add topic of rural social worker's for my literature review.</p> <p>I will connect and reflect with my field supervisor on regular basis about the topic of SW ethics in a rural First Nations community.</p>	<p>I will read the following books and resources on this topic:</p> <ul style="list-style-type: none"> - Rethinking Rural Health Ethics. -Social Work with Rural Peoples -Rural SW: Building & Sustaining Community Capacity -First Nation ethics guide on research and Aboriginal Traditional Knowledge <p>I will speak with identified Gitksan knowledge holders to develop a better understanding of Gitksan protocols/ethics that influence these ethics and my role as an ally in the practicum placement</p>