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PSYNOPSIS

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Indigenous Peoples mental health and wellbeing

Updates in Canadian psychology practice

La santé mentale et le mieux-être des peuples autochtones

Tour d'horizon de la pratique psychologique au Canada

David Danto, PhD, CPsych & Jeffrey Ansloos, PhD, CPsych,
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Indigenous Peoples mental health and wellbeing: Updates in Canadian psychology practice



David Danto, PhD, CPsych, Program Head, University of Guelph-Humber, and Jeffrey Ansloos, PhD, CPsych, Assistant Professor, Indigenous Mental Health and Education, Department of Applied Psychology and Human Development, University of Toronto-Ontario Institute for Studies in Education

Thank you for joining us in this special issue of *Psynopsis* addressing Indigenous mental health. As has been well documented, a great many discrepancies exist in mental health services and outcomes for Indigenous Peoples in Canada as compared to the dominant Euro-Western culture. The reasons for this have been strongly linked to Canada's colonial foundations and a history of law and policy designed to undermine Indigenous nations, and Indigenous people's rights. This has had substantive impacts on the day-to-day lives of Indigenous Peoples across social, political, economic, environmental, and cultural dimensions. Entire systems—including the residential school system, the practice of forced adoption of Indigenous children into white settler families known as the Sixties Scoop—as well as ingrained and institutionalized racism have resulted in a pattern of intergenerational disparities and a complex of societal imbalances that continue to disadvantage Indigenous Peoples across a variety of health and social indicators. Unfortunately, the discipline of psychology in Canada is

complicit in this legacy and, indeed, many of the field's ongoing practices are a part of the problem. The 2018 Canadian Psychological Association (CPA) and Psychology Foundation of Canada (PFC) Task Force Report on this subject indicated:

The Truth and Reconciliation Commission of Canada's report, published in 2015, has provided evidence and details of the cultural and physical genocide of Indigenous Peoples in Canada, particularly through the residential school system, which began in the late 1800's. Throughout the 19th and 20th centuries, the Government of Canada has developed and enforced policy and legislation that have contributed to the marginalization and oppression of Indigenous Peoples in Canada, through enforcement of the Indian Act, forced relocations of communities, and the ongoing control and subjugation of Indigenous Peoples and families. The profession of psychology in Canada developed in the same political climate and colonial context that gave rise to the residential school system and participated in the process of cultural genocide. The profession of psychology, in its interaction with Indigenous Peoples in Canada has contravened its own code of ethics (p.7-8).¹

The contributors to this volume are representative of a growing number of Indigenous psychologists and allies who share a commitment to advocacy and a recognition of the societal and structural roots of mental health discrepancies, and who embrace critical, decolonizing, culturally grounded approaches to address Indigenous mental health in Canada.

Malone, Fellner, and Spelliscy provide an overview of the joint working group of the College of Alberta Psychologists and the Psychologists Association of Alberta to address reconciliation within the Alberta context.

Young discusses lobbying on Parliament Hill for equitable access to health and education for Indigenous Peoples.

Wendt debunks myths about Indigenous biological predisposition to alcoholism and relates these myths to the use of medical versus social and cultural approaches to treatment.

McQuaid, Bombay, and Matheson are researchers whose work supports the view that it is necessary to understand intergenerational and historic trauma to address Indigenous health inequities.

Murry discusses the ideal of culturally tailored treatment and the need for humility and challenging our assumptions when transferring Western approaches to Indigenous communities in non-clinical settings.

Butsang argues for the centrality of culturally appropriate, holistic concepts of health and wellbeing in initiatives addressing incarcerated Indigenous women in Canada.

Goodwill argues for decentralizing psychological knowledge and emphasizing Indigenous narratives and land-based practices in developing a critical Indigenous approach to suicidology.

Connors, White, and Newbury promote wise practices through an innovative website funded by Indigenous Services Canada and hosted by the Thunderbird Partnership.

Gale applies the recommendations of the CPA/PFC (2018) Task Force Report on Reconciliation to the assessment of Indigenous clients in the north and provides concrete suggestions for the assessor.

Barker applies the recommendations of the CPA/PFC (2018) Task Force Report on Reconciliation to psychoeducational assessment of Indigenous youth and provides several helpful suggestions.

Nelson and Ford urge readers to recognize the responsibility to learn about culturally responsive approaches to assessment and culturally relevant interventions such as traditional approaches to healing and offer suggestions on how to better support the mental health needs of Indigenous children and youth.

Ranahan, Yuen, and Linds discuss an arts-based workshop with Indigenous youth to explore what wellness means to them and highlights the importance of arts-based psychological research with Indigenous communities.

Canada's colonial foundations have had substantive impacts on the day-to-day lives of Indigenous Peoples, across social, political, economic, environmental, and cultural dimensions.

Starzyk et al. discuss the Canadian Reconciliation Barometer project, the goal of which is to develop a measure of reconciliation that is acceptable to both Indigenous and non-Indigenous peoples.

Young, Smith, and Hoyer provide information about an Indigenous People's psychology journal, the *International Journal of Traditional Healing and Critical Mental Health*, explaining the journal's origins, mandate, and inviting submissions.

We commend our contributors for their ongoing work in the field and encourage the reader to participate in the national dialogue about Indigenous mental health

and wellbeing. We hope that this small sample of the progress being made in psychology is a hopeful sign on the path toward reconciliation.

Dr. Jeffrey Ansloos is a Registered Psychologist and Assistant Professor of Indigenous Mental Health and Social Policy in the Department of Applied Psychology and Human Development and Canada Research Chair in Critical Studies of Indigenous Health and Social Action on Suicide at the University of Toronto | Ontario Institute for Studies in Education. Dr. Ansloos is Nehiyaw (Cree) and English and is a member of Fisher River Cree Nation (Ochekwi-Sipi; Treaty 5). He was born and raised in the heart of Treaty 1 territory in Winnipeg, Manitoba. Dr. Ansloos completed his doctoral residency at the University of Manitoba, his PhD and MA in Clinical Psychology, as well as an MA in Theology and Ethics from Fuller Graduate Schools, and a BA in Counselling from Trinity Western University.



A graduate of Duquesne University's Psychology program, Dr. David Danto has been the Head of Psychology at the University of Guelph-Humber (UofGH) since 2010. Registered as a Clinical Psychologist in Ontario, Dr. Danto is a Trustee for the Psychology Foundation of Canada (PFC) and served as Chair and Associate Chair of the Canadian Psychological Association's (CPA) Indigenous Peoples' Psychology section. Recently the Chair of the CPA and PFC Task Force on Responding to the Truth and Reconciliation Commission Report, he is currently a member of the CPA Board of Directors, chairs the CPA Standing Committee on Reconciliation, and serves as Board Liaison to the CPA Committee on Ethics. In addition to his teaching portfolio, Dr. Danto has worked clinically and administratively in psychiatric hospitals, university counselling centres, private practice, and correctional facilities in Canada and the United States.



For a complete list of references, please go to www.cpa.ca/psynopsis

La santé mentale et le mieux-être des peuples autochtones : Tour d'horizon de la pratique psychologique au Canada

David Danto, Ph. D., C. Psych., responsable du programme, Université de Guelph-Humber, et Jeffrey Ansloos, Ph. D., C. Psych., professeur adjoint, formation et santé mentale des Autochtones, Département du développement de la personne et de psychologie appliquée, Université de Toronto – Institut d'études pédagogiques de l'Ontario

Nous sommes fiers de vous présenter le numéro spécial de *Psynopsis* sur la santé mentale des Autochtones. Comme plusieurs études le montrent, les services de santé mentale destinés aux Autochtones et la santé mentale des peuples autochtones au Canada présentent des lacunes graves et nombreuses comparativement à la culture dominante occidentale. Cela s'explique en grande partie par le passé colonial du Canada, et par les lois et les politiques mises en place, au fil de l'histoire, dans le but d'affaiblir les nations autochtones et les droits des populations autochtones. Cela a eu des répercussions importantes sur la vie quotidienne des peuples autochtones à la fois sur le plan social, économique, environnemental et culturel. Des systèmes entiers, comme le système des pensionnats indiens, la vague d'adoptions forcées d'enfants autochtones par des familles de colons blancs, connue sous le nom de « rafle des années 1960 », ainsi que le racisme institutionnalisé et tenace ont conduit à une disparité intergénérationnelle et à un ensemble complexe de déséquilibres sociaux qui continuent de désavantager les populations autochtones, comme en témoigne une variété d'indicateurs de santé et d'indicateurs sociaux. Malheureusement, la discipline de la psychologie au Canada est complice de cet héritage, et de fait, un bon nombre de pratiques utilisées sur le terrain font partie du problème. Le rapport du groupe de travail de la Société canadienne de psychologie (SCP) et de la Fondation de psychologie du Canada (FPC), publié en 2018, dit à ce sujet :

Le rapport de la Commission de vérité et réconciliation du Canada, publié en 2015, fournit des éléments de preuve et des détails sur le génocide physique et culturel des peuples autochtones au Canada, notamment à cause du système des pensionnats indiens, qui a commencé à la fin des années 1800. Tout au long du XIX^e et du XX^e siècle, le gouvernement du Canada a élaboré et mis en application des politiques et des lois qui ont contribué à

la marginalisation et à l'oppression des peuples autochtones du Canada, avec la Loi sur les Indiens, la relocalisation forcée de collectivités entières, et le contrôle et l'asservissement des peuples autochtones et leurs familles. La pratique de la psychologie au Canada a évolué dans le même contexte politique et colonial qui a mené à l'établissement du système des pensionnats indiens, et a participé au génocide culturel. Dans ses relations avec les peuples autochtones du Canada, la psychologie a contrevenu à son propre code de déontologie (p. 7-8)¹. [traduction]

Les collaborateurs du présent numéro spécial sont représentatifs d'un nombre croissant de psychologues et d'alliés autochtones, qui partagent le même engagement à défendre les intérêts des Autochtones et à faire reconnaître les racines structurelles et sociales des disparités en matière de santé mentale, et qui choisissent une démarche décolonisatrice critique, fondée sur la culture, pour aborder la santé mentale des Autochtones du Canada.

Malone, Fellner et Spelliscy donnent un aperçu des activités du groupe de travail mixte formé par le College of Alberta Psychologists et la Psychologists' Association of Alberta, qui s'intéresse à la réconciliation dans le contexte de l'Alberta.

Young présente une action de lobbying, tenue sur la Colline du Parlement, réclamant l'accès équitable à la santé et à l'éducation des populations autochtones.

Wendt déboulonne les mythes entourant la prédisposition biologique supposée des Autochtones en regard de l'alcoolisme et explique ces mythes par l'utilisation d'approches thérapeutiques médicales, et non sociales et culturelles.

McQuaid, Bombay et Matheson sont des chercheurs, qui, dans leurs travaux, soutiennent qu'il est nécessaire de comprendre les traumatismes historiques et intergénérationnels pour aborder les inégalités en matière de santé dont souffrent les Autochtones.

Murry traite de l'importance de créer et d'offrir des traitements adaptés sur le plan culturel et de la nécessité de faire preuve d'humilité et de remettre en question nos certitudes et non a priori lorsqu'il s'agit d'importer des approches occidentales dans les collectivités autochtones en contexte non clinique.

Butsang plaide en faveur du rôle central d'une conception de la santé et du mieux-être, qui soit fondée sur des principes holistiques et appropriée sur le plan culturel, dans les initiatives destinées aux femmes autochtones incarcérées au Canada.

Goodwill fait valoir l'importance de décentraliser les connaissances psychologiques et de mettre l'accent sur les récits autochtones et les pratiques fondées sur la connexion avec la terre lorsqu'il s'agit d'élaborer une approche autochtone critique de la suicidologie.

Connors, White et Newbury présentent des pratiques éclairées, que met en vedette un site Web novateur financé par Services aux Autochtones Canada et hébergé par la Thunderbird Partnership Foundation.

Gale applique les recommandations préconisées dans le rapport du groupe de travail de la SCP/FPC (2018) sur la réconciliation à l'évaluation des clients autochtones dans le nord et propose aux évaluateurs des suggestions concrètes.

Barker applique les recommandations formulées dans le rapport du groupe de travail de la SCP/FPC (2018) sur la réconciliation à l'évaluation psychoéducative des jeunes autochtones et fournit plusieurs suggestions utiles.

Nelson et Ford exhortent les lecteurs à reconnaître la responsabilité de se renseigner sur les méthodes d'évaluation adaptées à la culture et sur les interventions pertinentes sur le plan culturel, comme les approches traditionnelles de guérison, et suggèrent des façons de répondre aux besoins en santé mentale des enfants et des jeunes autochtones.

Ranahan, Yuen et Linds présentent un atelier d'art auquel ont participé des jeunes autochtones afin d'explorer ce que le mieux-être signifie pour eux, et mettent en évidence l'importance de faire de la recherche sur l'art-thérapie avec les communautés autochtones.

Starzyk et ses collaborateurs présentent le Canadian Reconciliation Barometer Project, dont le but est d'élaborer une mesure de la réconciliation qui soit acceptable à la fois aux peuples autochtones et aux peuples non autochtones.

Young, Smith et Hoyer donnent de l'information sur une revue de psychologie qui s'intéresse aux peuples autochtones, *l'International Journal of Traditional Healing and Critical Mental Health*, en expliquant les origines et le mandat de la revue, et en sollicitant des articles.

Nous félicitons tous nos collaborateurs pour le travail qu'ils effectuent sur le terrain et invitons les lecteurs à participer au dialogue national sur la santé mentale et le mieux-être des peuples autochtones. Nous espérons que ce petit échantillon de progrès réalisés en psychologie est un signe d'espoir sur la voie de la réconciliation.

Cela s'explique en grande partie par le passé colonial du Canada, et par les lois et les politiques mises en place, au fil de l'histoire, dans le but d'affaiblir les nations autochtones et les droits des populations autochtones.

Le Dr Jeffrey Ansloos est psychologue agréé, et professeur adjoint au Département du développement de la personne et de psychologie appliquée de l'Institut d'études pédagogiques de l'Ontario de l'Université de Toronto, où il enseigne en santé mentale des Autochtones et en politique sociale; il est également le titulaire de la chaire de recherche du Canada en études critiques de la santé des Autochtones et de l'action sociale en matière de suicide de l'Institut d'études



pédagogiques de l'Ontario de l'Université de Toronto. Le Dr Ansloos est Eeyou (Cri) et Anglais, et est membre de la Nation crie de Fisher River (Ochekwi-Sipi; Traité 5). Il est né et a grandi au cœur du territoire visé par le Traité n° 1, à Winnipeg, au Manitoba. Le Dr Ansloos a effectué sa résidence de doctorat à l'Université du Manitoba; il a obtenu son doctorat et sa maîtrise en psychologie clinique aux Fuller Graduate Schools, où il a également obtenu une maîtrise en théologie et en éthique; il est titulaire d'un baccalauréat en counseling de l'Université Trinity Western.

Diplômé du programme de psychologie de l'université Duquesne, le Dr David Danto est le responsable du département de psychologie de l'Université de Guelph-Humber depuis 2010. Psychologue agréé en Ontario, le Dr Danto est un administrateur de la Fondation de psychologie du Canada (FPC), et a été le président et le président adjoint de la Section de la psychologie des autochtones de la Société canadienne de psychologie (SCP). Récemment président du groupe de travail de la SCP et de la FPC chargé d'étudier le rapport de la Commission de vérité et réconciliation du Canada, il est actuellement membre du conseil d'administration de la SCP et président du comité permanent de la SCP sur la réconciliation, et assure la liaison entre le conseil d'administration et le Comité de déontologie de la SCP. En plus de son expérience en enseignement, le Dr Danto a travaillé comme clinicien et comme administrateur dans des hôpitaux psychiatriques, dans des centres de services psychologiques universitaires, en pratique privée, et dans des établissements correctionnels, au Canada et aux États-Unis.



Working together

Truth and Reconciliation starts with us



The joint working group of the College of Alberta Psychologists (CAP) and the Psychologists' Association of Alberta (PAA). Photo reproduced with permission.

Judi L Malone, PhD, Registered Psychologist (AB), CEO Psychologists' Association of Alberta; Karlee Fellner, PhD, Provisionally Registered Psychologist (AB), Associate Professor, Indigenous Education Counselling Psychology, Werklund School of Education, University of Calgary; and Richard Spelliscy, PhD, Registered Psychologist (AB), CEO & Registrar, College of Alberta Psychologists

Leaders in Alberta's psychology community are committed to enacting the Truth and Reconciliation Commission of Canada's recommendations. The College of Alberta Psychologists (CAP) and the Psychologists' Association of Alberta (PAA) have formed a joint working group, sanctioned by both boards, to impact change in our province specific to realizing truth and reconciliation considerations relevant to our profession, to Indigenous psychologists who live and work

in our communities, and to our clients. As members of this working group, we are reviewing the Canadian Psychological Association's (CPA) national report, "Psychology's Response to the Truth and Reconciliation Commission of Canada's Report"¹ within the Alberta context and examining the systemic practices of colonization and oppression within our profession.

We are peers, psychologists, and committed citizens. Judi Malone is from rural NE Alberta (St. Paul) from a mixed descent family comprised of both colonizers and the colonized. Judi is currently the CEO of the Psychologists' Association of Alberta (PAA). Karlee Fellner is Cree/Métis of mixed settler and Indigenous ancestry. She grew up in central Alberta, removed from her ancestral homelands of Northern Alberta due to her family's dislocation through Métis scrip. Karlee is an Associate Professor of Counselling Psychology Indigenous

Education at the University of Calgary. Richard Spelliscy is of Irish-Canadian descent, a psychologist, and an engaged ally. Richard is the CEO and registrar of the College of Alberta Psychologists (CAP).

Our working group's mandate

We launched in the winter of 2019, and began by outlining a mandate to:

- recommend relevant knowledge translation activities for psychology in Alberta;
- highlight and prioritize recommendations specific to the Alberta context for the study and practice of psychology, and for each of the seven identified specific discipline areas;
- identify CAP, PAA, or joint initiatives to assist with realizing these recommendations; and
- report on steps taken and outcomes related to the implementation of the recommendations.

Our working group identified three priority areas to focus on as a start: articulating a strategy for the group's work, providing targeted feedback on CAP's new practice guidelines specific to practice with Indigenous people and communities, and developing recommendations for Alberta's educational institutions that mirror best practices identified in the CPA task force report. In beginning this important task, our group collectively acknowledged the gravity of this work in relation to the promise and potential given the current and historical state of affairs in relation to Indigenous people in Canada and, more specifically, within the field of psychology.

Highlights to date

Although our working group will be making recommendations to further our profession's implementation of the recommendations from the CPA's report, we have already moved beyond recommendations. Indeed, we have taken active steps in respect and honour of Indigenous ways of knowing, Indigenous knowledges, and traditional approaches to wellness and healing.

1. We have committed to making specific recommendations to inform practice guidelines for psychological practice with Indigenous people and communities. Already, CAP has drafted both practice standards and practice guidelines for work with Indigenous people.
2. Even more profoundly, CAP has committed to including a question regarding the TRC report content on the mandatory Law and Ethics in Applied Psychology exam. Thus, for providers to register as psychologists in Alberta they must have foundational knowledge of issues related to the TRC report.
3. We have committed to fostering knowledge translation. We are currently resource mapping learning opportunities and differentiating cultural awareness and cultural competence for psychologists, psychologists-in-training, and future psy-

chologists. The PAA will then host this repository on its website for anyone seeking resources.

4. We have drafted steps we hope psychologists engaged in a social justice committee may take for community engagement of psychologists and others.
5. We are preparing to initiate consultation and a collaborative review of our work to date with Indigenous Elders and knowledge holders before taking further steps. This consultation will occur with community members from all three treaty regions in Alberta and will include land-based ceremonies to guide our actions.

We know there is more to do, but we are grateful to our astute group of peers who have joined us in committing two years to this initiative and are buoyed by our momentum. Knowing that this working group can and will impact change, we challenge members and leaders of our profession in other regions of the country to replicate and advance our work, so we can learn from each other and, together, foster better relationships with Indigenous people and communities in Canada. This is an ethical call to action for each of us in the profession of psychology. Truth and reconciliation starts with us. And the time for change is now.

For a complete list of references, please go to www.cpa.ca/psynopsis

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Unions join forces to advance Indigenous health and education

Charlotte A. Young, MA, National Human Rights and Diversity Advisor, The Professional Institute of Public Services Canada (PIPSC)

On April 2nd, I participated in a wholly experimental, historical lobby event on Parliament Hill to call on members of parliament to reverse impediments to equitable access to health services and education for First Nations, Métis, and Inuit. Indigenous Peoples in Canada face health disadvantages due to vastly inferior supports relative to the rest of the country in both education and infrastructure, and this must change.

While unions typically focus on improving health conditions for their members in the workplace, the Canadian Labour Congress (CLC)—an umbrella organization for 29 unions—united the Professional Institute of the Public Service of Canada (PIPSC), the Canadian Union of Public Employees (CUPE), the Public Service Alliance of Canada (PSAC), and other unions to join forces for this massive day of lobbying on Parliament Hill to call for improved health conditions for Indigenous Peoples and an end to human rights violations in this country.

This was not a protest rally; it was a well-planned event with 130 Indigenous union representative participants. On the first day, we attended a workshop on being “trauma informed,” and on the second day we broke into 32 teams of 3-6 individuals, each with two pre-scheduled appointments with 78 members of Parliament (MP). We were generously allotted a half day for each meeting, to give us the opportunity discuss Indigenous education; infrastructure access to clean drinking water; violence, missing and murdered women and children; national day for Truth and Reconciliation; and environmental health in detail. Following our scheduled meetings, we had the opportunity to further discuss our concerns with MPs at a networking event.

Overall, the two-day event was a great success. One MP I spoke with expressed that our meeting was the first time he had ever been approached by an Indigenous lobby group to discuss critical social justice issues. He emphasized the importance of further face-to-face health and education advocacy, with elected officials at all levels of government, and expressed gratitude at being better educated about health and education funding gaps that persist for Indigenous Peoples.

Some key take-aways from our Indigenous Lobby Day include:

- we share many common experiences with our Indigenous colleagues from across Canada, especially in our desire for equitable access to health and education services;



Left to right: Christine Porter (PSAC), Charlotte Young (PIPSC), Mojdeh Cox (CLC), Larry Rousseau (CLC), and Greg Scriver (PIPSC) preparing to lobby MPs.



Indigenous union leaders meeting with Liberal MP, Raj Saini.

- lobbying is an effective means of advancing key issues;
- MPs will listen more closely to one-on-one conversations than to emails, surveys, letter campaigns, and protest rallies;
- MPs brief each other on who they met with and which topics they discussed; and
- Bill C-262, an Act to make laws of Canada harmonize with the “United Nations Declaration on the Rights of Indigenous Peoples” (UNDRIP), has an overwhelming majority of support in the House of Commons, but Conservative senators continue to stall the Bill to prevent it from moving forward.

For a complete list of references, please go to www.cpa.ca/psynopsis

“Careful the tale you tell”

Indigenous Peoples and alcohol use problems



Dennis C. Wendt, PhD, Assistant Professor, Department of Educational and Counselling Psychology, McGill University

For the past two years, I have taught a graduate counselling psychology course focused on working with Indigenous individuals and communities. As part of an assignment, I ask students (primarily non-Indigenous Canadians) to reflect upon their assumptions about Indigenous Peoples prior to the course. Students answer with a range of responses, but they commonly report that they have previously been taught Indigenous individuals have a greater biological predisposition to alcoholism relative to the general population.

Sometimes referred to as the “firewater myth,” the centuries-old widespread conception of heightened neurobiological or genetic vulnerability of Indigenous Peoples to alcoholism has been associated with racist theories of genetic inferiority and has contributed to immeasurable stigma, discrimination, and other harms.¹⁻² Recent empirical research from the United States (U.S.) indicates that Indigenous individuals who have internalized this myth are more likely to have alcohol-related problems.³⁻⁴

In my course, I debunk this myth using five points. My focus is on Indigenous Peoples within Canada and the U.S., though I suspect a similar argument would hold for Indigenous Peoples within settler-colonial contexts globally.

First, I problematize the stereotype that Indigenous Peoples have greater alcohol-related problems than the general population. Although there is a *general* health disparity in this regard,⁵ Indigenous individuals and communities vary greatly in their drinking patterns and problems.⁶ Moreover, a higher percentage of Indigenous individuals are abstinent from alcohol compared to the general populations of Canada and the

U.S.⁷⁻⁸ In fact, in a recent national epidemiological study in the U.S., American Indians were more likely to be abstinent or light/moderate drinkers in comparison to Whites, with similar rates of heavy and binge drinking.⁷

Second, I contextualize alcohol use problems among Indigenous Peoples within the legacy of European/Canadian/American settler-colonialism. At some level, Indigenous alcohol use problems are inextricable with settler-colonialism—given that these problems appear to have been minimal prior to the introduction of grain alcohol by European settlers.⁹ Moreover, historical and ongoing (post)colonial ills of trauma, loss, and poverty are clearly associated with a higher incidence of addiction to alcohol and other substances.⁵

Third, I argue that there is virtually no evidence—after numerous studies—for a greater biological or genetic disposition to alcoholism among North American Indigenous Peoples.³ In their review of the literature, Ehlers and Gizer¹⁰ concluded that there is “little overall support that Native American groups have an ‘unusual’ metabolism of alcohol,” and that genetic influences “are likely similar in kind and in magnitude to the genetic influences contributing to the liability for these phenotypes in other ethnic groups.”

Fourth, I cite recent research indicating that alcohol use disorder disparities greatly diminish when controlling for socioeconomic factors. In a recent national epidemiological study in the U.S., Brave Heart and colleagues¹¹ demonstrated that when adjusting for socioeconomic variables such as education, income, insurance type, and region, American Indians and Alaska Natives do not have statistically higher odds of having alcohol use disorders in comparison to non-Hispanic Whites.

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Contextualizing Indigenous mental health and wellness by understanding historical trauma and resilience



Robyn J. McQuaid, PhD, Scientist, Culture and Gender Research Unit, The Royal's Institute of Mental Health Research; Amy Bombay, PhD, Associate Professor, Dalhousie University; and Kimberly Matheson, PhD, Culture & Gender Mental Health Research Chair, The Royal's Institute of Mental Health Research and Carleton University

Indigenous Peoples in Canada experience a number of physical and mental health inequities compared to non-Indigenous people.^{1,2} While many Canadians are aware of these gaps, there appears to be a lack of understanding of the root causes and how they continue to affect current health and wellness.

Increasing evidence has made it clear that the trauma experienced by those who attended Indian residential schools has had effects across generations and interacts with contemporary determinants of health to undermine the health and wellness of Indigenous Peoples today. For example, our analyses of the 2008-10^{3,4} and 2015-16⁵ First Nations Regional Health Survey (RHS)* revealed that adults living in First Nations communities across Canada who had a parent attend a residential school (but did not attend themselves) reported higher levels of psychological distress, suicidal thoughts and attempts, and substance use compared to First Nations adults without a family history of residential schools. Similarly, First Nations youth with a parent who attended a residential school reported

increased suicidal thoughts compared to First Nations youth without this family history; an effect particularly strong among younger females ages 12 to 14.⁶

These findings in First Nations and in other populations affected by collective trauma and stress^{7,8,9} consistently highlight that the effects of these experiences can be passed down from parent to child and can impact health and wellness among subsequent generations. Despite a common myth that only a minority of Indigenous populations were affected, the impact of this trauma is widespread. Recent analyses have also provided clear evidence that residential schools have affected a large proportion of certain Indigenous groups, a fact that has also been challenged in the mainstream media.^{13,14} For example, analyses of the 2015-16 RHS showed that almost three-quarters (74.4%) of First Nations adults in communities today were directly or intergenerationally impacted by residential schools by having attended themselves and/or having a parent/grandparent who did.²

In addition to showing the health and wellness effects of collective trauma, our research has provided support for the concept of historical trauma, a term first coined by Maria Yellow Horse Braveheart, defined as, “*cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma.*”¹⁰ Historical

trauma was meant to emphasize the links to colonization and the accumulation of multiple collective traumas across generations among Indigenous Peoples. While this concept has been questioned due to the difficulty in providing empirical evidence for the accumulation of effects across generations, we were able to provide evidence for this within the context of the Indian Residential School system in Canada. Specifically, analyses of the 2008-10 RHS showed that First Nations adults who have two previous generations that attended residential schools (parent and grandparent) display poorer mental health outcomes compared to those with one previous generation (parent or grandparent), who in turn displayed poorer mental health outcomes compared to those with no previous generations.^{3,4}

Although this idea of the accumulation of trauma across generations has been well articulated by Yellow Horse Brave Heart and others (e.g., Evans-Campbell, 2011), it is our hope that increasing empirical evidence can reduce the lack of awareness and denial of the harm caused by colonization and the numerous historical and ongoing government policies to Indigenous Peoples.^{11,12,13} Without this understanding and acknowledgement, some non-Indigenous Canadians conclude that Indigenous Peoples are to blame for their problems or are inherently pre-disposed to negative outcomes.

While it is important that non-Indigenous peoples be exposed to this understanding, it is also important for Indigenous Peoples to have this awareness. In this regard, evidence suggests that exploring and understanding the long-term effects of colonization and historical trauma can be another step on the path toward individual, family, and community healing and wellness.¹⁰ This perspective provides a context for the health inequities that Indigenous Peoples experience, helping to reduce feelings of self-blame, shame, and isolation surrounding trauma, which has resonated with many Indigenous communities.¹⁰

This said, there has also been extreme resilience demonstrated by those who have been affected by residential schools and other historical trauma events. Indeed, First Nations youth living in communities across Canada who have a family history of residential school attendance are more likely to participate in community cultural events and to feel a stronger sense of belonging to their communities compared to youth without a family history of residential schools.² Qualitative research suggests adults and youth are turning to their culture for healing and well-being, particularly those affected by the residential schools and other historical trauma events.¹⁵ For many Indigenous Peoples reconnecting with culture is healing and promotes various aspects of wellness.^{15,16}

Taken together, understanding the intergenerational cycles involved in perpetuating the long-term effects of colonization and historical trauma is necessary for understanding and addressing Indigenous health inequities. Educating all Canadians on these concepts is a first step towards healing and reconciliation, as identified by the Truth and Reconciliation Commission of Canada.

** The First Nations Regional Health Survey is a nationally representative survey of First Nations Peoples living on-reserve from across Canada that is run by the First Nations Information Governance Centre and mandated by the Assembly of First Nations (FNIGC, 2018).*

Careful the tale you tell

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Finally, I broaden the argument to comment on narratives concerning substance use in society. Biological explanations and solutions are tempting offers—reflected in the vastly disproportionate support towards such from research funders—because they promise market-oriented, manageable solutions (e.g., pills) and are frequently believed to reduce stigma. Although biological explanations and solutions of mental health and addiction have pragmatic merit, they have been profoundly disappointing in relation to the resources devoted to their fruition, both in terms of clinically relevant solutions¹² and stigma reduction.¹³

Fortunately, we are beginning to see increased recognition of the need to conceptualize and remedy addiction not only at the level of neurobiological vulnerability, but at the social, familial, economic, political, and spiritual forces that are surely more influential drivers of addiction disparities among vulnerable populations. Whether emphasis is placed on ubiquitous childhood trauma;¹⁴ despair among marginalized, impoverished, and mass-incarcerated communities of colour;¹⁵ or widespread emotional loneliness and disconnection;¹⁶ the bells of a sick society are peeling loud and deep.

In this context, one does not need a PhD to see the superiority of Indigenous-led solutions towards increased sovereignty, land rights, community support, and cultural reclamation—versus medicalized solutions rooted in individual vulnerability—in decreasing alcohol-related problems among Indigenous Peoples. Perhaps society has resisted this conclusion because it is easier to scapegoat brains and bodies within marginalized communities than it is to own the responsibility we all have in reconciling the incalculable toll of settler-colonialism.

In closing, I am reminded of the moral from the musical, *Into the Woods*: “Careful the tale you tell / That is the spell.”¹⁷ The narratives that societies, psychologists, educators, and others tell about alcoholism and its underlying causes really matter. I am optimistic, however, that we can turn the corner on this issue, as we educate the promising rising generation of students (who from my experience are very receptive to the argument I have outlined here). Much work is needed to support Indigenous communities in addressing underlying factors related to alcohol use problems; but telling a more honest and hopeful narrative is low-hanging fruit in pursuit of reconciliation.

Non-clinical mental health programs on-reserve: Can we assume program validity?



*Adam T. Murry, PhD, Assistant Professor,
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In a recent issue of *Psynopsis*, it was documented that Indigenous populations in Canada experience more mental health issues than the non-Indigenous population.¹

Mental illness rates were exacerbated by experiences with colonialism, ill-equipped psychologists, suspicion around the role and motivations of psychologists, geographic barriers, and an insufficient number of Indigenous psychologists. Moreover, aspiring Indigenous psychologists often experience dissonance between Indigenous and non-Indigenous ways of knowing and doing, and they experience barriers to education and credentialing. The authors called for the integration of cultur-

ally centered, critically informed, strength based, rights based, and decolonizing approaches in psychological training as a means of advancing Indigenous representation and social justice in mental health.

The situation is not unique to Canada. Indigenous psychologists in the United States have similarly described higher than average rates of mental illness among American Indian populations,¹ voiced like concerns about psychological training, and have made comparable recommendations.² For example, Indigenous psychologists in the United States have reported that experiences with colonialism negatively impact mental health,³ that psychological training does not adequately prepare clinicians to work with Indigenous patients and even deters Indigenous students from pursuing clinical work,⁴ that

psychologists' views are suspiciously ethnocentric,⁵ and that services are often inaccessible due to geographic isolation.⁶ To combat areas of cultural dissonance, American Indian scholars have requested⁷ and provided evidence for⁸ culturally-tailored treatments.

Unfortunately, the perspectives of Indigenous counsellors and the research supporting culturally adapted programs reside almost exclusively in clinical settings. While there are exceptions, such as Mary Yellow Brave Heart's *Oyate Ptayela* parenting curriculum,⁹ few mental health resources exist for Indigenous adults outside of professional practice. This is a concern because many on-reserve communities do not have enough designated mental health personnel or full-fledged services near or within their land base. Where they do exist, there is an enduring trend of underutilization of services,¹⁰ and, for many, mental health issues are not severe enough to require clinical referrals.

There is a clear need for programs that encourage mental health outside of the clinical treatment of mental illness and that equip non-clinicians (e.g., teachers) in Indigenous settings (e.g., on-reserve schools) where would-be clients are located. However, until Indigenous or Nation/Band-specific programs are developed, we can borrow resources derived in non-Indigenous settings,¹¹ so long as we challenge the assumptions we make during transportation.

The first assumption pertains to the validity of a program across contexts. Program efficacy may depend on supportive elements that were available during the program's construction or that are available for the program's primary consumers. In such instances, problems will arise when a program is implemented in an environment without those supports. For example, QPR is a popular suicide prevention program for university personnel.¹² It stands for *Question, Persuade, and Refer*, and was designed as a first line of defence against suicidal ideation. QPR is a promising approach for non-clinicians because it can be learned fairly quickly and does not require medical expertise. On-reserve, QPR is problematic for cultural and practical reasons.

Culturally speaking, the prescription to question and persuade may not be received as well as it would by members of Western cultures. Many Indigenous cultures value personal autonomy and practice an ethic of non-interference to respect it.¹³ To argue that it is appropriate to interfere in someone else's business because your intentions are good and it is in that person's best interest assumes your intentions are the only relevant consideration and that you know what is best for another person. Recall that Indigenous Peoples have experienced, and continue to experience, atrocities at the hands of national programs that are justified with such rationales.¹⁴ Practically speaking, difficulties arise with the *Refer* step of QPR. At the reserve school I am developing trainings for, it is

Unfortunately, the perspectives of Indigenous counsellors and the research supporting culturally adapted programs reside almost exclusively in clinical settings.

common to have a counsellor on-site two days a week. Even when the counsellor is present, if symptoms are beyond the capacity of their office, the client may require a secondary referral to a clinic one to three hours away, depending on the severity. For youth, this may mean finding a person with a vehicle who can miss work to make the commute and accommodate the wait times. Should the issue in question implicate conditions in the home, the likelihood that a secondary referral will result in appropriate care is further decreased. Therefore, to help ensure the program content has credibility, trainers need to be cognizant of the cultural norms and practical realities of its recipients and make efforts to integrate

their perspectives before delivery.

A second assumption we make in importing non-Indigenous programs to Indigenous contexts is that they will be received uncritically. In a training I delivered in 2018, a First Nations counsellor told me they didn't need trainings from outsiders and solutions could be found in their traditional knowledge. For the most part, I agreed, but when I asked if he had access to that knowledge, he admitted that due to his family's residential school experiences, his access was extremely limited. The take-away from this conversation is to not to debate whether information and technologies derived from non-Indigenous contexts can be useful to Indigenous communities, nor whether traditional knowledge is sufficient to combat problems even when they were imported through colonialism; rather, it signifies the legitimate perception that outsiders arrive believing they have the answers and that those answers rarely build on the vast bodies of knowledge Indigenous societies have accumulated. To attenuate such mental blocks, trainers need to practice humility in their self-assured perspective, show respect for their participants, and integrate traditional knowledge whenever feasible.

Mental health needs exist outside of the therapeutic context. In communities where clinical services are sparse or underutilized, psychologists should consider the benefits of programs that bring services to clients in everyday spaces. Programs developed in urban settings for non-Indigenous people have value but should not be uncritically transported on-reserve. In addition to the practical constraints of implementing services in rural settings where supportive structures may not be in place, psychologists and other mental health professionals should be cognizant that even well-intentioned interventions can perpetuate assimilationist power dynamics and failures to recognize legitimate repositories of knowledge within the community. The implications are relevant to a program's design, the demeanor of mental health experts, the perceived credibility of the program, and its contribution to reconciliation.

For a complete list of references, please go to www.cpa.ca/psynopsis

Breaking the cycle: Incarcerated Indigenous women and the need for a holistic approach to mental wellness

Tenzin Butsang, Master of Public Health – Indigenous Health Candidate, Dalla Lana School of Public Health, University of Toronto

Over the last decade, the number of Indigenous female inmates within Canada's federal prisons has increased by nearly 60%.¹ Despite representing only 5% of the general population, nearly 40% of women incarcerated in federal institutions identify as First Nations, Métis, or Inuit.² More than half of these women also identify as single mothers of multiple children,³ which extends the scope of incarceration's impact across generations.

Although both Indigenous men and women are incarcerated at disproportionately high rates, Indigenous women face a distinct set of challenges both inside and outside of the prison setting. Historical and ongoing gendered discrimination, forced child separation, human trafficking, and abuse are just some of the traumatic situations that many female Indigenous inmates encounter by the time they enter prison.⁴ Without access to culturally safe, trauma-informed mental health services in prison, these women are not given the opportunity or agency to heal and successfully re-enter their communities, leaving them to return to the life that first led to their incarceration.

Contextualizing the overrepresentation of Indigenous women in the criminal justice system requires an informed understanding of the historical, political, and social conditions that continue to marginalize Indigenous women in Canadian society. The legacy of colonization, including intergenerational violence and trauma resulting from the residential school system, and disconnection from one's land⁵ are factors that invariably damage the transmission of parenting skills and cultural knowledge. The Indian Act of 1876 significantly impinged on the rights of Indigenous women in particular, defining a status Indian exclusively through paternal lineage and stripping status from women who married non-Indigenous men.⁶ Resulting feelings of powerlessness, isolation, and emotional distress can lead to substance misuse and behavioural issues,⁷ engendering the mass incarceration of Indigenous people in Canada.

Racism and discrimination within the Canadian health care system, in addition to a lack of culturally-appropriate services, deter Indigenous individuals from seeking and/or accessing necessary care.⁶ These deficiencies contribute to a mistrust that is intensified within the correctional setting¹ and can lead to difficulties with reintegration following incarceration. In order to break the cycle of criminalization and overincarceration, the National Inquiry into Missing and Murdered



Indigenous Women and Girls found that Indigenous communities must be given the capacity, resources, and support necessary to inform meaningful and sustainable programming that aids women in the transition from prison back into society.³ This involves the implementation of culturally safe, community-led mental health services that not only respond to the immediate needs of these women, but also consider the systemic and historical factors that have contributed to their involvement in the criminal justice system. For example, reconnecting individuals with culture and land through culturally-driven and trauma-informed programming has been shown to facilitate reintegration and reduce recidivism rates.^{1,8} These kinds of programs and supports are equally relevant in the conversation of mental health and wellness services for Indigenous inmates.

Within Indigenous concepts of health and wellbeing, good spiritual, emotional, physical, and mental health are all interconnected components of wellness and are intrinsically linked to relational bonds with family and community. This holistic framework should be central to initiatives targeted toward supporting the wellness of Indigenous inmates in Canada. Community-operated healing lodges, like the recently approved Thunder Woman Healing Lodge in Ontario, are fundamental to providing a continuum of care for Indigenous women transitioning out of the prison system. At present, there is only one community-operated healing lodge for female inmates in Canada.

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Stó:lō Shweli - Stó:lō Life-force



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Alanaise Goodwill, PhD, RPsych, Assistant Professor of Counselling Psychology, Simon Fraser University

I live and work in Stó:lō territory and am a faculty member for the graduate counselling psychology program at Simon Fraser University. I have also lived and practiced within my ancestral homeland and am a proud Anishinaabe woman. I practice trauma repair psychotherapy in response to the legacy of the Indian residential school system, the Sixties Scoop, and other genocidal policies that grow out of the Canadian colonial project.

In 2017, I was invited by Stó:lō Elder, Maggie Pettis, to join the second phase of a CIHR research team project awarded a Pathways to Health Equity for Aboriginal peoples grant. Abiding by Indigenous Research Methodology,¹ the project follows the presiding authority of Chandler and Lalonde's seminal article asserting that cultural continuity is a hedge against suicide in BC First Nations and aims to implement Land Based Resiliency in First Nations youth. The "This is Who We Are Program" originated in the Seabird Island First Nation (Phase 1: 2015-ongoing). There is a clear need for a critical Indigenous approach to suicidology and a reimagining of research practices,² so this program establishes a model of suicide prevention that incorporates the sacred geography, stories, and life-ways of Sóhl Téméxw (our lands). Four Indigenous communities joined for Phase 2: 2017-2020, including Semath, Sq'ewlets, Bella Coola, and the Mission Indian Friendship Centre.

For the past two years, I've participated in community-based research (CBR) led by Elders, young First Nations Peoples, Chiefs, Indigenous and Settler scholars and health administrators, a nurse, an archaeologist, and community representatives from the five communities involved in both phases of the project. While psychology isn't typically associated with land-based reclamation or Indigenous rights and title, these CBR

team members share monthly, face-to-face updates at a table within the Stó:lō Rights and Title building. Each meeting is initiated in the Halq'emeylem language and in prayer prior to discussing ongoing and future land-based activities with young people from the five communities. The elders and knowledge keepers ensure we operate from Stó:lō values, cosmologies, and life ways within Stó:lō lands.

Jo-Ann Archibald, Stó:lō scholar and author of *Indigenous Storywork*, provides a comprehensive set of principles for engaging with story in cultural contexts that we adapted for our CBR. Sóhl Téméxw and the attendant spiritual teachings of Shweli are central to the research knowledge philosophy. Shweli is the life force that connects each Stó:lō person, their ancestors, the plants and rocks, animals, and all things that were transformed by Xa:ls within Sóhl Téméxw. The most powerful stories of transformation emerge from the Stó:lō transformer figure, Xa:ls, who helps bring order to a chaotic world.³

As part of our project, we are synthesizing the knowledge generated from these stories and from land-based practices conducted with young people in the presence of their Elders and knowledge keepers from the five communities. These include teachings within summer camps, winter longhouses, and on the waterways in canoes—all seasonal methods of transmitting land-based resiliency and teachings across the generations. While our focus is on young people aged 10 to 19, our engagement with community is across the lifespan.

As the singular psychologist participating on this research team, it has been a learning experience to suspend the centrality of psychological knowledge in the field of suicidology and to commit to the development of another model of suicide prevention. I have asked our research team if we operate like a programs and services table, or a rights and title table. Clearly,

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Promoting life for First Nations youth:

A practical online resource by and for communities

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Ed Connors, PhD, C. Psych., psychologist, private practice; Jennifer White, MA, EdD, Professor, School of Child and Youth Care, University of Victoria; and Janet Newbury, PhD, Adjunct Professor, School of Child and Youth Care, University of Victoria

*Wise Practices for Life Promotion: Indigenous Leadership for Living Life Well*¹ is an online resource focused on preventing youth suicide among Indigenous youth through culturally relevant strategies to support resilience and wellbeing. The website provides free and accessible community planning tools, resources, local stories of community change, and life promotion strategies in both French and English.

The website, funded by Indigenous Services Canada and hosted by the Thunderbird Partnership Foundation, has been developed by an experienced advisory team of Indigenous health care providers with support from the First Peoples Wellness Circle, the Thunderbird Partnership Foundation, and the University of Victoria's School of Child and Youth Care. It is intended to be a practical, culturally relevant, hopeful, and easy to use online resource for community workers striving to support wellness in their communities. Its primary purpose is to advance the goals of promoting life amongst First Nations

youth in Canada by bringing together inspirational stories and wise practices from First Nations communities from across the country and summarizing relevant findings from recently published research. It centres the knowledge and cultural practices of local communities.

The key principles guiding the project include:

- relational accountability
- communities as healing contexts
- de-colonization as a suicide prevention strategy
- connection to the broader goals of the Truth and Reconciliation Commission
- integration of practice-based evidence and research informed practice
- invitational and hopeful tone
- input from indigenous youth, elders, community leaders and scholars

Depending on the needs of the user, there are a range of entry points into the website that have been integrated to create a fluid and practical resource. Key content on the website includes: seven different community-based wise practices; a downloadable action guide for communities; a downloadable guide for system-level change (intended for funders and policy-

A practical online resource by and for communities

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makers); reviews of the research literature; and an annotated bibliography to support funding applications. Videos, images, and audio clips also help guide the viewer through the site, bring the material to life, and ensure ease of use.

Rather than centering individualized, deficit-oriented, and risk factor-based approaches to suicide prevention, this project focuses on community strengths, capacities, and resources. It leads with the language of life. In a welcome video on the homepage, the Executive Director of the Thunderbird Partnership Foundation, Carol Hopkins, states:

...we've listened to First Nations youth across the country who said that the conversation on suicide prevention that's focused on death and dying is not helpful to them. They want to focus on how to live life.

With this in mind, the First Nations Mental Wellness Continuum Framework² conceptually grounds this work. The overall approach is predicated on a holistic view of health and wellness that recognizes the importance of culture, history, language, family, stories, Elders, ancestors, and the Creator in generating wellness and supporting resilience.

The Wise Practices website is guided first and foremost by the teachings and practices of diverse First Nations communities throughout Canada. It honours and gives credit to what is already happening in Indigenous communities across the country and draws links and connections among them for mutual benefit. The website will continue to evolve and change in response to new developments and understandings of how to promote life for First Nations youth.

A recent call for new nominations of wise practices has been circulated, and the Wise Practices advisory group will be selecting up to three new community practices to showcase, as a way to diversify the range of practices represented on the site.

To learn more, visit wisepractices.ca or contact info@wisepractices.ca

For a complete list of references, please go to www.cpa.ca/psynopsis

Incarcerated Indigenous women and the need for a holistic approach

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Dr. Ivan Zinger, the Correctional Investigator of Canada stated that “the overincarceration of First Nations, Métis, and Inuit people in corrections is among the most pressing social justice and human rights issue in Canada today.”¹ With the Indigenous population growth rate being four times that of the rest of the country,⁹ projected demographics indicate that the over-representation of Indigenous women in the criminal justice system will continue to grow.¹⁰ This growth will undoubtedly increase the number of individuals who require mental health services. In order to develop effective, sustainable, and appropriate solutions to this growing inequity, we must be willing to listen to these women, respect Indigenous knowledge, and empower and support communities to lead the way.

For a complete list of references, please go to www.cpa.ca/psynopsis

Stó:lō Schweli - Stó:lō Life-force

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we are forging a new way of working; one that invokes the spiritual precepts inherent in Stó:lō well-being that we have framed as “resiliency” for our proposed model of suicide prevention.

The vicarious effect of our land-based activities is the revitalized engagement with sacred lands in the unceded territories of Sóhl Téméxw. The long-term effects are increased assertion of rights and title to the land by the younger generations and a refusal to surrender sovereignty and human rights within these lands. The transformational power within Sóhl Téméxw placed there by Xa:ls is the mechanism for protection against the pernicious illnesses associated with the colonization of these lands. At the individual level, this is observed as decreased suicides in young people; while at the community level, it is observed as increased Stó:lō rights to the land and its resources.

The rebuilding of Indigenous nations is at the opposite end of the spiral narrative of individual trauma,⁵ which is oftentimes the locus of my work. Furthermore, healing in an age of Indigenous human rights requires careful consideration of the language we choose to describe our work, and cautious discernment of the models applied when striving for the collective Indigenous sovereignty side of the spiral. With this project, we are indeed discovering that the pain associated with the chaos imposed by colonialism is transformed by a Stó:lō suicide resiliency model that brings order, extending the definitions of cultural continuity to include land title continuity as a hedge against suicide.

** For a model of four interconnected dimensions of Stó:lō culture, a foundation for understanding Stó:lō-Coast Salish health and well-being, and the practice of community archaeology as therapeutic within a Coast Salish model of health and well-being, please refer to Schaepe, Angelbeck, Snook, & Welch, 2017.*

For a complete list of references, please go to www.cpa.ca/psynopsis

Approaching psychological assessment with northern Indigenous Peoples: Suggestions from a psychologist in the Yukon Territory



Reagan Gale, PhD, R. Psych. (AB), Clinical Psychologist;
President, Psychological Society of the Yukon

Ensuring culturally appropriate and valid psychological assessment with Indigenous Peoples in northern Canada is made more challenging by the heterogeneity of indigenous communities, cultures, resources, geography, and leadership. The 14 recognized First Nations in Yukon, for example, are geographically disparate—most, but not all, are rural, and some nations have traditional territory extending into other jurisdictions and even other countries. Their population sizes, natural resources, and languages differ. Their access to primary and acute care differs. And their Residential school enrolment and experiences differ.

The 2018 report on psychology's response to the Truth and Reconciliation Commission of Canada included several suggestions regarding assessment of Indigenous Peoples in Canada.¹ These recommendations extend well beyond using the most ethno-culturally approximate or appropriate normative sample for scoring and standardization, or using cultural appropriate test content, or even the services of a professional translator. The authors of the report issue multiple challenges to the practice of professional psychology.

Psychologists may ask themselves—where do we start? Having spent several years living and working in the Yukon, I would like to offer these practical suggestions to those proposing assessment of Indigenous people who reside in the north:

- Prioritize completing formal cultural safety training for health and mental health care providers (e.g., San'yas Indigenous Cultural Safety Training²). These are available online and may, depending upon the regulating body, be used for continuing education credits.

- Plan and budget for *significantly* more assessment time. This may require renegotiating contracts with those who fund the assessment. Budget *at least double* the amount of time of a “typical” assessment, though more time will likely be required, especially for long-term follow up (even in the case of third-party assessments). Build these expectations into work contracts with funding agencies. Psychologists may also wish to bill hourly rather than at a set rate if it is difficult to predict the amount of time that will be required.
- Work with an Indigenous Elder in a formal consultation agreement when seeing an Indigenous person for assessment. The Elder should be involved in planning, administering, interpreting, and providing feedback on the assessment. Compensation should be comparable to the psychologists' hourly billing rate, or at the rate requested by the Elder, so budget for this expense when contracting for the assessment.
- Plan to spend *significantly* more time with collaterals as part of the assessment, being mindful that a standard Western, Euro-centric communication style (e.g., posing questions and expecting answers) may not be appropriate. Be mindful and respectful of community norms for communication including an emphasis on storytelling and silence, and learn to listen differently.
- Actively involve the Indigenous person's community in planning for and interpreting the assessment. Upon confirmation of the referral, and with consent of the Indigenous person, consider requesting meetings with community Elders, traditional healers, other community leaders, and the extended family unit as part of assessment.

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Psychoeducational assessments with Indigenous students in postsecondary settings: Moving forward in a *Good Way*



Conor Barker, M.Ed., R.Psych., Doctoral Candidate,
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Current practices in post-secondary institutions require students with learning disabilities to obtain an up-to-date psychoeducational assessment to be eligible for academic accommodations. As such, psychologists have a gate-keeping role for students who may benefit from additional academic supports in post-secondary environments (i.e., tutoring time, technological devices, note-taking supports, and exam supports). As a psychologist of settler-origin who practices on the traditional lands of treaties 4 and 6, I have been considering my practice and my role as a gate-keeper as I work with Indigenous students who are seeking academic supports.

The Canadian Psychological Association and the Psychology Foundation of Canada engaged a task force to respond to the Truth and Reconciliation Commission of Canada's report on behalf of psychologists.¹ The task force identified multiple concerns regarding psychological practices in assessment, including: inappropriate uses of psychological measures and tools, elevating western ways of understanding mental illness, and harmful conclusions and applications of psychological reports. While many of these concerns must be addressed by the broader field of psychology, as individual practitioners who perform

psychoeducational assessments, we must strive to do our work in a *Good Way*. This involves being strength-based, trauma-informed, community-oriented, and respectful of indigenous ways of knowing.²

Extended informed consent

The psychoeducational assessment process tends to be an individual process, especially when working with adult learners, and focuses on the perspectives and performance of the client within a standardized assessment. When working with Indigenous students, the task force emphasized a more communal approach. It may also be necessary to spread the assessment over multiple days or travel to the student's home or community.

An assessment can begin with an extended informed consent process where the student is encouraged to invite any family members or persons of significance to attend. At this meeting, the psychologist can describe the assessment process, the purpose of the assessment, legal and confidentiality issues, and the student's ability to withdraw from services at any time. Additional time can be spent getting to know the client and for the client to get to know the psychologist.

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Moving forward in a *Good Way*

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Within the context of a post-secondary psychoeducational assessment, an extended discussion is needed to determine if a diagnosis would be an intended outcome of the assessment. For many non-Indigenous students, a diagnosis is the desired outcome because it allows students who are struggling to access the academic supports they need; however, some Indigenous students may fear a diagnosis. Therefore, it is essential to discuss the benefits, drawbacks, implications and meaning of a diagnosis with the student and their community and to obtain consent to communicate a diagnosis. It is also important to stress that the student doesn't need to make a firm decision at the outset.

More than a clinical background history

Psychologists collect a full developmental, educational, and academic history when completing a psychoeducational assessment. They also document a clinical symptom history when the referral also indicates an attentional or mood-based disorder. While this is typically done one-on-one with the client, Indigenous students may also want to include family or community members to help contextualize any reported symptomology. Psychologists should also ask about family experiences in schools, including residential schools, associated trauma, and learning environments where the student found success.

Communicating results

Psychologists must write a strength-based, jargon-free report with accessible language and concrete examples. If the Indigenous student grants permission to proceed with a diagnosis, the diagnosis should be communicated with care and with examples from the assessment procedure to describe how the psychologist came to this conclusion. Regardless of whether the psychologist communicates a diagnosis or not, the focus of the report should be recommending environments where this student can be successful; behavioural strategies; and supports available through the learning institution, external agency, or within the Indigenous community. Indigenous students, with the advice of their communities, can request to remove information from reports that they do not wish to be shared.

Implementing the above recommendations allows psychologists to form deeper relationships with Indigenous students and diminishes the potential for harm through the assessment process. As a profession, we should also continue to consider whether students should need a diagnosis to access learning supports, particularly Indigenous students in post-secondary settings, and advocate for greater collaboration between Indigenous communities, post-secondary institutions, and psychologists to help decolonize psychoeducational assessments.

For a complete list of references, please go to www.cpa.ca/psynopsis

Suggestions from a psychologist in the Yukon Territory

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- Make every effort to travel to the community in which the Indigenous person lives. Even when this is not possible (e.g., neuro-diagnostic assessment based in tertiary care centers), learn as much as possible about the Indigenous person's community, including culturally normative behaviours, specific cultural and healing practices, cultural ways-of-knowing and ways-of-being, how determinants of health are manifested in the community, and the community's historical and ongoing experience with colonization and genocide. Developing ongoing relationships with members of the community is essential for this, so be available and listen.
- When an Indigenous person travels away from their community for the assessment, ensure funding is available for (a) family member(s) or other support people to travel with them to the assessment. Offer extra time for the Indigenous person to find your office and become comfortable in the assessment space. It may also be appropriate to help connect the Indigenous person, well in advance of the assessment, to supports for Indigenous people in the community to which they have traveled.
- Consider including an assessment tool of traditional and cultural wellness (e.g., the Native Wellness Assessment³) as one component of the assessment, regardless of the referral question(s).
- Plan to be available over an extended period (e.g., at least five years) for ongoing questions, requests, or follow-up by the Indigenous person and their community, even in cases when the assessment is funded by a third party. This should be subject to established contractual limitations. Listen to what the Indigenous person and their community expect from the assessment and follow up on and meet those expectations whenever possible. It would be wise to include costing for this potential long-term follow up in contracts with funders, where appropriate.
- For medico-legal and forensic assessments prepared for the courts, include a formal rationale in the report for what may appear to be an atypical approach to psychological assessment. The assessment report is also a tool to educate the reader.
- Work with Indigenous communities; national and regional Indigenous organizations; federal, provincial, and territorial governments; northern education institutions; and others to fund and develop more culturally appropriate and grounded measures of psychological constructs.

Our field has a long journey of reconciliation with Indigenous Peoples ahead, and as individual practitioners it can be hard to know where to begin. The first step should be towards a place of humility and respectful, empowering inquiry. The practical suggestions I've set out above are offered for those of us who wish to do this work.

For a complete list of references, please go to www.cpa.ca/psynopsis

Linking assessment and intervention: Toward culturally responsive ways of supporting mental health and wellness of children and youth who identify as Indigenous

*Melanie T. Nelson, PhD Candidate, and Laurie Ford, PhD,
Department of Educational & Counselling Psychology and
Special Education, University of British Columbia*

Much has been written about the importance of assessment practice being centered on meaningful intervention and program planning. Given the demands on our time it can be easy to engage in professional practice “the way we always have” instead of pausing and reflecting whether the ways we were trained are most appropriate. We must ask if our practice reflects the current state of the field or the best ways to support the needs of those with whom we work and serve. Such reflections are important in our work with all clients; however, it is especially important with children and youth who identify as Indigenous. As highlighted in the Task Force Report from Canadian Psychological Association (CPA) and the Psychology Foundation of Canada (PFC)¹, psychologists are responsible for engaging in practice that facilitates true reconciliation and for ensuring ethical conduct and work with Indigenous Peoples.

The quality of our work as psychologists should be predicated on how useful (i.e., helpful, meaningful) it is for the consumers of our work (i.e., clients, teachers, caregivers, children, and youth). Clinicians commonly ask questions that guide their work such as, “What is the reason for the referral?” or, “What is the purpose of the assessment?”. Our questions not only guide the assessment, but also lead to recommendations for treatment, intervention, and/or program planning. Such questions are not enough when working with Indigenous clients. We must also ask ourselves: “Do I have the knowledge needed to work with this client or in this context?”; “Have I created a safe space for my client and those others providing knowledge in my assessment to best support the client?”; “Am I engaging in practice that is empowering to my client as we learn together about their talents and needs?”; “Are the practices I use harming the client I strive to help and support?”; and “Do the approaches I use in my assessment and recommendation for intervention respect not only the people with whom I am working, but also their cultural context?”.



Assessment and intervention with Indigenous people have long histories of misuse, resulting in distrust for Western mental health (MH) provision⁴ and further subjugation of Indigenous people. Psychologists must work to recognize and actively engage in ways that promote trust and healing. Many point to the substantial gaps in MH health services to Indigenous populations in Canada, including a shortage of Indigenous psychologists and those who have an understanding of, and training in, Indigenous ways of knowing.

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Mental health and wellness of children and youth

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Assessment grounded in practices that are culturally responsive and conducted with humility will result in a more meaningful understanding of the MH and wellness of clients who are Indigenous. Recognize and practice humility in the recognition of knowing what you do not know—just because a practice is new, does not make it incorrect.

When addressing the MH needs of children and youth who identify as Indigenous, it is important that psychologists engage actively in both learning about the “Truth” and engaging in “Reconciliation”. We believe the Truth and Reconciliation Commission of Canada Report² and Calls to Action³ should be required reading for all psychologists in Canada. The CPA/PFC Task Force Report¹ provides valuable guidance as a starting point in incorporating this information into our work as psychologists. In professional training programs, the history of psychology courses must provide information on the harms of psychology to Indigenous Peoples. The Task Force Report must be revisited, with time for discussion and critical self-reflection; not just once, but in the context of coursework and practicum the areas of the report in our professional practice including ethics, assessment, treatment, and consultation. This should be revisited during internship, in supervision and, once in practice, in our continuing professional development.

We must recognize the responsibility to learn about culturally responsive approaches to assessment and culturally relevant interventions such as traditional approaches to healing⁴. As a part of this journey to support the MH needs of children and youth who identify as Indigenous, we offer the following considerations:

- Understand the context of the person with whom you are working, including their history and the families and communities of which they are a part.
- Adopt a broad conceptualization of the person, their families, and communities that includes spirituality. Many Indigenous children and youth have great spiritual strength, including connection to family, to their communi-

ty, to their traditional culture, and to the natural and spiritual worlds⁶. Given the diversity in experiences within communities, it is important to ask whether the family would like the inclusion of spirituality and whether this is relevant for them. The added perspective of spirituality provides a more holistic understanding of and culturally responsive examples of strengths.

- When opportunities arise, accept invitations to participate in cultural activities such as celebrations, sweat lodges, smudge circles, or other practices relevant to the community; not only when working with a specific client, but also as an opportunity for broader professional growth.
- Learn about the client’s engagement in cultural responsibilities such as running ceremonies. Recognize that such engagement may add information about problem-solving skills, executive functioning, adaptive skills, and flexibility in thinking.
- Carefully reflect on the language used in conversations and writing (e.g., interviews, assessment reports, and intervention sessions) with a focus on strengths.
- Use language consistent with the cultural context such as wellness, healing, and health.
- Include a statement of humility and an acknowledgment of the land in an assessment report, meetings to discuss assessment, and treatment work. Ensure that such statements are meaningful and written after self-reflection on what Truth and Reconciliation means for your practice.
- Consider the use of visuals in reports and discussions with the clients. This may be a culturally relevant approach for the presentation of information⁷.
- When moving from assessment to intervention, include traditional approaches in interventions if they are culturally relevant, accessible, and desirable to the family.

We are on an exciting, yet complex journey in our work with children and youth who identify as Indigenous. The journey may feel overwhelming. We hope this discussion will serve as guidance on this journey in supporting the MH needs of children and youth who identify as indigenous. We wish you well.

For a complete list of references, please go to www.cpa.ca/psynopsis

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Learn more at cpa.ca/psynopsis



Exploring Indigenous youths' perspectives on wellness



Photo credit: Reproduced with permission from the FHQTC and the FHQTC Youth Action Program participants

Patti Ranahan, PhD, Associate Professor in Applied Human Sciences, Concordia University; Felice Yuen, PhD, Associate Professor in Applied Human Sciences, Concordia University; and Warren Linds, PhD, Associate Professor in Applied Human Sciences, Concordia University

Indigenous youth as a group are often portrayed in media headlines as vulnerable, risky, and in crisis. Stories of wellness and resilience go untold as tales of suicide, poverty, and substance abuse continue to rock the headlines. But do these stories of Indigenous health and wellness, or the lack thereof, in traditional and social media tell the whole story? And how do Indigenous youth themselves conceptualize wellness?

We know that social dimensions of health, such as poverty rates, inadequate housing, or food insecurity, situate health beyond the physical and are influenced by a multitude of factors.¹ Local forces—including the histories and relationships therein—can also shape health and wellness for individuals and communities. Thus, understanding how individuals and groups perceive wellness becomes increasingly important.

As part of the Canadian Institutes of Health Research-funded project, *Kitinikewin misiwanihisowin: Researching arts-based wellness promotion for suicide prevention among Aboriginal youth*, we collaborated with the File Hills Qu'Appelle Tribal Council Health Services (FHQTC) to explore youths' perspectives on wellness and how understanding what it means to 'be well' can inform future suicide prevention work and therapeutic interventions at the individual and community levels.

Between 2015 and 2017, we worked with community members from the FHQTC and the FHQTC Youth Action Program in the design and facilitation of two arts-based workshops with Indigenous youth in Saskatchewan. As settler researchers, we aimed to use a decolonizing approach through community control, community engagement, and culturally relevant methods.² During the workshops, we used theatre, photo collage, video creation, and story telling as mediums for youth to engage and explore what wellness means for them. We also used the themes of healing, relationships, hope and ceremony derived

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Lessons learned for psychological research with Indigenous Peoples from the Canadian Reconciliation Barometer Project



Katherine B. Starzyk, Associate Professor, Psychology, University of Manitoba; Ry Moran, Director, National Centre for Truth and Reconciliation, University of Manitoba; Lorena Sekwan Fontaine, Associate Professor and Indigenous Academic Lead, University of Winnipeg; Dean Peachey, formerly Executive Director, Global College, University of Winnipeg; Katelin Siemens Neufeld, Research Associate, Psychology, University of Manitoba; Aleah Fontaine, Doctoral Student, Psychology, University of Manitoba; Iloradanon Efimoff, Doctoral Student, Psychology, University of Manitoba

The goal of our Canadian Reconciliation Barometer Project is to develop a measure of reconciliation that is acceptable to both Indigenous and non-Indigenous Peoples. Such a tool is one way to track progress toward reconciliation as Canada works to resolve the serious and varied past and present harms perpetrated against Indigenous Peoples.

Our academic and personal backgrounds are diverse. Our degrees are in psychology (Starzyk, Peachey, Neufeld, A. Fontaine, Efimoff), Indigenous studies (L. Fontaine), and political science/history (Moran). Approximately half of us are

Indigenous (Anishinaabe, Cree, Haida, and Métis) and half non-Indigenous. Collectively, our team has a lived understanding of Canada's colonial projects, a deep understanding of Indigenous Peoples' varied and rich cultural traditions, and related intergroup relations expertise. Through her legal advocacy and support of Survivors, L. Fontaine helped make the Indian Residential School Settlement Agreement possible. Moran was central in the gathering of the Truth and Reconciliation Commission (TRC) of Canada's nearly 7,000 statements and is the first Director of the National Centre for Truth and Reconciliation (NCTR). Peachey has studied reconciliation globally within a transitional justice and peace building framework. Starzyk has participated in a United Nations Development Programme meeting on reconciliation. All of us know, and some of us have close personal relationships with, Residential School Survivors.

We also approach our project using a variety of methods and an atypical approach to measurement. Normally, expert consultation about content validity is brief and limited to aca-

demics. In contrast, our experts are Survivors and those on the frontlines of reconciliation efforts. For this reason, we're working to understand Survivors' perspectives on reconciliation through an archival analysis of the public statements within the NCTR. Over the past year, we've also traveled to many places across Canada to host small group discussions and interviews with people who are dedicated to reconciliation. What we've learned will provide the basis for our item development. Once done our work, we will have completed qualitative and quantitative studies, in the laboratory and community, through interviews, focus groups, and national polls, as well as honoured the responsibilities of working with the NCTR collection of statements.

And now we come to our take away points for those who want to collaborate with an Indigenous scholar or community, or do research that is relevant to Indigenous Peoples. We have created this list collaboratively and don't make any pretense that it's a complete list or the best list.

- Relationships are key. Work to create and maintain authentic relationships with your research partners.
- Be curious and take time to learn about Indigenous cultures, ways of knowing, knowledge(s), and practices. Acknowledge the diversity within Indigenous Peoples.
- Be humble. Realize that the way you do things is likely not the only way or the "best" way (if such a thing exists!). Remember there are many kinds of expertise; some are not academic. Welcome and listen to feedback from participants and team members. Together, your collective expertise can help you to do the research in a good way.
- Check in regularly with partners, advisors, and participants to affirm you are delivering something that serves those you are studying.
- Take a strength rather than deficit-based approach to asking questions about Indigenous Peoples; avoid reinforcing negative stereotypes inadvertently.
- Reflect critically on your social identity and background and possible biases.
- Develop all stages of your project *with* an Indigenous partner, from the proposal to knowledge dissemination. It may take longer to complete if you do this, but doing so ensures the research is useful, conveys respect, and it will likely be a richer project for that collaboration. This has been our experience.
- Recruit Indigenous students and be committed to providing a culturally safe environment.
- Work within reconciliation is emotional. Be mindful of this for your team and find a way to ensure that those who take part in the research come away with hope.
- Do not underestimate the importance of process. Research that is done in a good way is a step toward reconciliation in and of itself.

Interested in learning more about our project? Follow @BarometerLab on Twitter!

Exploring Indigenous youths' perspectives on wellness

Continued from page 25

from the literature to serve as jumping off points for discussion and creative process. Finally, the captions or titles created by the youth identified the meaning of the creative product.

What did we learn from Indigenous youth about wellness?

Congruent with the current calls for a shift from an individual illness ideology to a focus on wellness, empowerment, and cultural continuity and revitalization,^{3,4} the creative products created by the participating youth highlighted resilience, strengths, and relationships. A character named 'Murial' in a story, *White Spotted Snake Woman*, was engaged in cultural activities and involved in a healthy relationship. A video slide show featured images of youth playing volleyball, among friends and elders, and physically present in nature. The medium of theatre was used to portray the cultural enactment of hunting. Photo collages depicted images of youth in groups, couples, and historical photos of Indigenous Peoples, and captions such as "Learning our traditions gives us hope" or "Ceremony helps us see a future" underscored these creative products. Overall, our analysis led us to define wellness as: "An active weaving of past and holding onto traditions, a grateful perspective of the present, past and future, an openness to learning and being taught, and belonging to healthy relationships passed down through the generations."⁵

How might this definition inform clinical practice with Indigenous youth?

Revitalizing and maintaining participation in cultural traditions alongside Elders promotes wellness as a mechanism for healing and fostering relational connections. Elders provide teachings that promote learning and connection to the past within the context of a present relationship, and participating in traditional practices provides a pathway to meaningful relationships, alleviating isolation and disconnection from community. As youth engage in cultural traditions and foster relationships with Elders and other community members, hope and a vision for the future is promoted. Clinical practice then, must be culturally grounded; emphasizing that culture is "critical to both understanding and remedying the issue, and that [it] is key to health and healing."⁶

Our study highlights that understanding what it means to 'be well' is unique to each individual and community and that taking the time to understand different perspectives on wellness and wellbeing at the outset is critical to informing future therapeutic work. We encourage those working with clients from different cultures, including Indigenous youth, to explore their perspectives on wellness to best treat them as whole persons interconnected, constructed by, and contributing to the communities in which they live.

For a complete list of references, please go to www.cpa.ca/psynopsis

A journal opening doors to integrating Indigenous-based healing practices

Charlotte A. Young, MA, National Human Rights and Diversity Advisor, The Professional Institute of the Public Services of Canada; David Paul Smith, MA, PhD, Editor in Chief, IJTHCMH and Adjunct Professor, Saybrook University; and Scott Hoye, MA, PsyD, Adjunct Professor, Chicago School of Professional Psychology

What if a journal was dedicated to respecting Indigenous Peoples' psychology? Imagine it not only respected traditional healing practices, but advanced Indigenous cultural competencies?

Historically, a wealth of Indigenous-based healing practices have informed psychology without directly referencing Indigenous Peoples as an original source.¹ We know that Aboriginal Peoples in what is now Canada have healing traditions in what today we call "mental health" that go back thousands of years.^{2,3,4} We also know that Lakota and Yurok tribes influenced Eric Erikson; the Blackfoot informed Maslow; Taos Pueblo mentored Carl Jung; and the Choctaw tribe that O.J. Harvey identifies with advanced conflict resolution tools. Furthermore, Sacred Healers with special gifts from these tribes are now being reclaimed to directly inform the basis of the American Psychological Association's divisions in humanistic psychology and transpersonal psychology.^{2,3,4,5}

Dr. David Paul Smith of Saybrook University has been working to bring together like-minded practitioners from esoteric disciplines who focus on aspects of healing outside the Western, Anglo-Saxon model, including Indigenous models of healing. One of the steps he took to help achieve this goal was launching a first-rate journal, *The International Journal of Traditional Healing and Critical Mental Health* (IJTHCMH) in collaboration with advisors from the Ontario Institute for Studies in Education, from the University of Toronto.

The IJTHCMH is the only international journal that focuses on how cultural traditions might be adapted into psychology as a new standard of practice by respecting healing practices that have held up for thousands of years. It publishes articles highlighting a cross-discipline of valid contributions from Indigenous sources that believe in being inclusive and respectful of a pluralistic society, and it amalgamates world views as a step toward a healthier, global society.

As Editor in Chief, Smith features almost an entire Indigenous body of diagnostics made by medicine men, pipe carriers, shamans, and Elders who all do work with the ener-



From left: Charlotte Young, PIPSC; Scott Hoye, Editor, IJTHCM; David Paul Smith, Editor in Chief, IJTHCM; and Jan van der Tempel, Copy Editor, IJTHCM at the Canadian Psychological Association's 2017 National Convention in Toronto, Ontario.

gies from the unconscious. For example, he references works from Don Beaucage, an Anishinaabe, Ojibway healer, and scholar who now carries the lineage spirits of Dr. Dan Pine, a hereditary Chief whose vision was for health and healing through traditional ways. He has also referenced works from Dr. Art Solomon, an Anishnabe, Ojibwe elder and spirit leader in Native Studies from the University of Sudbury whose lifetime goal was to overcome systemic racism, and to bring healing, justice, dignity and wholeness into prison systems. Other well-respected contributors include Clemmont E. Vontress, Roy Moodley, and Joseph E. Trimble. Scott Hoye features IJTHCMH in "Chicago Psychology Podcast" episodes 4 & 5, referencing psychology-healing outside of colonial models.²

If you have a study, testimonial, or theory that demonstrates how human transformation is supported by ancient practices or have substantiated references about how altered states of conscious have brought healing through a dimension in the spirit world, you are welcome to submit articles directly to Dr. David Paul Smith Dps3@uchicago.edu for peer review.

For a complete list of references, please go to www.cpa.ca/psynopsis

Russia and Cuba:

Hosts of two major conferences

Janel Gauthier, PhD, Chair, International Relations Committee and John Berry, PhD, Member, International Relations Committee

Russia and Cuba were the venues for two major psychology conferences in July 2019: the European Congress of Psychology and the Interamerican Congress of Psychology. Both presented wonderful opportunities to learn more about psychology abroad.

European Congress of Psychology

The 16th European Congress of Psychology (ECP) was held at the Lomonosov State University of Moscow from July 2 to 5, 2019. It was organized by the Russian Psychological Society and chaired by the society's President, Yury Zinchenko. Twenty one members of the International Scientific Committee also contributed, giving the event a strong international flavour.

The aim of this biennial congress of the European Federation of Psychological Associations (EFPA) was to highlight European psychology and its links to global psychology. The main theme of the conference was "Psychology: Creating the future together." The scientific programme had six thematic sections: sciences, digital future, education, health, security, and society.

More than 3,000 participants from 94 countries attended the event, which consisted of 25 keynotes, 160 symposia and 2,900 paper and poster presentations. Among these were presentations by Canadians Janel Gauthier on medical aid in dying and the issue of integrating psychological ethics and human rights, Carole Sinclair on supervision ethics in Canada, and an invited keynote by John Berry on the question "How Shall we all Live Together?" Gary Latham chaired an invited symposium and discussion about the impact of psychology on decent work, poverty and other global issues at the United Nations.

Highlights of the ECP included an opening ceremony at the Kremlin Palace that celebrated Russian society and culture and the awarding of the Lev Vygotsky Award to Francisco Pons of the University of Oslo. The next ECP will be hosted by the Slovenian Psychological Association in Ljubljana, Slovenia in 2021.

Interamerican Congress of Psychology

The 37th Interamerican Congress of Psychology (CIP Cuba 2019) was held in Havana, Cuba from July 15 to 19, 2019 and was organized jointly by the Cuban Society of Psychology and the Cuban Society of Health Psychology. Alexis Lorenzo Ruiz, Professor at the Faculty of Psychology of the University of Havana and President of the Cuban Society of Psychology acted as President of the Congress, while Dr. Alberto Cobián Mena, Professor at the University of Medical Sciences of Santiago de Cuba and President of the Cuban Society of Health Psychology acted as Vice President.

The main theme of the Congress was "Inter and transdisciplinary psychology: Strengthening collaboration in the Americas." The scientific programme was organized around 13 topics: (1) epistemology, theory, methodology and history of psychology; (2) experimental and comparative psychology; (3) education, subjectivity and human development; (4) gender studies; (5) health and human well-being; (6) psychology in organizations; (7) community, social and political psychology; (8) sports psychology; (9) psychogerontology; (10) neuropsychology; (11) family; (12) couples and sexuality; and (13) environmental and emergency psychology and disasters.

More than 1,000 participants attended the conference, and at least 25 participants attended from Cuba (31% of total participants), Mexico, Colombia, Puerto Rico, Peru, the United States, Chile, Argentina, Brazil, and Spain. Very few Canadians attended the conference, likely due to the extreme heat typical of Havana in July; however, Janel Gauthier, a former President of the CPA, was an invited keynote speaker at the conference. He spoke about the mechanisms of moral disengagement and their implications for the maintenance of moral standards.

The Interamerican Society of Psychology has four official languages English, French, Spanish, and Portuguese. The audience enjoyed simultaneous translation in all four of these languages for all the invited keynotes.

The 38th Interamerican Congress of Psychology will be held in Paraguay in 2021. Canadian psychologists are warmly invited to join the Interamerican Society of Psychology and attend its next congress. There is much to learn from our colleagues in the Caribbean, Central and South America, and much to enjoy.

CPA HIGHLIGHTS



Below is a list of our top activities covering the summer and early fall 2019. Be sure to contact membership@cpa.ca to sign up for our monthly CPA News e-newsletter to stay abreast of all the things we are doing for you!

1 2019 convention

In June, over 1,200 delegates joined us in Halifax for our 80th National Convention, held in conjunction with the 4th North American Correctional and Criminal Justice Psychology Conference. The event featured keynote addresses by Dr. Donna Markham (CPA Honorary President), Dr. Samuel Mikail (CPA President), Dr. Brian Little, and Dr. Gregory Walton; section-featured speakers; symposia; workshops; discussion for a; short talks; and printed poster sessions. We also hosted a day of nine pre-convention workshops.

2 New managing editor

We are pleased to announce that Carly Brockington has joined us as Managing Editor of *Psynopsis*. Carly brings a wealth of editorial experience with her, having been the Managing Editor for the *Journal of Medical Imaging and Radiation Sciences* and the Publication Manager for the *Canadian Association of Medical Radiation Technologists* since 2008. She has also managed the *Canadian Journal of Respiratory Therapy* for the Canadian Society of Respiratory Therapists since 2013.

3 Science summit

In May, we co-hosted a national science summit with the Canadian Consortium for Research. Over 100 academics, industry-based scientists, graduate students, and research advocates from across the country attended the 1.5-day summit in Ottawa to discuss Canada's research landscape. The event focused on measures to revitalize the professoriate, re-considering the impact and outcome metrics for academics and researchers, and what training is needed for a generation of graduates whose careers will most likely be outside academia. The summit concluded with a half-day meeting to discuss these same issues, but with a focus on psychology graduates and psychology departments. For more on this summit, keep an eye out for our next issue of *Psynopsis*.

4 Pre-budget submission

In August, we shared our 2020 pre-budget consultation submission to the House of Commons Standing Committee on Finance. Our recommendations focused on three key areas: environmental research, mental health services, and Canada's research ecosystems. Our full submission can be found on our website.

5 Accreditation

In April, Dr. Ian Nicholson, Dr. Karen Cohen, and Dr. Stewart Madden met with representatives from the Association of Canadian Psychology Regulatory Organizations to discuss issues and trends affecting accreditation, regulation, training, and practice. We look forward to meeting with this group again to further discuss these issues.

6 Advocacy Roundup

It has been a busy few months for CPA on the advocacy front. In June, Dr. Ian Nicholson attended the fourth Interorganizational Summit on Speciality, Specialization and Board Certification, while Dr. Karen Cohen and Daniel Mastine met with Minister of Health Ginette Petitpas Taylor on behalf of HEAL to discuss mental health parity and the findings of a national Abacus opinion poll. At the end of summer, Dr. Nicholson and Dr. Cohen attended meetings with senior leadership of the American Psychological Association to discuss mutual interests and possibilities for collaboration. Dr. Cohen also attended an inaugural meeting of the Psychotherapy Policy Implementation Network, Interim Committee of the Mental Health Commission of Canada, whose mandate is to develop an action plan to enhance access to psychotherapy for Canadians. In September, Dr. Cohen attended the International Initiative for Mental Health Leadership's Council on Clinical Leadership meeting in Washington, D.C. And last, but not least, Dr. Karen Cohen and Daniel Mastine met with insurance and business stakeholders to discuss enhancing access to psychological services through third party insurance.

7 Practice summit

In May, we hosted a practice summit in Montreal. The event brought together 55 graduate students, early-career psychologists, established academics, and practitioners from all areas of professional psychology practice and addressed a variety of topics, including: standards and models of training for academic and internship programs, supervision and mentorship throughout the professional lifespan, responding to the needs of marginalized and under-represented groups, technology and professional practice, and interprofessional education and collaborative practice. The summit, which received financial support from the Jackman Foundation and Health Canada, aimed to examine professional training so that it can best respond to the needs of Canadian society. To learn more about the summit, check out our first issue of *Psynopsis* from this year.

8 New board members

We offer our congratulations to Dr. Ian R. Nicholson, who assumed the role of President at our annual general meeting in June, having been elected as President-Elect in 2018. We also welcome Dr. Jean Saint-Aubin, Dr. Peter Graf, Dr. David Danto, Dr. Ada Sinacore, and Dr. Laurie Ford to our board of directors and Dr. Sandra Byers who will act as CCDP representative.

9 New member benefit

We've partnered with Choice Hotels® to make your business and leisure travel a little more enjoyable and convenient. CPA members can now save up to 15% at Choice hotels, which are conveniently located near major airports, key highways and business districts. Learn more about this and other CPA member benefits on our website.

10 Annual report

Want to learn more about who we are and what we do? Check out our 2018/19 annual report for an overview of our five strategic goals, our achievements over the last year, and our various partnerships. The report is available for download on our website.



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FAITS SAILLANTS

des activités de la SCP



Voici la liste des principales activités menées cet été et au début de l'automne 2019.

Écrivez à membership@cpa.ca pour vous abonner à notre bulletin électronique mensuel, les Nouvelles de la SCP. Vous serez ainsi au courant de tout ce que nous accomplissons pour vous!

1 Congrès de 2019

En juin, plus de 1 200 délégués se sont joints à nous à Halifax, à l'occasion de notre 80^e congrès national, qui se tenait de concert avec la quatrième Conférence nord-américaine de psychologie de la justice pénale et criminelle. Les discours-programme de la D^{re} Donna Markham (présidente honoraire de la SCP), du D^r Samuel Mikail (président de la SCP), du D^r Brian Little et du D^r Gregory Walton, ainsi que les conférences organisées par les sections, figuraient au programme de l'événement. Des symposiums, des ateliers, des tables rondes, des causeries et une séance d'affiches ont également été présentés. En outre, nous avons tenu neuf ateliers précongrès, la veille du congrès.

2 Nouvelle directrice des services de rédaction

Nous sommes heureux d'annoncer que Carly Brockington a été embauchée comme directrice des services de rédaction de *Psynopsis*. Autrefois directrice de la rédaction du *Journal of Medical Imaging and Radiation Sciences* et, depuis 2008, directrice des publications de l'*Association canadienne des technologues en radiation médicale*, Carly apporte à la SCP une riche expérience dans le domaine de l'édition. Elle était également, depuis 2013, la directrice de la rédaction du *Journal canadien de thérapie respiratoire*, publié par la Société canadienne des thérapeutes respiratoires.

3 Sommet sur la recherche

En mai, nous avons organisé conjointement avec le Consortium canadien pour la recherche un sommet national sur la recherche. Plus de 100 universitaires, chercheurs industriels, étudiants diplômés et défenseurs de la recherche de partout au pays ont assisté à ce sommet d'une journée et demie, tenu à Ottawa, afin de discuter du paysage de la recherche au Canada. Les séances organisées dans le cadre de l'événement ont servi à examiner les mesures à prendre pour revitaliser le corps professoral, les mesures de l'impact et des résultats, et leur incidence sur les universitaires et les chercheurs, ainsi que la formation à offrir à une génération de diplômés, qui feront probablement carrière à l'extérieur du milieu universitaire. Le sommet s'est conclu par une demi-journée de travail pour discuter de ces questions, mais en mettant l'accent sur les diplômés en psychologie et les départements de psychologie. Pour en savoir plus sur le sommet, surveillez le prochain numéro de *Psynopsis*.

4 Mémoire prébudgétaire

En août, nous avons transmis au Comité permanent des finances notre mémoire prébudgétaire en prévision du budget de 2020. Dans nos recommandations, nous mettons l'accent sur la recherche en environnement, les services de santé mentale et l'écosystème de la recherche au Canada. Le mémoire complet se trouve sur notre site Web.

6 Agrément

En avril, le D^r Ian Nicholson, la D^{re} Karen Cohen et le D^r Stewart Madden ont rencontré des représentants de l'Association des organisations canadiennes de réglementation en psychologie afin de discuter de différentes questions et tendances qui ont une incidence sur l'agrément, la réglementation, la formation et la pratique. Nous avons hâte de rencontrer ce groupe de nouveau pour approfondir ces questions.

7 Résumé des activités de représentation et de défense des intérêts

Dans les derniers mois, les activités de représentation et de défense des intérêts ont tenu très occupée la SCP. En juin, le D^r Ian Nicholson a assisté au quatrième sommet interorganisationnel sur les spécialités, la spécialisation et la certification des psychologues organisé par l'APA, tandis que la D^{re} Karen Cohen et Daniel Mastine ont rencontré la ministre de la Santé Ginette Petitpas-Taylor, au nom du GIAS, afin de discuter de la parité entre soins de santé mentale et soins de santé physique et des résultats d'un sondage d'opinion national réalisé par Abacus. À la fin de l'été, le D^r Nicholson et la D^{re} Cohen ont participé à des réunions avec les dirigeants de l'American Psychological Association dans le but de discuter d'intérêts communs et de possibilités de collaboration futures. La D^{re} Cohen a également assisté à la première réunion du Psychotherapy Policy Implementation Network, un comité intérimaire de la Commission de la santé mentale du Canada, dont le mandat est d'élaborer un plan d'action pour améliorer l'accès des Canadiens à la psychothérapie. En septembre, la D^{re} Cohen a participé à la réunion du Council on Clinical Leadership de l'Initiative internationale sur le leadership en matière de santé mentale, qui se tenait à Washington, D.C. Et finalement, la D^{re} Karen Cohen et Daniel Mastine ont rencontré des intervenants des entreprises et du domaine de l'assurance pour discuter de l'amélioration de l'accès aux services psychologiques au moyen des régimes d'assurance par un tiers.

8 Sommet sur la pratique

En mai, nous avons tenu un sommet sur la pratique à Montréal. L'événement a réuni 55 étudiants diplômés, psychologues en début de carrière, universitaires reconnus et praticiens de tous les domaines de la psychologie professionnelle, qui se sont penchés sur une variété de sujets, notamment : les normes et les modèles de formation des programmes universi-

taires et des programmes de stage, la supervision et le mentorat tout au long de la vie professionnelle, la réponse aux besoins des populations marginalisées et des groupes sous-représentés, la place de la technologie dans la pratique professionnelle, et la formation interprofessionnelle et la pratique en collaboration. Le sommet, qui a bénéficié du soutien financier de la Jackman Foundation et de Santé Canada, visait à examiner la formation professionnelle vue sous l'angle des besoins de la société canadienne. Pour en savoir plus sur le sommet, lisez le premier numéro de *Psynopsis* publié cette année.

9 Nouveaux membres du conseil d'administration

Nous offrons nos félicitations au D^r Ian R. Nicholson, qui a pris officiellement ses fonctions de président lors de notre assemblée générale annuelle tenue en juin, après avoir été élu président désigné en 2018. Nous accueillons également de nouveaux venus au conseil d'administration, soit le D^r Jean Saint-Aubin, le D^r Peter Graf, le D^r David Danto, la D^{re} Ada Sinacore et la D^{re} Laurie Ford, ainsi que la D^{re} Sandra Byers, qui devient la représentante du CCDP.

10 Nouvel avantage offert aux membres

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11 Rapport annuel

Vous voulez en savoir plus sur nous et sur ce que nous faisons? Consultez le rapport annuel de 2018-2019 pour avoir un aperçu de nos cinq objectifs stratégiques, des réalisations que nous avons accomplies l'année dernière et de nos divers partenariats. Le rapport peut être téléchargé sur notre site Web.

Psychologists called to act on ethical principles

Stryker Calvez, PhD, Member, CPA Task Force on Responding to the Truth and Reconciliation Commission of Canada's Report, and Paulette Hunter, PhD, Member, CPA Committee on Ethics

The Canadian Psychological Association (CPA), has an auspicious history in the development of professional ethics. The 1986 *Canadian Code of Ethics for Psychologists* (revised in 1991, 2000, and 2017) was organized as a set of four major principles, with corresponding values and standards.¹ Its influence can be seen in other psychology ethics codes from around the world, and in the 2008 *Universal Declaration of Ethical Principles for Psychologists*.² Ironically, despite a significant investment by Canadian psychologists to cultivate the ethically responsible practice of psychology over more than three decades, Canadian psychologists have, on the whole, failed to take action in response to a long history of unjust treatment of Indigenous Peoples in Canada (see Figure).

From 2008-2015, the *Truth and Reconciliation Commission of Canada (TRC Commission)*, led by Commissioners Justice Murray Sinclair, Chief Wilton Littlechild, and Dr. Marie Wilson, traveled to hear testimony from Indigenous persons who were placed in residential schools as children.³ The efforts of the *TRC Commission*, including public events, reports,* and media coverage, made many Canadians aware, for the first time, of the depth of harm that resulted from the Indian Residential Schools and of the resilience, strength and hope of Indigenous Peoples. The *TRC Commission* closed with a call to Canadians** to make specific societal changes to redress past harms and create a better future for Indigenous Peoples.⁴ In short, the TRC resulted in a significant elevation of national consciousness with respect to the experiences of Indigenous Peoples.

Our discipline, too, is experiencing an elevation of consciousness. Last year, Canadian psychologists took a courageous step in response to the *TRC Commission's* calls to action by publishing *Psychology's Response to the Truth and Reconciliation Commission of Canada's Report*.⁵ This report acknowledges the harms done to the Indigenous Peoples of Canada, and apologizes for psychologists' inaction to denounce these harms and respond to the resulting traumas. The report also states that the profession of psychology, through its inaction to address the circumstances and the mental health needs of Indigenous Peoples in Canada, has con-

travened each of the four ethical principles it aims to uphold.

It can be tempting to consider taking action on the part of an oppressed group – an optional social justice exercise to be undertaken by people with a special interest or with greater expertise. However, *Psychology's Response* makes it clear that responding to the needs of Canada's Indigenous Peoples is the responsibility of all of us. And while it can also be tempting to think that *Psychology's Response* is a *fait accompli*, it is really just the beginning of our discipline's effort. Both as individuals and as a collective, we must take further steps to appreciate and respond to the issues. Our discipline's response to the TRC report says that doing so is integral to upholding every ethical principle we espouse.⁵

Canada has entered into a new era, unprecedented in our nation's short history; the era of Truth and Reconciliation. It is now, not tomorrow, that we have the opportunity as mental health professionals with an internationally recognized ethical code, to evaluate how important it is to us to support Indigenous Peoples to regain their sense of autonomy and well-being. In 1995, the late applied ethicist Jean Pettifor asked us to "consider consciously and proactively defining what our values are, who we are, and who we want to be."⁶ Our discipline's response to the *TRC Report* calls us to come to terms with the realities of our discipline's (and our own) relationships with Indigenous Peoples, and to articulate and act on our values. The era of truth and reconciliation is upon us, and we cannot go back. Now is the time for conversation and action.



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Invitation: Please feel free to send your comments about this article, or any ideas you have regarding future articles, to ethics@cpa.ca.

* <http://nctr.ca/reports.php>

** https://nctr.ca/assets/reports/Calls_to_Action_English2.pdf

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For a complete list of references, please go to www.cpa.ca/psynopsis

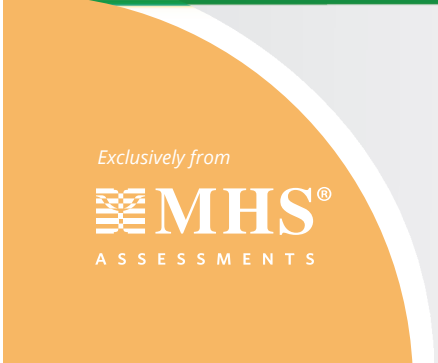


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