

# Dibaadan

*"Speak the Truth, speak from your Heart"*  
Anishnabemowin



## STRENGTHENING CAMPUS MENTAL HEALTH SUPPORTS FOR INDIGENOUS STUDENTS

STUDENT COUNSELLING SERVICES  
Nipissing University, North Bay, Ontario  
2017

**NIPISSING**  
UNIVERSITY

STUDENT DEVELOPMENT AND SERVICES

Dibaadan and the Student Counselling Services at Nipissing University acknowledge that we are located on the traditional territory of Nipissing First Nation, North Bay, ON

## Ojibway Thanksgiving

Chi Miigwech, Gzhemnidoo  
Kina Gego emnizaayng  
Miigwech Mishomis  
Miigwech Nookmis  
Gii bi waase aazheyin nongowa  
*(for the shining sun today)*  
Miigwech ndikid nogowa  
*(I say thank you for today)*  
Gii miizhiiyang mino bi maadsawin  
*(for giving us life)*  
Miigwech ndikid nogwa gii miizhiiyang nesewin  
*(I say thank you for the giving the air we breathe)*  
Miigwech shkiki kwe ogii miiziyaang maadzowin  
Ogii miizhiyaang nibiish  
*(I say thank you to mother earth for giving us water)*  
ogii miizhiiyang wesinhyaag, beneshiyaag, amoodegik, minwa nbishing aa yaa gig  
*(for giving us animals, birds and the animals that crawl and the animals that are in the water)*  
Miigwech waagnong, zhaawanong, epingishmak, minwaa giwediong  
*(Thank you for the four directions)*

## Miigwech Gzimnidoo

On behalf of Student Counselling Services at Nipissing University, we would like to say thank you, Miigwech to everyone who has supported Dibaadan in the journey. This includes our Dibaadan Advisory Circle Members, Nipissing University Counsellors, Enjigiigdoyang Office of Aboriginal Initiatives, Staff, Faculty and Students. Your participation, dedication and wisdom has been very much appreciated.

Additional gratitude is also extended to the creative team behind this report:

**Cindy Hare**, Dibaadan Facilitator, Principal Writer  
**Patty Chabbert**, Dibaadan Consultant, Principal Writer  
**Maurice Switzer**, Dibaadan Communication Advisory, Executive Summary  
**Dakota Heon**, Dibaadan Student, Forward  
**Sarah Cantin**, Manager Student Counselling Services, Editor



# Table of Contents

Foreword .....	4
Executive Summary .....	5
Introduction .....	6
East Direction – In the Beginning .....	6
Establishing the Dibaadan Team .....	7
Developing a Shared Vision .....	7
South Direction – Time and Relationships.....	8
Building Relationships.....	8
Community Engagement .....	9
West Direction – Reflection .....	10
Findings from the Literature Review .....	10
Interviews and Discussion Circles .....	15
North Direction – Movement .....	18
Recommendations .....	18
Student Counselling & Dibaadan Take Action.....	19
What We Did Well.....	22
Evaluation .....	23
Next Steps .....	23
Appendices .....	24
References .....	30



# Foreword

## **Aanii, Wachey, Sago, and Hello**

Hello, my name is Dakota Heon. I am a second year student at Nipissing University as well as the Dibaadan Student Assistant. My involvement with this project began in the fall of 2015 and I am grateful for the opportunity that I was given. I have gained tremendous knowledge and experience through this role which I will carry forward with me throughout my life journey.

In the spring of 2015, the Dibaadan Project began. With funding from the Mental Health Innovation Fund provided by the Government of Ontario, Dibaadan set out to examine access to mental health services by Indigenous students on campus.

Part of this journey included spending time with Indigenous students to identify barriers that they faced when accessing services. The way we did that was through informal talks, which we attempted to make as informal as possible, as well as through formal interviews and group sessions.

During the barrier-identification phase, there were many highlights, including meeting in a relaxed environment where Indigenous students felt comfortable speaking their languages, felt safe expressing their feelings and concerns, and where they had a voice. From this, recommendations were put forward with the goal of implementing them throughout the 2016 - 2017 academic year.

As an Indigenous student on campus, I am grateful to see a project such as Dibaadan because it provides an opportunity for Indigenous ways of knowing to be recognized and heard. Throughout my time with this project I have felt continuous pride and confidence that Indigenous students will feel comfortable as access to services are opened up and Indigenous worldviews become more visible and influential across the campus.

Miigwech and Baamaapii!

## **Dakota Heon**

*Dibaadan Student Assistant*

# Executive Summary

## **Culture is treatment.**

Those three words serve to capture the findings of a two-year project launched by Nipissing University in the spring of 2015 with the goal of increasing use by Indigenous students of Counselling Services offered on its North Bay, Ontario campus. Funded by a Mental Health Innovation Fund under the auspices of the Ontario Ministry of Advanced Education and Skills Development, the project's original title was "Strengthening Campus Mental Health Supports: Barrier Identification and Rectification in Supporting Aboriginal University Students."

## **It came to be known as Dibaadan.**

Working with an Indigenous student assistant and guided by an advisory circle of Indigenous community members, the project facilitator produced a series of recommendations designed to overcome systemic barriers identified by Indigenous students as reasons for their reluctance to access Student Counselling Services.

The absence of cultural-specific components in all aspects of counselling service operations – from the clinical appearance of office space to the lack of cultural knowledge by staff -- were cited by students as factors that made it less likely they would seek help there.

This perceived lack of "cultural safety" was informed by input from 43 individuals, including counsellors, Elders, staff of Enji Giigdoyang -- the Office of Aboriginal Initiatives -- and personal interviews with 17 Indigenous students. The final report's findings and recommendations were reinforced by an extensive literature review of 70 sources, including the Truth and Reconciliation Commission of Canada, the Aboriginal Healing Foundation, and the Report of the Royal Commission on Aboriginal Peoples, all of which echoed one researcher's conclusion that "*The specialization, standardization, compartmentalization, and systematization that are inherent features of most western bureaucratic forms of organization are often in direct conflict with social structures and practices in Indigenous societies...*" (Barnhardt, 2005).

The project's first order of business symbolized the approach it would adopt for the next two years. On the advice of advisory circle members, the facilitator offered a traditional gift of semaa – tobacco – to a local First Nation Elder to suggest an appropriate Indigenous name for the project. "Mental health" was seen to attach a stigma to a process by which Indigenous peoples seek Mino-Bimaaziwin -- "a good life."

Her suggestion was "Dibaadan", an Anishinaabemowin (Ojibwe language) word that translates into "speak the truth, speak from your heart", which project advisors felt depicted the type of trusting relationship that should exist between students and counsellors.

Students confirmed research expertise by saying they preferred to discuss issues when they arose – not by appointment, in casual settings where First Nations paintings hung on walls, where they could hear and speak their Native languages, smell sacred medicines being burned, and talk comfortably with people who understood Indigenous realities – past and present.

In the spirit of Reconciliation, the manager of Student Counselling Services –and project sponsor - began her department's response to interim findings and recommendations before the final report was submitted. Changes to her department's physical environment made it more inviting to Indigenous students; counselling staff were encouraged to participate in sessions to improve their Indigenous knowledge base; signage promoting Dibaadan activities were created by Indigenous designers in a less "institutional" format; and interactions were increased with the Office of Aboriginal Initiatives.

Dibaadan has already contributed to the "Indigenization" of Nipissing University's campus, and to the university's strategic goal of supporting the success of Indigenous students.

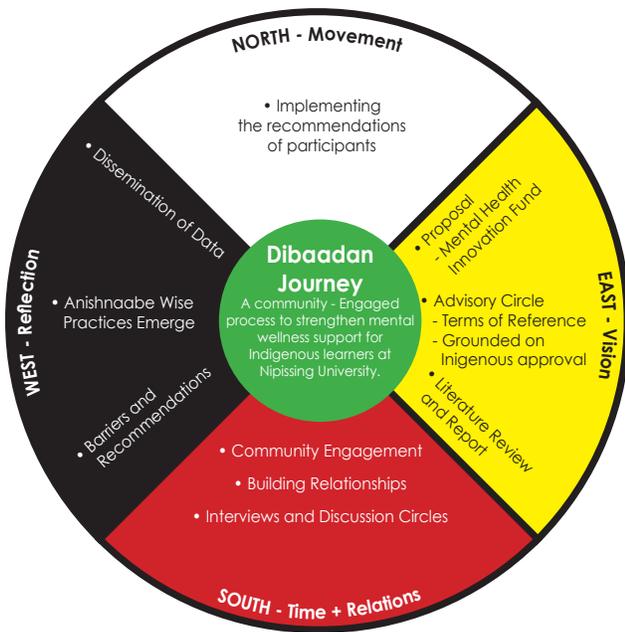
## **Maurice Switzer**

*Dibaadan Consultant*

# Introduction

The Medicine Wheel is a paradigm that symbolizes the circle of life. The four directions represent the elements: fire, water, wind and earth; different stages of life: infant, youth, adult, and elder; the seasons: spring, summer, winter, and fall; and the Anishnaabe traditional medicines: sweet grass, cedar, sage, and tobacco. Incorporating the Medicine Wheel in one's life leads to Mino Biimaadziwin – Living the Good Balanced Life.

The Medicine Wheel served as a guide for Dibaadan through our processes, as tool to understand information, as a plan for service implementation, and as a vehicle for communicating. In the Dibaadan journey we represented Vision in the East, Time and Relationships in the South, Reflection in the West and Movement in the North. This diagram captures our journey.



In this report, the journey will be further explained with the goal of assisting other "helpers", when working with Indigenous post-secondary students; we share wise practices, how we engaged the community, reviewed literature, suggestions from students on campus, implemented recommendations, and evaluated what we did well.

# EAST Direction

## – In the Beginning

Student Counselling Services is one of the health supports available to students at Nipissing University, North Bay, Ontario. Student Counselling Services works to support all students in achieving positive mental and emotional wellness. Services provided to students include counselling, outreach, and educational training in mental health.

By consulting with campus partners, Student Counselling Services became aware that Indigenous learners may face barriers in accessing counselling supports. Supporting the success of Indigenous learners and enhancing their student experience is also part of Nipissing University's Strategic Plan (2015), and a priority for each department. Accordingly, Student Counselling Services committed to learning how best to improve access to counselling services for Indigenous learners and the project was proposed. Funding for the project was secured through the Mental Health Innovation Fund, created by the Ministry of Advanced Education and Skills Development for projects that enrich mental health services in post-secondary institutions within Ontario.

We began a project entitled "Strengthening Campus Mental Health Supports: Barrier Identification and Rectification in Supporting Aboriginal University Students", in the spring of 2015. The project was soon given the Indigenous name Dibaadan by a respected Elder, Muriel Sawyer, from Nipissing First Nation, the territory in which we reside. Translated from the Anishnaabemowin language, Dibaadan means to "speak the truth, speak from your heart." The name represented the essence of what we wanted to do—through relationships with students, we wanted to help them speak from the heart in a trusting manner. The meaning of Dibaadan also captured the relationship that exists when students share in the counselling process. The Elder was offered Tobacco for helping us find an appropriate name.

Dibaadan was designed with two distinct yet interacting phases. The first phase consisted of establishing the foundations for the project: developing the Vision, developing relationships, building a team, and gathering information. It was during this period that Dibaadan identified the barriers that existed for Indigenous students in accessing counselling services, and developed recommendations and a program plan to address the barriers. The second phase involved implementing the recommendations and reflecting on the impacts on Indigenous learners.

## Establishing the Dibaadan Team

At the outset of Dibaadan, Student Counselling Services recognized the unique expertise and experience needed in order to support Indigenous learners and knew this was central to its success. This expertise came to the project through the professional staff, an Advisory Circle comprised of Indigenous community members, and a Student Assistant.

The Project Facilitator's role was to oversee and implement all aspects of Dibaadan. She brought years of knowledge, experience and reinforced relationship building from working with youth and communities. She used the Medicine Wheel Teachings and sharing of Indigenous knowledge to infuse Dibaadan with Indigenous ways of doing.

Dibaadan Student Assistant position was established to allow for a student to have a continuous voice and involvement in the project. This role provided a constant link between students at Nipissing University and the project, through informal and formal conversations, recruiting students for events, and participating in the interview process, disseminating the data, the planning of events and be constant source of information sharing on the work of Dibaadan progress.

The Dibaadan Advisory Circle was formed at the project outset and included the Student Counselling Services Manager, Project Facilitator, Dibaadan Consultants, Traditional Elder, Office of Aboriginal Initiatives Manager, Indigenous Community Leaders in Mental Health, Dibaadan Students and Nipissing University Indigenous students. Circles represent equality and facilitate knowledge, sharing and relationship building. The circle met once per month, each meeting starting with a smudge of sage to create positive energy and an opening thanksgiving.

### Dibaadan Advisory Circle Experience

*This was my first exposure to any Aboriginal teachings or ancient Indigenous traditions. The advisory circle became a circle/event I looked forward to and enjoyed. It was not just a meeting I had to attend. The group made sure to attach traditions to the meeting like sharing circles, welcome smudging, teaching lessons... The whole experience of the circle provided me an awareness of a culture I knew little about. I understand now some of the challenges that Aboriginals face academically and throughout life. This circle brought a group of staff and community members together monthly for 2 years and created an environment of sharing, understanding and growth on the topic of reconciliation and truth. I am thankful.*

—Dibaadan Advisory Circle Member

## Developing a Shared Vision

With a group of committed partners gathered we began a process of creating a common language, values system, and goals which the project would exist within. Visioning is represented in the East Direction of the Medicine Wheel. Developing a Terms of Reference to clearly define the role of the Advisory Circle was a key task in the visioning process. Specifically, the values of the Seven Grandfather teachings became a cornerstone for the project. The final Terms of Reference clearly defined the goals of the Dibaadan, the values that guided us in the journey. A portion of this document can be viewed in Appendix A.

### Teachings of the Seven Grandfathers

Each Grandfather Teaching is a gift the Anishinaabeg carry, a potential tool for living a good life. Our understanding is that as we use these gifts our experience of living improves. Using these gifts in our lives is an ongoing challenge for each of us, requiring attention, discipline and perseverance.

These gifts are:

**Truth** (debwewin), **Love** (zaagi'idiwin),

**Honesty** (gwayakwaadiziwin), **Bravery** (aakodeewin),

**Humility** (dabaadendiziwin), **Respect** (minaadendamowin), and **Wisdom** (Nibwaakaawin).

Further, we began to explore the appropriateness of terminology for use within Dibaadan. In mainstream society the term 'mental health' is commonly used to describe a state of positive emotional and psychological wellbeing. In contrast, the Medicine Wheel reinforces a lifestyle balance for not only emotional well-being but our physical, spiritual and mental self as well; in essence a more holistic approach. It is said we must equally care for each area in order to live a good life –"mino –biimaadzwin".

*"Mental Well Being is to have a balance of all four elements, mental states, good thoughts, physical aspect, emotional, having security and stability, having outlets to display if something is bothering you, to have impact on someone else, help others, spiritual reflection, keep a good balance of beliefs. To live a good life is to have a good mind frame, how you can handle a situation, your outlook of life dictates how you feel."*

— Dibaadan Participant, 2016

Advisory Circle Members also thoughtfully considered the impact language has on individuals, expressing concerns about the stigma attached to mental illness and the possible negative impact on students participating in the project. The Advisory Circle determined that it was important to bring a positive light to the issue and that Indigenous words could help with this goal. The adoption of an Anishnaabe project title and a focus on mental wellbeing created shared language for the project.



## SOUTH Direction

### – Time and Relationships

Taking time to build positive relationships contributes to balance. Dibaadan prioritized the building of relationships with individuals and with community. Relationship building took a variety of approaches and included teach-in led by Indigenous helpers, discussion circles, socials, sharing circles and cultural events.

#### Building Relationships

Building relationships involves building trust and this takes time. We cultivated relationships by attending functions where Indigenous students would be, this often this meant visiting the Enji Giigdoyang, the Office of Aboriginal Initiatives on Nipissing University campus, attending lunches there, announcing our events, discussing our project informally, and having one to one conversations over a cup of tea.

#### Indigenous Wise Practice

Every Dibaadan event began with a smudge with traditional medicines, an Elder present, acknowledgement of the Nipissing First Nation traditional territory, food and refreshments, and an open amount of time to talk.

Listening and genuinely showing interest in the lives of the students was an effective way to build relationships. Our commitment to relationship building soon became a core principle of Dibaadan.

We initially met with Enji Giigdoyang and then followed that up with individual meetings with individual staff members. From September to November, we held and/or attended ten meetings where we discussed our project plans and shared information about how we wanted to gather information about barriers. Counsellors were invited to all Enji Giigdoyang events and had on-going dialogue with the Dibaadan facilitator on project updates, through discussion or through Student Counselling Services bi-weekly meetings. We also met with Nipissing University Aboriginal Council for Education.

## Community Engagement

Community engagement was a central aspect to Dibaadan, to increase knowledge within the university community, but also to actively contribute to Indigenous Mental/Holistic Health. In this sense the project honoured the value of reciprocity, by giving back to the community as knowledge was gathered for the Counselling Department.

In order to build knowledge within the Nipissing University community, we organized a series of 'Teach-Ins' with local experts in Indigenous wellness, Elders, and Knowledge keepers. Topics included: Anishnaabe Teachings, Anishnaabe Clinical Counselling, Working with Indigenous Students in Post-Secondary, Teachings on Traditional Medicine, Teachings on the Gift of Tobacco, Holistic Health Sharing Circle and Making of a Medicine Pouch.



Motivational Speaker Sidd Bobb - Salish Territory  
Co Director of Aanmitaagzi, Nipissing First Nation, North Bay, ON

Additionally, students and counsellors were engaged in Hand Drum Socials, Sharing Circles, cultural teachings, motivational speakers and a moccasin-making workshop.



Dibaadan New Year's Hand Drum Social - 2017

### Hand Drum Social Contributes to Indigenous Mental/Holistic Health

"We had 75 students, staff and community members come to the event. The room had very high energy of enthusiasm, positivity and community engagement. It was opened by an Elder, followed by a potluck feast, then went into the evening with young men drumming, young women dancing and singing. We had door prizes throughout and small giveaways for participants. It was at the time of coming into exams, and in conversations with students, they said "I really needed this." It contributed to feeding the spirit with the sound of the drum, singing, coming together in a sense of family, community, good healthy food, prayers and most importantly a sense of belonging. All contributing to mental health and holistic well-being. Culture and spirit was alive and well on this evening."

- Dibaadan Student - 2016

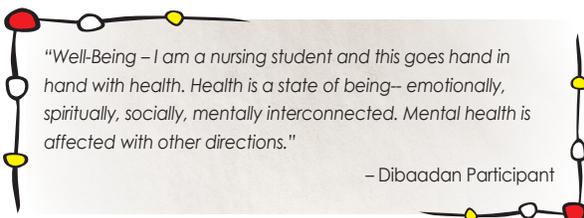
We scheduled the events for either before or after Advisory Circle meetings in order to help members strengthen their connection and relationships with members of the university community. As well, Student Counselling Services counsellors attended every event in order to develop their knowledge about Indigenous wellness and to become 'familiar faces' as a part of relationship building with students. Inclusivity was key, students, community, faculty and staff was welcome to events hosted by Dibaadan. A listing of Dibaadan events and an example event poster is available in Appendices B and C.

# WEST Direction

## – Reflection

Reflection is a key process in learning. In this section we present information from two key information gathering processes:

- 1) highlights from the projects literature review, which helped to help shape our interview questions, and
- 2) highlights of the interviews and discussion circles we held with Indigenous students and members of the university community.



### Findings from the Literature Review

To inform Dibaadan we explored scholarly literature about 'mental health' and Indigenous peoples, common barriers to accessing services, barriers to support for Indigenous students, and wise practices. The following highlights are drawn from the literature review undertaken for Dibaadan:

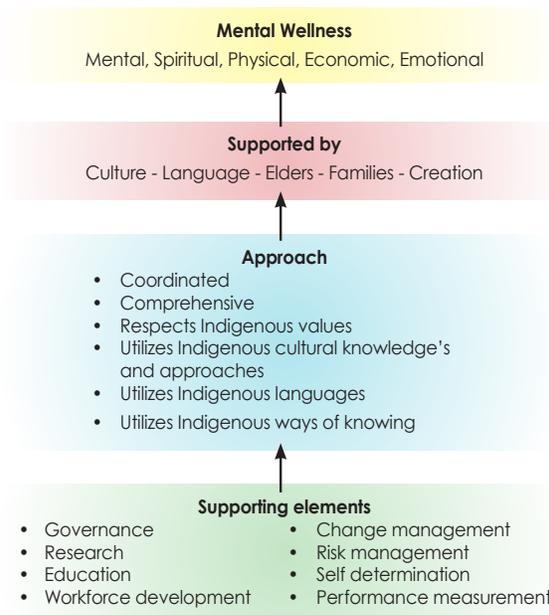
*"...counselling may be perceived as a process based outside of the values held by Indigenous communities, potentially rendering the counselling process as irrelevant and mainstream services as inaccessible to Indigenous communities" (quoted in Melder, p. 4).*

### 'MENTAL HEALTH' AND INDIGENOUS PEOPLES

- **Mental health and mental illness are not terms commonly used by Indigenous peoples** — instead, concepts of mental wellness, balance among all elements, and living a good life are more likely to be used and comprise many aspects of the individual and community, including culture, identity, language, worldviews, and history.
- **Mental wellness is understood through a holistic lens** — incorporating all aspects of the individual meeting the "physical, emotional, intellectual and spiritual needs of the individual and goes further to include restoring balance and harmony in families and communities" (Aboriginal Healing Foundation [AHF], 2006, p. 119) ... and community, including past ancestors (Westerman, 2004, Wellness Framework, 2015).

*"A holistic approach encompasses more than the physical, emotional, intellectual and spiritual aspects of individuals. An individual's identity, status and place in the world are tied to the family (including aunts, uncles, cousins and grandparents), and to one's ancestors and the community. This leads to a way of viewing mental health that is very different from Western models that focus on individuation, independence and self-reliance" (AHF, p. 119).*

- **"Culture is at the core"** — The recent First Nations Mental Wellness Continuum Framework (pictured) launched by the Assembly of First Nations (January 2015) summarizes key 'mental wellness' supports, noting that successful programs and services supporting mental wellness:
  - a. are grounded in culture,
  - b. facilitate "connectedness and spiritual healing" (Bellamy & Hardy, 2015, p. 16), and
  - c. include a well-articulated philosophy and set of principles that reflect cultures, values and worldviews of Indigenous peoples.



- **"Culture is treatment"** — In a local study completed in 2013, participants suggested that Indigenous teachings and practices were fundamental aspects of mental wellness programs and, further, that greater exposure to, and participation in, Aboriginal culture, "is treatment" (NBIFC & OFIFC, 2013, p. 15). A growing body of literature builds on these sentiments, further acknowledging culture as a protective factor (for more on "cultural continuity," see the work of Chandler and Lalonde, 1998).

"Putting culture as a central element changes the way we think about the current system, shifting the focus from an examination of deficits to a discovery of strengths. It also means taking a 'whole person' perspective that looks beyond mental health. Part of the change management approach will be to identify areas of the system that are working well and share this information. For instance, by identifying the essential basket of services, it is possible to avoid duplicating services that are already available within the community, an adjacent community, or from provincial or territorial governments. Establishing an essential basket of services will also facilitate the identification of gaps" (AFN, 2015, p. 21).

- **"Valuing First Nations knowledge and evidence similarly to western scientific evidence and ensuring that it is evident throughout all mental wellness programs, services and supporting policies"** (AFN, 2015, p. 3). This quote also raises an important point: mental health programs and services do not exist in isolation from the systems in which they operate. Frameworks like the First Nations Mental Wellness Continuum Framework and Honoring our Strengths (2014) call attention to the importance of taking a systems approach.
- **"Indigenous people have their own ways of looking at and relating to the world, the universe, and each other."** Barnhardt (2005) acknowledging the work of Ascher (2002) and Eglash (2002), further reminds about the related s of responsibility and reciprocity. Fitznor (1998) notes, "that we are all related and all have a responsibility to each other's healing and growth" (p.33). Hart (2010) quoting Rice (2005) highlights, "the belief that as we receive from others, we must also offer to others." Hart goes on to say, "we must honor our relationships with other life. Since all life is considered equal, albeit different, all life must be respected as we are in reciprocal relations with them" (p. 8).
- **There is a strong focus on 'helpers' in Indigenous worldviews:** "Indigenous worldviews highlight a strong focus on people and entities coming together to help and support one another in their relationship. Key within this worldview is the emphasis on spirit and spirituality and, in turn, a sense of communitism and respectful individualism" (Hart, 2010, p. 3). Cindy Baskin adds, "Thus, the relationship is about sharing – the sharing of stories, food, spirituality, friendship, humour and self-disclosure" (para 34, 2006).
- **Spirituality is consistently identified as essential to wellness** - recognizing that "spirituality is as crucial and universal as thought or emotion. Moreover, connection with this dimension of personality and existence is considered a

vital part of individual and community health" (Howell-Jones, 2006, p. 22). Howell-Jones further notes this is quite different from western concepts of personality that divide mind, body and spirit.

- **Spirituality can include the use of traditional medicines, like cedar, sage, tobacco and sweet grass. It can also include sharing circles, sweat lodges, vision quests, and dancing or the invitation to the spirit world to participate.** Participation in such practices does not only help individuals, but families and in turn communities and yet again reiterates the importance and benefits of bringing the community together to help support healing and recovery as opposed to individual treatment models and approaches.
- **Language is linked to mental wellness** – In Canada, there are over 600 Indigenous nations, and more than 60 languages spoken among them (Statistics Canada, 2011). Largely drawing on the work of McIvor and Dickie, the First Nations Mental Wellness Framework summarizes the "strong link between mental wellness, healing, and language." Language is also closely related to access or barriers to program and service use, like location, communication styles, language of services including signage, physical design, service delivery style (First Nations Mental Wellness Continuum Framework, 2015).
- **Mainstream services do not include Indigenous knowledge, culture and spirituality and are framed predominantly through a Western approach to healthcare** (medical model, illness focused). Howell-Jones (2005) also puts forward the paradox of "essentialized" aboriginal identity in mainstream services, highlighted by (Waldram, 2000). Here, when services to acknowledge Indigenous identity, they gloss over the diversity of Indigenous identities, operating instead using a monolithic view of Indigenous identity.
- **"The legacy of colonization and the intergenerational impacts of Indian Residential School have had devastating effects on First Nations communities and families.** The daily reality of intergeneration trauma is seen in higher rates of substance abuse and interpersonal violence, and has contributed to a need for safety and healing among First Nations that is far greater than among other populations in Canada. There is a need to recognize, support, and fuse, the strength and resilience of First Nations individual families, and communities" (First Nations Mental Wellness Continuum Framework, 2015, p.23). Kirmayer, Tait, & Simpson (2009) suggest, "... the colonization and forced assimilation of Aboriginal peoples in Canada are considered to be the root causes of the elevated levels of social and mental distress

found in many Aboriginal communities today". Kirmayer (2001) also discusses the "systematic suppression and dislocation" of Indigenous communities in Canada.

Howell-Jones (2005) summarizes a range of complex health and social issues faced by Indigenous peoples and communities, again drawing a direct link between history and current realities and recognizing that this link is often missing in counselling and other forms of mental health support because they largely exclude socio-political variables: "Mental health problems are currently understood to have a significant social, historical, and political component, but in general the mental health system, including counselling and other forms of mental health support, does not systematically integrate socio-political variables and approaches (p. 1).

"If you don't know yourself or where you come from or who you are--your ancestry or where your parents or grandparents are from--then you really don't know who you are so knowing that history definitely influences who I am and I feel confidence with who I am" (Stewart et al citing Indigenous Youth Research Participant, 2014).

- **Sharing traditional stories and other means of 'narrating identity' positively impact emotional regulation and problem solving** – as Kirmayer et al (2011, p. 86), elaborates, "Narratives of historical identity and continuity speak directly to the ruptures of cultural continuity that have occurred with colonization and the active suppression of indigenous cultures and identity. Traditional stories of origin and the adventures of mythic figures encode ideas about the relationship of people to the environment as well as moral and esthetic ideas about balance, harmony, peace, and friendship. These ways of narrating identity and collective experience can contribute to resilience through emotion regulation, problem solving, social positioning, and collective solidarity."

#### COMMON BARRIERS TO SERVICES ENCOUNTERED BY INDIGENOUS STUDENTS

- **Mainstream approaches do not 'fit' indigenous worldviews** – As Barnhardt (2005, p. 13) observes: "The incongruities between western institutional structures and practices and indigenous cultural forms will not be easy to reconcile. The complexities that come into play when two fundamentally different worldviews converge present a formidable challenge. The specialization, standardization, compartmentalization, and systematization that are inherent features of most western bureaucratic forms of organization are often in direct conflict with social structures and practices in indigenous societies, which tend toward collective decision-making,

extended kinship structures, ascribed authority vested in elders, flexible notions of time, and traditions of informality in everyday affairs".

Ways in which mainstream approaches often do not fit with Indigenous World Views:

- Western models of treatment do not account for Indigenous worldviews about 'mental illness' (Vicary and Westerman, 2004) and "failure to understand worldviews, particularly regarding illness and healing may hinder the counselling process" Wyrstok & Paulson (2000, p. 16).
- "Indigenous beliefs encompass spiritual and natural phenomena..." (Heilbron & Guttman, 2000, p. 11) yet few opportunities to explore spirituality or utilize natural elements (such as land) in mainstream counselling sessions are available.
- "Even more significant is the prevalence of a First Nations worldview or value system that includes traditional healing practices. This value system can strongly influence a student's acceptance of and involvement in the learning and counselling process" (Wyrstok & Paulson, 2000, p.14).
- Once in counselling services, Indigenous learners may perceive the experience differently (Wyrstok & Paulson, 2000).
- Individual or one-on-one counselling approaches contrast with a more collectivist approach; the absence of Elders as a part of counselling services staffing or limited opportunities for 'collective' work highlight the difference from Indigenous worldviews.
- Clients and Indigenous learners may experience 'a difference' in what Cyndy Baskin calls 'helping relationships'. While Baskin, is referring to social workers, she quotes Robyn Lynn (2001): "A relationship that is simply based on 'talk therapy' will not work for Aboriginal clients."
- "The Aboriginal people interviewed as part of this study acknowledged that there was a lot of information for the non-Aboriginal practitioner to accommodate in order to work effectively with Aboriginal individuals, families and communities" (Vicary & Westerman, 2004, p. 8).
- "Many participants stated that they felt that it was rude when counsellors interrupted to summarize or ask questions without first listening to the whole story. Most Aboriginal people who seek counselling want to tell their story and get it over with. According to study

participants, Aboriginal clients want to have a practical solution provided for their problem. They often do not want to return for more counselling. This frequently means that western counselling only becomes a viable option when there is a crisis and traditional means of problem-solving have proved ineffective" (Vicary & Westerman, 2004 p. 8).

- Formal intake procedures and scheduled appointment times may present challenges to Indigenous learners' informal approach to "everyday affairs" and flexible notions of time. The amount of time for sessions was also a concern; an hour wasn't enough time to really "get into anything". Connection between Indigenous youths and their designated counselor may take more time, while counsellors may perceive a 'working alliance' fairly immediately after meeting (Clackson, et al., 2013, p. 155). Timm (2015, p. 316-319) summarizes how intake procedures reduce access:
  - a) Intake interviews are structured according to the medical model, reinforcing dominant social discourse of diseased or disordered clients
  - b) Intake procedures imply clinicians have the tools to heal them (Timm, 2015, p. 316), which is vastly different from Indigenous helping beliefs
  - c) The intake session gathers information, and is typically carried out using intake forms and asking questions. (Timm, 2015, p. 316). Intake interviews are often focused on assessment and information gathering and overlook emerging client-counselor relationship (Timm, 2015, p. 319)
  - d) Can reinforce "problem-centred" stories and ignore client's strengths (Timm, 2005).

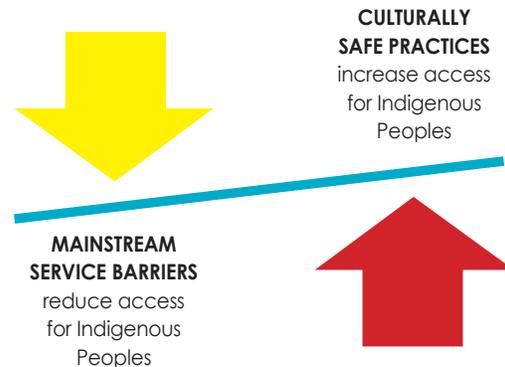
- **Physical Space** -- Holding therapy sessions in an office setting with rigid scheduling practices was viewed as "culturally inappropriate" by Indigenous clients (Vicary & Westerman, 2004, p. 7). Students do not see themselves reflected in the people, procedures or physical space of the environment.

- **Lack of familiarity and comfort with Counselling Services, fear of the unknown.** Those who stop attending services may have identified that the service is not what they are looking for (Fan, 2007, p. 15). Alternatively not knowing what a counselling session would entail influenced their decision to not attend. People expressed not feeling like it was 'for them', and that this prevented them from attending in the first place, or from going back after their first session. Some said they 'didn't feel understood'. Lack of transparency about intended treatment outcomes, and that counsellors didn't take the client's perspective into account when deciding on type of treatment that would be provided (Vicary & Westerman, 2004).

## WISE PRACTICES TO REDUCE BARRIERS AND INCREASE ACCESS

"People who experience culturally safe health care are more likely to access care earlier, and to feel more at ease and empowered throughout the process of receiving care. As a result, they are more inclined to share details about their health concerns and care preferences, and are more willing to return and to follow treatment plans recommended by medical professionals. In short, cultural safety is a critical component for improving patient outcomes" (National Collaborating Centre for Aboriginal Health Web Site).

- **Cultural Safety can be a useful tool for reflecting on and addressing possible systemic barriers** -- The National Collaborating Centre for Aboriginal Health (2013) presents the concept of cultural safety as a tool for reviewing "policies, procedures and practices in order to remove barriers to appropriate care" (p.6). "In other words, cultural safety requires a systemic approach that encompasses an understanding of the power differentials that are inherent in health service delivery. It requires practitioners to be aware of their own cultural values, beliefs, attitudes, and outlooks that consciously or unconsciously affect their behaviours. Certain behaviours can intentionally or unintentionally cause clients to feel accepted and safe, or rejected and unsafe" (p. 6).



- "Culturally safe services that are easy to access and able to address numerous issues were overwhelmingly identified as the overall priority" (NBIFC & OFIFC, 2013, p. 15). This includes services that are:

- Trauma-informed - "Within the context of historical trauma and ongoing discrimination, culture and its historical context can provide individuals with stabilizing resources to draw on when seeking to frame a coherent sense of self. In this way, affiliation with one's Indigenous culture can provide a framework in which individuals can locate themselves in relation to others, to a larger shared context, and to history" (Wexler, 2009, p. 270).

- Systems-oriented - Mental health programs and services do not exist in isolation from the systems in which they operate. Recently launched and leading Frameworks like the First Nations Mental Wellness Continuum Framework (2015) and Honouring our Strengths (2011) call attention to the importance of a systems approach.

- Worldviews/Cultural-honoring - Counsellors need to understand Indigenous clients' worldviews (Frank & Frank, 1991; Hälfe, 1993; Katz, 1985; McCormick, 1995-96; Torrey, 1986), including "beliefs in maintaining crucial connections within First Nations communities..." (Heilbron & Guttman, 2000, p. 11); healing relationships, spirituality etc.

- **Modifying existing frameworks is a step forward; "indigenizing services" will increase access for Indigenous Peoples.** Changes can be wide ranging:

- Modifying existing frameworks for incorporating culturally appropriate treatment options within interventions - 1. Offering Indigenous clients the option of traditional methods of healing as a primary treatment. 2. Recognizing and respecting the traditional processes that exist for Indigenous people to resolve mental health problems. 3. Facilitate traditional methods of healing through engaging with traditional healers and cultural consultants (at an appropriate level)." (Westerman, 2004, p. 5).

- "Recognizing Aboriginal youths may require an altered therapeutic approach is crucial to establishing long-lasting treatment engagement and positive treatment outcomes" (Clackson, et al., 2013, p. 157).

- "To increase the levels of access by Aboriginal people to mental health services, changes must occur to service delivery at the practitioner and system levels. The focus of this change should be to embed elements of cultural and clinical competence within practice" (Westerman, 2004, p. 5).

- **Deliver services through Indigenous organizations:** "Aboriginal organizations provide a specific set of services that are housed in a deeper understanding of the Aboriginal experience, particularly within an urban context. They use traditional culture to ground clients as they struggle with issues such as addictions and mental health" (Newhouse, FitzMaurice, McGuire-Adams, & Jetté, 2012, p. 245).

- **Include Indigenous Peoples in service design and delivery:** In view of elicited aboriginal experience and findings such as Waldram's (2000), authors like Beadle and Lee-Son (1992) argue that "there is a need for health

professionals who understand aboriginal culture and social issues in order to communicate and provide service to Aboriginal people."

Indigenous "communities and groups should be encouraged and assisted to design culturally appropriate mental health services in partnership with non-Aboriginal practitioners" (Vicary & Westerman, 2004, p. 7).

- **Services and supports must reflect Indigenous Cultures, Worldviews, Histories, Trauma:** Incorporate worldviews, including spirituality, into counselling services using culturally relevant support such as:

- Healing circles, which offer "a safe and spiritually nurturing environment" (Heilbron & Guttman, 2000, p. 10),

- Traditional ceremony and beliefs - "The spiritual framework of one particular group highlighted the importance of (and commitment to) participating in such a group. The sharing of traditional values in the form of stories reaffirmed the First Nations women's beliefs in the importance of exploring their lives within an aboriginal context" (Heilbron & Guttman, 2000, p. 10).

- Services need to "tune into" and support the needs and traditional roles/ways of communicating (including gender roles)

- "...participants stated that intake needs to be both 'culturally informed' and 'trauma informed - need to learn about community's history.'" (NBIFC & OFIFC, 2013, p. 19)

- Incorporate opportunities to address community healing, as well as well as individual healing (Heilbron & Guttman, 2000, p. 9-10).

- Encourage helping styles (counsellor/learner interactions) that reflect a "sense of reciprocity between helpers and recipients" (Waller & Patterson, 2002, p. 80). Thus, to reiterate Baskin, "the relationship is about sharing - the sharing of stories, food, spirituality, friendship, humour and self-disclosure."

- Provide competency training and education (OFIFC Mental Health Strategy):

- **"Training is considered key to providing culturally safe services.** Many participants referred to the need for increased training for all service providers. Service providers, counsellors and therapists were identified as needing more knowledge of Aboriginal [...] traditions and practices including the medicine wheel" (NBIFC & OFIFC, 2013, p. 17).

- **Training must help create a "trauma-informed workforce"** with knowledge of both historical and current social and political context. "Equally important is the need for a trauma informed workforce that is trained to address the impacts of multi-generational and severe trauma issues for individuals, families, and communities" (Framework p.21).

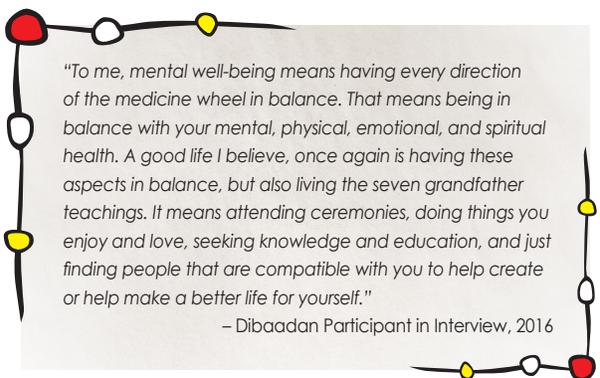
- **Training needs to specifically address relationships (i.e. therapeutic alliance)** "...suitable training needs to be available to help clinicians build skills that will allow them to develop a stronger initial alliance with Indigenous youths attending treatment, (i.e. appreciating the importance of silence or incorporating cultural teachings into sessions) and Indigenous community 'cultural advisors/supports' which in turn improves initial and on-going therapeutic alliance with Aboriginal clients (Vicary & Westerman, 2004, p. 8); (Clackson, et al., 2013, p. 157).

- **Build in ongoing cultural consultation and supervision:** Talking to and networking with Aboriginal people (cultural consultants, gate keepers, knowledge keepers, supports). Specifically, "Cultural consultants can help to increase cultural competence" (Fan, 2007, p. 14). These "relationships gained from such consultation are invaluable in dispelling myths and stereotypes and are often critical when the vouching process is applied" (Vicary & Westerman, 2004, p. 8); (Clackson, et al., 2013, p. 157). Working with Indigenous liaison officers can create connections, relationships, and alliances between non-Indigenous therapists and Indigenous clients (Fan, 2007; Westerman, 2004). Further, ensuring opportunities for ongoing cultural supervision for clinicians working with Indigenous clients, including attending to cultural competencies (Westerman, 2004, p. 4). Non-Aboriginal practitioners can develop an Aboriginal supervision group that could provide input into the therapeutic process and culturally validate the therapist's work with Aboriginal clientele" (Vicary and Westerman, 2004, p. 9).

- **Establish cultural competence standards:** "For services to ensure ongoing and effective changes in the extent of cultural competence, they must ultimately aim to have minimal standards of cultural competence that must be attained by all staff who work directly with Aboriginal people" (Westerman, 2004, p. 5).

## Interviews and Discussion Circles

As Dibaadan aimed to improve access to services for Indigenous learners at Nipissing University, speaking with students and service providers about their experiences and needs was central to understanding barriers and the development of recommendations. Individual interviews and discussion circles were informed by the literature and conceptualized on the Teachings of the Medicine Wheel (Appendix D). Students were encouraged to speak in their language and the experience was infused with the gift of medicine, snacks and meals, laughter, and the opportunity to share openly within a trusting environment. Participants were asked to reflect on 'What is the Good Life (*mino biimaadziwin*)?' as well as to discuss access to services.



We used a number of approaches to encourage students to participate in interviews and discussion circles: invited students to attend events; posted interview requests on the Enji Giigdoyang and Student Counselling Services Facebook pages; sent interview requests out via the Biindigen mailing list; hung up posters; and, initiated one to one conversations. Additionally, the Dibaadan Student Assistant often worked out of the Enji Giigdoyang encouraging student involvement.

Altogether, 43 people shared with us through the interviews and discussion circles. This includes 17 individual student interviews, 21 student discussion circle participants, 2 Enji Giigdoyang staff Interviews, and 5 Student Counselling Services staff interviews. The feedback and views gathered represents the individuals who participated, and findings do not presume to reflect the views of all Indigenous students at Nipissing University. There was an open invitation to participate in the interview and discussion circles to all Nipissing University Indigenous students on campus.

The following themes emerged in the interviews and discussions:

- **Stigma of Mental Health:** There is a stigma concerning mental health, students may worry about what people would think of them if they accessed a mental health service.

*"Students in our first discussion circle talked about the stigma around mental health and how that stigma really impacts their motivation to seek services. They talked about how they were worried of what people would think if they saw them accessing services and were afraid of being judged."*

– Dibaadan Discussion Circle, 2016

- **Counselor Cultural Knowledge:** Participants wanted to know that counsellors have cultural knowledge about Indigenous ways of knowing and doing. Students would also like to know counsellors are aware of the issues a person from a First Nation might face, e.g. culture shock, being away from family, community, and land. Additionally, students would like to see continued counselling for grief support, and perhaps get strategies to deal with racism they may face in the classroom or university setting.

- **Indigenous Approaches to Therapy:** Indigenous students thought that counsellors could be using conventional counselling practices as well as optional approaches or a less traditional way of counselling that reflects meeting student's holistic needs. They suggested offering services that reflect Indigenous culture, such as sharing circles, groups sharing, drum socials and cultural teachings.

A sharing circle is a time for students to come together, smudge with traditional medicines, offer thanksgiving, reflect on *mino- biimaadazwin* – living the good life. There are levels of sharing circles, from simply sharing to healing. There is equality in the circle and a time to reflect and learn from one another.

*"Personally, I think that smudging is definitely a tool in mental health. I find that if I'm going through something it really opens up my mind and heart to therapy and finding solutions. As well, spirituality is a part of self-care so by providing opportunities like ceremonies, it really is helping students find contributions to their personal wellness".*

– Counsellor, 2016

- **Counsellor Trauma Expertise:** Participants were inquisitive to know if counsellors had knowledge on intergenerational trauma, which is the transmission of historical oppression and its negative consequences across generations. Students recognized the evidence of the impact of intergenerational trauma on the health and well-being of Indigenous people in Canada.

- **World Views:** It was pointed out how there is a difference in worldviews, socially and academically between Indigenous and Western ways of doing. Participants described how Enji Giigdoyang feels as compared to other departments in the university: students reported feeling more comfortable in the Enji Giigdoyang Student Lounge. Students described feeling comfortable with the staff as there is an opportunity to relationship -build. They also noted very few Indigenous staff across the university in various other departments.

*"I reach out for support in the OAI, feels more comfortable, because it is Aboriginal Initiatives, walk in here I am more at ease opposed to feeling worried about being judged. Values and beliefs and the aboriginal way I see here. Non-natives may not understand our culture and functions of family."*

– Dibaadan Participant Discussion Circle, 2016

- **Trust and Relationship Building:** Students outlined the importance of relationship building and would like to see counsellors in the Enji Giigdoyang student lounge. They suggested counsellor's relationship build with staff and students. They have met some counsellors through previous programming but would like to see them more visible in the area as there tends to be a more comfort level in this space.

*"Not knowing about the services is something I can relate to, I don't even know where Student Counselling Services is. If I were to access services, I would go the OAI, I didn't know we had counsellors at the school".*

– Dibaadan Discussion Circle – 2016

Students tended to like the idea of drop in counselling opposed to signing up, potentials for wait lists, but perhaps someone available 'at the moment' when issues arise.

*"I know what Student Counseling Services is, but I have a hard time getting help when I need it until it's really bad. I think building relationships is important. With the Elders we always have small talk or conversations and that's why I feel comfortable with them. In my old school we had a counselor who was non-Native and this counselor would come into the Aboriginal lounge and build that relationship with students. The counselor also offered sign ups during the time spent in the lounge and I found that worked out for myself."*

– Dibaadan Discussion Circle Participant, 2016

- **Physical Environment:** Many students discussed how they felt walking into the physical space at the Student Counselling Services. They felt it was very "clinical" in nature, white walls and no physical visual representation of Indigenous culture (I.e.: symbol of The Medicine Wheel, paintings, warm colors, etc.). It was thought it would

be more inviting for them to see more cultural symbols reflected in this area.

- **Presence of Indigenous Culture, Wise Practices and Knowledge:** Wise practice could consist of use of Indigenous languages, Elders present, offering of thanksgivings, ceremony and using the four traditional Anishnabek medicines of cedar, sage, tobacco and sweet grass. Students were not seeing cultural practice infused in the Student Counseling Service Department.

Majority of students discussed the importance of having an Elder to speak with, they felt the conversations lent themselves to use of analogy or story telling when working with elders.

When we reviewed and discussed these findings, we determined that a number of changes needed to take place to truly offer improvement when working with Indigenous students on campus. Changes would address issues of stigma, cultural relevant knowledge, relationship building, Reconciliation, understanding world views and inclusion of wise practices for access to be relevant in a culturally relevant supportive manner.



Dibaadan Advisory Circle Meeting  
(left to right) Sarah Cantin, Tanya Lukin Linklater, Dawn Lamothe,  
Elder Dan Commanda, Maurice Switzer.

# NORTH Direction

## – Movement

### Recommendations

After thoughtful consideration and consultation, the lessons learned through the literature review, discussion circles and interviews, the following set of recommendations were developed. These represent wise practices and innovative solutions to improving access to counselling services. Ideas are organized into three areas: stigma reduction, capacity building & support for counsellors, and support & engagement of the broader community.

**Stigma Reduction:** The stigma associated with mental health treatment and the clinical nature of services reduce willingness to access services. Creating an environment that is comfortable and safe for Indigenous students is a priority. The following represent ideas and strategies to accomplish this goal:

- Ensure physical space reflect Indigenous ways of knowing and being. Emphasis should be placed on decreasing a clinical or institutional feel. This may be accomplished with artwork and other modifications of the physical space.
- Increase emphasis on culturally-driven, holistic approaches to support students to live a good life.
- Students should have choices of conventional clinical (counselling, therapy) approaches as well as holistic, group-based approaches, grounded in Indigenous culture, integrating the teachings of the Medicine Wheel. This may include offering sharing circles, which involve a cultural supervisor and/or Indigenous counsellor.
- Modify procedures and processes so the student experience with services more closely resembles Indigenous views on time and relationships. This may include a simplified and shortened intake procedure and/or access to drop-in counselling in the Enjidiyang Sacred Space on campus where smudging is allowed at any time.

*"Not a schedule two weeks ahead because life usually happens right now"*

– Dibaadan Participant, 2016

**Capacity Building & Support for Counsellors:** By supporting counsellors and assisting them to develop cultural competencies, they will more successfully be able to work with Indigenous students. The following represent ideas and strategies to accomplish this goal:

- Cultural Knowledge Support to allow counsellors to learn more about Indigenous philosophy and understand Indigenous holistic and mental wellness is supported by culture, language, Elders, family and community, interconnected to the lands and to the Great Spirit Gzimidoo. "Culture is treatment", and can also be preventative. Knowing spirituality is essential to balance and well-being that contributes to a positive self-identity for students.
- In service on teachings of the Medicine Wheel and how mental health relates to physical, social-emotional, spiritual and mental perspective.
- Continue fostering relationships with Enjidiyang staff and work towards further partnerships and collaborative projects to support Indigenous students. As well as working with and having visiting community members for cultural knowledge learning. Including time in counsellors schedules to attend university and community events.

### Support & Engagement of the Broader Community:

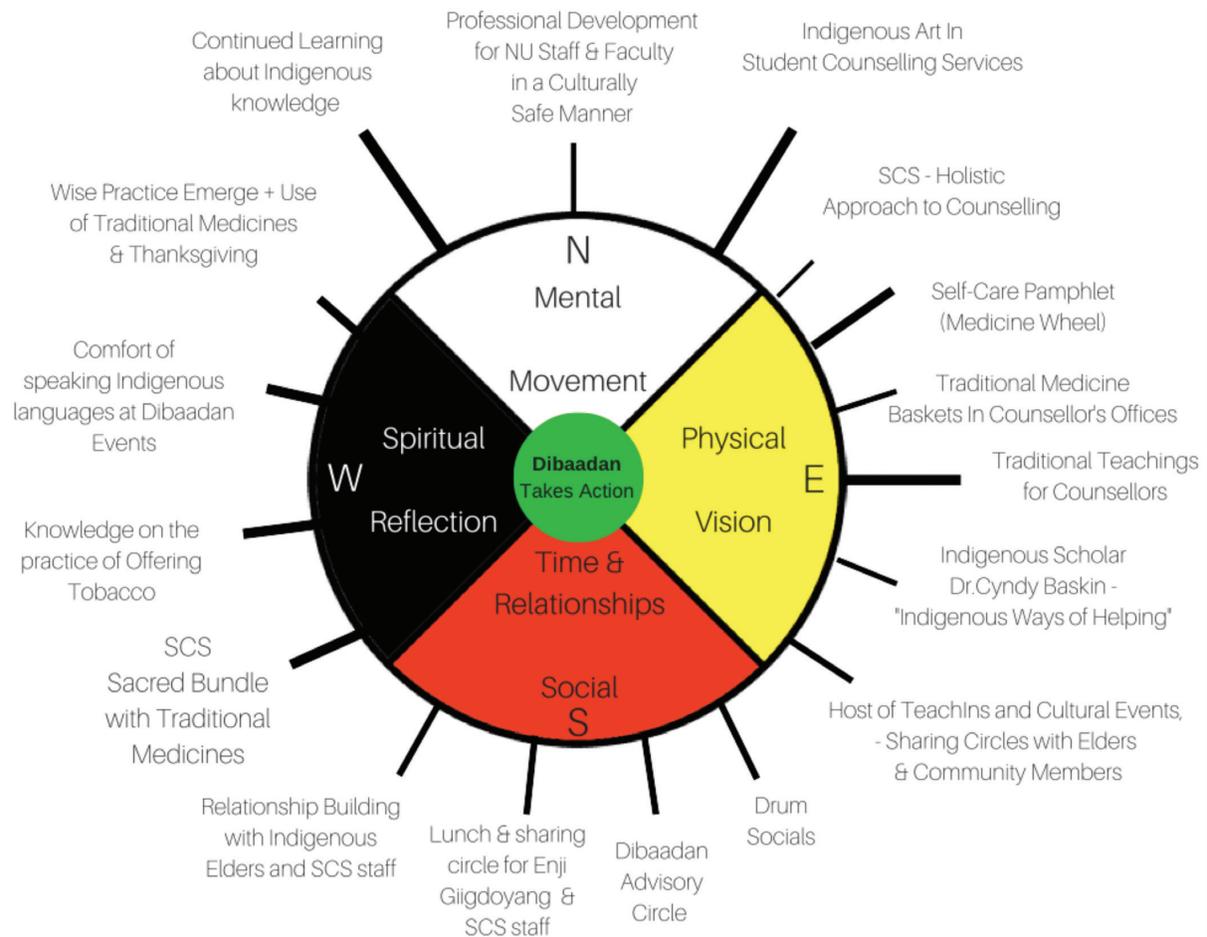
- Participate in Indigenous committees and be engaged in discussion or events that discuss "Reconciliation".
- Continue to host cultural events and professional development or lectures from Indigenous scholars for further understanding of the legacy for Indigenous people from colonization and residential schools, from adverse effects of Indigenous communities and our Nations. Making connections to the knowledge of history and how it has effected Indigenous people in terms of complex social conditions, understanding our current students may still be in the cycle of intergenerational trauma or grief.



Elder Carol Guppy

### Student Counselling Services & Dibaadan Take Action

Moving forward from the recommendations, Dibaadan and Student Counselling Services worked together to create improvements that would increase access to services for Indigenous students. These included actions in each area of the medicine wheel such as: building relationships with students and community members, creating safe and welcoming spaces, developing increased cultural understanding, and offering additional alternative therapeutic approaches.



Building Relationships: Developing relationships between Student Counselling Services, community members, and students was an important element of the success of Dibaadan.

- Student Counselling Services counsellors attended events alongside students to further build relationships with Elders and Anishnabe community members, as well as student participants.
- Dibaadan hosted a social and sharing circle for Student Counselling Services staff and Enji Giigdoyang staff members to continue to build on relationships between the two departments.
- Dibaadan Advisory Circle met once per month to provide support for the project, this resulted in relationship building and enriched conversations about how we could continue to meet the mental health needs of Indigenous students in the future. A traditional Elder began each meeting with a thanksgiving and contributed greatly to our conversations. The counselling team was represented at each meeting.

Creating welcoming and safe spaces: In terms of improving access for Indigenous students in the Student Counseling services, many students said they did not 'see themselves' reflected in the area. Indigenous art pieces now hangs in the public hallway as well as in each counsellor's office.



*Counsellor Terry Maddy with Indigenous Art and Medicine Basket - 2017*

**Developing a Cultural Understanding:** Dibaadan provided opportunities for Student Counselling Services staff to learn about Indigenous culture, knowledge, and ways of doing throughout the project.

- Cultural teaching events were threaded throughout the Dibaadan Program. In Year One there was a focus on bringing in Indigenous community workers to speak with the Nipissing University community. This included Traditional Teachers, discussing the importance of Tobacco and traditional knowledge practices when working with youth. An Indigenous Psychologist from Nipissing First Nation came in to discuss the uniqueness of working with clients from Indigenous perspectives. In Year Two we had monthly cultural teachings facilitated by Elders on topics such as: Self-Care, Teachings on a Spirit Name, Mental Health and Anishnabe art, Motivational Speaker, Anishnabe Teachings. At each teaching, an Elder was present and we opened with the use of traditional medicine and a "thanksgiving" in the Anishnaabemowin language.



*Dibaadan Elder and Nipissing First Nation artist, Dan Commanda works with students to make Medicine Pouches. Dibaadan Event, 2016*

- One of Dibaadan's larger events included Guest Lecture: Dr. Cyndy Baskin Author of: "Strong Helpers," Teachings: The Value of Indigenous Knowledges in the Helping Profession Indigenous Approaches to Helping". The book reflected Dibaadan principles and helps to create a better understanding of how we may work with Indigenous clients that we meet, who Indigenous people are, the role of social work in colonization, reflection of our needs in the circle, models of social work seen through Indigenous lenses, considering family and community, and considering the holistic approach when helping. The event was followed by a reception where students, staff and faculty had the opportunity to engage with each other and the author in dialogue about effectively supporting Indigenous students.



Sarah Cantin, Manager, Student Counseling Services, Dr. Cyndy Baskin, Guest Lecture and Author of "Strong Helpers Teachings: The Value of Indigenous Knowledges in the Helping Profession and Cindy Hare, Dibaadan Facilitator – Dibaadan Social - 2016

- The entire Student Counselling Services team celebrated Aboriginal Day on Nipissing First Nation in June, 2016.
- Counsellors also attended dedicated workshops for the team, which included two cultural teachings on the Medicine Wheel and the use of Anishnaabe traditional medicines (cedar, sage, sweet grass and tobacco) hosted in the summer of 2016. To further bring a broader awareness of Indigenous ways of knowing and doing we offered a professional development opportunity for staff, this supports cultural safety, an open forum to learn more about Anishnaabe values and how ceremony supports our holistic well-being. As well as an opportunity to learn more about the history of Indigenous people in Canada and open discussion on the notion of reconciliation.

The majority of these learning opportunities were also open to students, staff, faculty and community to allow for awareness and learning to be available for all and to give back to the community.

**Alternative therapeutic approaches:** Literature and student feedback supported the requirement for additional, specialized services that meet the holistic and cultural needs of Indigenous students.

- Dibaadan has reserved spaces for all planned events that allowed for smudging. Each event there was an Elder present to talk before or after with participants. Each event involved a ceremony of inviting in our ancestors and connecting to Gzmnidoo, the Creator, as we open with a "thanksgiving" said in the Anishnabe language. Students were comfortable in speaking their language and often engaged the cultural speakers before or after events. Including culture as a core part of each event became a "wise practice" as we gathered together to share, learn and come together in a good way.

- A self-care pamphlet was created for students using the Medicine Wheel. Counsellors receive In-service -on teachings of the Medicine Wheel and how mental health relates to physical, social-emotional, spiritual and mental perspectives. To view the pamphlet see Appendix E.



- Each Counsellor was given a medicine basket with sage to distribute to clients if there was a request by students to smudge, which is a purification ceremony to bring about positive energy.

#### Teachings of the Drum

"The Drum reminds us of the heartbeat of our mother, it brings us great comfort as it brings us back to a place of comfort and a time of nurturing when we were in our mother's womb next to the heartbeat. That is why the use of the drum supports us socially and emotionally. As we sing it lends itself to the opportunity to take deep breaths, we connect with friends, family, community and overall connect and nourish our inner spirit".

– Dibaadan Facilitator, 2017

- Dibaadan hosted a Hand Drum Social in January 2016 and January 2017, which provided an opportunity for students to sing, dance, drum and be reminded of the teachings of the drum.
- A monthly sharing circle was held, with an Elder and a counsellor. A counselor was present at each circle to learn about this traditional ceremony that reinforces, inclusion, connection to inner spirit, reflective practice and a forum of confidentiality to openly share. Interestingly, people in the area would see signs that 'smudging' would take place or simply smell sage burning and would come to the door to be part of the event. Afterwards, sharing, "I needed to be here today".
- Weekly drop-in holistic wellness workshops were hosted by counsellors focusing on ideas of wellness from all areas around the Medicine Wheel (ie: sleep hygiene, healthy eating, relationships, balance, gratitude, etc).



## What we did well

The Student Counselling Services manager and counselling staff embraced Dibaadan with open arms and showed great support for the initiative, even at times when there was not a complete understanding of how Dibaadan wished to proceed. Trust was developed, resulting in action being seen from an Indigenous perspective.

*"At times it was difficult to use new ways of thinking and new tools for conceptualizing information. Ideas and data was often shared in entirely new ways consistent with Indigenous teachings and worldviews. The Project Facilitator and Advisory Circle were key supports in navigating Dibaadan."*

– Manager Student Counselling Services, 2017

The Medicine Wheel guided Dibaadan from a conceptualized framework right through to the final report. The circular holistic way of thinking was respected hence, Indigenous world views were respected. This, along with all the events, wise practices, building Indigenous knowledge and understanding helped to 'indigenize' the Student Counselling Services.

*"I think that we got a lot better at reflecting some surface-cultural things, like incorporating traditionally Indigenous artwork in student spaces, but also that we are starting towards reflecting deep-cultural things. While Dibaadan focused on student experience, I think that it also made Student Counselling Services feel like a culturally safer place for Indigenous clinicians."*

– Counsellor 2017

Student Counselling Services contributed to cultural safety by implementing many of the recommendations suggested by Indigenous students. Clinical counselling treatment continues to be offered by Student Counselling Services, but there has been an inclusion of programming that is more holistic and accessible by drop-in, such as wellness workshops and Dibaadan Sharing Circles. A Sharing Circle option, is a very powerful way of healing which lends itself to spiritual content of bringing in spirit helpers, a mystical sense of support, use of thanksgiving, speaking to the creator in the language asking for guidance, use of traditional medicines to cleanse, offering of sharing and equality in a confidential manner and overall deep listening and reflection. This is often a contrast to the scientific methods that are reinforced in a university setting.

Finally, Dibaadan came to be seen as part of the process of Reconciliation, which is occurring nationally and locally.

## Evaluation

The Dibaadan team counted approximately 436 people that engaged in Dibaadan events over the course of 2015-2017, our most popular events being the hand drum socials and guest lecture by Dr. Baskin. It is important to note that individual students may be included in that count multiple times due to attendance at several events. See Appendix B for an event listing.

A feedback survey of event participants was attempted in January 2017, however this approach yielded a small sample of 17 respondents, and multiple incomplete questionnaires. Thoughtful consideration about moving forward with an analysis of this data has resulted in the determination that it does not represent a large enough response to draw conclusions. It is possible to query that limited participation may indicate a lack of cultural fit between the method collected for gathering information and Indigenous students, as feedback was readily accessible through discussion circles and interviews. Evidence of positive outcomes can be noted through the interactions, dialogues, and attendance at events.

## Next Steps

As the second year of Dibaadan comes to a close, there is still much to do. There are many wise practices identified and/or developed during the project (e.g. Elders present at all events, open events with smudging and thanksgiving in the Anishnaabemowin Language) to be implemented or continued within the Student Counselling Services department. We acknowledge the responsibility we hold to effectively service all Nipissing University Students and are committed to continuing the work of Dibaadan within our program.



It is our hope Dibaadan can continue to grow and become a model for other departments and other post-secondary settings to fully engage in reconciliation and implementation of Indigenous ways of doing. This could include policy work, building in cultural consultation, indigenizing services, and continuing to provide more enriched learning about Indigenous knowledge for all cultures.

We encourage you to join us in learning and working to improve supports for Indigenous students.

# Appendices

## Appendix A – Terms of Reference (an Excerpt)

### VISION:

Nipissing University Student Counselling Services will provide an environment that welcomes, supports, and respects the participation of Indigenous peoples in campus life.

### MISSION:

The Dibaadan Project will strengthen accessibility for Indigenous students on Nipissing University campus, Student Counselling Services.

This will be achieved by asking students, counsellors, and staff and community members to share their knowledge and experience about existing counselling services and practices, and by creating opportunities for university employees to learn more about Indigenous worldviews and cultural beliefs.

### GUIDING PRINCIPLES:

The Seven Grandfather Teachings of the Anishinaabe will guide the discussions of the Dibaadan Advisory Circle and be the basis for all relationship building.

#### **Zaagi'idiwin – Love:**

To know peace is to know Love. Love must be unconditional. When people are weak they need love the most.

#### **Nibwaakaawin – Wisdom:**

To cherish knowledge is to know Wisdom. Wisdom is given by the Creator to be used for the good of the people.

#### **Minaadendamowin – Respect:**

To honor all creation is to have Respect. All of creation should be treated with respect. You must give respect if you wish to be respected.

#### **Aakode'ewin – Bravery:**

Bravery is to face the foe with integrity. In the Anishinaabe language, this word literally means "state of having a fearless heart." To do what is right even when the consequences are unpleasant.

#### **Gwayakwaadiziwin – Honesty:**

Honesty in facing a situation is to be brave. Always be honest in word and action. Be honest first with yourself, and you will more easily be able to be honest with others.

#### **Dabaadendiziwin – Humility:**

Humility is to know yourself as a sacred part of Creation. In the Anishinaabe language, this word can also mean "compassion." You are equal to others, but you are not better.

#### **Debwewin – Truth:**

Truth is to know all of these things. Speak the truth. Do not deceive yourself or others.

### GOALS:

The goal of the Dibaadan Advisory Circle is to work the Dibaadan Project in the following ways:

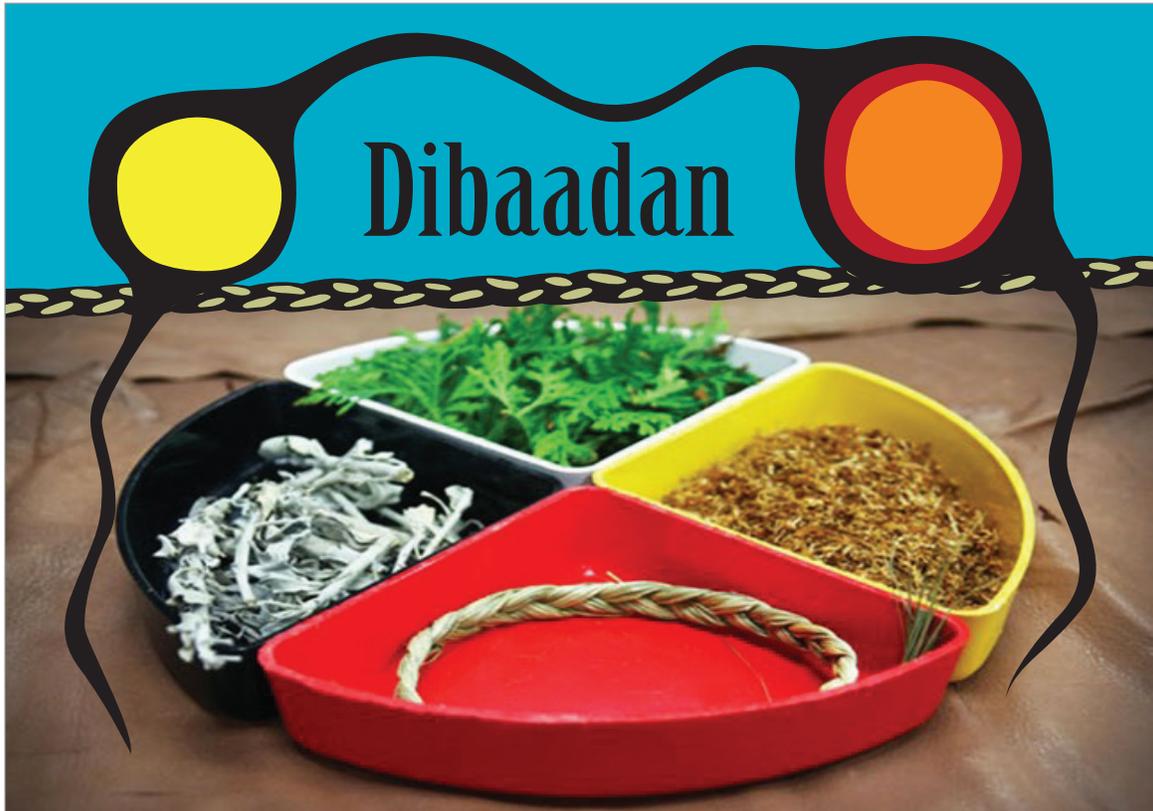
- Provide on going VISION for the project in a holistic manner
- Work together in a positive manner sharing perspectives
- Build Relationships
- Incorporate cultural knowledge and new understanding (reconciliation)

Appendix B – Dibaadan Event Listing 2016-2017



Event	Date
<p><b>Title:</b> National Aboriginal Day Celebration  <b>Facilitator:</b> Nipissing First Nation  <b>Audience:</b> Community</p>	<p>June 21<sup>st</sup> 2016</p>
<p><b>Title:</b> Teachings on Traditional Medicine in the Tipi  <b>Facilitator:</b> Cindy Hare  <b>Audience:</b> Nipissing Staff and University Community</p>	<p>August 24<sup>th</sup> 2016</p>
<p><b>Title:</b> Sharing Circle  <b>Facilitator:</b> Elder Carol Guppy and a Counsellor  <b>Audience:</b> Nipissing University Students</p>	<p>September 15<sup>th</sup> 2016</p>
<p><b>Title:</b> Pow-Wow  <b>Facilitator:</b> Canadore College and Nipissing University  <b>Audience:</b> Students, Staff, Faculty and Community</p>	<p>September 16<sup>th</sup> 2016</p>
<p><b>Title:</b> Cultural Teaching – Self Care  <b>Facilitator:</b> Elder Carol Guppy  <b>Audience:</b> Students, Staff, Faculty and Community</p>	<p>October 4<sup>th</sup> 2016</p>
<p><b>Title:</b> Nipissing University Staff Sharing Circle  <b>Facilitator:</b> Elder Carol Guppy and Cindy Hare  <b>Audience:</b> Nipissing Staff</p>	<p>October 13<sup>th</sup> 2016</p>
<p><b>Title:</b> Sharing Circle  <b>Facilitator:</b> Elder Carol Guppy and a Counsellor  <b>Audience:</b> Nipissing University Students</p>	<p>November 10<sup>th</sup> 2016</p>
<p><b>Title:</b> Guest Lecture: Cyndi Baskin, Author of: <i>“Strong Helpers, Indigenous Approaches to Helping”</i> from Ryerson University.  <b>Facilitator:</b> Cyndi Baskin  <b>Audience:</b> Students, Staff, Faculty and Community</p>	<p>November 3<sup>rd</sup> 2016</p>

<b>Title:</b> Cultural Teaching - "Importance of our Spirit Names and Colors" <b>Facilitator:</b> Traditional Teacher: Kirby Mianskum and a Counsellor <b>Audience:</b> Students, Staff, Faculty and Community	November 14 <sup>th</sup> 2016
<b>Title:</b> Cultural Teaching - Traditional Medicines, Medicine Pouch, Arts and Mental Health <b>Facilitator:</b> Elder Dan Commanda <b>Audience:</b> Nipissing University Students	November 21 <sup>st</sup> - 2016
<b>Title:</b> Sharing Circle <b>Facilitator:</b> Elder Carol Guppy <b>Audience:</b> Nipissing University Students	November 24 <sup>th</sup> 2016
<b>Title:</b> Welcome Back New Year's Hand Drum Social <b>Facilitator:</b> Dibaadan <b>Audience:</b> Students, Staff, Faculty and Community	January 18 <sup>th</sup> 2017
<b>Title:</b> Cultural Teaching - "Motivational Speaker for Student Success" <b>Facilitator:</b> <b>Audience:</b> Students, Staff, Faculty and Community	January 20 <sup>th</sup> 2017
<b>Title:</b> Sharing Circle <b>Facilitator:</b> Elder Carol Guppy and a Counsellor <b>Audience:</b> Nipissing University Students	February 2 <sup>nd</sup> 2017
<b>Title:</b> Cultural Teaching - "Ceremony can Help us in Many ways" <b>Facilitator:</b> Elder Lorraine Liberty <b>Audience:</b> Students, Staff, Faculty and Community	February 13 <sup>th</sup> 2017
<b>Title:</b> Sharing Circle <b>Facilitator:</b> Elder Carol Guppy and a Counsellor <b>Audience:</b> Nipissing University Students	March 2 <sup>nd</sup> 2017
<b>Title:</b> Cultural Teaching - "Anishnabek Teachings" <b>Facilitator:</b> Traditional Teacher, Katherine Sarazin and a Counsellor <b>Audience:</b> Students, Staff, Faculty and Community	March 20 <sup>th</sup> 2017
<b>Title:</b> Dibaadan Dinner <b>Facilitator:</b> Cindy Hare <b>Audience:</b> Dibaadan Advisory Members, Students, Staff and Community	March 22 <sup>nd</sup> 2017



# Dibaadan

## Medicine Bundle (Pouch) Workshop

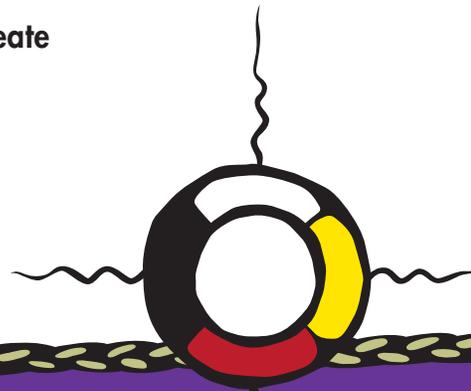
Join us for a workshop to learn how to create  
a medicine bundle pouch!

\*ALL COSTS ARE COVERED\*

Spaces for 10 participants  
Nutritonal snacks and lunch will be provided!

**March 21st, 2016 10:00am – 2:00pm**

Located at the Treaty Learning Centre (Library Room L334)



This event is offered through the Dibaadan Project:  
Supporting Indigenous Students in Accessing Campus Mental Health Services.

To book a space for this event, please contact: Cindy Hare at [cindyh@nipissingu.ca](mailto:cindyh@nipissingu.ca)

**NIPISSING**  
UNIVERSITY  
STUDENT DEVELOPMENT AND SERVICES

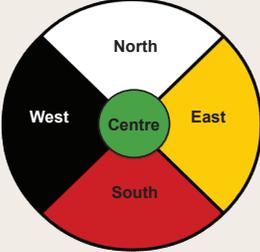
## Appendix D- Interview and Discussion Circle Framework

**“PROJECT TITLE”**

**Join us to share your experiences and insights**  
**Help Student Counselling Services welcome Indigenous students**

**West Direction - Spiritual / Reflection**

- What Indigenous knowledge is important to you? What Indigenous knowledge would you like to learn about?
- Do you see a difference in World Views at the university? If so, do you see this as a barrier in accessing services?
- Do you speak an Indigenous language? How do you think this may impact student wellbeing?
- Do you think a belief system can contribute to a sense of wellbeing?



North  
West  
Centre  
East  
South

**East Direction – Physical / Vision**

- What does “mental wellbeing” mean to you? What is a “Good Life”?
- What knowledge do you have of the Student Counselling Services on campus?
- What types of support/services are available through this program?
- In what ways do you think that Student Counselling Services can contribute to Indigenous student wellness?
- What programs or services would you like to see to support mental wellbeing on the university campus that reflects specific needs of Indigenous students?

**North Direction - Social / Emotional**

- Where would you reach out to for support?
- Are there any other NU supports that you may access instead of Student Counselling Services?
- Have you met any of NU counsellors? Where did you meet?

**South Direction – Mental / Movement**

- In regards to Student Counselling Services, what does ‘access to services’ mean to you?
- What things does Student Counselling Services do that makes it easier for you to access this program?
  - What would make it difficult for you to access Student Counselling Services?
    - What would make accessing this more comfortable?

**Centre—Inner Fire**

- What does it mean to live the “Good Life”?
- Would you care to share a story about your university experience when you think you would have benefited from Mental Health Services?

**If you are interested in sharing with us, please contact Cindy Hare at**  
**Email: [cindyh@nipissingu.c](mailto:cindyh@nipissingu.c). Phone: 705-474-3450 ext. 4209**



Appendix E- Self-Care Pamphlet

**Student Counselling Services**

Student Counselling Services is here to support your well-being throughout your academic journey at Nipissing University. Attending university can be an exciting and challenging experience. The professional staff of Nipissing University Student Counselling Services is here to help.  
[www.nipissingu.ca/counselling](http://www.nipissingu.ca/counselling)  
 Tel: (705)-474-3450 ext. 4507

**The Office of Aboriginal Initiatives (OAI)** 

OAI welcomes you and your family to Nipissing University. In Nipissing dialect, *Enji giigdayang* translates to mean "where we come to meet, discuss and talk about things," which is the culture we hope to foster.  
[biindgen@nipissingu.ca](mailto:biindgen@nipissingu.ca)  
 Tel: (705) 474-3450 ext. 4899

**For information on DIBAADAN events** (sharing circles, cultural events, special events) contact:  
[counselling@nipissingu.ca](mailto:counselling@nipissingu.ca)  
 Tel: (705) 474-3450 ext. 3507

Funded by the Mental Health Innovation Fund





*Dibaadan*  
 "Speak from Your Heart"

**Self-Care Guide to Biimaadzwin  
 (A Good Life)**

Self Care is taking care of self in a balanced manner. This would be healthy decisions for your physical, social, emotional, spiritual and mental well-being.

Dibaadan is a "Community Engaged Process to Strengthen Mental (holistic) Health Supports for Indigenous Learners" at Nipissing University. This program is led by Student Counselling Services located in B210.

What is a Self Care Plan to Biimaadzwin (Living a good life)?

You may use the Medicine Wheel to design a plan for self-care. The Medicine Wheel represents all of creation and harmony. Choose activities that interest you from each direction on how you will nourish your inner spirit (fire). Post Secondary is an exciting and happy time, however it can be overwhelming and stressful at times. Consider taking care of yourself in a balanced way.

What is Smudging?

The smudging ceremony is a purification ceremony to bring about positive energy. You may burn the medicines in shell and wash the smoke over your hair, eyes, mouth and heart. This will purify your mind, body and spirit. Release the ashes back into mother earth.

The four sacred Anishnaabe Traditional Medicines are: Tobacco, Cedar, Sage and Sweetgrass.

**Where to smudge at the University:** Office of Aboriginal Initiatives Sacred Space

**Medicine Wheel**

Choose an activity from each direction to bring about balance:

<p><b>North</b></p> <ul style="list-style-type: none"> <li>• Research</li> <li>• Visit a Counselor</li> <li>• Learning and aspects of the mind</li> <li>• Read or Write</li> <li>• Learn something new</li> </ul>		<p><b>East</b></p> <ul style="list-style-type: none"> <li>• Taking Care of your Physical body</li> <li>• Exercise</li> <li>• Eat Healthy</li> <li>• Adequate Sleep</li> <li>• Spend Time Outdoors</li> </ul>	<p><b>West</b></p> <ul style="list-style-type: none"> <li>• Positive beliefs and connectedness</li> <li>• Smudging</li> <li>• Drumming</li> <li>• Attend a ceremony</li> <li>• Visit with an Elder</li> <li>• Time on the Land</li> </ul>
<p><b>South</b></p> <ul style="list-style-type: none"> <li>• Taking Care of how you are feeling</li> <li>• Socialize – time with family and friends</li> <li>• Engage in music or art</li> <li>• Meditate</li> <li>• Talking Circles</li> </ul>			

# References

- Aboriginal Healing Foundation (2003). *Third interim evaluation report of Aboriginal Healing Foundation, program activity*. Prepared by Kishk Anaquot Health Research. Ottawa, ON: Author.
- Aboriginal Healing Foundation. (2006). *Volume 1: A Healing Journey: Reclaiming Wellness*. Ottawa, ON: Author. Retrieved from: <http://www.ahf.ca/downloads/final-report-vol-1.pdf>
- Assembly of First Nations, & Health Canada. (2015). *First Nations Mental Wellness Continuum Framework*. Ottawa, Canada: Minister of Health.
- Bellamy, S. and Hardy, C. (2015). *Understanding Depression in Aboriginal Communities and Families*. Prince George, BC: National Collaborating Centre for Aboriginal Health.
- Berry, S. L., & Crowe, T. P. (2009). A review of engagement of Indigenous Australians within mental health and substance abuse services. *Australian e-Journal for the Advancement of Mental Health*, 8(1), 16-27.
- Bartlett, R. H. (1978). The Indian Act of Canada. *Buffalo Law Review*, 27, 851-615.
- Brascoupé, S., & Waters, C. (2009). Cultural safety: Exploring the applicability of the concept of cultural safety to Aboriginal health and community wellness. *Journal of Aboriginal Health*, 5(1-3), 6-41.
- Bombay, A., Matheson, K. & Anisman, H. (2009). Intergenerational trauma: Convergence of multiple processes among First Nations Peoples in Canada. *Journal of Aboriginal Health*, November, 6-47.
- Bombay, A., Matheson, K., & Anisman, H. (2011). The impact of stressors on second generation Indian residential school survivors. *Transcultural Psychiatry*, 48(4), 367-391.
- Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, December 2014. Retrieved from [http://www.pre.ethics.gc.ca/pdf/eng/tcps2-2014/TCPS\\_2\\_FINAL\\_Web.pdf](http://www.pre.ethics.gc.ca/pdf/eng/tcps2-2014/TCPS_2_FINAL_Web.pdf)
- Chandler, M. J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural psychiatry*, 35(2), 191-219.
- Clarkson, A., Harris, N., Brazeau, J., Brownlee, K., Rawana, E., & Neckoway, R. (2013). Initial Therapeutic Alliance and Treatment Engagement of Aboriginal and Non-Aboriginal Youths in a Residential Treatment Centre for Substance Abuse. *Journal of Ethnic and Cultural Diversity in Social Work*, 22(2), 145-161.
- Corntassel, J., & Gaudry, A. (2014). Insurgent education and Indigenous-centred research: Opening new pathways to community resurgence. In C. Etmanski, B.L. Hall, and T. Dawson (eds.), *Learning and teaching community-based research: Linking pedagogy to practice* (pp. 167-185). Toronto, ON: University of Toronto Press.
- Corrado, R. R., & Cohen, I. M. (2003). *Mental health profiles for a sample of British Columbia's survivors of the Canadian Residential School System*. Ottawa, ON: Aboriginal Healing Foundation. Retrieved from <http://www.ahf.ca/downloads/mental-health.pdf>
- Csanady, A. (2015, November 4). 'A lot more than symbolism': Here's why Cabinet name changes are a sign of what's to come. National Post. Retrieved from <http://news.nationalpost.com/news/canada/a-lot-more-than-symbolism-heres-why-cabinet-name-changes-are-a-sign-of-whats-to-come>
- Etmanski, C., Hall, B. L., & Dawson, T. (Eds.). (2014). *Learning and teaching community-based research: Linking pedagogy to practice*, 167-185. Toronto, Canada: University of Toronto Press.
- Fan, B. W. (2007). Intervention model with Indigenous Australians for non-Indigenous counsellors. *Counselling, Psychotherapy, and Health*, 3(2), 13-20.
- Gaudry, A. J. P. (2011). Insurgent Research. *Wicazo Sa Review*, 26(1), 113-136. <http://doi.org/10.5749/wicazosareview.26.1.0113>
- Gill, K., Fletcher, C., Ternar, Y., Boothroyd, L., & Quesney, C. (1994). *Emerging trends in research on mental health among Canadian Aboriginal peoples*. Culture & Mental Health Research Unit, Institute of Community & Family Psychiatry, Sir Mortimer B. Davis-Jewish General Hospital.
- Haig-Brown, C. (1988). *Resistance and Renewal: Surviving the Indian Residential School*, Vancouver, BC: Arsenal Pulp Press.
- Hart, M. A. (2010). Indigenous worldviews, knowledge, and research: The development of an Indigenous research paradigm. *Journal of Indigenous Voices in Social Work*, 1(1).
- Health Canada. (2010). *Aboriginal Health Transition Fund: Outcomes and Lessons Learned*. Ottawa, ON: Author. Retrieved from: <http://www.hc-sc.gc.ca/fnihah-spnia/services/acces/oll-rlr-eng.php>

- Health Council of Canada. (2013). *Progress Report 2013: Health care renewal in Canada*. Toronto, ON: Author. Retrieved from: [healthcouncilcanada.ca](http://healthcouncilcanada.ca).
- Heilbron, C. L., & Guttman, M. A. J. (2000). Traditional healing methods with First Nations women in group counselling. *Canadian Journal of Counselling, 34*(1), 3-13.
- Hill, D. M. (2003). Traditional medicine in contemporary contexts: Protecting and respecting Indigenous knowledge and medicine. Ottawa, Canada: National Aboriginal Health Organization.
- Hole, R. D., Evans, M., Berg, L. D., Bottorff, J. L., Dingwall, C., Alexis, C., & Smith, M. L. (2015). Visibility and voice Aboriginal people experience culturally safe and unsafe health care. *Qualitative health research, 1*-13. DOI: 10.1177/1049732314566325
- Kirmayer, L.J., Gill, K. Fletcher, Ternar, Y., Boothroyd, L., Quesney, C., Ferrara, N., & Hayton, B. (1993). *Culture and mental health research unit report No. 2 prepared for the Royal Commission on Aboriginal Peoples*, Montreal, QC: Author.
- Kirmayer, L., Simpson, C., & Cargo, M. (2003). Healing traditions: Culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry, 11*(sup1), S15-S23.
- Kirmayer, L.J., Tait, C.L., & Simpson, C. (2009). The mental health of Aboriginal peoples in Canada: Transformations of identity and community. In L.J. Kirmayer & G.G. Valaskakis, (Eds.), *Healing traditions: The mental health of Aboriginal peoples in Canada* (pp. 1-26). Vancouver, BC: UBC Press.
- Lavallee, L. F. (2009). Practical application of an Indigenous research framework and two qualitative Indigenous research methods: Sharing circles and Anishnaabe symbol-based reflection. *International Journal of Qualitative Methods, 8*(1), 21-40.
- Macaulay, A. C. (2009). Improving aboriginal health: How can health care professionals contribute? *Canadian Family Physician, 55*(4), 334-336.
- Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Calgary, AB: Author.
- Mitchell, T., & Maracle, D. (2005). Healing the generations: Post-traumatic stress and the health status of Aboriginal populations in Canada. *Journal of Aboriginal Health, 2*(1), 14-24.
- Morrisette, P. J., & Gadbois, S. (2007). Alliance skill development within Canadian First Nations and Aboriginal counsellor education. *Canadian Journal of Counselling and Psychotherapy/Revue canadienne de counseling et de psychothérapie, 40*(4), 209-223.
- Mosby, I. (2013). Administering colonial science: Nutrition research and human biomedical experimentation in Aboriginal communities and residential schools, 1942–1952. *Histoire sociale/Social history, 46*(1), 145-172.
- Mussell, B. (n.d.). *Restoration of well-being for Canada's First Peoples*. Retrieved from <http://www.caot.ca/pdfs/PaperfAbMentalHealth.pdf>
- Retrieved from <http://www.caot.ca/pdfs/PaperfAbMentalHealth.pdf> Nakash O., Nagar, M., & Kanat-Maymon, Y. (2015). "What should we talk about?" The association between the information exchanged during the mental health intake and the quality of the working alliance. *Journal of Counseling Psychology, 62*(3), 514–520.
- Newhouse, D., FitzMaurice, K., McGuire-Adams, T., & Jetté, J. (Eds). (2012). *Well-Being in the Urban Aboriginal Community*. Toronto, ON: Thompson Educational.
- Nipissing University, (2015). *Strategic Plan 2015*. North Bay, ON: Author. Retrieved from: [http://www.nipissingu.ca/departments/presidents-office/strategic-plan/Documents/Nipissing%20Strat%20Plan-FINAL\\_8Jan15.pdf](http://www.nipissingu.ca/departments/presidents-office/strategic-plan/Documents/Nipissing%20Strat%20Plan-FINAL_8Jan15.pdf)
- North Bay Indian Friendship Centre (June, 2014). *Walking the red road: Urban aboriginal communities thrive project report*. North Bay, ON: Author.
- North Bay Indian Friendship Centre, & Ontario Federation of Indian Friendship Centres, (2013). *The eastern door: Our community's journey in identifying our urban Aboriginal mental health & addictions priorities*. North Bay, ON: Author. Retrieved from: <http://cathyvine.ca/wp/wp-content/uploads/2013/04/UACT-The-Eastern-Door-Report.pdf>
- Ontario Federation of Indigenous Friendship Centres. (2006). *Good mind: Ontario Federation of Indian Friendship Centres mental health strategy 2006*. Toronto, ON: Author.
- Ontario Federation of Indigenous Friendship Centres, & North Bay Indian Friendship Centre. (2013). *Embracing good mind: Final report on mental health urban aboriginal communities thrive (U-ACT)*. Toronto, ON: Author.
- Ontario Federation of Indigenous Friendship Centres (2012). *Utility, self-voicing, access, inter-relationship research framework*. Toronto, ON: Author.
- Poonwassie, A., & Charter, A. (2001). An Aboriginal worldview of helping: Empowering approaches. *Canadian journal of counselling, 35*(1), 63-73.

- Quinn, A. (2007). Reflections on intergenerational trauma: Healing as a critical intervention. *First Peoples Child & Family Review*, 3(4): 72-82.
- Reading, J., & Nowgesic, E. (2002). Improving the health of future generations: The Canadian institutes of health research institute of Aboriginal peoples' health. *American Journal of Public Health*, 92(9), 1396-1400.
- Rickwood, D. J., Deane, F. P., & Wilson, C. J. (2007). When and how do young people seek professional help for mental health problems? *The Medical Journal of Australia*, 187(7), S35-S39.
- Regional Health Survey National Team. (2012). *First Nations Regional Health Survey (RHS) phase 2 (2008/10) Ontario region final report: Ontario region report on the adult, youth and children living in First Nations Communities*. Ottawa, ON: Chiefs of Ontario/First Nations Information Governance Committee. Retrieved from <http://www.chiefs-of-ontario.org/node/562>
- Royal Commission on Aboriginal Peoples (RCAP). (1996). *Looking Forward, Looking Back: Report of the Royal Commission on Aboriginal Peoples, Volume 1 & 3*. Ottawa, Canada: Communication Group Publishing.
- Shepard, B., O'Neill, L., & Guenette, F. (2006). Counselling with First Nations Women: Considerations of Oppression and Renewal. *International Journal for the Advancement of Counselling*, 28(3), 227-240.
- Sinclair, R. (2004). Aboriginal social work education in Canada: Decolonizing pedagogy for the seventh generation. *First Peoples Child & Family Review*, 1(1), 49-61.
- Sinclair, R. (2007). Identity lost and found: Lessons from the sixties scoop. *First Peoples Child & Family Review*, 3(1), 65-82.
- Smith, L. T. (2012). *Decolonizing methodologies: Research and Indigenous peoples*. London: Zed Books.
- Smye, V., & Browne, A. (2002). 'Cultural safety' and the analysis of health policy affecting aboriginal people. *Nurse Researcher*, 9(3), 42-56.
- Sommers-Flanagan, J., & Bequette, T. (2013). The initial psychotherapy interview with adolescent clients. *Journal of Contemporary Psychotherapy*, 43(1), 13-22.
- Sroule-Jones, M. (1996). Crusading for the forgotten: Dr. Peter Bryce, public health, and prairie native residential schools. *Canadian Bulletin of Medical History/Bulletin canadien d'histoire de la médecine*, 13(1), 199-224.
- Statistics Canada. (2011). *National Household Survey*. Retrieved from Statistics Canada website: <https://www12.statcan.gc.ca/nhs-enm/2011/rt-td/index-eng.cfm#tabs1>
- Stewart, S. L. (2008). Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada. *International Journal of Health Promotion and Education*, 46(2), 49-56.
- Timm, M. (2015). Deconstructing Pathology: A Narrative View of the Intake Process. *Journal of Constructivist Psychology*, 28(4), 1-13.
- Tookenay, F. V. (1996). Improving the health status of Aboriginal people in Canada: new directions, new responsibilities. *Canadian Medical Association*, 155(1), 1581-1583.
- Truth and Reconciliation Commission of Canada (2012). *Truth and Reconciliation Commission of Canada: Interim report*. Winnipeg, MB: Author. Retrieved from: <http://www.myrobust.com/websites/trcinstitution/File/Interim%20report%20English%20electronic.pdf>
- Truth and Reconciliation Commission of Canada (2015). *Truth and Reconciliation Commission of Canada: Calls to action*. Winnipeg, MB: Author. Retrieved from: [http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls\\_to\\_Action\\_English2.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf)
- Vicary, D., & Westerman, T. (2004). 'That's just the way he is': Some implications of Aboriginal mental health beliefs. *Australian e-Journal for the Advancement of Mental Health*, 3(3), 103-112.
- Westerman, T. (2004). Guest Editorial: Engagement of Indigenous clients in mental health services: What role do cultural differences play? *Australian e-Journal for the Advancement of Mental Health*, 3(3), 88-93.
- Wexler, L. (2009). The importance of identity, history, and culture in the wellbeing of indigenous youth. *The Journal of the History of Childhood and Youth*, 2(2), 267-276.
- Wilson, S. (2001). What is an indigenous research methodology? *Canadian Journal of Native Education*, 25(2), 175-179.
- Wilson, C. J. (2007). When and how do young people seek professional help for mental health problems? *The Medical Journal of Australia*, 3(3), S35-S39.
- Wilson, K. (2003). Therapeutic landscapes and First Nations peoples: an exploration of culture, health and place. *Health & place*, 9(2), 83-93.
- Wotherspoon, T., & Hansen, J. (2013). The "Idle No More" movement: Paradoxes of First Nations inclusion in the Canadian context. *Social Inclusion*, 1(1), 21-36.



# Dibaadan

NIPISSING

SSO  
R  
ENT ANN

NIPISSING  
UNIVERSITY

STUDENT DEVELOPMENT AND SERVICES