

The Mental Health and Well-Being of Aboriginal Children and Youth: Annotated Bibliography

A Report Prepared for the
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About this report:

This annotated bibliography is intended to be a resource for First Nations communities and organizations, and for anyone working with First Nations children and their families. The references in this bibliography are summarized in alphabetical order. For further information about these references, please contact the Sal'i'shan Institute. Please also refer to the companion report, *The Mental Health and Well-Being of Aboriginal Children and Youth: Guidance for New Approaches and Services*.

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Assembly of First Nations. (1994). *Breaking the silence: An interpretive study of residential school impact and healing as illustrated by the stories of First Nations individuals*. Ottawa, ON: Assembly of First Nations.

This report explores the emotional, physical and spiritual wounding of survivors of the residential school system. Losses include historical memory, innocence, meaning, language, connection, community, identity and life. The authors recommend the following:

- Commitment to the principles of respect, responsibility and cooperation as fundamental to all healing and training initiatives.
- Models for healing centred on traditional understandings of interconnectedness and wholeness; healing must address the physical, emotional, mental and spiritual aspects of the person, family and community.
- Development of family-oriented programs that meet a variety of needs related to building skills (e.g., parenting skills, job training, communication and conflict resolution).
- Development of the capacity to provide timely access to appropriate treatment and counselling for both victims and offenders.

The well-being of First Nations, individually and collectively, must be grounded in a realistic acknowledgement of the multi-generation losses they have experienced. It must also recognize that loss and grief is profoundly linked to the process of resolving complex community issues, strengthening families and creating sustainable community development.

Berry, J. W. (1999). Intercultural relations in plural societies. *Canadian Psychology*, 40(1), 13-21.

This article addresses the complexities of people from different backgrounds successfully living together in culturally diverse societies. The author relies on two research traditions to explain the issues. The first research tradition is concerned with acculturation, which is the process of cultural change that occurs when two (or more) cultures engage in contact. Research on acculturation examines the changes that people experience as members of cultural groups undergoing this process at the individual and collective level. The second research tradition is concerned with ethnic relations and understanding how individuals perceive, evaluate and behave towards each other both within and across ethnic group boundaries. Berry argues that developing an understanding of the key issues is critical for both policy development and the management of intercultural relations.

Capp, K., Deane, F. P., & Lambert, G. (2001). Suicide prevention in Aboriginal communities: Application of gatekeeper training. *Australia and New Zealand Journal of Public Health*, 25(4), 315-321.

This article describes the development, implementation and evaluation of a suicide prevention program in Aboriginal communities in New South Wales, Australia. The major focus of the prevention strategy was a series of gatekeeper training workshops. These workshops focused on increasing the capacity of Aboriginal community members to appropriately identify and support individuals at risk of suicide and to facilitate their access to services. Evaluation of the program found increases in knowledge about suicide and skills for identifying people at risk. Participants were highly motivated to provide help. The implications are that suicide awareness and skills training show potential as an effective early intervention strategy.

Carriere, J. (1995). Kinship care in two First Nations communities: An exploration. MSW Major Paper, Vancouver, BC, University of British Columbia.

Carriere studied First Nations in Squamish, BC and Southern Alberta. She believes that kinship care programs have the potential to transform First Nations child welfare into a community-based resource, which will keep families and communities intact and prepare future generations to know who they are and where they are going. She recommends that kinship care be viewed as one option within a range of services offered to First Nations children in need of alternative placement. However, birth family support must also include services that facilitate children returning to their family of origin. She also recommends that an array of resources be available to kinship caregivers including financial support, advocacy, on-going training, peer support, regular respite care and development of extended family relationships.

Catalano, R., Berglund, M., Ryan, J., Lonczak, H., & Hawkins, D. (2002). Positive youth development in the United States: Research findings on evaluation of positive youth development programs. *Prevention & Treatment*, 5, Article 15. Retrieved January 28, 2004, from <http://journals.apa.org/prevention/volume5/pre0050015a.html>

These authors provide a comprehensive examination of “positive youth development” programs. They contend that efforts that create opportunities for youth to engage in social settings (e.g., schools and recreation centres) and that focus on delivering a range of meaningful activities (e.g., life skills training) are important because they recognize the significance of the quantity and quality of social interactions. Objectives that most programs seek to achieve include fostering of resilience and bonding, development of a clear and positive identity, recognition and support for positive behaviour and opportunities for pro-social involvement.

Center for Disease Control and Prevention. (1998). Suicide prevention evaluation in a Western Athabaskan American Indian Tribe-New Mexico, 1988-1997. *Morbidity and Mortality Weekly Report*, 47(13), 257-261.

This article describes the efforts of a Western Athabaskan tribe in rural New Mexico to implement a suicide prevention/intervention program targeting tribal members aged 15-19 years. This school-based program used “natural helpers” to respond to youth in crisis and to notify mental health professionals when there was a need for intervention. In addition, “natural helpers” educated youth in school and community settings on a variety of topics including substance use, self-esteem, team building and suicide prevention. Other program activities involved outreach to families affected by a suicide or traumatic death or injury, quick response to and follow-up for at-risk youth, community-wide education on suicide prevention and suicide-risk screening in mental health and social service programs. The article indicates that rates of suicide and attempted suicide among this population decreased substantially after the program was implemented.

Chandler, M. J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada’s First Nations. *Transcultural Psychiatry*, 35(2), 191-219.

The central idea in this article is that people who undergo radical personal and cultural change are at a higher risk of suicide. Adolescents and young adults undergo significant change and therefore are a high-risk group. The risk is exacerbated for youth living in communities where cultural continuity has not been successful or no longer exists. First Nations young persons are at particular risk because of the substantial and dramatic breakdown of cultural understandings and practices in many Aboriginal communities. This situation is intensified because of external forces (e.g., government policies) that have undermined and dismantled Aboriginal culture. A

correlation was found between communities that have made a collective effort to engage in community practices that preserve and develop cultural continuity and low youth suicide rates. Therefore, it is proposed that cultural continuity might play an important role in helping adolescents and young adults build or acquire a sufficient set of “self-continuity-warranting practices.” Markers of cultural continuity include land claims, self-government, education services, police and fire services, health services and cultural facilities.

Chrisjohn, R. (1991, June). Impact of residential and non-residential school experiences. Paper presented at the meeting of the First Indian Residential School Conference, Vancouver, BC.

The key areas examined in this paper include the use of time in school, disciplinary practices and individual psychological and intergenerational effects. The main findings were:

- Residential schools exposed Aboriginal children to four times more religious instruction, three times more manual labour and chores and two times more recreational activities than non-residential schools. Residential schools allotted less time to teaching or learning activities.
- Discipline in residential schools was both psychological (ignoring, fault finding, public ridicule) and physical (much of which was abusive in the extreme).
- Individuals who attended residential schools had low scores on a number of life variables such as perceived self-confidence, ability to make decisions and ability to deal with authority. These individuals exhibited poorer physical health and a higher risk of addiction related behaviours. Sexual behaviour and relationships with spouses and children were also effected.
- It was not necessary to have attended residential school to live with its fall-out. There were few differences in outcomes between residential school and non-residential school in the life variables category. Two-thirds of those studied were seriously affected by residential school experiences both directly and indirectly.
- Through transmission of culture former residential school ‘graduates’ also contributed to the systemic abuse as they became parents and grandparents.

Cimmarusti, R. (1995). Preparing child welfare agencies for family preservation and reunification programs. In L. Combrinck-Graham (Ed.), *Children in families at risk: Maintaining the connections* (pp. 350-372). New York: The Guilford Press.

A systems approach was implemented for working with families in need of family preservation and reunification services. The system consisted of several levels including the child (or children), other biological family members, extended family members, significant members from the community and members of the group of professionals serving the community. “Reasonable efforts” on the part of child welfare professionals to maintain the child in the home should include:

- An accurate and timely assessment of the risk of harm to the child.
- An accurate, in-depth and timely assessment of family (including the individual psychological makeup of the adult caregivers).
- Identifying the goals and objectives necessary to rehabilitate the family, with biological and extended family, if possible.
- Sharing information and collaborating between the relevant professionals and the family.

This shows why practitioners who facilitate family preservation and reunification must address a variety of issues on multiple levels to satisfy “reasonable efforts” expectations. Constraints at all of the levels of the system are the focus of concern, not dysfunction or pathology. This approach offers strategies for balancing the seemingly conflicting goals of child protection and family empowerment.

Connors, E. (1999, September). The role of spirituality in wellness or how well we can see the whole will determine how well we are and how well we can be. Paper presented at the meeting of the Native Mental Health Association of Canada, Saskatoon, SK.

This paper considers how Aboriginal thinking about the world and their relationship with all creation has shifted since contact with settlers. The process of acculturation (the change of feelings, actions, beliefs, lifestyles and thought that accompany the adoption of another culture’s ways) disconnects Aboriginal people from a holistic worldview and introduces a scientific, linear, reductionist worldview. Connors points out the pitfalls of adopting this worldview and notes that the more Aboriginal societies have adopted the current scientific worldview and accompanying lifestyle, the more unbalanced and unhealthy they have become.

Strategies to address the incidence of poor mental health are promising if guided by an environmental paradigm that resembles key features of a holistic worldview. The paradigm explains illness and disease on both an individual level and in terms of all aspects of the world environment. Adopting this paradigm for health and wellness does not mean that Aboriginal people will have to revert to traditional ceremonies for healing; this would only be appropriate for those who choose to employ their traditional teachings. Others can apply their own beliefs using this environmental paradigm as a guide.

Connors E., & Maidman, F. (2001). Circle of healing: Family wellness in Aboriginal communities. In I. Prillettensky, G. Nelson & L. Peirson (Eds.), *Promoting family wellness and preventing child maltreatment: Fundamentals for thinking and action* (pp. 349-416). Toronto: University of Toronto Press.

In this chapter about family wellness in Aboriginal communities the authors provide a comprehensive summary of models and practices of prevention-focused programs that are identified by target audience and type of intervention. In some instances representative projects are named. The programs aim to establish relevant community structures so that family life can be strengthened through access to a broad spectrum of information, resources and networks. Connors and Maidman emphasize that an important feature of prevention programs is cultural recovery through learning and they address a number of specific challenges related to program implementation.

Cross, T. L., Earle, K., Echo-Hawk Solie, H., & Manness, K. (2000). Cultural strengths and challenges in implementing a system of care model in American Indian communities. *Systems of Care: Promising practices in children’s mental health, 2000 series, Volume 1*. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Five American Indian child mental health projects are described in this report. These projects integrate traditional American Indian helping and healing methods with a care model that emphasizes partnerships of agencies. Each project is rooted in cultural standards of their community and builds on strengths of families. This report presents the strengths and

challenges of community-based service designs that draw on culture as a primary resource and raises issues around staffing, supervision, training, burnout and boundaries, which need to be addressed in the cultural context of American Indian communities.

Fleming, C. (1994). The Blue Bay Healing Center: Community development and healing as prevention. *American Indian and Alaska Native Mental Health Research*, 4, 134-165.

This article describes the work of the Blue Bay Healing Centre and its relationship to suicide prevention efforts on the Flathead Reservation in Montana. The Centre consists of five major elements:

- Residential intervention program with a strong education focus.
- Outpatient intervention program that targets high-risk youth.
- Outpatient training program that targets caregivers.
- Outpatient treatment program that supports caregivers for healing of personal distress.
- Community events that include diversion activities.

Keys to program success include personal and professional development of staff, continued clinical supervision, advocacy with tribal personnel and leaders, integration of services and continual comprehensive planning. In addition, informants stated that recovery and promotion of mental health in Indian communities must include the acquisition of cultural knowledge and skills, and also must address individual, family and community identity issues.

Four Worlds Centre for Development Learning. (2003). *Moving toward action: Recommendations aimed at strengthening the capacity of Aboriginal communities and organizations and their government partners to address family violence and abuse*. Lethbridge, AB: Four Worlds Institute for Human and Community Development.

A comprehensive framework for intervention is articulated that addresses underlying causes and outlines a mix of strategies for tackling the problem of domestic violence. Eight recommendations are offered to support Aboriginal communities as they select and implement strategies to develop solutions. The recommendations from this report were also meant to facilitate an effective partnership between government, Aboriginal communities and other organizations.

Gardiner, H., & Gaida, B. (2002). *Suicide prevention services: A literature review final report*. Edmonton, AB: Alberta Mental Health Board, Research and Evaluation Unit.

Website access: www.amhb.ab.ca

These authors provide a comprehensive review of the literature on suicide prevention services. Desirable service delivery components include crisis centres and hotlines, screening, suicide awareness education, family support, gate-keeping training, generic skill building, enhancing the school climate, system-wide protocols and community development and treatment. In addition, four service delivery themes are suggested: a multi-faceted approach, resources invested in physician gate-keeping training, resources focused on populations known to be at risk and high standards for cultural sensitivity. The importance of needing a longitudinal approach is emphasized.

Glover, G. (2001). Parenting in Native American families. In N. Webb (Ed.), *Culturally diverse parent-child and family relationships: A guide for social workers and other practitioners* (pp. 205-231). New York: Columbia University Press.

This chapter provides an overview of Native American history and how it had a devastating impact on the family. In particular, students who attended residential schools were deprived of an opportunity to experience family life and were exposed to highly dysfunctional behaviours such as emotional, physical and sexual abuse. Although many traditional values have been displaced in the process of assimilation, Glover believes culture must be an integral part of the interventions. There are a number of basic core beliefs that remain common to Native people. These include non-materialism, a respect and reliance on extended family relationships, health defined as being “balanced,” and respect for individual freedom without losing sight of the need to live a generous and harmonious life.

Goodluck, C., & Willeto, A. (2000). *Native American kids 2000: Indian child well-being indicators*. Flagstaff, AZ: Casey Family Programs and Northern Arizona University.

The report provides a comprehensive review of literature related to the well-being of Native American children. The authors highlight the methodological challenges in obtaining well-documented and consistent demographic data and measures of wellness on Native American children. This study obtained data from federal sources such as the Census Bureau, Indian Health Service and Bureau of Indian Affairs. It also relied on data available through the national project Kids Count: State and County Indicator Inventory. The authors conclude that there are serious gaps in the literature and argue for an adequate program of research to support practice and policy that is dedicated to data development.

Government of Canada. (1996). *Report of the Royal Commission on Aboriginal Peoples (RCAP)*. Ottawa, ON: Government of Canada.

Website access: http://www.ainc-inac.gc.ca/ch/rcap/sg/sgmm_e.html

The Royal Commission on Aboriginal Peoples is an account of the relationship between Aboriginal and non-Aboriginal people in Canada. The findings from the report are a culmination of public hearings, visits to communities and consultations with experts. Research reports on priority topics were commissioned and a review of past inquiries was undertaken. The report is organized into five volumes.

Volume 1 traces the evolution of the relationship between Aboriginal peoples and Europeans, and identifies four distinct but overlapping periods, which attempt to capture the experience and perspectives of Aboriginal peoples. The practice of relocations and the residential school experience are discussed. It also addresses the principles of a renewed relationship between Aboriginal and non-Aboriginal peoples. There is a need to reject the false assumptions that shaped policy and legislation in the past. A relationship based on the principles of mutual recognition of the problem, respect for one another and acceptance of responsibility will lead to a path of justice, co-existence and equality.

Volume 2 deals with issues around restructuring the relationship between Aboriginal peoples and the Crown, targeting the political and economic dimensions of the relationship. It examines

how outstanding issues around Confederation can be resolved with the goal of fully engaging Canadian Aboriginal peoples.

Volume 3 discusses new directions in social policy, education, family, housing, arts and heritage, and health and healing. During the public hearings Aboriginal peoples expressed a tremendous concern for their children and communicated a strong belief that families are at the heart of personal and community healing. The Aboriginal understanding of family involves a dense network of relationships including grandparents, aunts, uncles and cousins. Historically, in Aboriginal societies the extended family fulfilled a number of important functions such as fostering a strong sense of identity, belonging and resourcefulness. The effects of the residential school experience disrupted the Aboriginal family life and created a myriad of complex problems.

A key issue is the high prevalence of family violence in most Aboriginal communities. Individual therapy solutions to family violence are described as “patchwork” and are viewed as potentially destructive in settings where individuals and families struggle with serious social, economic and political challenges. Aboriginal-specific solutions to family violence must include rebuilding communities and their economies, and restoring the capacity of Aboriginal families to nurture children to become caring individuals with a strong sense of cultural identity. However, these strategies are structural changes and will not provide an immediate fix. In the interim, community standards must be established and enforced by elected officials and community leaders to ensure that individuals at risk for abuse are protected.

Volume 4 gives voice to the diversity within Aboriginal communities across Canada and seeks perspectives from different groups on a variety of issues. The perspectives of women, elders, youth, Métis and residents of northern and urban communities are included. With respect to Aboriginal youth, the major concerns are identified as not completing school, suicide, substance use and being victimized by abuse and systematic racism. Youth indicated that they are hopeful and want to create a viable future for themselves and their communities; they want to understand traditional values, beliefs and practices and they are looking for empowerment. Aboriginal youth must be included in decision making and be given opportunities for meaningful input about initiatives that affect their future.

Volume 5 begins by highlighting interacting social and economic problems. It is argued that Aboriginal peoples must have the opportunity to exercise autonomy and structure their own solutions. The debilitating and discriminating paternalism that has marked much of Canadian public policy must cease. There is an emphasis on the need for public education to inform the Canadian public about these issues. Public education involves creating dialogue and opportunities for cross-cultural training to improve communication. The stakeholders include groups with broad mandates that affect Aboriginal and non-Aboriginal people and groups who have particular interests such as religious institutions, municipalities, educational institutions, labour unions and professional organizations.

Hampton, M., Hampton, E., Kinunwa, G., & Kinuwa, L. (1995). Alaska recovery and spirit camps: First Nations community development. *Community Development Journal*, 30(3), 257-264.

This article describes two examples of community development initiatives undertaken by indigenous people. The programs were initiated, developed and implemented locally with the goal of addressing the threat to “subsistence lifestyle and self-determination” in Alaska. The authors suggest that the models are important because they connect indigenous peoples with their traditional ways and because nature itself provides an opportunity for healing.

Health Canada. (1997). Literature review evaluation strategies in Aboriginal substance abuse programs: A discussion. Ottawa, ON: Health Canada.

Website access: http://www.hc-sc.gc.ca/fnihb-gspni/fnihb/cp/nnadap/publications/literary_review_abuse_prgs.pdf

This report describes a number of substance abuse prevention and treatment programs and offers formal evaluative information about these programs in Aboriginal contexts. Strategies for prevention programs include information education, affective education and alternatives, resistance skills training, personal social skills training, community-based approaches and early intervention strategies. Treatment programs include a spectrum of care from detoxification to after-care. Eight potentially effective approaches for treatment programs are highlighted: assertion training, recognizing high risk situations, relapse techniques, social skills training, problem solving, methadone, employment training and provision of aftercare.

Health Canada. (1999). Parenting today's teens: A survey and review of resources. Ottawa, ON: Health Canada.

Parents and teens face tremendous pressures in today's world. To strengthen the parent-teen relationship families turn to parent educators, other professionals and community organizations for support but information on available programs is often difficult to find. This document targets professionals who work with parents of teens to identify and locate resources specifically designed to help families at this stage of their parenting. In addition, it also provides direction for parents who may want to develop similar programs in their community.

Health Canada. (2000). Children making a community whole: A review of Aboriginal Head Start in urban and northern communities. Ottawa, ON: Health Canada.

Website access: http://www.hc-sc.gc.ca/dca-dea/publications/pdf/cmacw_final_e.pdf

This report provides an account of the Aboriginal Head Start (AHS) Initiatives in Canada. AHS is an early childhood development program for First Nations, Inuit and Métis children aged six and under and their families. The report describes the program content (e.g., Aboriginal culture and language, education/school readiness, health promotion and nutrition), the kind of social support that is offered and the role of parents. Children can benefit from the program socially, educationally and nutritionally. Given what is known about the determinants of health, it is expected that the program could potentially improve health status. Moreover, there are potentially long-term benefits from the AHS initiative since there is strong evidence that the development of healthy behaviours in early childhood have a positive impact on health outcomes later life.

An overview of the team that supports the initiative (e.g., number of workers and types of skills), project administration and co-ordination, and participant and community-level challenges are discussed. In addition, the publication provides a breakdown of program expenditures and lists particular program components where there has been a "unanimous call" for additional funding.

Health Canada. (2003). *Acting on what we know: Preventing youth suicide in First Nations*. Ottawa, ON: Health Canada.

Website access: <http://www.hc-sc.gc.ca>

This report provides an examination of a number of important issues from baseline data on suicide to factors of particular importance to First Nations. The recommendations for action are categorized by four major themes:

- Increasing knowledge about what works in suicide prevention.
- Developing more effective and integrated health care services nationally, regionally and locally.
- Supporting community-driven approaches.
- Creating strategies for building youth identity, resilience and culture.

The report emphasizes that no single approach is likely to be effective on its own. Delivering services that will reduce the risk of suicide requires collaboration and the development of innovative, proactive strategies that support youth, families and communities in crisis.

Hertzman, C. (2000). The case for an early childhood development strategy. *ISUMA: Canadian Journal of Policy Research*, 1(2), 11-18.

Prenatal and early childhood development experiences have an important and long-lasting effect on subsequent health, well-being and competence. This article highlights the determinants of healthy child development and discusses how these can be translated into policy strategies.

Hubka, D. (2003). Participatory evaluation of Aboriginal Head Start. *Health Policy Research Bulletin*, 5, 17-19.

Website access: http://www.hc-sc.gc.ca/dca-dea/programs-mes/ahs_main_e.html

Aboriginal Head Start (AHS) is a collaborative venture between the Population and Public Health Branch of Health Canada and community-based Aboriginal groups in both urban and rural northern communities. Each AHS program is operated by local Aboriginal non-profit organizations. Parents and guardians are encouraged to participate in program development. There are currently 114 AHS sites in urban and northern communities across Canada.

The major goal of the program is to implement and evaluate a number of locally designed and controlled intervention strategies, and determine their impact on Aboriginal children. In particular, it looks at what impact these strategies have on children's self-esteem, their desire for life-long learning and their development into successful adolescents. The program also wants to demonstrate the effectiveness of programs that are locally designed and controlled.

The AHS is being evaluated in two ways. The National Process and Administrative Surveys is collecting information on activities and participation in the program, while the National Impact Evaluation is outcome-oriented, focusing on how AHS has impacted the lives of children, their families and their communities. Despite the challenges of evaluation, Hubka

reports that the program activities in the areas of health promotion and nutrition are having a positive impact.

Hylton, J. (2002). *Aboriginal sex offending in Canada*. Ottawa, ON: Aboriginal Healing Foundation.

This report describes successful Aboriginal programs in the justice field. Hylton suggests that the ideas presented here are relevant to Aboriginal programs outside the justice field, including child and youth mental health. Aboriginal justice programs are more successful than non-Aboriginal justice programs because principles, beliefs and traditions that are part of Aboriginal culture are incorporated and Aboriginal communities are involved in the design and delivery of programs. In addition, attention drawn to social and justice issues in Aboriginal communities generates interest, involvement and support for community improvement.

At the same time, these programs face obstacles such as inadequate financial resources and infrastructure, and uncertainty about respective roles and responsibilities that characterize relationships between Aboriginal programs and the dominant non-Aboriginal ones. As well, Aboriginal programs are confined to a particular geographic area (off-reserve Natives) and even successful programs seldom benefit from the recognition and security that comes with funding, established policy, and legislated commitments. Recommendations for this report include:

- A strategy and commitment to improve local control of program design and management.
- Mandatory cross-cultural education for staff working in the system.
- Increasing numbers of Aboriginal staff.
- Involving Aboriginal paraprofessionals.
- Providing special assistance to Aboriginal offenders.
- A strategy and commitment to establish Aboriginal advisory groups at all levels.
- Increasing the recognition of Aboriginal culture and law.
- Strengthening Aboriginal self-determination.

Ing, R. (1990). *The effects of residential schools on Native child-rearing patterns*. Unpublished master's thesis, Vancouver, BC, University of British Columbia.

The major findings of this thesis indicate that the residential school experience contributed to the disintegration of the family, creating the chaotic conditions that currently exist in many Native families. Canadian society does not adequately acknowledge the connection and survivors are needlessly burdened with guilt, resentment, anger, revenge and frustration. Health care professionals must encourage clients to discuss their hurts, as well as the feelings that arise out of these hurts. In many cases, it is useful to involve Native spiritual leaders in the process to provide additional support. Healing workshops can help individuals understand the the impact of past experiences on their present functioning. Native parenting programs must be centered on practices that stress cultural and traditional child-rearing patterns. Parental involvement and local control of education is critically important. Parents who attended residential institutions often fear schools and it is important to provide culturally-oriented parenting programs that are connected with schools to help them overcome the fear.

Kirmayer, L. J. (1993). *Suicide in Canadian Aboriginal populations: Emerging trends in research and intervention*. Montreal, QC: McGill University, Institute of Community and Family Psychiatry and Division of Social and Transcultural Psychiatry.

Suicide is a significant measure of the grim social conditions existing in many Aboriginal communities in Canada. This report examines, and attempts to compare, the nature of suicide in Aboriginal communities with that in Canadian society. The authors seek to identify the characteristics of suicide that are common to both, and those that are exclusive to Aboriginal communities. Distinctions have often been explained by differences in culture and history but the authors argue that other variables such as economic challenges, geography (urban vs. rural vs. remote), community size and degree of infrastructure may also account for observed differences.

The report highlights the risk factors for completed and attempted suicide among Native American. These include frequent interpersonal conflict, prolonged or unresolved grief, chronic familial instability, depression, alcohol abuse or dependence, unemployment and a family history of psychiatric disorder (particularly, alcohol abuse, depression and suicide). The risk of suicide is likely exacerbated in Aboriginal youth due to cultural alienation and problems with identity formation. The report reviews what is currently understood about the effectiveness of various types of interventions for the screening and treatment of suicidal individuals, the prevention of suicide and the post-suicide assistance of affected individuals and communities.

Krawll, M. B. (1994). *Understanding the role of healing in Aboriginal communities*. Ottawa, ON: Solicitor-General of Canada.

The report defines the concept of Aboriginal healing as applied to crime, victims of crime and community health in general. It also describes how offenders can be part of the healing process and recommends government roles and strategies for supporting healing in Aboriginal communities.

LaFramboise, T., & Howard-Pitney, B. (1995). The Zuni life skills development curriculum: Description and evaluation of a suicide prevention program. *Journal of Counseling Psychology*, 42(4), 479-485.

The school-based Zuni life skills development program is a culturally compatible curriculum for the prevention of American Indian adolescent suicide. The results of this study suggest that combining a social cognitive/life skills approach with peer helping was effective in decreasing risk factors and nurturing protective factors associated with suicide. The program helps students to acquire skills to manage their self-destructive patterns and coaches them to assist their peers in dealing with suicidal ideation and behaviour. Authors recommend early application of the intervention and repeated exposure to the program throughout the stages of an individual's development.

LaRocque, E. (1993). *Violence in Aboriginal communities: Report for the Royal Commission on Aboriginal Peoples*. Ottawa, ON: National Clearinghouse on Family Violence.

This report was commissioned to examine women's perspectives on factors that contribute to and sustain domestic violence and to develop strategies aimed at reducing and eliminating violence. The strategies are presented in three categories: prevention (primarily targeting youth), services for victims and judicial action regarding offenders.

Latimer, A. (1992). Effects of oppression on individuals and families: A keynote address. Journey to Family Health Conference, Sto:lo Nation.

In First Nations and Aboriginal communities, ceremonies, rituals and ways of being are based on the circle, which teaches connectedness, inter-connectedness and establishing relationships to all parts of our being. Latimer argues that racism splits the world into dominant and submissive spheres; in Aboriginal communities, individuals are oppressing one another with horizontal violence. Aboriginal communities need to create rituals around life-giving ways of interacting because culture provides meaning and understanding of our place in the world. Today, to help the healing, communities are trying to root themselves to attain a feeling of permanence, a feeling of being a part of all things and a sense of relatedness to all things. That is what healing is.

Levy, T. M. (Ed.) (1999). Handbook of attachment interventions. San Diego, CA: Academic Press.

Levy describes attachment and the causes of attachment disorder. The most common causes are abuse, neglect, multiple out-of-home placements and other prolonged separations from the primary attachment figure. All of these have been associated with the history of residential schooling and treatment of First Nations and Aboriginal children by child welfare agencies. Levy explores benefits that are usually derived from healthy attachment between caregivers and children, and addresses the effects of insecure attachment. Levy discusses four areas in which solutions may be found:

- Attachment-focused assessment and diagnosis.
- Specialized training and education for caregivers (corrective attachment parenting).
- Treatment for children and caregivers (corrective attachment therapy).
- Early intervention and prevention programs for high-risk families.

McCormick, R. (1995). The facilitation of healing for First Nations people of British Columbia. *Canadian Journal of Native Education*, 21(2), 249-322.

This work grounds healing in a holistic worldview that is defined from the perspective of Aboriginal people. The key findings indicate that healing can be promoted by: participation in ceremony, expression of emotion, learning from a role model, establishing a connection with nature, exercise, involvement in challenging activities, establishing a social connection, gaining an understanding of the problem, establishing a spiritual connection, obtaining help/support from others, setting goals, anchoring self in tradition and helping others. Healing in First Nations communities must involve re-establishing interconnectedness through activities that nurture strong connections with family, community, culture, nation and spirituality.

McKnight, J. (1995). *The careless society: Community and its counterfeit*. New York: Basic Books.

Care is the consenting commitment of citizens to one another. Care cannot be produced, provided, managed, organized, administered or commodified. Care is the only thing a system cannot produce. Every institutional effort to replace the real thing is a counterfeit. Through the invention of childhood, we have made children the raw material of the “helping” professions. The result has been the loss of the capacity of families, communities, neighbours,

neighbourhoods, churches and synagogues to include children as a useful part of their communities. Policies that use age to separate people into the categories of young, middle age and old in order to meet the needs of a growth-oriented caring economy should be systematically dismantled. The age-oriented service industries break up families and communities, and decimate the caring capacities of human beings.

Middlebrook, D., LeMaster, P., Beals, J., Novins, D., & Manson, S. (2001). Suicide prevention in American Indian and Alaska Native communities: A critical review of programs. *Suicide & Life-Threatening Behavior*, 31, 132-149.

This article provides background on the epidemiology of suicide and presents a critical review of selected suicide preventive intervention programs identified in the published literature, with consideration of the methods used to evaluate the programs. The article also discusses practices and policies and offers recommendations.

In particular, the article describes three programs discussed elsewhere in this bibliography, including the Zuni Life-Skills Development curriculum (see LaFromboise), the Western Athabaskan “Natural Helpers” (see Centres for Disease Control and Prevention), and the Blue Bay Healing Centre (see Fleming).

Mussell, W., & Stevenson, J. (1999). *Health authorities handbook on Aboriginal health*. Vancouver, BC: Aboriginal Health Association of B.C.

This handbook provides an overview of colonization and its effects generation to generation. The information provides a basis for understanding present-day living conditions of First Nations and other Aboriginal peoples. It also highlights practical ways and means to promote family and community wellness. An important message in this handbook is that many adult Aboriginal people are products of institutional care. Custodial care is by nature limited and gives priority to meeting basic physical needs while other needs receive less attention and are often left totally unsatisfied. As a result, First Nations peoples need to acknowledge and understand that meeting emotional, intellectual and spiritual needs is critical for survival and personal growth. The challenge is to learn how these needs can best be satisfied. Effort needs to be directed at building community capacity to ensure there will be a broad base of local knowledge and skills to create and sustain change.

Perrin, B. (1998). *How does literacy affect the health of Canadians?* Ottawa, ON: Health Canada.

Website access: <http://www.hc-sc.gc.ca/hppb/phdd/literacy/literacy.html>

The primary purpose of this report is to heighten awareness about the importance of literacy in relation to health. Literacy is a major variable influencing health in a variety of ways. The report touches upon some of the mechanisms by which literacy affects health and suggests some of the ways in which the health field can respond. It suggests action steps and areas in which further research could be useful.

Poonwassie, A. (2001). An Aboriginal worldview of helping: Empowering approaches. *Canadian Journal of Counselling*, 35(1), 63-73.

The aim of this article is to create an awareness, knowledge and understanding of Aboriginal worldviews that will facilitate non-Aboriginal peoples working with Aboriginal communities, families and individuals. The article describes the foundations of Aboriginal worldviews. Traditional approaches to providing support and healing are discussed including story telling, teaching and sharing circles, participation in ceremonies and role modelling. Communities are more likely to find healing and undergo successful change if solutions are based on the communities' worldviews, cultural imperatives and traditional practices. To work effectively non-Aboriginal people working in Aboriginal communities must be willing to consider and understand the worldviews of Aboriginal peoples. The following recommendations were provided to counsellors but could likely help in a variety of situations:

- Be aware of the socio-political factors that affect the client.
- Understand that culture and language may be barriers in the counselling process.
- Acknowledge that feeling different may influence the client's openness to change.
- Emphasize the importance of worldviews and cultural identity in the counselling process.
- Understand cultural and communication style differences among various groups.
- Become aware of one's own cultural biases and assumptions.

Sal'i'shan Institute. (2002). Presentation to Romanow Commission regarding First Nations health: Pooling of best thinking. Chilliwack, BC: Sal'i'shan Institute.

This report highlights the importance of culturally relevant education and training. These skills and knowledge are needed in areas such as individual and family reconstruction, social network interventions and community development. With respect to the latter area, it is particularly important that strategies engage the entire community and focus on family healing and wellness. Community development activities can serve a variety of functions by identifying and utilizing local resources; identifying and addressing community needs and issues and engaging the community in this process; identifying and using circles of support; promoting development of 'vision and voice'; and nurturing and supporting leaders to engage in genuine dialogue with each other.

Schinke, S. P., Botvin, G. J., Trimble, J. E., Orlandi, M. A., Gilchrest, L. D., & Locklear, V. S. (1988). Preventing substance abuse among American Indian adolescents: A bicultural competence skills approach. *Journal of Counseling Psychology*, 35(1), 87-90.

These authors evaluated a bicultural competence skills program based on bicultural competence theory and social learning principles. The program included 11 elements of positive youth development principles including social, emotional, cognitive, behavioural and moral competences, positive identity, bonding, self-efficacy, recognition for positive behaviour, opportunities for prosocial involvement and prosocial norms. Adolescents exposed to the program showed significantly greater understanding of substance use and showed less favourable attitudes towards substance abuse than the control group. The intervention group also showed significant improvement in behaviours such as assertiveness, self-control and responding to peer pressure to use substances.

Swinomish Tribal Mental Health Project. (1991). *A Gathering of wisdoms, tribal mental health: A cultural perspective*. La Connor, Washington: Swinomish Tribal Community.

The authors orient readers to the concepts of victimization, oppression and alienation experienced by Indian people in their relationship with dominant society. They pay particular attention to four contemporary problems: depression and suicide, school problems, somatic difficulties and child neglect, which are associated with an insecure personal and cultural identity. Community problems are characterized by:

- Multiple and interacting family, financial, physical, legal and psychological problems.
- Acute symptoms masked by related problems (e.g., alcoholism, violence, physical illness).
- Diagnosis complicated by different cultural norms and symptom patterns.
- Common occurrence of depression in First Nations communities.
- Experiencing emotional and psychological problems as physical illness.

To complement the analytical parts of the study, the authors are careful to discuss remedies and solutions that are cultural and practical. A number of important considerations regarding the mental health care of Native peoples are featured: worldview, spiritual attitudes, concepts of health and illness, family relations, values, social norms and communication styles. In addition, the report discusses cultural identity, acculturation, biculturation, cultural congruence and cultural predominance. Guidelines for culturally congruent mental health services are outlined.

Van Uchelen, C. (2000). Individualism, collectivism, and community psychology. In J. Rappaport & E. Seidman (Eds.), *Handbook of Community Psychology* (pp. 65-78). New York: Kluwer Academic/Plenum Publishers.

The author examines the contrast between approaching psychological research with an individualistic ideology as opposed to a collectivist perspective. Individualism can be defined by independence, autonomy, agency, emotional detachment from others and competition. Collectivism is defined by cooperation, emotional attachment to others, concern with others' opinions and attention to family and relatives. Although individuals within cultures vary to the extent that they express either sets of traits, cultures overall can be characterized as being either individualistic or collective in nature. As a prominent perspective in our culture, the individualistic approach can restrict and distort one's view of social reality. Van Uchelen argues that to properly understand psychological phenomenon, especially in instances marked by substantial diversity and cultural differences, researchers must recognize and consider both the individualistic and collective perspective.

Van Uchelen, C. P., Davidson, S. F., Quressette, S. V. A., Brasfiend, C. R., & Demerais, L. H. (1997). What makes us strong: Urban Aboriginal perspectives on wellness and strength. *Canadian Journal of Community Mental Health*, 16(2), 37-50.

This article emphasizes the importance of developing an approach to Aboriginal mental health planning that is based on how Aboriginal people conceptualize wellness and describe their strengths. The work is based on interviews with First Nations people living in an urban neighbourhood in Vancouver. The report highlights some basic steps to increase understanding about Aboriginal perceptions of wellness and strengths:

- Understand how people in the community describe wellness and strengths.
- Highlight the common themes that relate to existing indigenous resources.
- Support and build on these resources.

Whelshula, M. (1999). *Healing through decolonization: A study in the deconstruction of the western scientific paradigm and the process of retribalizing among Native Americans*. Unpublished doctoral dissertation, California Institute of Integral Studies, San Francisco.

The author is a member of an Aboriginal community in Washington State who came to know her community as an adult. In her dissertation, she examines the role of culture and community. She argues that at the moment of conception, a child is already developing its psychological worldview. The language of US culture maintains objectification and dissociation by describing the world predominantly as relationships between objects. It is also very limited in its expression of time and space and diminishes the complexity and richness of life. Due to the forced assimilation into this “man-made” paradigm, the human universe is suffering from psychic and spiritual trauma. In order to decolonize and reclaim the true indigenous ways of knowing, Aboriginal communities must understand the nature of the Western scientific worldview and our Original Knowledge.

Everything in life revolves around relationships. Relating is an essential experience necessary to the survival of all living things. In general, the Western worldview has demeaned the Aboriginal self-concept of women and men; it has actually defined these elements (all of our relations) out of existence, just as it has done with the myriad of Indigenous cultures around the world. When men disparage and devalue women they, in turn, diminish their own power and value. In order to reclaim our indigenous self-concept, Aboriginal communities must understand the current self-concept and where it came from. This self-concept lays the foundation for the work to follow as we begin to decolonize.

The demons of colonization hide in habitual behaviour and thought; once they are called by name, they materialize and their true nature is revealed. However, there is so much fear around getting in touch with the pain that unique and ingenious ways to avoid it are devised. A lack of appropriate words to describe nuances of various feeling states is one of the greatest obstacles to expressing our feelings.

White, J. (1998). *Youth suicide prevention. A framework for British Columbia*. Vancouver, BC: University of British Columbia, Suicide Prevention Information and Resource Centre.

The author uses an ecological model to describe suicide and suicidal behaviour within a context of settings (individual, family, peers, school, community, culture, society and the environment). Each setting represents a sphere of influence in the emergence of suicidal behaviour. Suicide is a complex problem involving a number of spheres of influence, and a number of predisposing, contributing and protective factors. The author emphasizes that, since there is no single solution to suicide, efforts must be balanced judiciously between reducing risk in the environment and promoting the development of resilient characteristics in children and youth. Understanding what creates resilience in youth is especially important. The author describes: traits of resilient children and youth; characteristics of family, school and community that support development of resiliency; and social influences that include cultural attitudes, social integration and economic factors.

White, J., & Jodoin, N. (2003). *Aboriginal youth: A manual of promising suicide prevention strategies*. Calgary, AB: Centre for Suicide Prevention and RCMP National Aboriginal Policing.

This comprehensive manual focuses on planning and implementing suicide prevention programs. The work represents a collaborative effort between the Centre for Suicide Prevention and the RCMP Aboriginal Policing Branch. This practical guide supports the development of new programs and complements the efforts of individuals and groups already engaged in suicide prevention activities.

A model proposed by the authors identifies the multiple layers of influence—the individual at risk, family members, peers, the school environment and community, culture, society and the environment. The interaction of risk and protective factors across multiple spheres of influence identified above are discussed. The authors provide guidelines on how to determine if a prevention program is having an impact. A number of strategies, and culturally relevant and effective programs are described using the following categories:

- Community renewal strategies: cultural enhancement, traditional healing practices, community development, inter-agency communication and coordination.
- Community education strategies: peer helping, youth leadership, community gatekeeper training, public communication and reporting guidelines.
- School strategies: school gatekeeper training, school policy and school climate improvement.
- Youth/family strategies: self-esteem building, life-skills training, suicide awareness education, family support and support groups for youth.

The authors argue that a community-wide multicultural approach to youth suicide prevention is necessary. Seven practical steps are outlined to show communities how to begin developing a program. These guidelines will also assist communities to enhance already established programs.

Williams, L. (1991, June). Paper presented at the meeting of the First Indian Residential School Conference, Vancouver, BC. (Full reference available from Sal'i'shan Institute)

Residential schooling has impacted the lives of First Nations families and communities. A critical effect has been the disruption of healthy family interactions, especially the rights of parents to transmit their identity to the next generation. Another result is the violation of trust inherent in colonial oppression, and the withholding of communication and silent suffering brought on by the residential school era. Williams suggests that the solutions to these challenges will be found in the strengths of the First Nations people and families. Through the power of language and dreams, of sharing thoughts and feelings, transformation and transcendence of the problem will come. First Nations people must look within themselves and within their communities for the path to freedom.

Wolfe, D. A., & Jaffe, P. G. (2001). Prevention of domestic violence: Emerging initiatives. In S. A. Graham-Berman & J. L. Edelson (Eds.), *Domestic violence in the lives of children* (pp. 283-298). Washington, DC: American Psychological Association.

The authors challenge the common belief that crisis management is the best response to domestic violence. Although crisis management is at times necessary, more attention must be given to prevention. The chapter highlights major issues in the prevention of domestic violence including goals of prevention efforts, theories about domestic violence and abuse, and strategies that consider diversity and address life-span development. Although evaluation data are lacking, there is general consensus that children and adolescents (particularly those growing up in violent homes) must be an important focus of prevention efforts.

With respect to goals, the authors recommend that prevention should be aimed at fostering healthy non-violent relationships rather than identifying, controlling and punishing violent and abusive behaviour. With this perspective, interventions would likely target school-based curriculum, neighbourhood-based health and social services, and family-based child and health care. The authors emphasize that since many children are exposed to violence not only in their home but also in their neighbourhood and school, collaboration among service systems is important.

The authors describe a model of prevention that is sensitive to developmental needs across the life-span. The prevention model includes primary, secondary and tertiary community-level efforts. There needs to be both public and government commitment to making prevention a long-term priority. The emphasis needs to be on a comprehensive, coordinated, integrated approach that is consistent across communities. In addition, funding for evaluating the effectiveness of prevention efforts will support the development, implementation and operation of future programs. Finally, the authors believe that there needs to be a national policy on zero tolerance for domestic violence with adequate training and services available to support the needs of abused women and children.