Shared Experiences
Blending Aboriginal Traditions with Mainstream Services on a Young Person's Journey to Healing

Lisa Martin, MSW, RSW

Presenter: Lisa Martin

“Begaanmik-wane and Waban Ahnung” (Having Met the Wind Element & Showing people to the Eastern Doorway).

MSW, RSW; is of the Crane Clan, from the Chippewas of Kettle and Stony Points First Nation.

Currently employed as an Indigenous human rights adviser with the Ministry of Community Safety and Correctional Services in the Strategic Projects Unit - Human Rights Plan.

Objectives for today…

- First Nation awareness
- Exploring Intergenerational and Historical Trauma
- Signs & Symptoms of Trauma
- Blending Traditional Indigegogy and Mainstream Services
Did you know….

- There are 136 First Nations in Ontario
- 12 Recognized Languages
- Family
- Continuum
- Giving acknowledgement to traditional land and territory
- Bio-psycho-social-demo
- Unpacking myths

Effects

- Individual Trauma
- Intergenerational Trauma
- Historical Trauma
- Family Trauma
- Self-worth
- Self-esteem

The Brain

Reference: Image from Keep Kids Safe
http://keepkidsafe.org/effects-of-child-abuse/
Intergenerational & Historical Trauma

Historical Timelines
- Indian act
- The pass
- Residential Schools
- 60's scoop
- White paper/red paper
- Right to vote
- Canada 150

Two Spirited
LGBTQ2S
Recognizing the Signs and Symptoms of Trauma


Signs & Symptoms

- Helpless & hopeless
- One can’t do enough
- Hyper-vigilance
- Diminished creativity
- Inability to embrace complexity


Minimizing

Signs & Symptoms

- Dissociative moments
- Persecution
- Guilt
- Fear
- Anger & Cynicism
- Chronic ailments/physical exhaustion
- Inability to empathise


Signs & Symptoms

- Grandiosity
- Inability to listen/deliberate avoidance
- Addictions

Bridging Traditional Indigegogy and Western Mainstream Services

Me & Wab Kinew
LOOKING BACK

TEACHING

Worldviews/Paradigms

Aboriginal
- Circular
- Aboriginal language – 80/20
- Oral society
- “Indigenous/Aboriginal ways of knowing as described in the literature is the traditional knowledge transmitted from one generation to the next. This body of knowledge is holistic, family & community oriented, with an understanding of ancestral knowledge.”
  - Simpson (2004)

Mainstream
- Linear
- Time lined - systematic
- English Language made largely of nouns
- Science oriented (largely)
  - Quantifiable

Paradigm Shift “Way of Life”
Program Guidelines & Requirements (PGR) #1 (p. 7)

- “Incorporating the perspectives of First Nations, Métis, Inuit, & urban Aboriginal populations…in longer-term planning, including establishing clear service pathways to culturally appropriate services, is a key component of the Core Services Delivery Plan & the Community Mental Health Plan.”

Program Guidelines and Requirements (PGR) #1 (p. 11)

- “Understand the demographics of the population within the service area, including…First Nations, Métis, Inuit, urban Aboriginal children & youth…& their linguistic & cultural needs.”
Program Guidelines and Requirements (PGR) #1

- Strengths, Needs, Risk Assessment considers family, cultural, socio-economic, religious contexts (p. 27)

---

Because Young People Matter

Reference:

---

Because Young People Matter

First Nations, Metis, and Inuit Young People In Residential Care (p. 73)

- Young people’s concerns:
  - Lack of services within a reasonable proximity
  - Limited access to cultural programming/spiritual guidance
  - Concerns about racism; lack of sensitivity to the historical context
  - Isolation from families, friends, communities
  - Cultural appropriateness
    - Food/menu (lack of option for traditional food)
    - Limited access to cultural programming
    - Learn their language
    - Participate in community ceremony
    - Incorporate traditional knowledge in health, healing, education
  - Lack of spiritual support
Because Young People Matter (p. 74)

- **Implications**
  - Partnership process with FNIM
  - Tracking residential service trends specific to FNIM youth
  - Aboriginal representation
  - Increase standards for staff qualifications (partner with Aboriginal service providers)
  - Alternatives to residential care
    - Customary care
    - Kinship

Honouring the Truth, Reconciling for the Future

CBC News (Dec 14, 2015)

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders, where requested by Aboriginal patients.

24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices.
Feathers of Hope Justice and Juries: A First Nations Youth Action Plan for Justice

(March 7, 2016)


Providing an Integrated Experience

1. Mental health supports, i.e., Elders and counselors, must be made available to Aboriginal people who are part of trials and inquest juries. These supports must also be provided to Aboriginal witnesses who sit in the courtroom and those who video-conference in. These supports should ideally be coordinated in advance and be provided by a victim witness program and have training in line with that provided to Indian Residential School mental health providers who were part of the work of the Truth and Reconciliation Commission of Canada.

7. The government of Ontario must begin applying the Gladue court model of practice to child welfare matters and create individualized reports, like the Gladue reports, considering the historic trauma and history of Aboriginal peoples before making decisions tied to bringing children into a care system that will take them away from their families and communities.
Building Relationships
- Connections
- Incorporating Traditional Indigegogy
- Healers
- Ceremony
- Arts
- Education
- Consultation
- Partnerships

Governance System
Plans of Care - Clans

Demonstration of a Circular process
Formulation

Next Steps

- Indigenous Cultural Competency Training
- Incorporating Indigegogy – teachings
- Trauma informed Care – ex: Sanctuary
  - What happened to you vs. what is wrong with you?
  - There are many different approaches to Trauma-Informed Care, but they all share 4 core principles:
  1) Everyone knows & is aware of trauma and its impact
  2) Everyone needs to feel safe morally, socially, physically, and psychologically
  3) Everyone involved in care feels that there is choice, collaboration, and connection
  4) Plans of care include strengths & skill-building to develop resilience and coping skills
Next Steps

What are the trauma impacts?
- Intergenerational
- Historical
- Individual – Continuum, Stigma, MH, Two-Spirit
- Education needed, Socio-demographics, Moves
- Who's all involved or has been, etc.
- Takes a while to answer

Relationships are key
- Ceremonies
- Feasts
- Socials
- Traditional Medicines

Next Steps

Who would the family like present at meetings/services?
- Extended family
- Traditional workers
- FNIM services
- Are there FNIM services available for those that want it?
- Health Centres
- Friendship Centres
- Healing Lodges
- How/Where does blending of mainstream & Traditional/FNIM services need to occur?

Next Steps

Qualitative vs. Quantitative – Oral
Aboriginal Lens – Continuum
Truth and Reconciliation Commission - Recommendations
Feathers of Hope – Recommendations
Looking back
How can blending occur (ie. Formulation, POC's)
What are the mapping guidelines?
Objectives for today...

- First Nation awareness
- Exploring Intergenerational and Historical Trauma
- Signs & Symptoms of Trauma
- Blending Traditional Indigegogy and Mainstream Services

Questions and Answers

Reference List


Reference List


