The Qualities of Reputable Therapists of Indigenous Clients

by

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Abstract

Indigenous Canadians are in a mental health crisis and do not receive adequate mental health service. This is evident as Indigenous clients access mental health services at twice the average rate while still showing a twice as high rate of suicide. Indigenous clients also only have a 50% likelihood of returned for a second session with a therapist. We know some therapists produce better outcomes than others and that some therapists produce better outcomes with clients of certain ethnicities. By looking at the qualities of therapists who have a reputation for being effective with Indigenous clients, we could learn more about what makes a therapist effective with Indigenous clients. Reputable therapists were located through a snowball sampling technique by asking Indigenous Elders and individuals in mental health professions who they would refer an Indigenous loved one to for help with a mental health issue. The first five individuals to reach five referrals were contacted and interviewed about themselves and their work with Indigenous clients. The interviews were transcribed and then analyzed using the qualitative research technique of reflexive thematic analysis. Three overarching themes, each with five sub-themes, were created. *Who Are They?* involves the personal traits of the five reputable therapists and contains the themes of *Humble, Humourous, Strong*, *Open*, and *Rural*. *How Do They Practice?* involves aspects relating to the work these therapists do with their Indigenous clients and contains the themes of *Using Identity, Indigenously, Integratively, Ethically,* and *With Love. What Can We Do?* involves the practical steps therapists can take to improve their work with Indigenous clients and contains the themes of *Do the Work*, *Learn New Ways*, *Work Cross-Culturally*, *Walk Between Worlds*, and *Build Trust*. It is hoped that these findings will help individuals who wish to work with Indigenous clients get better results and address the TRC calls to action to reduce the health gap for Indigenous clients.

Preface

This thesis is an original work by Nathan Beaucage. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name “Determining the Qualities of Expert Therapists of First Nations Clients”, ID: Pro00093727, May 21, 2020.

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The Qualities of Reputable Therapists of Indigenous Clients

"Could I be effective with Indigenous clients?" That question was in my mind throughout much of my post-secondary education. When I returned to university after almost 15 years working various unfulfilling jobs, it was with a purpose. This wasn't like my first year of university, straight out of high school, lacking any direction or purpose, a natural achiever without having had to learn how to study or apply myself, enjoying my social life and neglecting my academic life, finally asked to leave due to an unacceptable GPA. No… this time it was personal. Psychologists helped me at a time when I needed it and I wanted to give back by helping others in my former position. Naively, I set out to join their ranks.

It has now been 15 years since I returned to university, first achieving an honours Bachelor of Arts, then a Master of Education, now attempting to achieve a doctorate. I have amassed a great deal of knowledge—and student debt—for my efforts, and though a PhD is not necessary to practice psychology in Alberta, I am glad that I undertook this tremendous challenge. A challenge I also could not have achieved without the assistance of my band, Muskeg Lake Cree Nation. I am indebted to them over the years as their funding helped make an impossible dream a reality and I want to repay my community. I could think of no better way than to attempt to help Indigenous peoples through what I was being taught: psychological research.

My initial attempt during my honours bachelor's degree was met with resistance. Research involving Indigenous peoples is highly scrutinized and ethically vetted in response to mistreatment of Indigenous peoples in the past and researcher abuses of power. Because of this broken trust, extra steps must be taken to ensure that no harm will come to Indigenous peoples of Canada as a result of the research. Yet, what I saw was that these difficulties can prevent

potentially helpful research even being done. This did not sit well with me. Doing nothing out of fear did not seem an acceptable "lesser" evil. I did not want to do nothing—I wanted to do something meaningful.

It was during my master's degree that I really started learning about therapy effectiveness and "master" therapists. This research seemed vital to me as an upcoming practicing psychologist: what should I do and what should I be like to be the most helpful to my clients? It was later during my cross-cultural counselling class where I began to wonder what makes a "master" therapist of Indigenous clients, or if such a thing could even exist. If it could, what would that look like? What would they be like? How would they practice? And, perhaps like some of my readers, I wondered if I could become a master therapist of Indigenous clients. This research attempts to answer these questions.

In many ways this dissertation mirrors my, our profession's, and our society's growth and evolution towards how we view and work with the Indigenous peoples of Canada. While the literature review and background may read clinical- and deficit-focused to the reader, I would encourage you to read on to the results and discussion for the lessons and teaching of the therapists I had the privilege to interview, and potentially learn and grow, as I did, through this experience.

Indigenous Clients

In order to contextualize reputable therapists of Indigenous clients, the following provides an overview of the demographics, culture, and mental health concerns of Indigenous peoples of Canada and bespoke counselling approaches intended to help them.

Canada's Indigenous Demographics

Statistics Canada (2023) provides the best information we have regarding Canada's Indigenous population based on their 2021 census. *Indigenous* is a broad term which generally refers to the people who inhabited an area before colonization. In Canada, Indigenous peoples include the First Nations, Métis, and the Inuit (Statistics Canada, 2023). Essentially, with the notable exception of Métis, Indigenous peoples existed in Canada long before Canada was the country we know today.

The Indigenous peoples of Canada are comprised of approximately 1.8 million individuals, or 5% of Canada's 36 million population (Statistics Canada, 2023). First Nations peoples account for approximately 58% of the Indigenous population (Statistics Canada, 2023). The First Nations people are Indigenous Canadians who are members of one of the 634 recognized bands that exist across Canada (Statistics Canada, 2023). Approximately 40% of First Nations people live on a reserve or settlement. The Métis people are Indigenous people with mixed First Nations and European heritage, originally that of the French, British, and other settlers and soldiers who colonized Canada, and whose history and heritage is distinctively tied to the historic Métis Nation homelands (Blue et al., 2015). The Métis people have a culture that is distinct from First Nation, European, and other Canadian cultures. Métis people account for approximately 35% of the Indigenous population. The Inuit or Inuk peoples live primarily in the arctic regions of Canada and account for approximately 4% of the Indigenous population. Inuit culture is also distinct from First Nations and Métis. The remainder of Indigenous peoples are composed of other Indigenous identities or multiple Indigenous identities (Statistics Canada, 2023).

Canada's Indigenous population is young and growing, having increased by 9.4% since 2016 compared to Canada's overall growth of 5.3% (Statistics Canada, 2023). This growth is due to both birth rate and increases in identification as Indigenous (Statistics Canada, 2023). This trend has decreased in recent years with previous rates as high as 18.9% between 2011 and 2016. Part of this population increase is due to increased Indigenous identification since the passing of Bill C-3 in December of 2011. Bill C-3, or the Gender Equity in Indian Registration Act, built upon Bill C-31 (passed in 1985), which corrected a long-term practice that did not allow the children of First Nations women to become registered as First Nations under the Indian Act if that woman was married to a non-First Nations individual (Gender Equity in Indian Registration Act, 2010). Bill C-3 also passed the right of First Nations status along to grandchildren as well (Gender Equity in Indian Registration Act, 2010).

The vast distinctions between Indigenous peoples of Canada are important to note because oftentimes the research on Indigenous peoples is focused only on First Nations peoples, sometimes very regional, sometimes including the North American Indigenous. A further area of difficulty in distinction is that the names used to refer to these groups of people have changed over the years, including Indigenous, Aboriginal, Native, and Indian at different times, by different groups, with various levels of acceptance or rejection of these terms depending on the individual (Blue et al., 2015). This is further complicated in that sometimes Métis and Inuit are included as First Nations (Blue et al., 2015). For the purpose of this paper, the currently accepted term Indigenous will be used when referring to the First Nations, Métis, and Inuit peoples of Canada.

Cultural Norms, Values, and Traditions

While it can be beneficial in some ways to examine Indigenous peoples as a group in terms of statistics, it is problematic to make assumptions and group Indigenous peoples as a single, homogenous group on two levels (Blue et al., 2010). First, the assumption that all Indigenous peoples are different from the population at large can set them apart from society as a whole and as somehow less than equal. Second, the assumption that Indigenous peoples are all the same, hides the fact that different groups of Indigenous peoples hold different views, norms, and values (Blue et al., 2010). These groups are further subdivided into smaller groups, based on various factors such as region, tribal affiliation, or beliefs. Trimble and colleagues (1996) stated that the difference between values of Caucasians and Indigenous peoples are often smaller than the differences between one Indigenous culture and another. Many Indigenous clients may be physically and culturally indistinguishable from non-Indigenous clients, making curiosity and exploration of a client's cultural memberships important.

There is a story that highlights this variation between Indigenous cultures well (Blue et al., 2010). It tells of a Mohawk psychiatrist who organized an intercultural feast between a Cree and an Iroquois band, with the intent of the feast lasting for three days. On the first night, the Iroquois provided an overabundant feast for all to enjoy, thinking there would be much left over, honouring the belief that they should show the bounty of the tribe. The Cree, however, showed their appreciation by eating all that was provided, showing their belief that one should eat whatever is put before them, so nothing goes to waste. After the initial spread had been consumed, the hosts rushed to purchase and provide more food. The Cree felt like the Iroquois were trying to kill them, and the Iroquois felt the Cree were animals who were eating them out of their food supply. This recounting highlights how even within Indigenous peoples, different

groups hold different values and ideas, thus one cannot assume the same values extend between Indigenous groups (Blue et al., 2010). Similarly, rules (often unspoken) surrounding interactions and appropriate behavior in Indigenous communities are abundant and what is considered appropriate in one community may be insulting in another (Blue et al., 2010). It is therefore important that professionals take the time to learn and understand the particulars of any community they wish to work with (Blue et al., 2010).

Although there are differences within Indigenous peoples, there are also similarities that can aid in developing a level of understanding and empathy in the therapeutic relationship with Indigenous clients. In general, Indigenous hold highly the ideas of community, respect for tribal Elders, core deep values, religious beliefs, close ties to nature, and a spiritual sense of interconnectedness (Blue et al., 2010). Tied to this for many Indigenous is the idea of the Medicine Wheel (Blue et al., 2010). The Medicine Wheel represents a balance between the forces of existence on a four-point, compass-like wheel. This representation reflects an Indigenous-based understanding of all aspects of existence and their struggles for balance. Although the specific makeup of the medicine wheel varies based on community and/or Nation, these forces generally include the physical, emotional, spiritual, and intellectual aspects of every individual. In one example of a Medicine Wheel interpretation, the West and East poles of the Medicine Wheel represent the spiritual and the physical, respectively. The axis between these two points is the domain of the traditional medicine person. The North and South poles are the intellectual and emotional aspects of a person, respectively. The axis between these two aspects is the domain of the counselor. Traditionally, an individual should strive for a healthy balance between these four axes for optimal, healthy functioning. The use of the Medicine Wheel extends beyond just the individual and can be used to solve a larger scope of problems. When applied in

this manner, the North, East, South, and West poles represent identifying issues, what exists now for the group, reactions to the current situation, and what can be done about it. The Medicine Wheel is used to represent all aspects of Indigenous peoples' lives, from stages of development to interaction with others, to their interactions with the Earth, to their place in the cosmos (Blue et al., 2010). Thus, for many, the Medicine Wheel is where both healing and helping begins (Poonwassie & Charter, 2001).

Indigenous peoples hold their Elders in high regard (Blue et al., 2015). Elders are not just the elderly Indigenous population, although Indigenous peoples do tend to feel the elderly should still be respected (Blue et al., 2015). Elders are individuals in the community who are considered wise and experienced enough to act as guides and helpers. An Elder's advice is considered overriding and paramount to an individual seeking help. In fact, if one asks for an Elder's advice, one is considered obligated to follow through with that advice. Such is the respect and power that Elders have in Indigenous society (Blue et al., 2015). Although Elder teachings can differ between Indigenous cultures, one example comes from the Ojibway people. Ojibway Elders promote seven core values of love, respect, wisdom, bravery, honesty, humility, and truth (Benton-Banai, 1988). In a similar vein, Indigenous peoples with a positive self-perception tend to endorse values of kindness, honesty, self-control, social skills, social responsibility, and reciprocity (Trimble et al., 1996).

Generosity is traditionally a key value of most Indigenous peoples (Blue et al., 2010). Often one's position within the culture was determined by the amount they gave away, not the amount they possessed (Blue et al., 2010). Historically, great shows of generosity were shown at sun dances and Potlatches, both traditional ceremonies which were once banned by the Canadian

and American governments, as modern capitalist systems and societies tend to look down upon generosity and sharing of wealth (Blue et al., 2010).

Another important value to Indigenous is spirituality (Blue et al., 2010). Indigenous spirituality is based on the belief of interconnectedness (Blue et al., 2010). Part of this interconnectedness is a dependency of creation on the Creator. Summed up briefly, the belief is that Creator created the Sun and Moon, which then created the plants, which created the animals, which in turn created humans. Thus, man cannot exist, and is dependent on, animals, plants, the Sun and Moon, and Creator. Being dependent on, and connected with, each aspect of existence creates a sense of equality and harmony between humans and nature (Blue et al., 2010).

A set of informal Indigenous behaviour rules has been identified by Brant (1990) and Restoule, (1997). These rules encompass many values and beliefs that govern Indigenous society. These include non-interference, or not reacting impulsively to issues or using coercion; non-competitiveness to manage group dynamics; and emotional restraint, which is self-discipline and the discouragement of strong or violent feelings that could harm the community (Brant, 1990; Restoule, 1997). Other behavior rules include sharing of wealth which benefits everyone and discourages hoarding, as well as suppression of ambition which, as mentioned, helps to keep a hunting and egalitarian society in line. A flexible concept of time is a behavior common to societies in harmony with nature, and Indigenous peoples not expressing gratitude or approval at times is a result of the belief that doing a deed for someone else is its own reward. Correction of inappropriate behaviour via teasing or humor helps to send messages without being insulting, and to minimize embarrassment. Projection of conflict allows the people to live in harmony and move conflict on to other groups. This helps to reinforce the above behavioral rules which help to maintain peace and harmony within the group. “Native protocol”, the rules governing

Indigenous society, may baffle outsiders due to its apparent loose and unstructured nature but does have its own rules which developed for the good of the group over the desires of the individual (Brant, 1990). This does clash quite significantly with what is valued in mainstream society and potentially needs to be considered when counselling or trying to aid Indigenous individuals. Indigenous ways of being, if guided by traditional beliefs, may seem rude or confusing to a therapist coming from another society but need to be understood at a cultural level. It is suggested that while some of these values directly conflict with modern society's ideals, it is important to understand the adaptiveness of Indigenous rules for their own development. Also important is not pathologizing their way of life despite this conflict. The misinterpretation of these rules and the opposition of their beliefs to that of modern, capitalistic, and highly individualistic society, may be a factor in the development of negative stereotypes of Indigenous people (Brant, 1990; Restoule, 1997).

Family is extremely important to Indigenous people (Blue et al., 2010). This importance extends further than the immediate family and incorporates extended family and even the entire culture (Blue et al., 2010). Traditions, beliefs, values, and skills are passed down through families, generation to generation, often through storytelling and demonstration. Because of this, extended family, such as aunts and uncles, often have as much say in the raising of children as the parents. As a collectivist society, Indigenous peoples often consult with their family members when making large decisions, as these decisions may impact the whole society. As such, they often have a strong desire to take jobs that in some way give back to their communities (Blue et al., 2010).

Mental Health Concerns

A review of the literature reflects that Indigenous clients may present with a variety of issues, ranging from problems commonly seen in all clients to culture-specific ones. When we examine some of the commonly presenting issues of Indigenous clients, it can be difficult to distinguish where one issue ends, and another begins. There is an almost cyclical relation between their presenting issues in that often one can be fed by the other, but this sort of struggle may be no different from non-Indigenous clients.

There is little to no debate that the many and disproportionate mental health issues faced by Indigenous peoples of North America are a consequence of colonization (Kirmayer et al., 2009). From substance abuse to suicide, Indigenous peoples experience the same issues faced by all North Americans, but with higher prevalence than non-Indigenous populations (Kirmayer et al., 2009). Though causation is difficult to prove, the history of abuses Indigenous populations have been, and continue to be, subjected to certainly provides an explanation for this discrepancy. Beginning with colonization and continuing with current experiences of racism, marginalization, and disparity, Indigenous peoples face challenges that few other groups do. Qualitative research has revealed forced assimilation as a reported leading cause of poor social and health outcomes for Indigenous peoples. Experiences with residential schooling, and the resulting generational trauma, propagate the trauma that they have been subjected to. However, not all Indigenous show the same discrepancies. Some groups show relatively low amounts of mental and social issues, perhaps due to greater cultural continuity (Kirmayer et al., 2009). The importance of culture being constantly in flux, and understanding that culture is co-created by the members of a culture, is key to understanding the complexity of the ever-changing Indigenous cultures and the challenge for cultural continuity. Even the idea of ‘Indigenous’ is a

construct which both brings some individuals together and divides others. Kirmayer and colleagues (2009) argue that in order for Canadian society to be truly healthy, human rights must be protected, the wrongs of the past must be dealt with, and Indigenous people must be recognized as both individuals and members of distinct nations. Perhaps, with those changes, greater cultural continuity may be established.

Intertwined with mental health, substance abuse is a major problem facing Indigenous peoples. It plays a role in suicides, motor vehicle accidents, school dropout rates, and fetal alcohol spectrum disorder, among other life issues (Blue et al., 2010; Sue & Sue, 2008; Waldram, 1997). Compared to national averages, drugs and alcohol are more often involved in Indigenous suicides, with over half involving alcohol (Blue et al., 2015). It is also seen in 92% of motor vehicle accidents involving driver death, and 80% of deaths due to exposure (Waldram, 1997). Indigenous individuals who report heavy alcohol use typically report a drinking pattern that includes high consumption rates over short periods of time (Blue et al., 2010; Waldram, 1997). Those who engage in this "binge" drinking often suffer from the consequences of such behaviours such as hospitalization, criminal activity, and death (Blue et al., 2010).

Indigenous suicides are a complicated issue. Rates of First Nations suicides are extremely high, nearly three times that of the rest of the country (Blue et al., 2010). That equates to 37 per 100,000 for First Nations, as compared to 13 per 100,000 for the rest of Canadians (Blue et al., 2010). Suicide is particularly prevalent in First Nations young men, who are eight times more likely to die from suicide than non-First Nations young men. Another problem is that First Nations suicides often happen in clusters (Merali, 2017). That is, either a group of First Nations individuals may decide to commit suicide together, or a suicide by a First Nations individual will be followed by multiple others in the community within a short time frame (Merali, 2017).

Suicide rates are shown to be higher where First Nations communities are in close proximity to urban centers, such as in the southern regions of the provinces (Waldram, 1997). This is likely due to the stress such proximity puts on First Nations people to acculturate and the increased exposure to racism, socioeconomic status differences, and Western ideals (Waldram, 1997). Reasons for First Nations suicides are complex but may be related to the cycle of poverty, lack of education and employment opportunities, breakdown of family units, or a lack of cultural identity and practices that can be tied to historic and current colonialism (Blue et al., 2010; Merali, 2017; Sue & Sue, 2008).

Indigenous peoples also struggle with higher-than-average rates of domestic violence (Kirmayer et al., 2009). This is another multi-faceted issue that can be linked to many of the other issues discussed here. The breakdown of families and spirituality still resonates from residential schools, as well as a sense of hopelessness and the difficulties of poverty leading to more negative feelings and behaviors which are then exacerbated by abuse of alcohol and drugs (Kirmayer et al., 2009).

Acculturation is arguably responsible for a wide array of issues faced by Indigenous clients, as many Indigenous clients struggle with acculturation (Blue et al., 2015). This acculturation is a different process from the acculturation newcomers to Canada would experience (which much of the research pertains to) as Indigenous peoples are not newcomers but colonized. The pressures to both acculturate and to remain true to their heritage are strong (Blue et al., 2015), and the struggle to balance these conflicting cultures can lead to severe mental distress. In the past, attempts at acculturation have been forced upon Indigenous peoples by the European settlers and the Canadian government, though colonization and residential schools. Other times it becomes an issue when the conflicting values systems of the cultures

clash. Colonization of North America has led to major damage to Indigenous culture and way of life. At the time of European arrival, the local First Nations population is estimated to have been somewhere between 1 and 18 million (Waldram, 1997). With the advent of European colonization and the resulting introduction of diseases and mortal conflicts between the colonizers and First Nations peoples, the population was decimated, with the earliest census data (from 1867) reporting a population of merely some 127,000 people, horribly tragic regardless of the precontact population (Waldram, 1997).

Part of the acculturation process involves attending Canadian schools and universities (Blue et al., 2010). The problem here is that virtually all schooling in Canada comes from European-centric, capitalist origins, which makes them at odds with Indigenous ways of learning. Being biased towards Western ideals, the teaching methods of Canadian institutions may understandably result in decreased motivation and performance of Indigenous students (Sue & Sue, 2008). Even as soon as grade four, academic performance disparities between Indigenous and non-Indigenous students begin to appear, which is often misconstrued as being due to mental deficiencies (Sue & Sue, 2008).

Indigenous peoples who pursue higher education often struggle with unique educational stress (Blue et al., 2010). Indigenous college or university students often have to move from their communities to large, unfamiliar cities. Where Indigenous students move from rural or remote communities, they may be removed from their support systems and simultaneously immersed in new cultural experiences. These students may “deactivate” or withdraw in response to these new stresses (Blue et al., 2010). If not addressed, this state can become chronic. Given these unique contextual factors, counsellors should be aware of the possibility that Indigenous clients may

appear calm and comfortable but may actually be deactivating and are currently in a major crisis (Blue et al., 2010).

It is theorized that there exists a multigenerational depression from the traumatic colonization of Indigenous peoples (Blue et al., 2010). Tied into some Indigenous peoples' belief that current effects last for seven generations, one can assume traumas from seven generations ago would still influence current generations as a "Freudian psychoanalytic multigenerational trauma" (Blue et al., 2010). This could arguably manifest as a treatment-resistant depression among Indigenous peoples, possibly due to unresolved colonization related traumas.

A striking example of colonization is the residential school system. The last Canadian residential school closed in 1996 (Blue et al., 2010). These schools were created by the Canadian government as a way to assimilate the Indigenous population (Blue et al., 2010). In order to acculturate, or assimilate, Indigenous peoples, Indigenous children were forcibly removed from their families and taken to residential schools. There they were taught Christian beliefs and European languages and way of life for half a day, and then forced to work the rest of the time. Not only were they not being taught what non-Indigenous students were taught, they were used as child labour, and what they were taught was not relevant to life on the reserves. Conditions at the residential school were harsh. Indigenous students were not allowed to speak their native languages, to engage in any traditional or religious activities, to have any contact with their families, were subject to corporal punishment and sexual abuse, and often died from physical abuse, neglect, disease, and malnutrition. This was all to "driv[e] the Indianness out of them" (Blue et al., 2010). As a result, what is sometimes called "residential school syndrome" occurred (Waldram, 1997). Residential school syndrome explains the psycho-social effects of the

residential school programs. It has been theorized that perhaps residential school syndrome is a form of post-traumatic stress syndrome (Waldram, 1997).

What resulted was a deculturation of Indigenous children (Waldram, 1997). The separation from their communities led to poor familial bonds, a deficit in parenting skills being passed on, incorporation of abusive and punishing parenting styles, sexism towards females, demonizing of sexuality, loss of respect for Elders and traditional ways, and a loss of language and culture (Waldram, 1997). In some ways residential schools were successful in achieving their goals, and while this resulted in a divided Indigenous generation with some who felt they did not belong to either society, it also resulted in stories of refusal, resistance, and resilience (Madden, 2019).

Robertson (2006) examined whether residential school syndrome is in fact PTSD from residential school experience, or if it goes further back to the "historic trauma" of colonization. He concluded that although more research was needed, the evidence seemed to point towards residential school syndrome style PTSD rather than historical trauma (Robertson, 2006). The resulting trauma contributed to lasting damage and a distrust of Europeans (Robertson, 2006).

Lastly, given these mental health concerns, there are two additional points that are important to mention. First, an Indigenous client could present with any issue that a non-Indigenous client would. It is all too easy to lump a group together and differentiate them from everyone else. Indigenous clients will likely encounter all the same stressors in life that everyone does. They can experience career problems, relationship issues, deaths of loved ones, school stress, and all the other pains of human existence. So, while we want to keep in mind the common issues Indigenous clients may be faced with or present with, we also want to avoid assumptions as to what brought them into therapy and what they want to work on. We also want

to be cautious to not pathologize Indigenous clients based on values, beliefs, or behaviours that are appropriate in their cultures.

Second, and similarly, the vast majority of Indigenous individuals do get by, succeed, and thrive in this life, just as anyone does. Despite the additional challenges many Indigenous individuals face, they find strength and resilience and make their way through this life in painful, beautiful, ugly, tragic, and heroic ways. Though we do not want to ignore the struggles some Indigenous individuals face, we also do not want to pathologize Indigenous peoples or Indigenous culture as a whole.

Bespoke Counselling Approaches

While in psychotherapy, all clients, Indigenous or otherwise, respond best to treatments targeting their individual needs and strengths. However, it has been suggested that some treatments and methods may be particularly efficacious when treating clients of Indigenous descent. While this runs contrary to the research done by Wampold and Imel (2015) showing all therapies to be equally effective, reputable therapists of Indigenous clients may integrate these theories, strategies, or approaches into their counselling.

Given that Indigenous clients are a diverse group, a counsellor cannot assume much based on the fact that their client is Indigenous. As well, Indigenous clients have a tremendously high therapy dropout rate—some studies show more than 50% do not return for a second visit (Baruth & Manning, 2012; Sutton & Broken Nose, 2005). The reasons why are not known, but as counsellors and researchers, it is important to wonder why. Indigenous clients' values and culture often differ from those of mainstream counselling (Baruth & Manning, 2012). Counsellors who are cognizant of this fact and attempt to tailor any therapy used to their clients' worldviews should be more effective. It is also important to note that Indigenous clients are more

likely to distrust counsellors, especially those with visible European ancestry as a consequence of the years of discrimination at the hands of European Americans and the society and institutions they have created (Baruth & Manning, 2012).

When it comes to substance abuse treatments when working with an Indigenous client, changes in day-to-day living have been suggested as being the most beneficial (Blue et al., 2010). Even though there may be a genetic component to mental health issues, remaining in an environment that continues to promote a behaviour will likely result in continuation of the behaviour (Blue et al., 2010). Additionally, treatments that involve connecting clients to a sense of meaning, family, spirituality, identity, and culture, are shown to be more effective with Indigenous clients (McCormick, 2000). Researchers interviewed 500 graduates from an Indigenous treatment centre and found that graduates felt the program was effective because it employed Indigenous staff, had Elder involvement, provided community aftercare which included traditional healing ceremonies, and provided an alternative to Alcoholics Anonymous philosophy, which uses a spiritual, though primarily Christian, basis for treatment (Stubben, 1997). A scoping review which looked at 19 studies on Indigenous culturally based substance treatments programs determined that they may be effective at improving spiritual, physical, mental, and emotional dimensions in their clientele (Rowan et al., 2014). However, the authors concluded that future studies with more rigorous design, including the use of control groups, were needed.

Judging a client's level of acculturation involves determining how much a client may identify with his or her cultural background. Garrett and Pichette (2000) identified five levels of acculturation for Native Americans. At the traditional level, a person might not speak much English and likely thinks, behaves, and believes in line with their culture. Marginal acculturation

sees the person speaking both their native language and English but still holds to their cultural ways and has not completely accepted the dominant culture. The bicultural level describes a person who practices both the traditional values and the values of the mainstream culture. An assimilated person follows only the dominant culture's ways and abandons their traditional ones. Finally, the pantraditional level is a person who, though they practice dominant culture ways, has made efforts to regain their ancestral cultural ways (Garrett & Pichette, 2000). Determining the level of acculturation of a client can potentially help a therapist to better understand their client and more effectively collaborate with them.

Some argue that a non-Indigenous counsellor should not counsel an Indigenous client, especially if an Indigenous counsellor is available (Blue et al., 2010). This position comes from a deep distrust within many Indigenous peoples of European culture and values due to countless experiences of culturally unsafe care (Blue et al., 2010). Indigenous peoples have experienced a great deal of discrimination from European settlers, which many argue continues to this day. This distrust makes forming therapeutic bonds with non-Indigenous therapists sometime challenging. Without this bond, therapy is unlikely to continue, and if it does, it is thought that the therapy will be unlikely to be effective. Eurocentric therapies are likely to cause Indigenous clients to withdraw or not continue therapy (Blue et al., 2010).

Just as the factors that lead a person to the point of considering suicide are many layered and complex, so is the treatment. While conventional therapy for individuals displaying a risk of suicidal behavior focuses on helping that individual to explore their reasoning for those feelings and the underlying emotions, the underlying issues specific to Indigenous clients may extend far beyond the capability of a one-on-one therapy style to affect real change. While treatment for substance abuse can lead to a decrease in suicide risk due to the link between the two issues, the

high levels of suicidal and parasuicidal behavior among so many Indigenous groups points to underlying community-wide issues that need to be dealt with (Waldram, 1997).

Ideally, for this type of deep-seated problem, there are three levels of prevention that should be engaged: primary, secondary or early prevention, and tertiary or "postvention" (Kirmayer et al., 2007). The place of the counsellor to help on an individual level is in the secondary level, when working with the distressed individual, as well as the tertiary, when counselling those affected by suicide, such as family members left behind (Kirmayer et al., 2007).

Often, the issue when it comes to treatment and prevention of suicide in Indigenous communities is a lack of resources, both for the helper and the struggling client (Kirmayer et al., 2007). Unfortunately, very little research has been done on effective methods of suicide prevention in Indigenous communities, but most guidelines focus less on the role of the counsellor and more on empowering the community to help its own (Kirmayer et al., 2007). Providing training on recognizing at-risk individuals and providing support to primary care providers, such as physicians, teachers and community Elders seems to be more vital to the success of the community. Putting programs into place to help at-risk youth seems to be a key component as well, providing classes in things like life skills, parenting, problem-solving, and suicide education. In addition, the incorporation of traditional teachings and values seems to help significantly, as it aids in feelings of belonging and fostering a sense of pride in the client's heritage. Providing training to youth and peer support may also be beneficial, as it allows the young people, who are at the highest risk level, to connect with other young people who may be going through many of the same experiences (Kirmayer et al., 2007).

While societal health of Indigenous communities is probably the best way to decrease the risk of suicide within those communities, counselling at-risk individuals can also be helpful. Counselling involving education and vocation can help reduce suicide risk factors (Blue et al., 2010). Combining therapy with traditional medicine seems to be an important part of counselling Indigenous individuals (Blue et al., 2010). To help the at-risk youth, counselling should be focusing on helping them to develop important life skills such as raising self-esteem, fostering a sense of belonging to their culture and community and having a responsibility to that community (Blue et al., 2010). Learning to identify stress, recognize negative emotions and deal with them appropriately, and engaging in goal-setting behaviors are also key components of effective suicide prevention counselling (Blue et al., 2010).

It is suggested that therapists treating Indigenous clients may benefit from becoming educated about, and respectful of, the history of Indigenous people, and may collaborate with an Elder or other member of an Indigenous community to ensure they are providing the highest level of care and interpreting cross-cultural mannerisms and behaviour accurately (Blue et al., 2010).

Blue and colleagues (2010) suggest that strength-based approaches may be particularly effective for helping Indigenous people, as they empower the client by having them realize the strengths they have available to them, lay out goals they want to achieve, and work on how they can use those strengths to achieve the goals (Blue et al., 2010). This helps realize the strengths of the individual and sets goals in a positive way, versus more modern therapy methods that deal with the idea of treating weaknesses and areas that are lacking in the client.

Successful treatment for Indigenous peoples may incorporate traditional healing practices, depending on their level of acculturation (Blue et al., 2010). The balance of the four

dimensions as laid out in the medicine wheel—intellectual, spiritual, emotional and physical—is the goal of the healing process (Blue et al., 2010). Rather than a focus on autonomy, as is important to many modern Western individuals, Indigenous peoples may prefer to improve their connectedness, to one another, their communities, nature, and spirituality. For these individuals, traditional ceremonies may be an important part of completing their healing. There are a number of these ceremonies and practices that can be beneficial to the client which vary by culture but may include the sweetgrass or cedar ceremony, where the smoke from burning sage or sweetgrass is used to purify thoughts and offers a point of concentration before a serious undertaking. Vision quests were traditionally four-day or longer solitary ventures, free of food, to seek a vision that could be interpreted by Elders and used to guide the individual in their life. Nowadays, it may be done through meditation or therapy sessions. Sweat lodge ceremonies involve multiple individuals within a small, specially made structure where hot rocks sprinkled with water create the sweat. These ceremonies symbolize purification, rebirth, and a return to traditional ways. Drumming is used by many Indigenous cultures and is an audible way to express the search for a vision and guide. Sun dances are one of the most sacred rites and as such it is difficult to find published information about them. All these ceremonies are deeply rooted in tradition and can help an Indigenous individual to feel connected to their culture and themselves but may be beyond the capabilities of a non-Indigenous therapist to assist with (Blue et al., 2010).

Another tradition that may help is the healing circle, a practice that involves an Elder (or counsellor) who lays out parameters and sets the tone. A sacred object is passed around the circle, and whoever is holding it may speak or remain silent for as long as they would like before passing the object on. Nobody else may speak while someone else is holding the item, and the

circle continues until the problem at hand is resolved.

This sharing among community members is a quality of therapy that is important in Indigenous cultures. While conventional therapy strongly protects individual privacy and confidentiality, the close-knit nature of traditional Indigenous societies lends itself well to community problem solving and helping one another. This can also be implemented in therapy by way of family therapy (Baruth & Manning, 2012). As their traditional values hold family relationships in high regard, calling on extended family members to participate in the therapeutic process, particularly in the early sessions can be very beneficial to the process. As families traditionally work together to solve problems, the family being privy to the client's desired behavior changes and a part of the goal setting process can be greatly beneficial in achieving those changes (Baruth & Manning, 2012).

While the issues presented by Indigenous clients may be the same as those experienced by non-Indigenous clients, they are compounded by culturally specific influences. Integrating traditional healing practices into bespoke psychotherapies seems to be more effective than treatment as usual in helping Indigenous clients to heal and to remain in treatment. I was curious if effective therapists of Indigenous individuals incorporate these aspects into their practice when working with Indigenous clients.

Master Therapists

As I set out to locate "expert" therapists of Indigenous clients, it was important that I familiarized myself with research on master therapists and the concept of expertise. Examining the literature on master therapists can give us insight into qualities which they may universally possess, helping us to understand the qualities which should be encouraged or trained. The research on expertise shows us how one may work towards or achieve mastery in a given field,

methods which may be employed by master therapists. Together, these areas show promise as powerful tools to help improve therapist training and client outcomes.

In 1999, Jennings and Skovholt published the results of a novel approach to therapy research. While others were looking at what was the most effective psychotherapy, or what specific aspects of psychotherapy produced the best outcomes, they decided to examine the qualities and characteristics of therapists who were nominated as masters in their field (Jennings & Skovholt, 1999). While other research showed that some therapists produced better outcomes than others, little was known about the personal characteristics of these master therapists (Jennings & Skovholt, 1999).

Jennings and Skovholt (1999) identified master therapists through the technique of snowball sampling, which began with them asking three informants to nominate three therapists they considered masters in the field (Jennings & Skovholt, 1999). These three nominees were then asked to nominate three more. This continued until a saturation point was reached, whereby individual names were often repeated and no new names arose. The therapists interviewed were the top ten names on the resulting list. They included six PhD psychologists, three master's-level social workers, and one psychiatrist, seven women and three men. They averaged 59 years of age with 30 years of experience employing a variety of theoretical orientations, and all identified as European American (Jennings & Skovholt, 1999).

The master therapists were similar across three domains of cognitive, emotional, and relational qualities (Jennings & Skovholt, 1999). In the cognitive domain, master therapists had a thirst for knowledge and continued learning, utilized their many years of experience yet remained open to learning from their experiences, and held complexity and ambiguity in high regard in terms of human experiences and client outcomes (Jennings & Skovholt, 1999). In the

emotional domain, they showed an openness to feedback from peers and clients, self-awareness, and did not respond defensively to criticism. They were mentally and emotionally healthy individuals who showed maturity, humility, and practiced self-care, and were sensitive to how their emotional health affected their work. In the relational domain, master therapists had developed good relationship skills through their past experiences, believed that the working alliance was at the heart of therapeutic change, and were able to effectively utilize their strong relationship skills in the service of their clients, showing good judgment in timing and comfort with strong emotions. Jennings and Skovholt (1999) conclude that mastery in therapy is not just the outcome of accumulating client hours, but a combination of experience and intelligence which allows for comfort and confidence in working with the complexity and ambiguity inherent in therapeutic interactions.

Skovholt and colleagues (2016) expanded our understanding by painting a portrait of a master therapist. They typically have an early personal life spent understanding themselves and others, while experiencing significant but not overwhelming stress, stressors which were processed instead of cut off, took on a helper role, and see human suffering as a deep and meaningful part of life, and ultimately positive (Skovholt et al., 2016). Their early professional lives are typical, struggling with the ambiguity and complexity of the human condition, the differences between theory and practice, and the struggles to find good supervision when needed, all common to all early therapists, yet their later professional lives are where they are distinguished. Master therapists hold paradoxical characteristics such as being driven to mastery, but never feeling like they have arrived; can enter into the deep inner world of their clients, yet often prefer to be alone; highly skilled therapists, while remaining humble about their abilities; integrated personal and professional selves, but the boundaries between the two are clear;

voracious learners in general as well as in work-specific areas; very giving of themselves yet with a strong private self; and open to feedback from others about themselves, without being destabilized by the feedback (Skovholt et al., 2016). Master therapists were identified as having numerous identifying characteristics (Skovholt et al., 2016). They were seen as having high emotional health and an understanding of the complex ambiguity of the human condition. They reject using simple models and theories with their clients and are motivated to develop themselves and their ability to help their clients. They use their experiences for growth and believe in the therapeutic process as well as in their ability to deliver it. They accept their limits and flaws and value direct data from their work with clients. They are drawn to views on human nature which are profound. They are humble and avoid grandiosity. They possess empathy from their own life experiences and have an internal schema, or wisdom guide, of patterns, practices, and procedures from many years of work. Their personalities and work environments show a "goodness of fit". They are able to enter into another's world and be helpful from there and revere the human condition. They have lived lives of reflection and openness, while looking for areas of growth, leading to becoming a highly functioning self (Skovholt et al., 2016). The characteristic words used to describe a master therapist are alive, congruent, committed, determined, intense, open, curious, tolerant, vital, reflective, self-aware, generous, mature, optimistic, analytic, fun, discerning, energetic, robust, inspiring, and passionate (Skovholt et al., 2016).

The implications of the portrait they created are, firstly, that the highly functioning self which was portrayed really seemed to be about human development in general (Skovholt et al., 2016). This is to say that models of optimal human functioning or development show strong parallels with the idea of the master therapists' highly functioning self (Skovholt et al., 2016).

The second is that the master therapist characteristics dovetail with the Humanistic psychology idea of the ideal human characteristics (Skovholt et al., 2016). Maslow's self-actualized person, Coan's optimal self, Landsman's beautiful and noble person, Rogers' fully functioning person all map onto the master therapists' characteristics (Skovholt et al., 2016). Thirdly, this portrait is similar to descriptions in studies of high functioning therapists, political character, and mentoring, adding validity to the findings (Skovholt et al., 2016). Fourth, a master therapist is not a technique wizard (Skovholt et al., 2016). While knowing techniques is an important part of being a therapist, mastery lies elsewhere. The fifth emphasizes the long, hard, and uneven developmental process to become a master therapist (Skovholt et al., 2016). It can take a lifetime to learn and experience the complexities of the human condition, therefore so too can it take a long time to become a master therapist. Sixth is that there are three essential ingredients in order for a therapist to grow: a will to grow, extensive experience, and reflectivity (Skovholt et al., 2016). The seventh notes that master therapists believe that a positive therapeutic relationship is the most important factor to success with a client (Skovholt et al., 2016). Master therapists see the relationship as the key and have the ability to form and maintain strong therapeutic relationships (Skovholt et al., 2016). Eight, master therapists are also ordinary people (Skovholt et al., 2016). Despite their nominations as masters, these therapists have aspects which are plain, even unlikable by some, had struggles in some areas of life, and had clients or populations they were not effective with (Skovholt et al., 2016). Masters are also human and therefore not perfect. Lastly, and importantly, these findings, and master therapist research in general, may not be applicable to non-Western cultures and people (Skovholt et al., 2016). The ten master therapists were white and Skovholt and colleagues warned that applying these ideals and principles universally should be done with caution.

Caution does not mean inaction, and further research showed interesting, and more universal, results. Based on studies involving international master therapists (discussed next) Skovholt and colleagues updated their portrait of a master therapist, adding trust in clients to the relational domain, growth orientated belief in human nature and cultural knowledge and competence to the cognitive domain, creating a clearer picture of the characteristics that an "ideal" therapist might possess (Jennings et al., 2013).

After Jenning and Skovholt's (1999) seminal work, research on master therapists from around the globe, and in different roles, was undertaken. A study in 2007 looked at five peer-nominated master group counsellors in Korea (Kwon & Kim, 2016). They found nine main themes for Korean master group counsellors including: having a reason for choosing group counselling; being immersed in group counselling; having good mentors; having frustrations but also methods for coping with them; being able to see the positive aspects of pain, deficiency, and anxiety; having experienced situations which contributed to their acquiring of expertise; having strategies for growth; possessing personal characteristics such as self-disclosure, risk-taking in therapy, faith in people, acceptance and empathy; and possessing professional characteristics such as sensitivity to group dynamics, skills to deal with group dynamic, cognitive competence, realistic expectations of self, and they formulate their own counselling theory (Kwon & Kim, 2016).

Canadian researchers Smith and Whelton (2016) looked at nine peer-nominated master couple therapists. They identified three themes: commitment to personal development and self, which involved maintaining their emotional health, aiming for personal growth and self-awareness, being a natural at couples work which created passion for the work, and being modest in their nomination and abilities yet also confident in their abilities to help; commitment to

professional development, which included a belief that their understanding is enhanced through teaching, are committed to continuous learning, are skilful at conceptualization, and they develop an approach to working with couples; and a commitment to relationships, emphasising a strong belief in the therapeutic relationship, the couples therapy alliance, possessing personality qualities which help create strong relationships, see peer relationships as important, have trust in their clients, and are able maintain strong bonds even in the face of conflict (Smith & Whelton, 2016).

Jennings and colleagues (2016) interviewed nine master therapists in Singapore. They identified sixteen themes within four categories. The category of personal characteristics included empathic, nonjudgmental, and respectful (Jennings et al., 2016). The developmental influences category included the themes of experience, self-awareness, humility, and self-doubt. The category of approach to practices had the themes of a balance between supporting and challenging, having a therapeutic stance which was flexible, using a strength-based approach, holding the therapeutic alliance as prime, being comfortable with addressing spirituality with clients, and embracing a multicultural context. The fourth category, on-going professional growth, contained the themes of keeping up with professional development practices, seeing the benefits of teaching and training others, and they talked about the challenges of professional development in Singapore. They also performed a qualitative meta-analysis (QMA), comparing this study to the original master therapist study from 1999. Of the 25 total themes they found 12 themes which were strongly related and eight which were moderately related, creating six meta-analytic categories of relationship, therapeutic alliance, experience, professional development, humility, and self-awareness (Jennings et al., 2016).

Hirai and Goh (2016) examined the personal and professional characteristics of 10 peer-nominated Japanese master therapists. They identified 18 themes within five categories. The first category was cultivating abundant learning, containing the themes of a proactive learning style, ingenuity, massive learning, learning from great mentors, and a supportive environment (Hirai & Goh, 2016). The second category, perceptive understanding of self and others, involved self-reflection, understating the client, having a comprehensive view of the client, and being able to embrace antinomy. The third was effective intervention, with themes of being highly effective, using a multidimensional approach, and being precise yet flexible. Fourth, relationship-building with the client, involves having a deep respect for the client, being open with the client, and engaging in the therapeutic relationship. Last, therapist's humanity, with the themes of the therapist's personality, resilience, and a respect for the profundity of humanity (Hirai & Goh, 2016).

Twenty peer-nominated expert psychotherapists in Portugal were interviewed about their professional development resulting in two major themes, each with two subthemes (de Carvalho & Matos, 2016). The first theme, relational experiences in psychotherapist development, included the subthemes looking at the positive and negative experiences which impacted their practice, and experiences in their personal lives which contributed to their professional development (de Carvalho & Matos, 2016). The second theme, phases and changes of the psychotherapists' development, held subthemes that discussed development of the psychotherapist in the professional and the personal domains (de Carvalho & Matos, 2016).

Nine peer-nominated master Czech therapists were interviewed resulting in 16 themes organized into six categories (Řiháček et al., 2016). The category of having a humble attitude towards mastery, clients, and colleagues held themes of striving for "good enough", an

awareness that mastery occurs in-between the therapists and the client, and humility and humanity (Řiháček et al., 2016). The relationship category's themes involved creating a secure relationship and that the relationship itself is healing. The third category was awareness of one's needs, limits, and resources, with self-nurturing, separation of personal and professional lives, and having an awareness of one's limits and weakness, as themes. Fourth, continuous development, contained themes of years of practice, having an appreciation for the diversity of life experiences, and having one's own personal therapy, education, and supervision. Fifth was the category of engagement with the themes of having care and curiosity, an encouraging perspective, and using self-disclosure. The sixth category was awareness of the complexity of psychotherapeutic work containing two themes of thinking complexly about therapeutic change, and working with information creatively (Řiháček et al., 2016).

Jennings and colleagues (2016) performed a QMA on these 6 studies, plus their own original work. This QMA included 72 peer-nominated master therapists from seven countries. This resulted in eight meta-categories for a synthesis model of master therapists from around the world (Jennings et al., 2016). The first meta-category was distinct clinical abilities. This meta-category contained themes related to the master therapists' adept utilization of their therapeutic abilities, while remaining attuned to the relationship and change processes. Second was professional development, which showed a universal commitment to growth and learning and applying that learning to their practice. The next meta-category was cognitive complexity and intricate conceptualization. This category highlights these master therapists' strength at working with complexity and paradox, recognizing the complexity of the human condition. Fourth was relational orientation, a meta-category involving the master therapists' general relational qualities, a general warmth and compassion, and focusing on relationship quality. Therapeutic

alliance was the next meta-category which focused on the therapeutic relationship as well as warmth and rapport with clients. Sixth was a pursuit of deep self knowledge and growth, which emphasised personal awareness, reflection, and growth. Humility was the seventh meta-category with themes showing master therapists were down to earth, saw the clients as heroes, not themselves, had experienced humiliations in the past, and even showed cultural humility. Lastly, the experience meta-category shows that while experience alone is not sufficient, it is necessary for mastery, and master therapists use deliberate practice techniques to practice and improve with each session. These findings gave support to the earlier CER model of master therapists, and the older and updated portraits of master therapists. All this being said, they also found culturally distinct findings which do hint at the importance of specific cultural knowledge in order to attain mastery (Jennings et al., 2016).

Identifying Expertise

Expertise in psychotherapy is an area of much debate. While most practitioners, and many theorists, assume training or experience leads to psychotherapy expertise, research has shown that neither training nor years of experience result in better outcomes for clients (Tracey et al., 2014). Yet, we do see that some therapists consistently provide better outcomes for clients compared to other therapists, showing the existence of expertise in psychotherapy (Baldwin & Imel, 2013).

Hill and colleagues (2017) took an in-depth look at expertise, defining it as “the manifestation of the highest levels of ability, skill, professional competence, and effectiveness”. This does not mean that expert psychotherapists are experts with all clients in all sessions, but they should show relatively consistent proficiency (Hill et al., 2017). However, Wampold and Brown (2005) did find that some therapists show consistency in their effectiveness regardless of

the type of client. Other therapists are more effective with some types of clients than with others, such as certain ethnicities, genders, or client issues (Imel et al., 2011). These findings show that therapist expertise may be tied to factors relating to the therapist, to factors relating to the client, or an interaction between the two. It may be, therefore, that highly effective therapists of Indigenous clients are highly effective at providing therapy in general, or that they are highly effective with Indigenous clients in particular. If the former, this would give weight to a more common factors model of psychotherapy which suggests that there are effective principles or skills regardless of client factors. If the latter, a more cross-cultural model of psychotherapy—that individual client or cultural factors interact with therapist effectiveness—would be supported.

When it comes to assessing expertise, there is disagreement in the field as to what criteria should be used. Tracey and colleagues (2015) identify four criteria for assessing expertise: (1) reputation, education, distinctions, and experience; (2) competence and skills; (3) accuracy in clinical diagnosis; and (4) client outcomes. However, Hill and colleagues (2017) disagree with the inclusion of clinical diagnostic accuracy, arguing that it is more closely tied to assessment than treatment. They propose eight hierarchical methods for assessing expertise, ordered from most to least relevant: (1) performance, (2) cognitive functioning, (3) client outcomes, (4) experience, (5) personal and relational qualities, (6) credentials, (7) reputation, and (8) therapist self-assessment (Hill et al., 2017).

Tracey and colleagues (2014) argue that reputation is not a good indicator of expertise as it is not tied well to indicators of performance or outcomes for clients. However, Hill and colleagues (2017) state that though it may have its limitations, there is evidence that reputation can be a good indicator. Not only is reputation used in numerous professions as an indicator of

expertise, but there are also three additional indirect sources of support (Hill et al., 2017). First, studies looking at cognitive processing in therapy have used reputation to locate their experts and found that they showed superior cognitive ability compared to non-experts (Hill et al., 2017). Cognitive processing, being Hill and colleagues' (2017) second criteria for assessing expertise, involves how therapists mentally manage the vast amounts of information and data they work with such as client information, therapeutic techniques, and moment to moment interactions with clients. Ericsson (2009), in his research on expertise, found experts possess the ability to organize their domain specific information more effectively. Compared to novice therapists, expert therapists show great ability at recognizing patterns in therapy and form case formulations. These expert therapists were identified partially by their prominence (Mayfield et al., 1999), renown (Li et al., 2015), by personal account of others (Kivlighan & Kivlighan, 2010), and by referral (Eells et al., 2011), all which are criteria for reputation. Second, Jennings and Skovholt (1999) found their master therapists through peer nomination and found a large amount of consistency in their qualities, even across countries (Jennings & Skovholt, 2016). Lastly, in two separate studies, mental health professionals ranked the attribute of reputation as one of the highest methods of selecting a therapist for themselves, third out of 16 on one (Norcross et al., 1988), and fifth out of 20 on the other (Norcross et al., 2009). These studies, 20 years apart, show that reputation is a consistently important evaluator of expertise, even for mental health professionals.

Rønnestad (2016) adds his voice to the debate seeing reputation as a "search tool" for expertise. While recognizing the importance of outcome and performance as indicators of expertise, he sees them as being flawed indicators as well because outcome does not address what is done in therapy and performance indicators are complex and difficult to define, assess,

and aggregate (Rønnestad, 2016). Rønnestad sees the expertise assessment debate as essentially epistemological in nature, with Tracey and colleagues arguing from a medical model view of psychotherapy where clients are objects subjected to similar conditions of therapy, versus Hill and colleagues' view of psychotherapy as a dynamic exercise with clients as meaning-making subjects interacting with therapists in an ever-changing environment of therapy. Reputation was also successfully used in one of his own studies, which examined highly reputable psychotherapists and found them to produce lower client dropout rates and better client outcomes even three to four years after therapy (Rønnestad, 2016).

A concern is that reputation is confounded by experience, or years working, because the longer a therapist has been in practice, the more likely their name will be known, whereas a therapist just starting out might be exceptional yet unknown. This is an issue, as experience is not positively related to client outcomes (Tracey et al., 2014). While there may be a correlation between experience and reputation, reputation is related to how one is viewed as a practitioner independent of the number of years practicing or number of clients they have seen, as more years of experience also increases the likelihood to create a poor reputation through word of mouth from clients. Therapists, like many professions, can "live or die" by their reputations because client and clinician referrals typically make up a large portion of their business. Some of this may be reciprocal, as in clinicians referring clients to one another, but if a therapist began receiving complaints from clients, word would likely get out, reducing word-of-mouth and clinician referrals. It would not be surprising to see that reputation is related to client outcomes, therefore, because positive or negative outcomes affect a therapist's reputation.

Therapy Effectiveness

There are numerous bona fide psychotherapies in practice today. Each is based on their own theory, mechanisms of etiology and change, and tasks for achieving change. Every psychotherapy has its champions who sing its praises and who consider it the best therapeutic treatment available—with good reason. Each and every one of them is equally effective at helping clients reach their therapeutic goals (Wampold & Imel, 2015).

Wampold and Imel (2015) build upon the seminal work of Smith and Glass (1977) by summarizing the current meta-analysis research on psychotherapy efficacy. Meta-analysis, or an analysis of analysis, uses statistical procedures to examine a number of studies together to determine the overall effect across all studies. They address the criticism of earlier works by using stricter criteria for study selection and modern meta-analytic strategies and found that psychotherapy accounts for 13.8% of the variability of outcomes (Wampold & Imel, 2015). This means that bona fide psychotherapy accounts for 13.8% of a client's improvement in relation to the personal or life area the individual was seeking help for (Wampold & Imel, 2015).

This 13.8% can be further broken down into specific aspects of psychotherapy which overlap with one another to comprise the total 13.8%. These include the therapeutic relationship or alliance (7.5%), therapist empathy (9.0%), consensus and collaboration on treatment goals between the client and therapist (11.5%), positive regard and affirmation from the therapist (7.3%), congruence and genuineness of the therapist (5.7%), and client expectations about improvement from psychotherapy (1.4%) (Norcross, 2011; Wampold & Imel, 2015).

Regardless of the type of psychotherapy being used, one of the strongest influences on client outcomes in psychotherapy is the therapeutic relationship, or working alliance (Wampold & Imel, 2015). Horvath and Symonds (1991) looked at 24 studies linking client outcomes and

working alliance. The authors found that the working alliance's effect size on therapy outcomes was 0.26, which, while considered a moderate effect size, is still a relatively large effect in psychological studies (Horvath & Symonds, 1991). Interestingly, client ratings of the working alliance predicted their outcomes best, with therapist and observer ratings being progressively less predictive, showing that only the client really knows how strong the working alliance is (Horvath & Symonds, 1991). As well, neither the type of therapy being used (in this study, psychodynamic, eclectic, cognitive, and Gestalt), nor the number of sessions (from 10 to 50), had a statistically significant effect on the effect size. One would think that reputable therapists of Indigenous clients would have a strong working alliance with their clients in order to improve client outcomes. How they establish or maintain that alliance may differ from how alliances are typically established or maintained in therapy, making alliance building a potential area of interest.

Further meta-analysis showed cultural adaptation of methods used in psychotherapy to match or fit with the client's cultural background accounts for 2.5% of client improvement across studies (Benish et al., 2011; Wampold & Imel, 2015). Another meta-analysis showed that the psychotherapist's characteristics account for 3% of the variance in therapy outcomes in research settings, and 7% in naturalistic settings (Baldwin & Imel, 2013; Wampold & Imel, 2015). When specific ingredients of psychotherapy (which are individual components thought to be helpful or necessary in therapy, such as comparing cognitive-behavioural therapy in its entirety, versus leaving out automatic thought modification and modification of core schemas) and different psychotherapies were meta-analysed, they were found to account for little to no variability (Wampold & Imel, 2015). Differences between treatments was less than 1% and

specific ingredients of psychotherapy was zero in relation to any gains in predicting client improvement across studies (Wampold & Imel, 2015).

These findings replicated and refined Smith and Glass' original findings. Psychotherapy was shown, once again, to be very effective, with an effect size of 0.80 (Wampold & Imel, 2015). This means that a client of psychotherapy is better off than 79% of individuals who did not attend psychotherapy. As well, the results once again showed little to no difference between types of psychotherapy (Wampold & Imel, 2015). Other critical findings of this study relate to the most important aspects of psychotherapy, with goal consensus and collaboration between the therapist and client, therapist empathy, the strength of therapeutic relationship or alliance, and positive regard and affirmation from the therapist at the top of the list (Wampold & Imel, 2015).

I was interested to learn if reputable therapists of Indigenous clients utilize one or more particular orientations of psychotherapy when working with their clients. Given Wampold and Imel's (2015) finding that all psychotherapies are equally effective, that would be a surprising and noteworthy result. If a certain orientation of psychotherapy somehow seems to be more effective from the experiences of reputable therapists of Indigenous clients, we would want to look further into why that orientation may result in better outcomes.

Multicultural Counselling

When we consider counselling Indigenous clients, we are essentially talking about the idea of multicultural counselling. If not the dyad of therapist and Indigenous client, then the approach of psychotherapy (arguably a Western concept) and an Indigenous worldview. As such it behooves us to also examine the systems and recommendations around multicultural counselling.

One system of multicultural therapy is Multicultural Counseling and Therapy (MCT). MCT, proposed by Cheatham and colleagues (2002), is a metatheory overarching all psychotherapy practice, based on the recognition that therapy exists in a cultural context. MCT is also a theory of practice, however, utilizing its own strategies and techniques (Cheatham et al., 2002). It is both person-centered and culture-centered, seeing a need to address culture's impact on the individual's well-being. MCT was developed in response to seeing traditional psychotherapies as Eurocentric and responsible for maintaining the status quo. The idea is that there are many helping models developed across cultures and that none are superior or inferior to the next, just that they come from differing worldviews. With MCT, therapists are encouraged not to abandon their typical methodologies, but to set culture at the centre of treatment and to incorporate traditional healing strategies. MCT provides three steps for generating your own culturally relevant theory of helping: 1) examining the group culture and determining its personal and interpersonal characteristics, 2) ongoing identification of skills and strategies which can improve the helping relationship, and 3) constructively testing the developed helping theory (Cheatham et al., 2002).

Research into psychotherapeutic services for ethnic minorities reveals some interesting findings (Cheatham et al., 2002). Cultures can have different conceptualizations of mental health issues, requiring examination of potential cultural differences. Counsellors in the ethnic majority can hold negative stereotypes towards those in ethnic minority groups which tend to correspond with society at large, emphasizing the need to understand the differences in constructed worldviews between groups. In spite of this, there is also evidence that clients of ethnic minority backgrounds still have positive outcomes from European-American therapists. However, matching the degree of acculturation between a client and therapist is important for client

outcomes. It is recognized that although clients state they prefer a therapist who matches their ethnic identity, if that therapist is highly acculturated and the client is less so, outcomes can be poor (Cheatham et al., 2002).

A major part of MCT is cultural identity development theory (Cheatham et al., 2002). Cultural identity development theory is a five-stage model which tracks an individual's cultural identity progress from naivete of identifying as a cultural being to a multi-perspective internalization of one's cultural belonging, active advocacy for equality, and ability to use multiple perspectives to view the world (Cheatham et al., 2002).

Multicultural issues remain an important concern in the field. Most orientations and counselling training programs include a focus on multicultural perspectives and the idea of understanding a client's cultural membership and level of acculturation. Cheatham and colleagues (2002) noted that the world has become more global and multicultural, requiring increasing cultural considerations in the counselling field.

Moodley (2007) provides yet another perspective on multicultural counselling by addressing the question raised by critical race theory or critical multiculturalism proponents, that of whether Western counselling should even be practiced with ethnic minorities. Even though cultural issues have been a focus of counselling scholars and practitioners since the 1960s, he states that the few scholars who have dedicated themselves to examining current Eurocentric approaches critically have, for the most part, not resulted in much that was "clinically useful", nor have they managed to result in changes to practice or theory in "any significant way" (Moodley, 2007). He states that multicultural studies in counselling have failed to be of much assistance to those studying and practicing in the mental health fields with ways to improve psychotherapy for the culturally diverse. Moodley does offer his solution to this issue: include

white people as clients, socio-cultural diversity, and Indigenous healing practices. The inclusion of white people as multicultural clients is an important step in recognizing that all people are cultural, reduces the typically segregated aspects of multiculturalism, and helps do away with the idea that "white" is a single ethnic identity. Adding socio-cultural diversity allows for intersectionality of cultures to be included into counselling, with race, gender, class, sexual orientation, disability, religion, and age being recognized as cultural groups which influence the lives of clients. The inclusion of traditional or Indigenous healing practices helps to bring religious beliefs about health and healing to counselling which will engage clients in the process. Moodley (2007) states that this new critical multiculturalism will move multicultural counselling out of crisis and towards success.

In an effort to improve outcomes for different cultural groups, counselling psychological research has attempted to adapt current psychotherapies. Hwang (2006) proposed a psychotherapy adaptation and modification framework (PAMF), specifically for Asian Americans, but a framework which could be applied to any existing psychotherapy. Hwang (2006) saw the movement towards empirically supported treatments (ESTs) as lacking research on their efficacy in cross-cultural situations. The dilemma faced by mental health providers, according to Hwang (2006), was if they should continue treating using evidence-based treatments (EBTs) as-is to a diverse client base, develop new EBTs for every ethnic group, or adapt EBTs for ethnic clients. Due to the cost and time prohibitive aspects of developing a new EBT for each cultural group, he felt an adapted treatment was better than no treatment at all (Hwang, 2006). PAMF asks therapists to: understand the dynamic issues and cultural complexities faced by diverse clients; orientate them to therapy, providing psychoeducation on therapy and establishing goals and structure; bring the client's cultural beliefs into therapy,

integrating cultural strengths and traditional forms of healing; improve client-therapist relationships by learning about the client's culture and explore how culture may influence the client's life and therapy; determine cultural differences in expression and communication; and address salient cultural issues which may be present (Hwang, 2006). Hwang acknowledges that some research has shown EBTs to be successful with diverse populations without adaptation. Yet he also argues that evidence is limited and does not account for the fact that some clients end up better than others (Hwang, 2006).

This is in line with the summary of psychotherapy effectiveness research written by Wampold and Imel (2015), which shows that all bona fide psychotherapies are equally effective and that including cultural adaptations of EBTs can improve client outcomes, with an effect size (d) of 0.32, a small but significant difference. The largest contributor to this effect size was the adoption of an illness myth, or how mental illness is conceptualized, associated with the client's culture (d=0.21) (Benish et al., 2011). The introduction of the illness myth in therapy may be through cultural belief tendencies of a group, or co-created by client and therapist (Benish et al., 2011). Additionally, Imel and colleagues (2011) found certain therapists are more effective than others overall, and some are more effective with individuals who are of a racial and ethnic minority than others. No conclusion could be made as to why this was the case but it was thought that perhaps "cultural competence" might have been a possible reason, cultural competence being "effectiveness in treating racial/ethnic minority clients" through "awareness of his or her own and the client's cultural values and attitudes, knowledge about diverse groups of people, and skills necessary to provide adequate services to culturally diverse clients" (Imel et al., 2011).

Research Purpose and Questions

The Indigenous peoples of Canada are experiencing a mental health crisis. They are more than twice as likely to access mental health services and are twice as likely to complete suicide (Statistics Canada, 2017). Indigenous peoples present with the same issues as other peoples, such as depression, anxiety, abuse, domestic violence, substance use, educational stress, and suicide (Blue et al., 2015; Garrett & Carroll, 2000; Kirmayer et al., 2007; Sue & Sue, 2008; Waldram, 1997). However, the severity and prevalence of issues is exacerbated by unique contexts, such as generational trauma caused by the history of mistreatment as a product of colonization and residential schooling (Blue et al., 2010; Robertson, 2006; Waldram, 1997). In addition, cluster suicides, which are additional suicides that occur as a result of an initial suicide, are tragically common in Indigenous communities (Joiner, 1999; Merali, 2017; Scherr & Reinemann, 2011; Zenere, 2009). When Indigenous peoples do access mental health services, which may be logistically complicated depending on geographical location, services tend to be inadequate as evidenced by a 50% drop out rate after the first visit (Baruth & Manning, 2012; Sutton & Broken Nose, 1996). Add to this the risk of causing harm due to improper training for mental health care providers in working with Indigenous clients, and we begin to see the perfect storm that is mental health care for Indigenous peoples (Blue et al., 2010; Garrett & Pichette, 2000). Though a desperate need for effective psychotherapists of Indigenous clients exists, little is known about what makes a psychotherapist effective with Indigenous clients (Constantino et al., 2017).

When we examine the psychotherapy effectiveness research, we see that the psychotherapist is what matters most when it comes to client improvements (Jennings & Skovholt, 1999; Wampold & Imel, 2015). Research on the qualities of master therapists reveals similarities in the cognitive, emotional, and relational domains across countries and cultures

(Jennings & Skovholt, 1999; Jennings & Skovholt, 2016). This includes qualities such as openness, desire to learn, mental and emotional health, and the ability to form strong relationships (Jennings & Skovholt, 1999). We also know that some therapists provide more effective therapy than others with racial and ethnic minority clients (Hayes at al., 2015; Imel et al., 2011). However, what makes these psychotherapists more effective is unknown (Barkham et al., 2017; Hayes, Owen, & Bieschke, 2015).

It stands to reason, therefore, that there are therapists who are more effective than others when working with Indigenous clients. Highly effective therapists of Indigenous clients should have qualities, possibly methods and techniques as well, that differ from therapists who are not as effective. These qualities and methods may be teachable to therapists who work with Indigenous clients, potentially improving the outcomes for those clients.

This study proposes to identify the qualities of highly effective therapists of Indigenous clients through interviewing them on who they are and how they provide and conceptualize their work, with the goal of passing this knowledge on to current and future mental health practitioners. The research questions I hope to answer are: What is it about these therapists that makes them so effective with Indigenous clients? What do they do in their work with Indigenous clients which may lead to them being more effective? What can we learn from them and incorporate into our training and our work?

A driving force behind this research is to address the Truth and Reconciliation Commission of Canada's (TRC; 2015) "Calls to Action", which calls for changes to address the historical abuse of Aboriginal peoples of Canada. Specifically, I hope to address Call 19, which, in part, asks the federal government to address the gap in health outcomes of Indigenous peoples (TRC, 2015). Related to mental health would be the stated areas of suicide, mental health, and

addiction. As well, Call 23 iii. addresses the need for cross-cultural training of healthcare professionals, which the results of this study may be able to directly influence by adding much needed research into providing therapy for Indigenous people (TRC, 2015).

Methods

"What's in a Name?"

As is often the case, this research has evolved since its inception. From the initial thoughts and discussions to the writing of this dissertation, the idea has grown into something tangible. Even the name of this study has necessarily evolved and changed, mostly through my interactions with the participants, and I wanted to take some time to discuss those changes.

The original title for this research was "Determining the Qualities of Expert Therapists of Indigenous Clients". The first change was regarding the term "expert". Expert was changed for two reasons. First was due to wanting to be clear about what was actually done in this study. For this study, assessment of expertise was done through a snowball sampling technique, with expertise being determined through reputation.

It is important to remember that Indigenous people are considered a marginalized group and therefore must be neither overly included in research nor be overly disrupted by research (Canadian Institutes of Health Research et al., 2014). Using a methodology based on outcomes or performance of therapists would require Indigenous clients to see therapists of unknown expertise as well as have them complete measures to assess their therapists, adding stress and possibly affecting their therapy or therapeutic relationship. In addition, *Campbell's law*, which states that a measure used for decision making is subject to pressures which corrupts it (Campbell, 1979) may come into effect. This would mean that any outcome or performance measure used for evaluating expertise may be inaccurate due to therapists working to increase the measure, or Indigenous clients feeling pressured to rate their therapist higher to continue to receive support. For this reason, reputation is a better indicator of expertise as using reputation impacts Indigenous clients the least.

Finding expert therapists of Indigenous clients through reputation is also congruent with Indigenous storytelling and oral tradition as well as their respect of their Elders. Indigenous people have a long history of storytelling, especially when delivering healing messages (Blue et al., 2010). Recommendations, advice, and histories are passed on verbally from person to person and valuable information through storytelling. These stories can convey an individual's authority, responsibilities, and prestige (Dussault et al., 1996). Indigenous people assign high value to information passed on orally, particularly from Elders (Blue et al., 2015). Elders take their responsibilities seriously and therefore would be unlikely to recommend someone who they did not know to be effective. Due to their oral traditions and history of storytelling, asking Elders and healers who they would consider an expert therapist of Indigenous clients, to whom they would refer an Indigenous client, would be congruent with how Indigenous clients would operate or seek out help for themselves or a loved one.

Despite there being no consensus in the field as to what is the best indicator of expertise given that all indicators have their strengths and weaknesses, reputation has acceptable validity, is much less intrusive to marginalized people, and is congruent with Indigenous peoples' oral tradition and respect towards Elders. Reputation is a proxy which helps narrow the field without intruding, impacting, or interfering. Therefore, for a study looking at locating highly effective therapists of Indigenous clients, reputation does seem the best indicator.

The second reason "expert" was removed was by participant request. Initially I was looking for "expert" therapists, as expert is the term used in the literature. As early as the snowball sampling phase of my study, I began to receive pushback about the term "expert", which itself seems to have changed from the original term "master", I can only assume due to its tenuous connections to slavery, and not its definition pertaining to "mastery" of a skill or

knowledge set. Regardless, some of those sampled, and all my participants, took exception to the term “expert”.

They identified two issues with the term. One, most did not feel comfortable being referred to as experts. Discussed in detail later, the participants did not feel like they were experts and showed humility about their accomplishments and abilities. Secondly, they did not like the idea of using the term expert when discussing Indigenous clients. They saw the term as “loaded” as even the idea of being an expert placed my participants above their clients, instead of “within the circle” with them.

This aversion to the term “expert” was initially surprising to me. When I began my research, I never imagined that this would be what individuals would take exception to. I suspected humility (which I definitely encountered), but not aversion. To be referred to as an expert means to have a “comprehensive and authoritative knowledge of a skill in a particular area”, and authoritative meaning “able to be trusted as being accurate or true; reliable” (Oxford Languages, n.d.). To be called an expert in the context of this research means these individuals held a high level of accurate knowledge when it came to working with Indigenous clients. And especially after talking with them, I believe this to be the case. I personally have a high level of confidence that they are among the most helpful therapists of Indigenous clients. However, my respect for these individuals is also high, so it would not feel right to refer to them as something they do not wish to be referred to as.

In hindsight, I understand why these individuals reacted so to the term “expert”. Most held personal beliefs that reflected egalitarian ideas, views which were against inequality, views which were typically collectivist and Indigenous. Yet, even in Indigenous societies, individuals are recognized for their abilities, their skills, they are given respect for their titles and position

within the band, be they Chief, Counselor, Elder, or Healer. We recognize and honour great chiefs, warriors, Elders, craftspersons, artists, hunters, singers, dancers, and we call upon them for their specific knowledge or skills. I would argue they are recognized as experts in their areas, without them being considered superior to any other in the community and, in fact, were likely teased to ensure they do not think of themselves as better. This is no different from my participants, except that my participants are also largely a part of the dominant culture and therefore have concerns about someone from outside a group being called an expert regarding said group.

And maybe I do understand, after a fashion. I, too, would have qualms about being referred to as an expert on any given subject. Competent? Sure. Knowledgeable? Maybe. Expert? Perhaps a road too far. To claim such a title requires a level of braggadociousness which is beyond me. In this way, perhaps, I maybe have a bit in common with my participants, and maybe some humility.

Regardless, given their objections to the title "expert", I could not in good conscience refer to them as such. It was with this in mind that I changed "expert" to "highly effective", as a way to both honour their points of view and to still give credit to their reputations as therapists others would not hesitate to refer an Indigenous loved one to for therapy. Of course, "highly effective" was not the whole story either. As discussed, reputation is a potential marker of expertise, but there is not a consensus in the field. As I believe reputation is a marker of expertise, I use both "reputable" and "effective" or "highly effective" when referring to my participants and used "Reputable" in the title of the dissertation.

Another aspect of the research which evolved was the change from a focus on First Nations clients to Indigenous clients. I wondered about my decision to focus exclusively on First

Nations clients from the very beginning of this research. I was focused on the cultural group I was a member of, and thought maybe I could make a contribution in that area, one that I felt a little more comfortable and knowledgeable in. Even in the initial stages of research I encountered difficulties as the terms used (e.g., Indigenous, Aboriginal, Native, Indian, Métis, Inuit) varied both in terms of demographics and in the research. My initial proposals included "First Nations" in the title, including on my SSHRC and ethics applications, as did my snowball sampling email. However, as the research progressed, after talking to more Indigenous individuals and Elders and my participants, I settled on the term Indigenous, for multiple reasons.

First, Indigenous is the term accepted in Canada as the inclusive word for the collective Indigenous people of Canada. This will likely change in time, as we have seen multiple times before, but it is the current nomenclature used. Second, a lot of the research involved Indigenous peoples as a group, therefore it seemed prudent to also do so. Lastly, my participants primarily used the term Indigenous when referring to their work and clientele.

As mentioned a few times in this dissertation, Indigenous peoples of Canada have a vast number of differences between themselves. Yet, they also share a great deal and have commonalities, both culturally and politically, which then makes sense to see them collectively. This does not mean that we should not understand the complexity and nuances of the various subgroups within the term Indigenous, and even the subgroups within those subgroups, all the way down to the individual, just to understand that, for the purposes of this dissertation, we will focus on their collective whole.

Methodology

In order to determine how reputedly highly effective psychotherapists of Indigenous clients practice that makes them so effective with that particular clientele, I used qualitative

research methods. Qualitative research is about finding and interpreting the meaning constructed by people as they attempt to make sense of their world (Merriam, 2002). To this end, I sought to understand what it was about these therapists and how they practiced that made them so effective with Indigenous clients.

When it is stated that I utilized qualitative methods, the question arises: What is qualitative research? If the purpose of research is to increase knowledge, then qualitative research's primary goal is to "develop an understanding of how the world is constructed" (McLeod, 2000). The idea of the world being constructed is central to qualitative research, allowing for the complexity and subjectivity of socially constructed reality (McLeod, 2000). To develop this understanding, qualitative methodologies are used. While these are numerous, each method uses its own techniques to uncover how people construct their realities. Yet qualitative researchers acknowledge that we can never truly answer the question of "how the world is constructed" in an objective sense, but we can arrive at subjective truths, creating new, and greater, understanding by exploring and determining a truth in a particular context (McLeod, 2000). It is hoped that my study did just this, developing a new understanding of counselling Indigenous clients, opening a dialogue about how to best serve them.

Qualitative research in counselling grew out of the anthropological ethnographies of the early 20th century in which tribal peoples were researched by ethnographers who believed they could come to an objective truth about the people they were studying (McLeod, 2000). This was followed by a formalizing and standardizing of qualitative methodologies such as grounded theory and phenomenology (McLeod, 2000). McLeod argues that the role of qualitative research in counselling is one of de- and re-construction of therapy practices and outlines several tasks by which this is accomplished. First, qualitative research can reconfigure therapy to help match it

with continuously changing times. McLeod states qualitative research can be used to determine how to best deliver therapy to an ever changing and diverse clientele in a continually changing society and culture. Second, qualitative research can be used to document and explore how therapy and different cultures interact. Therapy must continue to "re-invent" itself as society's culture and power dynamics shift and influence each other, requiring researchers to examine and evaluate this process. The interaction of therapy and Indigenous culture is at the forefront of my study. This interaction needs examination and evaluation as both continue to change. Through this research we may learn how therapy can reinvent itself to better serve Indigenous clientele. Third, qualitative research can bring to light the power and control structures affecting therapy. Therapy is used to promote an individual's growth, but this can be influenced by pressures from external structures and forces, leading to therapists not always acting in their client's best interests or even using their power to manipulate. Qualitative research can help us understand these power dynamics through its ability to dig deep into the personal meaning in interactions. As a historically marginalized people, Indigenous know all too well the impact of societal structures on one's well being. Lastly, qualitative research can help create a more open and diverse concept of therapy. McLeod feels that therapy has primarily been dominated by modernistic, scientific, rational thought at the expense of emotions, spirituality, and diversity. Qualitative research allows for topics to be examined from unique perspectives and deconstructs the dominant therapeutic language by allowing individuals who might not otherwise have a strong voice to express their thoughts (McLeod, 2000). Indigenous peoples traditionally hold emotional and spiritual wellbeing in high regard therefore qualitative research seems well suited to research involving Indigenous individuals.

A concept that is essential to qualitative research is hermeneutics. Specifically, hermeneutics is the theory, and methods, for understanding the meaning of ancient biblical and philosophical texts and, more recently, history and law (McLeod, 2000). In the qualitative research in counselling context, hermeneutics refers to interpreting data to determine the deeper meaning under the superficial meaning (McLeod, 2000). The interpretations are done through the cultural-historical context of the individual who was the source of the data, and the context of the interpreter/researcher. With this comes a greater understanding of the data for the researcher and, hopefully, the consumers of the research. A few main principles of hermeneutics have been established over the years. At its heart, it is the act of text interpretation. It is iterative in nature as the meaning of the whole text informs the understanding of parts, and vice versa. Hermeneutics requires empathic understanding of relationships and the cultural-historical context of texts. It should result in an interpretation which is cohesive and coherent across the entire text. It should recognize the tradition from which it comes and attempt to contribute to the knowledge of that tradition. Hermeneutics should be innovative and creative in its interpretations to open up new possibilities. Finally, hermeneutics should change both the researcher and the text, creating a "fusion of horizons" or a "consensus over meaning" (McLeod, 2000). This study involved the interpretation of the highly effective therapists' interviews which exist in their cultural-historical context. This interpretation, done by myself, was influenced by my cultural-historical context. This interplay helped to create a new and unique understanding of these therapists and the work they do with their Indigenous clients.

When coming up with a research idea, one has to ask what methodologies and methods they will use, and how they justify their choice (Crotty, 1998). These questions delve into our assumptions about reality which we bring into our research (Crotty, 1998). Crotty sees these two

questions expanding into four: what methods we will use, what methodology is behind our choice, what theoretical perspective (or philosophical stance) is behind that methodology, and what epistemology (or theory of knowledge) informs it. Explicitly answering these four questions in one's study can help our research to become sound, making the outcomes more convincing (Crotty, 1998).

Crotty (1998) makes an interesting point about "the Great Divide" between qualitative and quantitative research, stating they differ more at the level of methods than anything else. He states that the distinction between quantitative research as objective and qualitative as subjective, may not be entirely accurate, as the amount of subjectivity or objectivity can vary in both types of research. Crotty (1998) says that to be purely objective can lead to an issue wherein scientific objectivity is held to be superior to personal subjectivity, resulting in quantitative research becoming more important. However, to be consistently subjective, or constructionist, quantitative research becomes just another form of constructed knowledge. As a result, both quantitative and qualitative research become equally valid and valuable (Crotty, 1998).

Similar to Crotty, Eisner (2003) provides us with some of the history of qualitative research and the debate between qualitative and quantitative research. As psychology moved to become more scientific, qualitative research was criticized for its lack of objectivity (Eisner, 2003). Eisner argues that all experiences are qualitative, however, and that even empirical research is qualitative in its choice of language and the biases behind its theoretical framework, showing the subjectivity which exists even in the quantitative domain. Eisner comments on the criticism of a lack of generalizability of qualitative case studies, research with a participant count of one. How can the information gained from such a small pool of participants teach us anything? He states that case studies act as experiences which are used as heuristics to inform

future decisions, as naturalistic generalizations. As well, they can be powerful "works of art" which help to direct us where to look, therefore generalizing (Eisner, 2003). Once again, though some may attempt to place qualitative below quantitative research, the arguments about a lack of objectivity and generalizability are weakened by these points. My research, which may face similar criticisms due to its potential subjectivity and small participant pool, is still valuable in spite of its subjectivity and will be able to provide important information about effective therapy with Indigenous clients.

Another criticism Eisner (2003) addresses is one of validity of qualitative research. While some see validity as incongruent with qualitative research, Eisner disagrees (2003). He posits three criteria for assessing qualitative research validity: have it structurally corroborated with multiple data points which support the conclusion; make sure it is referentially adequate by ensuring readers can see the described qualities; and reach consensual validation between multiple researchers, akin to interrater reliability. With these, one can increase the validity of their qualitative research (Eisner, 2003). These validity methods have been achieved in this research, having themes built from multiple participants, and having been reviewed by the participants and other readers and researchers.

Reflexive Thematic Analysis

The method I utilized for my study is reflexive thematic analysis (RTA) (Braun & Clarke, 2022). Thematic analysis is "a method for identifying, analyzing and reporting patterns (themes) within data" (Braun & Clarke, 2006). It both organizes and describes data in rich detail, often interpreting the topic of research. Though commonly seen as a method for gathering and analyzing qualitative data, it can also be employed as an approach in itself (Braun & Clarke, 2006). What makes thematic analysis reflexive is that it acknowledges how the research, and the

knowledge produced by it, are shaped by the researcher's values, the chosen methods and design, and the academic discipline as a whole (Braun & Clarke, 2022). RTA embraces the subjective aspects the researcher brings to the research and unlike other research methods, which might see subjectivity as bias or a flaw, RTA sees subjectivity as valuable and "at the heart" of good qualitative research (Braun & Clarke, 2022).

The main benefits of RTA are its accessibility and flexibility (Braun & Clarke, 2022). Thematic analysis is an approach that is accessible to the consumer of the research, the reader of the study, by providing a comprehensible, step-by-step methodology. RTA takes away the mystery and elitism which can exist in qualitative methodologies, making the methods more democratic by allowing readers to understand the methods behind the research. It is also a very flexible approach, working within any framework or philosophical assumptions. RTA's accessibility and flexibility helped to ensure that this study will be understood while remaining sound in theory and methodology (Braun & Clarke, 2022).

RTA requires choices in terms of how the data and analysis will be examined (Braun & Clark, 2022). Researchers need to decide what counts as a theme, to focus on the whole data set or one particular aspect, to use inductive analysis of the data or to use a theoretical framework for interpretation, to look at semantic or latent themes, and to use an essentialist/realist or a constructionist analysis (Braun & Clark, 2022).

There is a six-step process for conducting an RTA (Braun & Clark, 2022). First one should familiarize themselves with the data, reading and rereading the transcriptions while jotting down any preliminary thoughts which may arise (Braun & Clark, 2022). Next, initial codes are generated by going through all the data and assigning codes, which identify the features of the data, to basic segments of the data which are interesting or important. Following

this one begins searching for themes amongst the codes. These themes are broader than the codes and attempt to encapsulate groups of similar codes under one theme. A thematic map is created, adding a visual representation of the themes and sub-themes which may be created. This phase is followed by reviewing the themes. The themes created from the initial analysis of the data may not hold up under review and data supporting them may be sparse. Themes should be coherently supported by the codes yet be distinct enough so as to not overlap with one another. This review phase contains two levels: at the level of the code and at the level of the entire data set. At the code level, each code for each theme is analyzed to assure they form a coherent pattern which matches the theme. Themes may have to be changed, removed, or added to reach coherency. After this is done, the themes are examined at the level of the entire data set. The themes should be an accurate representation of the whole of the data, also resulting in themes being changed, removed or added as necessary to reach coherency to the entire data set. The thematic map is altered throughout these steps, showing how this process is ongoing and organic in nature. During the fifth phase, defining and naming the themes, the researcher defines and refines the themes in an attempt to reach the essence of the theme. Each theme will have an accompanying analysis detailing that theme's story and how it fits into the overall story of the research questions. Sub-themes may be identified as one identifies the meaning in data and how the themes contribute to it individually or in groups. Lastly, the report will be written which will include a detailed explanation of the story the data tells through the themes, backed up with quotes from the participants. This write-up should be compelling and should be able to convince readers of the validity of the themes and how they address the stated research questions. Following the six phases of RTA and the guidelines for good thematic analysis laid out by Braun and Clarke (2006) provides the structure required for rigorous qualitative research.

Interpretive Framework, Epistemology, and Ontology

My interpretative framework leans towards pragmatism, meaning I am more focused on the outcomes of the research rather than questioning the nature of reality, which lends itself well to using thematic analysis as an approach (Creswell & Poth, 2018). As such, my ontological beliefs are that what is useful and practical are what is "real" at any given time, though I am also influenced by postpositivist beliefs that there is a single objective reality that exists, yet we are likely unable to determine it, partly due to our subjectivity (Creswell & Poth, 2018). I also see value in a social constructivist view, but more so in that I believe we all interpret reality in our own ways and that subjective reality is important to the individual. Epistemologically, I believe that reality can be known through either deductive or inductive evidence, dependent on the reality being examined, which is pragmatic. When it comes to axiological beliefs, I also sit somewhere between pragmatist, feeling that values are important to understanding the views of researcher and participant, but also postpositivist, feeling researchers should attempt to remove as much bias from their research as humanly possible while acknowledging that removal of all bias is impossible, and arguably undesirable in qualitative research (Creswell & Poth, 2018). Similarly, I again see the value in the social constructivist axiological belief that the individual's values should be honoured.

In the end I leaned into the more constructivist beliefs that I held. Given the importance of subjectivity in RTA and the amazing stories, knowledge, and personal details shared by my participants, it seemed only right. I wrote and shared more about myself than is typical for me, but I see the end result as being improved for it.

Data Collection

The first hurdle was to locate these highly reputable psychotherapists of Indigenous clients. Using the purposeful sampling technique of snowball sampling (Goodman 1961; Palinkas et al, 2015; Patton, 2015), so called because the group of individuals grows like a snowball rolling down a hill, individuals who were thought to be "expert" therapists of First Nations clients were identified by their peers. Emails were sent and phone calls were made to Indigenous Elders and mental health professionals, including counsellors, psychologists, psychiatrists, mental health nurses, and social workers, asking who they would refer a good friend or loved one who was First Nations to for help with a mental health issue they were facing (Appendix B). To maintain inclusivity of participants I did not limit this sample of reputable therapists to individuals who are registered psychologists in Alberta. One of the goals of this research is to pass on the knowledge gained to mental health education and training programs, and as clients are often referred to various mental health workers, a broader examination of mental health providers was allowed for. The contacted individuals were asked to identify as many referrals as they liked, in no specific order. No contact information for the referrals was asked, but some did provide it on their own. Otherwise, the contact information was searched for using publicly available information. Then these referred individuals were similarly contacted, informing them that they were referred and asking them to refer additional individuals (Appendix C). This process continued with those referred being contacted and asked for their referrals. The snowball sampling, the request for referrals, and the inclusion of a broader range of mental health professionals were all similar to the seminal work of Jennings and Skovholt (1999).

The snowball sampling began on May 27th, 2020, and the last referral was received on December 13th, 2021. It occurred primarily during the COVID-19 pandemic. There were 50 initial requests made, the majority through email. From those 50, 48 referrals were given. From those 48, 31, then 14, 14, 18, 11, and 11. From these seven iterations of referrals, in total, 147 referrals were given, not including the initial requests for referrals, as they themselves were not referred at that point. Of those 147 referrals, 95 unique individuals were identified. During the snowball sampling many individuals did not reply, some had additional questions which were addressed, some did not have publicly obtainable contact information, and a few asked to not be contacted further about the research.

Traditionally, snowball sampling continues to a point of saturation, wherein there comes a point where no new referrals are given (Goodman 1961; Jennings & Skovholt, 1999; Palinkas et al, 2015; Patton, 2015). However, upon applying for ethics approval I was asked to change this to the first number of individuals to reach a certain cutoff limit or referrals. The reasoning provided by the ethics board for this was to reduce the potential for feelings of inadequacy in those referred who were ultimately not selected, as now it was not because they were not identified as "experts" but because they were not the first number of individuals to have been selected as "experts". This seemed contrary to the goals of my study, so I instead set a relatively high number of referrals as a cut-off limit, six, in order to still reach a high level of expertise. In the end I changed this number to five as over the referral period I seemed to have reached a level of saturation and only three individuals had received six referrals, one of which had seven. However, five individuals had reached five referrals and saturation did seem to be reached as no further referrals were given.

The vast majority of individuals were contacted by email, with only a handful contacted by phone due to a lack of email response or not having email contact information available. It is here that I ran into a potential issue with the study, that being the sample itself. It was my intention to include any individual who would be referred, Elders included. However, issues potentially arise when attempting to include Elders in research such as this, ultimately resulting in an unfortunate lack of participation of Indigenous individuals. Some of these issues may be a lack of trust in research, lack of access to technology such as email, and a lack of following proper protocol for recruiting Elders. Had I been known in the communities, had I found a way to follow Elder protocol over the phone or email, had I had more opportunity for face-to-face interactions with the individuals I had sampled, I may have had a larger amount of Indigenous, Elders or otherwise, participate in the snowball sampling. Also, due to the relative rarity of Indigenous therapists, and their busy schedules due to the demand for their services, it is possible many could not participate due to simply not having the time.

The five identified participants were contacted by email (Appendix D), were provided an information letter and consent form (Appendix E), and interviews were arranged. Interviews took place between December 13th, 2021, and February 10th, 2022. Interviews were held over Zoom with the researcher and participants in secure areas where they felt comfortable talking. Audio and video of the interviews were recorded through the Zoom platform and then immediately removed and stored on a secure computer and password protected. A backup of the audio was recorded using a portable recording device and the recording was likewise offloaded to the protected computer. The interviews resulted in eight hours and 48 minutes of recorded footage. The average time of each interview was one hour and 45 minutes. The interviews began with a review of the signed consent form, then addressing any questions participants might have,

followed by a brief background of the interviewer. Interviewees were given the choice of anonymity, a copy of their transcript, and final say or member check on any information about them or quotes attributed to them. Once verbal consent was given the interviews proceeded. The interviews were semi-structured, with a few questions I asked most participants, but mostly conversational as I was more interested in what I knew they were going to bring to the conversation, knowing what the interviews were going to be about. The semi-structured questions or prompts that I brought up to most of the participants were versions of:

"Can you tell me a little about yourself?"

"What made you want to work in the mental health field?"

"What do you think about having been nominated as an "expert" therapist of Indigenous clients?

"Tell me about how you work with Indigenous clients."

"What do you think makes you effective with Indigenous clients?"

"What advice would you give someone wanting to work with Indigenous clients?"

"Any questions you might be wondering about for the next interviewee?"

Not all these questions were asked of all participants, but they were used to guide the conversation. The interviews flowed and ended organically, when both interviewee and interviewer felt there was nothing more to add.

Participants

Five participants were selected. These were the first five individuals to reach the cutoff of five referrals with no other individuals reaching the cutoff during the sampling. Each was contacted and agreed to interviews. Each has given their consent to be identified and details from the interviews published in this dissertation. They were interviewed in the order they were

available, and I shall present them here in that order. Their details are as of the date of this writing unless otherwise noted.

On a more personal note, all these remarkable women could have a dissertation written on her alone. What I will be able to provide is merely a snapshot of them from the brief amount of time I had the honour and pleasure of spending with them. I am very grateful for their generosity and their time.

Judi Malone

The first participant was Dr. Judi Malone. Judi is 52 years old and is the chief executive officer at the Psychologists' Association of Alberta (PAA), registered psychologist in private practice, and psychology teacher and tutor at Athabasca University. She is also a wife and mother. She was born and raised in northeastern Alberta, in an Irish rural farm community, located along the Indigenous reserves of the area. While she was raised on and off the reserve, and her grandparents are Métis, Judi herself said she often identifies as "the child of farmers and the grandchild of both Indigenous and colonizing or settler Canadians", but also "typically Canadian".

A university education was "a way to get out of a small town" which led to a major in psychology due to a love and fascination with those classes. Early work opportunities on a behavioural treatment unit and influential mentors encouraging her led to her pursuing graduate studies. Judi attained a PhD and has worked as a counsellor for approximately 27 years and an addiction and trauma specialist for 21. She predominantly worked with Indigenous clients, starting as a college counsellor in college. Judi has done extensive work involving Truth and Reconciliation with the PAA and the College of Alberta Psychologists. For Judi, psychology was

"an excellent field for me to continue to pursue because it's never ending what you can learn and do."

Being nominated as someone who individuals would refer an Indigenous loved one to was a "tremendous honour" to Judi, though humility was evident as she did not feel she earned that kind of status, in spite of a history of being sought out by Indigenous clients.

Karlee Fellner

The second interview was with Dr. Karlee Fellner. Karlee is a 39-year-old Métis, a mother of one—with another on the way—a psychologist, and a professor. She grew up in a small town outside of Edmonton, where she was raised primarily within the "dominating Euro-settler" culture. However, her nana and mom raised her with teaching and values rooted in their Cree/Métis lineage, and she identified feeling a connection to her Indigeneity at a young age, with a strong connection to the land and art. Feeling "colonized" through the education system, and "indoctrinated" in Eurocentric science, Karlee really started coming into her Indigenous culture during her PhD. It was in the context of her doctoral experience where she found a community who shared her interest in Indigenous psychology that encouraged her to connect with her Indigenous roots. And connect she did, learning and participating in her Indigenous culture, starting to learn nehiyawewin—the language spoken by her ancestors—researching, and learning Indigenous research methods and therapeutic orientation, Indigenous Focusing-Oriented Therapy (IFOT). She is now a highly sought after scholar activist, educator, and clinician in North America on Indigenous counselling.

Karlee said she was very excited to participate, as her own doctoral research examined how therapists can work effectively with Indigenous people. In many ways Karlee and I have

similar backgrounds and experiences though her education and connection to her culture occurred at a much younger age than mine.

I want to make sure I credit Karlee for sharing with me a rule for Indigenous knowledge sharing in research, wherein a researcher, such as myself, offers to provide co-authorship to any individuals who participate in research where they share their knowledge and story for any publications or presentations resulting from said research. I adopted this rule and offered my participants co-authorship on any future publication or presentations based on this dissertation.

Ann Marie Dewhurst

Third, I interviewed Dr. Ann Marie Dewhurst. Ann Marie is a 62-year-old registered psychologist in Edmonton, and cross-cultural professor at Athabasca University. Ann Marie is married with her husband not only supporting her work but also learning from Indigenous teachers with her. She grew up in rural Saskatchewan, not far from my Indigenous band, Muskeg Lake Cree Nation. My relatives patronized a General Store owned by Ann Marie's great-grandfather and her grandfather, all the way back to 1910. Ann Marie knows several individuals that belong to Muskeg, and both our mothers attended the same school in Marcelin.

Ann Marie identifies as a "colonizer" and "settler", and has no Indigenous ethnicity, as far as she knows. Her heritage is French-Canadian, traced all the way back to the 1600's and the Filles du Roi from France, yet her and her family have a history of trust and cooperation with Indigenous peoples of Canada.

Ann Marie and I shared the same academic supervisor, Dr. Derek Truscott, and Ann Marie's external committee member for her PhD defense was Dr. Skovholt of the "Master Therapist" research. With a history of serving Indigenous clientele, from the gas stations she worked at as a young woman, to a penitentiary, the Northern Alberta Area Parole Office and in

that role, with the Stan Daniels Healing Centre, her work on the Gladue reports, and her private practice work, she has shown a lifelong respect and love for Indigenous peoples of Canada.

Liz Oscroft

Liz Oscroft was my fourth interviewee. Liz is a 68-year-old wife and mother who attained her master's in 1988, worked as a registered psychologist in various roles since then, as an adjunct professor at the University of Alberta, and retired from the profession in 2015. Liz has worked with Indigenous clients on reserve, in urban private practice, and across Canada with the Indian Residential School Resolution Health Support Program for the Truth and Reconciliation Commission. Liz was raised outside of Edmonton to parents of Danish and British descent, had a Métis aunt and uncle, but has never really identified with her ancestry.

Liz had an interest in working with trauma and children early on, starting her career right after graduation working with severe trauma both in and out of Indigenous communities as well as working with war-affected children and adult refugees. She has supervised graduate students in counselling and family therapy and developed and taught a course in play therapy.

Liz was one of the individuals who expressed concerns about the research during the sampling stage, specifically about her no longer being in practice, being referred to as an "expert" therapist of Indigenous clients while being "white", and the idea of a prototypical "Indigenous client". This resulted in an email conversation which I felt was very fruitful, and to me eventually asking if she would be willing to participate as she had reached the referral cut off shortly thereafter.

Gwendolyn Villebrun

The fifth, and last, interview was with then PhD student, now Dr. Gwendolyn Villebrun. She is 49 years old and identified as Dene Métis. Born in Hay River, Northwest Territories,

Gwendolyn moved across northern Canada due to her father's position as a special constable, then full constable, with the RCMP. She has lived off reserve in northern Canada, and northern Alberta, but considers Yellowknife her childhood home. She has lived most of her adult life in Edmonton.

Gwendolyn had been working as a psychologist since 2005 and has worked in a number of settings, including women's shelter, corrections, mental health, non-profit, and post-secondary. In 2010, she began a private practice and worked primarily with First Nations, Indigenous families impacted by the Indian residential schools, and children who experienced abuse. Gwendolyn has also worked with the Alberta tour of the TRC Health Support Team.

In 2016, she returned to the University of Alberta for her PhD as she felt there was a need for more Indigenous individuals in higher positions in order to influence policies. For her practicum and internship, Gwendolyn worked at the Sexual Assault Centre of Edmonton where she developed the Wîwîp'son Healing from Sexual Trauma Circle for Indigenous Women. At the time of the interview, Gwendolyn was finishing her PhD dissertation and continued to work in private practice with Indigenous clients in Edmonton. She now works as Assistant Professor for the Counselling Psychology program in the Faculty of Education at the University of Alberta.

Gwendolyn is married and has been with her spouse of over thirty years. She has also been a caregiver to her parents and is pleased that her home is the central gathering place for her family. While Gwendolyn and I did overlap slightly during our time in the PhD program at the University of Alberta we unfortunately had only passing interactions.

Perhaps worthy of note, these five reputed therapists are all women, most are mothers and wives, and they are also all psychologists who cover the lifespan of a therapist's career. Liz has retired from her work as a psychologist, Judi and Ann Marie have worked for many years in

various psychological roles, Gwendolyn has practiced for years and returned to university to attain her PhD which she recently attained, and Karlee attained her PhD a few years ago and has already garnered a reputation for her work with Indigenous peoples. A small sample for sure, but potentially this speaks to an enduring, multigenerational aspect to working with Indigenous peoples, and a consistency in the findings which may also be enduring.

For their invaluable time and contributions, their wisdom and stories, I wanted to provide adequate "compensation", but also something meaningful and appropriate given the topic. So, I commissioned medicine wheels from a local Indigenous artist, Martha Campiou. Martha is an Elder and artisan from Driftpile Cree Nation. I remember first seeing her works at a local Indigenous artist market back when the idea for my research was just an idea. I thought Martha's medicine wheels, which incorporated dreamcatchers, medicine pouches with protective stones, hand painted deer hide, hawk feathers, and clay beads, were an excellent depiction of the spirit I was attempting to convey. I am grateful for Elder Martha's time and efforts in providing such a unique and heartfelt craft which hopefully passed on the thanks and gratitude that I have towards my participants.

Data Analysis

Data analysis followed the six steps of thematic analysis (Braun & Clarke, 2022). I began by familiarizing myself with the data. This was accomplished by transcribing the interviews then going over the transcriptions repeatedly to verify them for accuracy. During this time, I took memos of any thoughts or reflections which came to mind, as well as some very initial ideas for potential themes. After familiarizing myself with the data I used ATLAS.ti software to assist in its organization. The transcribed interviews were imported into ATLAS.ti and I used it to code the transcripts. That is, each section of the interviews that held relevance was given a code or

codes to summarise the explicit and/or implicit meaning of the section. All of each document were coded (called complete coding), because I saw everything these therapists shared as having potential to answer the research questions. During this process I attempted to use the same code, if it fit, or created new codes to capture the meaning. Once I completed the first pass of coding, I went though them all again. I changed, removed, and added to these initial codes as I reviewed the data extracts, all the while adding to my reflective notes of what was coming up for me.

Next, the search for themes began. I went over my notes and the codes, sorting and re-sorting them into potential themes as commonalities and relationships were seen between them. I kept these themes diverse, yet also distinct enough to stand on their own, not to mention having enough supporting data. From my initial set of over 900 codes, I arrived at approximately 40 themes. At this point I created an initial thematic map, placing all of these themes on it. I then worked with the themes, grouping similar ones, separating different ones, trying to see where they might be combined or separated. The thematic map helped to visualize this process and allowed me to play with the organization and hierarchy of the themes, creating overarching themes and subthemes, combining and differentiating them until I arrived at what seemed closest to what I learned from the interviews.

I then went through a process of naming and renaming the themes. I wanted them to both capture the meaning of the themes, while also making sense and being catchy. For the overarching themes, what worked and sounded best to me was to form them as the questions I wanted to answer. By forming them as questions they could potentially emulate the experience of the reader and what they might be wondering themselves. The themes were renamed to be shorter and pithy to reflect both the contents of the theme, and also work as an answer to the overarching theme question, improving the flow and readability of this dissertation, and perhaps

increasing the likelihood of later recall. After many iterations, I eventually arrived at the themes contained within this document. My final thematic map (Appendix F) reflected the research question overarching themes and the themes under them that attempt to answer the research questions.

Establishment of Quality

In order to establish the quality of this study, several steps were taken. To begin with, my biases, values, and experiences are clearly stated throughout the study, bringing to light any influence they may have on my interpretation of the data, leading to increased credibility and transferability of the study (Lincoln & Guba, 1985).

A thick, rich description of the research process, the interviews, and themes developed from the interviews (including quotes when appropriate), are an integral part of the study. Detailed descriptions help the reader determine the transferability of the information provided to other people or settings, increasing the quality of the study (Lincoln & Guba, 1985).

The interviews were video and audio recorded, and an audit trail of the design process was created, allowing for others to check the data and the research choices I have made, increasing the credibility of the study (Lincoln & Guba, 1985).

Member checking (or verifying the accuracy of the data, its analysis, my interpretations, and conclusions, with the participants) was performed before finalizing the study, helping to establish credibility and transferability of the study (Lincoln & Guba, 1985).

Lastly, upon completion of the study, a peer review was performed by a supervisor intimately familiar with ethics and qualitative research, as well as by members of my supervisory and examining committee, which includes a diverse selection of individuals including an Indigenous Canadian.

The findings from this study are potentially transferable not only to students and practitioners of psychology, but also to individuals in other helping and health related fields who wish to work on helping Indigenous clients.

Ethical Considerations

The concept of ethics came up often during my time in academia, with good reason. As students we were asked to keep the ethical implications of what we were doing in mind during schoolwork, in research, and in counselling. In part, this serves to avoid getting involved in disciplinary action. However, that basic take misses the full purpose of ethical considerations, which is to protect ourselves, others, and society at large, from undue harm. As a researcher, psychology student, and practitioner, it is essential that I am familiar with and understand the ethical theories which inform counselling psychology.

Ethics in research policies are not only helpful but necessary, given the psychological ethical violations which have occurred in the past. One only has to look at the cases of Donald Ewen Cameron, who was hired by the CIA to perform reprogramming experiments on unwitting Canadian citizens at McGill university, or the Dionne Quintuplets who were taken from their family and raised in experimental conditions until they were nine, resulting in them never forming individual identities (Buck, 2019). Having ethical policies may not eliminate ethical violations in research, but it does provide a framework and set of rules to guide us in our research ventures.

Tri-Council Policy Statement

The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) was created to help guide those involved in research (be they researchers, ethics boards, participants, or the general public) in recognizing ethical issues that may arise during, or as a

result of, the research (Canadian Institutes of Health Research et al., 2014). TCPS2 recognizes respect for human dignity as their guiding principle with three core principles resulting from this position: respect for persons, concern for welfare, and justice (Canadian Institutes of Health Research et al., 2014). Respect for persons involves treating humans with both value and respect. It means allowing individuals the autonomy to make decisions and ensures that those decisions involve informed and ongoing consent. The principle of concern for welfare means considering the collection of an individual's experiences and the impact on all factors of their life. The welfare of the individual, or group, should be protected, harm and unnecessary risk avoided, and benefit carefully weighed. Fair and equitable treatment is the domain of the Justice principle, though fair and equal treatment does not necessarily mean the same treatment as the TCPS2 recognizing the risk towards vulnerable and historically marginalized people. Additionally, the power imbalances between researcher and participant must be acknowledged and monitored to avoid abuse of the power differential.

The TCPS2 emphasizes the importance of consent of the participants in research (Canadian Institutes of Health Research et al., 2014). This consent needs to be voluntarily given without duress, and ongoing, allowing the participant to withdraw their consent at any time (Canadian Institutes of Health Research et al., 2014). Incidental findings are required to be disclosed to participants. The capacity for participants to understand a project must be evaluated, however, given that all participants for this study will be adults in professional positions, their capacity to understand the information presented to them should not pose an issue (Canadian Institutes of Health Research et al., 2014).

To help with obtaining informed consent, I utilized a consent form (Appendix E) which clearly laid out the purpose of the research, the voluntary nature of the participation, the potential

risks and benefits of the research and participation in the research, and additional contact information recommended by the TCPS2 (Canadian Institutes of Health Research et al., 2014). Additionally, the participants were informed of the ongoing nature of their consent, with multiple check-ins throughout the research process.

The TCPS2 calls for fairness and equity in research (Canadian Institutes of Health Research et al., 2014). To this end, no group or community should be either excluded from potential benefits of research, nor should they be unduly burdened by research (Canadian Institutes of Health Research et al., 2014). Individuals should not be discriminated against participating based on their gender, ethnicity, age, ableness, race, language, or culture. Researchers need to be cognizant of the potential impact of inclusion or exclusion of individuals from participation (Canadian Institutes of Health Research et al., 2014). For my study, participants were asked if they are willing to participate, giving them the option to decide if the research would pose a burden to them. No participant was discriminated against for any reason, and any identified reputable therapist was given an opportunity to participate or decline. The potential impacts of inclusion in this study are the potential to be identified despite anonymizing efforts, and possibly discomfort with topics discussed. The impact of exclusion is missing out on opportunities to improve therapy for Indigenous clients and training of future therapists.

In terms of privacy and confidentiality in research, the TCPS2 recognizes that participant privacy is a fundamental right and must be protected by researchers (Canadian Institutes of Health Research et al., 2014). This includes respecting a participant's desire for privacy, maintaining confidentiality of information, and ensuring the security of information in one's possession (Canadian Institutes of Health Research et al., 2014).

To meet privacy and confidentiality requirements I gave my participants the opportunity to decide if they would like their information anonymized. This would involve taking care to remove all identifying information from transcripts, including names of participants, names of their clients (if mentioned), where they work, what schools they attended, and anything else which may come up that could be used to identify them. Though this privacy may help ensure interviewee candor during interviews, it is also to protect the interviewee and their clients from a break of confidentiality. No participants requested anonymity at the time of the interview.

Participants were informed of the confidential nature of the research and the steps that will be taken to keep their information confidential. Security of research information was maintained throughout the research process by using secured devices and password locked documents. Research data was securely stored, both physically and electronically, and will continue to be until five years after my dissertation has been completed.

Chapter 9 of the TCPS2 deals specifically with research involving Canadian Indigenous, a topic particularly relevant to my research (Canadian Institutes of Health Research et al., 2014). In Canada, the wider group of Indigenous peoples include the First Nations (traditionally known as Indian), the Métis, and the Inuit peoples (Canadian Institutes of Health Research et al., 2014). When conducting research with Indigenous peoples it is vital to keep in mind that they are a historically marginalized and oppressed people, including harm done through research. The history of abuses faced by Indigenous peoples contributes to unique vulnerabilities and therefore care must be taken with any research involving them. Historically, research has not been beneficial to many Indigenous peoples, leading to mistrust of research focused on their experiences, yet the TCPS2 recognizes an increasing number of Indigenous academics and researchers, as well as communities, which are better informed about their own rights, along with

potential risks and benefits involved with research (Canadian Institutes of Health Research et al., 2014). Mutual respect and trust are being built, though it may take time before the wounds of the past are healed. Therefore, care and caution must be exercised when involving Indigenous peoples in one's research.

As my research involves Indigenous peoples, in that it is attempting to identify the characteristics of reputable therapists of Indigenous clients, I have taken care to minimize the impact on Indigenous individuals and include them in all aspects of the research. This includes the involvement of Indigenous peoples on the supervisory committee, my supervisor's experience in ethics, and my Indigenous status as a researcher, as well as receiving the blessing of the resident Elder at the University of Alberta, Elder Elsey Gauthier.

The possibility existed that participants in my research could be Indigenous, as those who are identified as reputable therapists of Indigenous clients could be Indigenous themselves. As it turned out, two of my participants are Indigenous, therefore, guidelines regarding conducting research with Indigenous participants would apply. Typically, this would include community involvement in varying degrees depending on the type of research being done (Canadian Institutes of Health Research et al., 2014). However, this study involved interviewing identified reputable therapists as to how they work with Indigenous clients. As such, the amount of community involvement is considered low, as though the results of this research would potentially highly benefit Indigenous clients and communities, the amount of impact the actual research had on Indigenous individuals or communities is low. The involvement of Elders and community members throughout the research process acted as a safeguard and sufficiently met TCPS2 requirements for a low level of community involvement (Canadian Institutes of Health Research et al., 2014).

Another relevant section from the TCPS2 for my research is chapter 10, which deals with qualitative research (Canadian Institutes of Health Research et al., 2014). My study is qualitative in nature, meaning it seeks to understand the qualities of reputable therapists and how they practice, using the qualitative methods of interviews and thematic analysis. As this was the case, there are certain TCPS2 requirements that are necessary to address. The TCPS2 recognizes that in qualitative research, it can sometimes be difficult to clearly define the research's beginning and end, which can lead to issues with research "beginning" before ethics approval (Canadian Institutes of Health Research et al., 2014). For my study, I refrained from any sampling or data collection until after ethics approval from the University of Alberta Research Ethics Board (REB). Also, due to the varying nature of qualitative research, there is a need for a clearly laid out plan for documenting consent (Canadian Institutes of Health Research et al., 2014). This study utilized consent forms (Appendix E) which were filled out by participants who have been identified as reputable therapists of Indigenous clients. These consent letters explained that consent was on-going and that they could revoke consent at any time, from the interview and up until the data was being worked together, at which point it could be anonymized. Only after consent was given did the interviews begin. At the onset of the interviews, consent was reviewed, and participants were also asked verbally for their consent to participate in the research. Qualitative research can involve privacy and confidentiality issues regarding disclosure of participant's names in publications (Canadian Institutes of Health Research et al., 2014). I provided the option of removing any identifying information about my participants, both in the consent form and verbally during the interview. Lastly, as qualitative research is inductive in nature, qualitative research may involve emergent design, or changes in data collection or research questions, which may require REB approval depending on the extent of the changes

(Canadian Institutes of Health Research et al., 2014). No significant changes to the study design were made and ethics approval was given by the REB (Appendix A).

Canadian Code of Ethics for Psychologists

Though the TCPS2 deals specifically with research, the Canadian Code of Ethics for Psychologists (CCEP) is also pertinent to my research. The first edition of the CCEP was created in 1986, finally separating itself from the ethics code of the American Psychological Association (Truscott & Crook, 2013). The latest, fourth edition, was published in 2017 (Canadian Psychological Association, 2017).

The CCEP comprises four principles, in order of importance: respect for the dignity of persons and peoples, responsible caring, integrity in relationships, and responsibility to society (Canadian Psychological Association, 2017). Principle I, respect for the dignity of persons and peoples, is the principle given the highest weight, except when there is an immediate and clear threat to someone's physical safety (Truscott & Crook, 2013). This principle emphasizes the importance of the autonomy of the individual or one's ability to make choices for oneself (Truscott & Crook, 2013). It involves both informed consent and confidentiality. Principle II, responsible caring, essentially covers the idea of doing good and not doing harm. At times, this can mean maximizing good and minimizing harm, as complete avoidance of harm is often impossible in practice, but avoidance of intentional, deliberate, or known harms should outweigh any potential benefit. Principle III, integrity in relationship, calls for psychologists to be honest and trustworthy in all professional relationships, be they with clients or colleagues. Principle IV, responsibility to society, calls for psychologists, both in their professional and private lives, to be committed to the society in which they live and work, towards increasing the welfare of their fellow citizens by conducting research and disseminating the results, as well as by contributing

to the well-functioning of the profession. This principle is the last and therefore lowest weight principle, perhaps due to its aspirational and difficult to assess qualities (Truscott & Crook, 2013).

To assist in the difficult challenge of working through ethical dilemmas, the CCEP includes steps for ethical decision making (Canadian Psychological Association, 2017). These steps can help a psychologist to work through the complexity of the ethical issue they are facing. In certain ethical situations, one may even hold a less weighted principle over a greater one (Truscott & Crook, 2013). For example, at times principle II may outweigh principle I, such as threatened violence against another, or knowledge of abuse of a vulnerable person, which may warrant the breaking of confidentiality (Truscott & Crook, 2013). Following the steps can help to identify the issue, who is involved, what the consequences may be, and evaluate the results of a decision (Truscott & Crook, 2013).

When it comes to ethical concerns when providing psychological services to other cultures, psychologists are expected to take special care and be aware of the influence of culture in the relationship (Truscott & Crook, 2013). Cultural groups can take many forms, such as religious, ethnic, or gendered groups, but psychologists must be careful to not assume membership of particular groups and to avoid stereotyping (Truscott & Crook, 2013). Specifically dealing with my proposal, work with people of Indigenous heritage requires knowledge of the traumatic experiences of their ancestors and how this trauma has propagated to the current generations, and an awareness that Indigenous individuals can identify in varying amounts with a cultural group (Truscott & Crook, 2013).

The CCEP contains standards for conducting research as well. Similar to the TCPS2, the CCEP's principles cover respecting the participant, avoiding harm to participants, and being fair

and equitable (Truscott & Crook, 2013). Ethical concerns such as informed consent, privacy and confidentiality, and working with vulnerable populations are echoed in the CCEP (Truscott & Crook, 2013). Where the CCEP differs from the TCPS2 is in the principle of integrity in relationships. The issue of fidelity, or being loyal to a person or group, which is covered by this principle, is essential to avoiding many forms of scientific misconduct (Truscott & Crook, 2013). Fidelity and integrity in this context mean psychologists should disseminate their activities and results of research accurately and try to be as objective and unbiased as possible while performing research (Truscott & Crook, 2013). Objectivity and remaining unbiased are seen as incompatible with qualitative research, however (Creswell & Poth, 2018). Indeed, in certain qualitative methodologies, subjectiveness and bias are the norm, given that qualitative research is interpretive (Creswell & Poth, 2018). In this study, which utilizes reflexive thematic analysis, I will attempt to make my biases clear so that readers can take them into account when they interpret the results.

Harm in Qualitative Research

It has been noted by some that qualitative research may be uniquely structured to cause unintentional harm (Magolda & Weems, 2002). Though written from an anthropologist ethnographic point of view, the authors bring up some interesting points applicable to qualitative research in general (Magolda & Weems, 2002). First, most professional standards tend to instill a false sense of security as they implicitly claim that if the guidelines are followed, no ethical issues will arise. These professional standards are better seen as minimum ethical standards rather than maximum. Also, due to the complex, interpersonal aspects of qualitative research, definitive guidelines are inadequate to cover all the ethical issues which may arise. The relationship between the researcher and the researched is of utmost importance in qualitative

research, seen more as a “lover model” which utilizes respect and trust built by interpersonal interaction, making reduction of harm paramount (Magolda & Weems, 2002). Yet situations arise, such as gatekeepers, participants, and researchers not fully understanding the potential harm involved in qualitative research, either to participants, communities, or the researchers themselves (Magolda & Weems, 2002). To combat this, Magolda and Weems prescribe steps to help minimize harm in qualitative research, including adding ethical concerns into the planning process, warning participants of unavoidable harm, continually checking in with what harm could be occurring, allowing the research context to guide ethical issues, realizing that all research is political, and to show “sensitivity” when considering the rights of participants and accurately representing the data, “sugarcoating” findings to reduce harm (Magolda & Weems, 2002).

The TCPS2 and the CCEP, as professional standards documents, seem to have addressed many of the concerns raised by Magolda and Weems. The TCPS2 and CCEP call for continued informed consent, respectful interactions, minimizing harm, and checking in with stakeholders and communities potentially affected. That they have adopted these concerns into their policies emphasizes the importance of continued checking in with participants, both with consent and with developing realizations of potential harm which may result from the interviews, either to the participants themselves or to others potentially affected by the results of the research (Magolda & Weems, 2002). These concerns have been adopted into my study and I implemented informed consent procedures and have included Indigenous community members throughout the study to help minimize any potential harm which may occur.

Ethical considerations are always important in research but arguably of the utmost importance when research involves vulnerable or minority populations. This protection is

understandable given past occurrences. What we do not want is for research that has the potential to be highly beneficial to these groups to be avoided due to complexities or unfounded fear. This study kept ethical concerns at the forefront of the research, with University of Alberta REB approval, and review from supervisory committee members and participants, both with Indigenous community members, in an attempt to minimize harm and maximize the benefit this research can have.

For this study, the standard ethical considerations of research were considered. The core ethical principles for conducting research on humans of respect for persons, concern for welfare, and justice, were upheld throughout the research process (Canadian Institutes of Health Research et al., 2014). Informed consent was obtained from each participant. This included informing them of possible risks and harms, the study details, and the ongoing nature of their consent during the process, meaning they could withdraw their participation at any time. They were also informed that their information would be held in confidentiality and any identifying information could be anonymized should they wish it, with the expressed knowledge that part of the possible risk of participating would be the possibility of being identified. Proper representation and use of the participants' experiences was assured by member checking the results of the study with the participants, providing them copies of their transcripts as well as copies of the results and discussion sections of this dissertation prior to sharing with others to ensure the participants felt they were not being misrepresented.

However, in addition to the standard ethical considerations, Indigenous ethical considerations must be taken into account due to the inclusion, and the potential impact on, Indigenous peoples from this study. The TCPS2 provides recommendations when conducting research involving Indigenous peoples, recommendations not meant to replace guidance from

Indigenous peoples (Canadian Institutes of Health Research et al., 2014). As such, in the spirit of respect, the idea of reciprocity, and keeping in mind the history of research primarily carried out by non-Indigenous researchers, the TCPS2 has been consulted. According to the TCPS2 Article 9.2, Nature and Extent of Community Engagement, this study may fall into item seven, where the research involved a small proportion of Indigenous individuals, and therefore community engagement is not required (Canadian Institutes of Health Research et al., 2014). In spite of this, Indigenous involvement, through advisors, member checking, and conferring with Elders and Indigenous individuals, occurred throughout the process.

Article 9.15, the recognition of Elders, led to the inclusion of Elders throughout the research process (Canadian Institutes of Health Research et al., 2014). Elder Elsey Gauthier at the University of Alberta has been consulted and gave her blessings for this research. Elders were also involved in the snowball sampling process, helping to ensure their inclusion. Additionally, Indigenous participants and committee members were involved with the peer review process of the final dissertation.

Ethics approval for this research was provided by the University of Alberta Research Ethics Board.

Researcher Assumptions and Identity

In qualitative research, subjectivity and reflectivity are valued (Braun & Clarke, 2013). Subjectivity is related to how my history and values influence my work, while reflectivity is the process of my reflection on how I affect the knowledge I produce (Braun & Clarke, 2013). My background cannot help but to influence my research, therefore I will attempt to clearly state relevant background information. I am a 46-year-old, male, doctoral student of counselling psychology at the University of Alberta. I am First Nations and a member of the Muskeg Lake

Cree Nation band. I have lived off-reserve, in Edmonton, Alberta, for the vast majority of my life. I have a master's degree in counselling psychology and a bachelor's degree in psychology. My areas of interest in research are psychotherapy effectiveness and counselling Indigenous individuals. I have completed my coursework for my PhD and, relevant to this dissertation, courses in cross-cultural counselling, ethics, and qualitative research methodology. I have learned about, researched, and presented on the mental health hardships faced by Indigenous peoples throughout my academic career. I have also witnessed the effect on family members and fellow Indigenous individuals.

I am also a provisional psychologist, have completed my internship with Counselling and Clinical Services at the University of Alberta, with orientational leanings towards existentialism, psychodynamic, and experiential type therapies.

I have a preconception that Indigenous clients are not getting appropriate mental health care, which the data does seem to corroborate. I have an assumption that I might be able to find answers to what an effective psychotherapy might include by interviewing individuals identified as reputable, as I believe reputation is a good marker of expertise. I also believe that understanding those identified, their individual qualities and way of practicing, might be a key to figuring out how to best serve Indigenous clients.

Throughout the interviews, and this dissertation, culture and identity were often discussed. These talks brought up old memories and questions I had which got me wondering about what makes an individual "Indigenous". Indeed, this is a talk I have had with Elders, mentors, professors, supervisors, and my participants. The reason being, I often wonder myself, "Am I Indigenous?"

I have always been upfront about my Indigenous status and background. I am in possession of a government of Canada issued (now Nation issued) ID, specifying that I am a member of Muskeg Lake Cree Nation. However, I was not raised on reserve nor was I even considered Indigenous until the passing of Bill-C3 in 2011. My mother was not raised on reserve, nor her mother. Both had struggles with their Indigenous identities. In fact, the government, and therefore the band, did not recognize them as Indigenous until Bill-C31 in 1985. Neither accepted by society nor the band, they experienced racism from both sides being called “half-breeds” or “apples” (red on the outside, white on the inside).

And then there was me, growing up, curious about my background and history as all children are, and being met with stories of rejection and insult. I was proud of what little Indigenous blood I had in me, asking my brothers if I could have theirs if they didn’t want it. I even wore my hair long like the depictions of “braves” from pop culture. Yet, I never really KNEW what it meant to be Indigenous. Arguably, I still don’t, even if I do have a bit of a clearer picture. Regardless, here I am, fully First Nations in the eyes of the law and my band, even though I do not practice traditional ways or beliefs. To borrow from Dr. Tiffany Prete who gave a talk on residential schools, I am a “success” in the eyes of the Canadian government and their efforts to acculturate Indigenous peoples of Canada.

Now, let’s consider my participants for a moment. Two are Indigenous, one has Indigenous heritage but doesn’t identify as Indigenous, and two are not Indigenous. Even those who don’t identify as Indigenous, or are not, still know and follow the culture, practices, beliefs, and some of the language of the communities they serve. Outside of this research there are individuals who have been accepted into various bands due to their contributions to, and their participation in, the communities. Yet, they are taken to task for claiming the identity or

membership as Indigenous. As Karlee experienced, the blood does seem protective in these cases, no matter how diluted it may be (such as in my case), and having the card is powerful medicine from being labelled a “pretendian” (pretend Indian).

I have spoken with Elders and mentors about my concerns about calling myself Indigenous, participating in Indigenous events, and being in Indigenous spaces, and they are always very generous and inclusive. Yet, perhaps my concerns are not unwarranted as evident by the experiences of my grandmother, mother, and others.

There does seem something unfair or odd about those who are oppressed propagating that oppression. But I have seen time and again, in various circles or cultures, that those who feel powerless often wield what little power they have strictly and viciously. Regardless, I do not have an answer to this, only some ideas of how it may apply to myself. Some may feel that I do not need to earn or prove anything to anyone. Others may think that nothing I do will ever be enough. I can see both sides. For myself, I attempt to learn and do what is in my ability to honour the identity and to give back to the community, one of the reasons I decided to do this research in the first place.

I feel the combination of my academic and personal history places me in a unique place to conduct this research. My hope is that the findings of my research will not only contribute to our profession’s understanding of psychotherapy for Indigenous clients, but also contribute to the TRC’s Calls to Action (2015). When speaking with Elder Elsey at the University of Alberta, she asked me to be a warrior for my people. For me, this was a humbling request, but also one with many possible interpretations and meanings. It has also stuck with me, and I will attempt to fulfill that request to the best of my abilities.

Results and Discussion

The opportunity to speak with highly reputable therapists of Indigenous clients was a unique and demanding honour. Through my critical lens, I pored over the interviews, seeking to fully understand their words and meanings. I coded, reviewed, and re-reviewed the data until I reached a point where I felt I could do justice to what these women had to say. Eventually, I arrived at three overarching themes: *Who are they?*, *How do they practice?*, and *What can we do?*.

Who are they? speaks to their qualities as individuals which contribute to their effectiveness in working with an Indigenous population. It includes the five themes of *Humble*, *Humourous*, *Strong*, *Open*, and *Rural*.

How do they practice? involves the direct work the therapists do with their clients. Separating who they are from how they practice was difficult, as so much of who we are goes into how we practice. The orientations we work with, or aspects of them we incorporate, say as much about our belief in them or how they match our worldview than any empirical evidence of greater efficacy. Included are the five themes of *Using identity*, *Indigenously*, *Integratively*, *Ethically*, and *With Love*.

The third overarching theme arose from wanting to have something useful, tangible, and practical to pass on for those interested in or wondering about working with Indigenous clients. What can we do? contains aspects of the individual and their practice that one can use to be more effective with Indigenous clients. Within this overarching theme are the six themes of *Do the Work*, *Learn in New Ways*, *Work Cross-Culturally*, *Walk Between Worlds*, and *Build Trust*.

This process—the interviews, the research, and the writing—really got me thinking about the work that we do as psychologists. Expertise, effectiveness, outcomes, worldview, identity,

cross-cultural counselling in general and counselling Indigenous peoples in specific: these topics and more have permeated my thoughts throughout this process and got me thinking about what we are actually doing and what is really helpful for our clients. It is my hope that this dissertation will do the same for the reader.

Who Are They?

We are all unique and we are all similar. Our whole is comprised of the sum of countless aspects which combine to create the individual, and arguably more than just the sum of these parts. Yet many of those aspects we have in common with others, from every human being to increasingly smaller, intimate, select groups. This very select group of therapists who are reputed to be highly effective with Indigenous clients are unique individuals for certain, and they also seem to possess some similarities which I believe may contribute to their effectiveness.

The research is clear: there are therapists who are more effective than other therapists and there are therapists who are more effective with different culture groups. Based on this, I am working under the assumption that there is something different about these therapists that makes them more effective. What that something is, we are not certain. But one possibility is that there is something about them that makes them more effective. Perhaps a personal quality they possess, a certain temperament, a way of being, or a combination of those things, somehow increases their effectiveness. Given what we know about what makes therapy effective, it would make sense that these attributes help to establish a therapeutic relationship, set up expectations, or lead to improved collaboration (Wampold & Imel, 2015).

An individual is composed of myriad traits and experiences that come together in a unique way. It is impossible to know all of them, but from the relatively brief time I was able to spend with my participants I feel I was able to notice a few. As important as it may be to

acknowledge the uniqueness and differences between individuals, I see value in looking at what might be similar within these effective therapists. Part of who these therapists are is that they are *Humble*, *Humourous*, *Strong*, *Open*, and *Rural*.

Humble

"I can't be an expert, I don't know enough" – Ann Marie Dewhurst

When talking to or interacting with the participants of this research, one of the first things I noticed about them was their humility. This was not an absolute selflessness or an overall sense of low self-regard, but arguably a more tempered ego, seemingly lower in selfishness and pride than many others.

This humility was evident from the sampling stages of this research. As discussed earlier, these participants took exception to the title of "expert", expressed feeling humbled by being selected, or both. None of them identified themselves as experts when it came to working with Indigenous individuals, nor experts of what is best for their clients. Their humility even comes out in the way they practice. Expanded upon later, there was a leaning towards more client-centered ways of practicing, which tend to be less "therapist as expert" oriented and more collaborative.

Speaking of the term expert, these therapists rejected it. As mentioned earlier, even from the snowball sampling stages of my research, the term expert did not sit right with them. My email correspondence with Liz proved fruitful as it gave me a chance to expand upon my snowball sampling email, simplified for ethics requirements for readership level standards and for brevity's sake, and she referred to it during our interview:

> It struck me when I got your letter, it was like, it's a funny way to look at it. When I say funny, I don't mean strange, just I really had to wrap my mind around it a little bit, to

> look at working with a cultural or ethnic group. That was kind of why I pushed you a fair bit on that particular issue, and it would be a huge issue for me to be considered an expert. I think I have experience; I have a lot of experience [chuckles], some of it good, and some of it not so good. [chuckles]

Liz expressed during the interview that she "was really resistant" initially to participate in the research, both not really sure what my intentions were and not sure what she had to offer. Even though she recognizes her vast experience, good and "not so good" (the "not so good" being of huge importance as a teaching tool), she was not comfortable with the expert label due to the cultural aspects of the work and a good measure of humility. Thankfully, afterwards, Liz was glad she had participated, joking, "Yeah, so thank you very much. It was not near as bad as I was anticipating [chuckles]."

Ann Marie says outright, "I'm not an expert", saying "it's a colonizing term" and sees herself more as "Oskâpêwis", or Elder's helper in Cree, and a teacher:

> It just feels wrong, because how dare I claim anything, right? Like, you think about colonization and the impact of how much has been lost, and these people have shared their knowledge, their remaining knowledge with me in a profound way, and trusted me to use it to help reconciliation, right, to help people heal. And yeah, I can't be an expert in that because I don't know enough.

Here we see both vast respect for the knowledge imparted upon her and a feeling of still not knowing enough. This feeling of not knowing enough is respectful to traditional knowledge holders and an acknowledgement that she is not in possession of all the knowledge, perhaps an acknowledgement that she never could be. Indeed, no one is capable of that feat. Yet one thing that we see in common between experts in any field, and highly effective therapists, is the

acknowledgement that they do not possess all the answers, in their humility regarding their knowledge and abilities. Indeed, experts often report that the more they learn on their subject of expertise the more it highlights how much they do not know. Therapists who harbour some doubts, or at least are not certain of the client's issues or of the outcomes, tend to perform better in therapy than their more confident peers (Nissen-Lie et al., 2017; Okiishi et al., 2006). This self-doubt is a humility of sorts, resulting in these therapists not assuming they know what is going on and therefore potentially willing to listen more closely, spend more time trying to understand the issues, and are more likely to collaborate on a solution with the client.

Another aspect of humility is how it tends to eschew power dynamics and champion equality. A humble individual does not place themself above another, but rather creates a sense of equality. This egalitarian outlook opens one up to different approaches to an issue. To this end, these participants tend to refer and defer to Elders and traditional healers in any matters of cultural significance. They consult the expertise of Elders, healers, and helpers in the community who are recognized as more knowledgeable in cultural areas. These are individuals whom my participants have taken the time to form relationships with and who are compensated for their assistance. More on the details of these traditional helpers and forming relationships with them can be found later in this dissertation. What is significant about this in terms of humility is being able to recognize the limits of one's abilities and being able to defer to others. Ann Marie talked about working with a particular healer during a challenging workshop:

> Part of it was also being in a situation where I knew my limits, and I knew that he would have different ways but not being able to invite or control them, because I didn't know them, right. So, us psychology types tend to need control, right, it's part of what we're trained to do, especially of the environment. When we're running a workshop, you've got

to, right. And giving up that control and knowing it will be okay, that was a different skill.

Ann Marie was humble enough to recognize her limits and relinquish control, knowing that what would be best for the teaching was an Indigenous approach rather than a psychological one. Humility allowed Ann Marie to question what could be done better and a flexibility of approach. Adopting a more cultural approach resulted in greater engagement in the workshop.

It is not lost on me that the word "humble" comes from the Latin "humilis" from the root word "humus" or earth, thus meaning grounded or from the earth, as these therapists are indeed very grounded individuals, "down to earth" as it were. And connection to the land is also an important aspect of their work with Indigenous clients, both of which are discussed in more detail later.

At the same time, these women are not paragons of humility. To say they are not perfectly humble is not to say they are flawed, just that they are human, and as humans, lack perfection. As well, if they were perfectly humble, they would have nothing to say. These women definitely have something important to say. Ann Marie later said this about being called an expert:

> It's about taking in all that knowledge, not owning it, thinking about what I do own in terms of … I do consider myself an expert witness in court, right, so I'll claim that when it's valid. But "expert" means in that context, expert witness, it means that you have an above-average knowledge compared to the average person, not the average psychologist, but the average person, so that I can have an opinion. So, I have enough information to have an opinion of what might be helpful and not helpful. But traditional people wouldn't

do some of the things that I would do, like parenting assessments, right. So, it's about having respect and boundaries.

The context in which she feels it is acceptable to consider herself an expert is important. Doing so in relation to a colonized group feels disrespectful, but in a court context, she can accept the term as a signifier of her knowledge. Yet she also acknowledges while we talked about her work at the TRC hearings, "I probably had more traditional teachings than all of my clients, right. But I hadn't got the lived experience." As well, when working with Indigenous clients new to their culture she has to be careful to not be "the white lady [who] knows more than they do" about their culture. She shows humility that what she has been taught is different from the lived experience, a kind of cultural humility. To me, Ann Marie clearly possesses knowledge and expertise in this area, but her humility and respect for the culture and people, or cultural humility, are paramount.

When it comes to context, the email exchange Liz and I had during my sampling really got me thinking about the term "expert" and what it meant to myself and to others and the context in which it is used. As she said, it was a "huge issue" for her to be considered an expert. At the same time, Liz recalls how often others would say "Find Liz, she'll know what to do." when working with very challenging, upset, or overwhelmed individuals during the TRC hearings, showing that others recognize her as someone with expertise.

There is at least a bit of pride in what they have accomplished, what they do, and though they reject the term expert, they seem to have expertise in the area of providing therapy to Indigenous clients. They have a confidence, an assuredness, a belief in themselves and what they do, and a right way to do it, that seems antithetical to humility. Yet I believe that is an important aspect of why they are effective. A completely humble individual would lack the ability to be an

effective therapist. They would arguably lack what was needed to achieve what they have (e.g., their education, positions, accomplishments), nor would they likely possess qualities related to effective therapists (e.g., attractiveness, confidence, knowledge, insight).

While these participants do not possess a perfect humility, that they do not see themselves as superior to others, nor hold what they have learned and know as superior to other ways of learning and knowing, is an important part of who they are. They clearly possess expertise and confidence in who they are and what they do, yet even this is tempered by a down to earth, egalitarian outlook. This makes them charismatic and easy to talk to and work with. All of this comes together as an individual who most others would be happy to turn to for help with any difficult challenges they are facing. Gwendolyn sums it up nicely when I asked her about what it was like having been selected as a participant:

> Just humbled, surprised, humbled, and questioning why [chuckles] my name came up, and that the whole having some kind of expertise. Yeah, I've been at this for a number of years, so I guess I have some wisdom there, but I still feel young, too. I feel like a young pup still, too. [chuckles] So, it's like, yeah, okay, I guess I've worked enough to get to this place, and I've been presenting on what I've learned so far. So, I obviously do feel like I had something to say, and when I have the opportunity, or when I'm asked, I do share … I never say no if asked by the community to present or do something, then yeah, I usually figure out a way, unless it's totally out of my wheelhouse, and they're wanting me to present on something that I don't feel like I have the knowledge, then I won't.

Gwendolyn was humbled by the referrals, has experience and wisdom to share but also feels she has much more to learn, acknowledges she has something to add to the conversation but also recognizes the extent of her knowledge, humble despite her knowledge and abilities.

Humourous

"Develop a good sense of humour. Get used to being teased." – Liz Oscroft

During the interviews, and again during the coding process, I was struck by how much these individuals laughed and joked. Laughter, in one form or another, was coded 327 times during the five interviews. A few were probably missed, and a few were attributed to me, but this seems like an extraordinary amount of laughter given the topic at hand. What was evident to me was that they were quick to laugh, and that I found it a very charming and charismatic quality. One possible explanation might be that I brought it out of the participants, but I assure you, I am not that funny. The more plausible explanation is that humour is a large part of who these women are and, I suggest, part of what makes them effective therapists.

Humour is often brought up when talking about Indigenous peoples of North America. It is mentioned both as a trait of the people, and an important aspect of working with them. Blue and colleagues (2010) wrote about how Indigenous Canadians have a sense of humour different from the typical Euro-Canadian and that the sense of humour from one group of Indigenous Canadians may differ from another, a comparison we are familiar with hearing at this point. Similarly, I would also add that Indigenous humour likely shares a lot in common with North American culture at large, especially as younger Indigenous consume the pop culture and media of North American society. One may look towards the popularity of the currently running "Reservation Dogs" comedy series, created by and starring Indigenous talent. Yet, there still seems to be a difference with Indigenous humour, likely due to the differences in Indigenous culture. As cultural humour researchers Jiang and Hou write, "Humo[u]r is universal but also culturally specific." (2019).

When it comes to specifics about Indigenous humour, it seems appropriate to consult an Indigenous comedian. Anishinaabe satirical journalist and comedy writer Tim Fontaine says there are five things one should know about Indigenous humour (TVO Today Docs, 2019). First, that there is lots of it, and that humour is prevalent in Indigenous communities. Second, that it rarely punches down and tends to be used as an equalizer to bring everyone to the same level. Third, that teasing is not the same as punching down and if, after spending some time in an Indigenous community, you are not being teased, it is something worth considering. Fourth, that it can get dark, potentially as a way to cope with their difficult realities. Fifth, to forget about the last four things as Indigenous communities are diverse and that what one community sees as humorous may differ from another. These five things seem to fit what I heard from my participants.

The first is evident with humour and laughter being a common feature of my interviews and was mentioned in the context of working with Indigenous clients and communities. Between serious discussions detailing their experiences and challenges, my interviewees were laughing and making humorous comments. As Judi said when we talked about her work in rural communities, “And as part of that I really like to joke and kid. And the region I'm from, Cree community in particular, wicked sense of humour, people love to joke”. So, both Judi and the Cree she worked with liked to joke, kid, and have a wicked sense of humour. Some might see it as inappropriate to crack jokes during such serious conversations, but this is a hallmark of another aspect of Indigenous humour: it gets dark.

It is not surprising that Indigenous communities have developed a good, if dark, sense of humour given their history of abuse and oppression. Many survivors find dark humour relatable and cathartic, a way to process and cope with the difficulties and pain they have faced and

continue to face (Garrick, 2006). This is important, as having a sense of humour, leaning darker, seems to be an important quality when working with Indigenous peoples. It is also not surprising that Indigenous clientele would develop a stronger therapeutic alliance with a therapist who was able to match their sense of humour. When discussing her retirement and what title she can currently use, Liz remarked, "I've got my 25-year pin [chuckles] and a note on the same day that said, 'You can no longer use your title under any circumstances, or we will kill you.' [chuckles]". Not the darkest of jokes but given the context of the first time we talked in person, albeit virtually, for an interview about working with Indigenous clients, it was a little morbid. My kind of morbid, but perhaps not for everyone. However, later Liz recalled a time when a participant in an Indigenous woman's group came up to her afterwards and asked her "Are you an Indian?" When Liz responded "No." the Indigenous woman replied, "You seem like you are one." Liz continued:

> I never knew what that meant. I think in part what it means, I laugh a fair bit, and I think I'm a pretty good listener. I think those two things have really held me through more than almost anything. I have huge respect, and I really, really have I think an ability to join with people at some kind of a gut level. I don't think I present as a threat in some ways, and I don't know why. That wasn't always true. I got hit in one of the Murdered and Missing Women things, because this woman realized I wasn't Aboriginal, and she wanted an Aboriginal therapist, and she was behind me, and she just hauled off and smacked me [chuckles].

Here, a few things stand out for me. First is Liz' acceptance into the culture, at least partially due to the fact that she laughs often, something which makes her seem more "Indigenous" to Indigenous individuals. Second and related, that she is able to laugh about having been assaulted.

This seems to me typical of a darker sense of humour and utilizing humour to cope with difficult situations, something many Indigenous may be able to relate to. And given that humour is such a large part of the culture, there is a long tradition of humour in Indigenous teachings especially in "trickster" stories (Mala, 2016). Humour is considered "very good medicine" and can be used to pass on morals, values, and norms, as well as act as an equalizer, especially when used to tease.

Another aspect of having a sense of humour is not taking yourself too seriously. As Liz says, "Develop a good sense of humour. [chuckles] Get used to being teased. [chuckles]" And this is important because teasing can be an important aspect of Indigenous culture. Teasing is a multifaceted behaviour which is often misinterpreted by the uninitiated. On the surface, it can be seen as a hurtful joke at someone's expense. However, teasing can be used as a way to pass on knowledge about cultural norms and values in a non-direct, non-disrespectful manner. Another consideration is that you would likely not be teased if you were not considered someone who was liked or who was wanted around. If someone bothers to tease you it may be because they are trying to correct a behaviour or mistake. Judi further remarked on her time with the Cree community she worked with: "It is also very important for them not to see these levels like, 'This is the teacher, the principal, the psychologist' and they look down and can't be teased or tease." Perhaps owing to being more collectivist, in general, perhaps owing to a history of abuse and being looked down upon as a people, Indigenous individuals prefer relating on a more equal level with others and are distrustful of power dynamics. Showing that you do not consider yourself above them by accepting teasing and even teasing back can work at creating an equality in the relationship allowing for greater trust and sharing.

The idea of not taking themselves too seriously can obviously be tied back to their humility. Humble individuals do tend to be self-deprecating to an extent, though, like teasing,

this is not meant to be disparaging but more as a self-tease, showing that they do not place themselves above you and they are okay with teasing as a form of relating. Liz joked that learning how to take care of "rez dogs" was the number one essential thing to teach students about working on the reservations. Gwendolyn laughed as she said she felt too much "like a young pup" to be called an expert. By not taking themselves too seriously they help to remove any sense of superiority or authority a client may have an impression of, creating an atmosphere of equality and helping to foster a strong working relationship.

These women possess and utilize humour to help in their strengthening of relationships and in their work with their clients. Judiciously used, I have no doubt this increases the strength of their therapeutic relationships and increases positive outcomes for their clients. Translating humour and jokes into writing is a difficult task for the most talented, and it wouldn't be the first time I've encountered individuals who struggle to understand dark humour or laughing and joking in the face of the abyss. To this I will say that humour is subjective and as varied in form and purpose as humankind, and any offence or misunderstandings that arise out of the "humour" contained in this dissertation is a fault of my ability to translate it or the context appropriately.

Strong

"You have to be kind of fearless to do this." – Liz Oscroft

Strength is a difficult term to operationalize in this context, to clearly define and explain. When we say someone is "strong" it can mean many things. Physical strength, mental strength, strength of character, willpower, resilience, fearlessness: these are all ways to describe strength, and all these descriptions fit this group of participants. While some of these aspects of strength are arguably more important when it comes to the counselling work we do, all can come into play when working with Indigenous peoples and in their communities.

With regard to strength in the more physical sense, while perhaps not what comes to mind first when thinking of working with Indigenous peoples, it did come up during the interviews and does seem at least partially relevant. Between the possibilities of remote wilderness settings and extreme weather, to physical altercations which can occur, while physical strength and toughness is probably not strictly necessary to be effective, it is definitely an asset.

When one is working closely with Indigenous peoples it can mean visiting and working in remote communities. As of the 2016 Census of Canada, 40% of First Nations live on reserve and, including those individuals, approximately 60% of Canadian Indigenous live in predominantly rural regions (Statistics Canada, 2017). While the average therapist may never have a chance to interact directly with a community or to attend a traditional event, my participants have spent extensive time in these rural areas. For the unprepared, these visits can be an education of how a large proportion of Canada's Indigenous live, survive, and even thrive.

The elements test the average Canadian, equipped with modern conveniences we are used to. Many of these conveniences make huge differences compared to what the average Indigenous individual contends with. Nature, with all its beauty and bounty, can also be harsh and unforgiving. In our large cities with (arguably) well maintained roads and public utilities, we can work and live in relative shelter from the elements. This is not to say that Indigenous communities do not have most, if not all, of these conveniences, but the people also tend to live closer to nature in more remote areas where many of the modern conveniences are harder to come by, forcing the individual to deal with the environment in all its forms. Liz recalled working in the north during her stint with the TRC:

> Snowstorms. The northern tour, it was -50, and those therapists were sleeping on floors, and literally eating frozen seal meat. That's what I mean, you have to be kind of fearless

> to do this. It's true, Winnipeg at the very end, there's this massive storm, a big ending ceremony, and I kid you not, two eagles appear in the sky over top and start circling. It was like, really? Seriously? Cue the eagles. The amount of energy, I don't have, I know I walked around the world after an event with a huge amount of some kind of energy coming off of me that I couldn't even describe. For starters, it took me a long time to not hug every Indigenous person I ran into on the street after everything, because I spent so much time physically grounding people. That's the other thing, you're working with your body a lot more. You have to be careful around some of that stuff, but a lot of people needed to be physically grounded. Environmentally, you are not in control of your environment. You have to be able to work under all circumstances. You don't get the hour. Sometimes you get five minutes, and that's what you get.

In this recounting, Liz describes the extreme cold she and other therapists had to contend with and the energies these TRC hearings produced, which she held in her body. The ability to remain grounded throughout it all, and to remain flexible and adaptive in the face of it, requires remarkable fortitude. And, on the other side of the spectrum, she continues:

> It was 33 degrees in Winnipeg during that time. They came from minus 10. There were more mosquitoes, and in the north, there's no bugs. It was literally, you would catch 1000 if you just went like this [makes swiping motion]. There were so many fricking mosquitoes. And then, this big storm came in, and this big tornado. Every single one of the hearings had something like that happen. The Atlantic one that one of the poems is about, the entire ocean, yeah, the entire ocean disappeared and revealed all these red rocks. It was one of the biggest storms they've had that was not a hurricane in Halifax at that time. We were always working under these huge environments. That's another thing,

> keep in shape. We were always working under these huge [chuckles] environmental calamities basically, as well.

From bitter cold to sweltering heat, the gamut was run. With what many of us might consider biblical plague levels of mosquitoes, tornadoes, and near hurricanes, it is fair to say these therapists encountered a wider range of severe natural events in the line of duty than the typical therapist. With a reminder to "keep in shape", Liz attributes physicality with her work with Indigenous peoples. Indeed, when working that close to nature, physical strength is undisputedly an asset.

Maybe a surprise to some, but "rez dogs" can be a real issue. On some Nations they have been known to roam in packs and attacks do occur. Liz joked when we were talking about potential questions for the next therapist:

> Do you know how to take care of rez dogs? [chuckles] … One of the other therapists in town and I were joking one time about all the essential things you need to teach students how to work on reservation, and that was number one. [chuckles]

Though also a show of humour, being able to "beat feet" or stand up to a roving pack of dogs is suddenly a non-zero possibility in a therapist's life.

Though not a common occurrence, physical abuse towards a therapist can happen, in any setting. A 1986 survey of 300 independent practitioners reported 12 percent had experienced physical attack from a patient in independent practice, and twice that number (24%) had experienced a physical attack in other settings, such as clinics and hospitals (Tryon, 1986). Though this is old data, and changes in client procedures and interactions may have reduced this number, it is interesting that current data seems difficult to find, perhaps due to a shift to client advocacy and protection over the protection of the therapist. Regardless, therapists can

understandably react differently to these attacks depending on a number of factors such as severity, frequency, perceived support, and others, like any incident of physical assault. However, one factor which is protective from these incidents becoming more traumatic is resilience, something these therapists possess a lot of. Take the assault mentioned early by Liz where she was "smacked" because her client wanted an Indigenous therapist. Liz laughs the incident off now, a side comment as she talks about how a non-Indigenous therapist can be effective with Indigenous clients in addition to her respect and love for people, of all things. True to form, she seems to hold no ill will towards this woman and no long-term trauma from the incident.

Arguably more important is the mental strength that these therapists possess. These therapists, like all therapists, hear a tremendous amount of horribly sad, painful, frightening, disgusting, rage-inducing stories from their clients. Potentially due to the struggles Indigenous people face, these stories may unfortunately occur more often, and a therapist working with Indigenous peoples needs to possess mental fortitude.

Willpower, resilience, emotion regulation, these are all part of what I include in mental strength. These women are able to successfully navigate the challenges of attaining graduate degrees, managing their professions, raising families, all while being able to connect deeply with clients facing extremely difficult situations and challenges. Of course, this describes many therapists, especially those who work closely with trauma and refugees. Liz even drew comparisons to her work with Indigenous with the work she has done with refugees, another sign that the therapists I interviewed are likely very effective therapists regardless of their clientele. Regardless, those who work with individuals who have faced a lot of life difficulties are no stranger to the lashing out of anger or the painfully slow building of trust which can occur as a

result. Therapists working with Indigenous peoples should be prepared to have their motivations, values, and even their identities attacked.

Liz talked about her work with Indigenous peoples, working with individuals with severely traumatic histories, and trying to remain grounded and balanced:

> And it's a funny thing, you have to be able to also tolerate… I think because I worked with such… Nobody wants you at a cocktail party to be talking about horrible things that happened to people. You have to be able to divide that off in some ways. You have to find a way to be able to live the life that you've been given as well. You have to be kind of… fearless isn't exactly the right word, but there's something about it. You have to be a little bit fearless … You have to recognize that you're kind of on your own out there. There's not anybody who has the answer of how to teach you how to do these things. You're going to learn, sometimes really harshly, and sometimes, like any therapist, you're going to figure things out as you go along. But you have to have a good sense of your own boundaries and ethics as well, and to recognize that some of the things that fit in certain circumstances ethically are not going to fit in others.

Personal strength, resiliency, fearlessness: all of these are important characteristics of any therapist, but potentially more so when working with an Indigenous population. The traumatic experiences faced by our clients can be difficult to hear and to sit with, so having a strong sense of self and ability to separate work from life is essential to avoid burnout. When working with Indigenous clients, maybe all clients, the ethics are not as clear or black and white as we might like and, at times, antithetical to helping clients. This puts therapists in a difficult position—we want to help our clients to the best of our abilities, yet our ethics and standards may interfere with our ability to do so. While they are in place to prevent harm to clients, they may also be

considered an overcorrection inhibiting our ability to help. This is where the fearlessness comes in, as these therapists are aware of this contradiction and proceed, but not without forethought and consideration. For someone unfamiliar with working with Indigenous clients, this can be an intimidating place to sit in. Realizing you will be called to test your boundaries and at times act in ways contradictory to what you are told is ethical, can be uncomfortable, requiring a strength of belief in what you are doing and a fearlessness of repercussion.

Liz related a story from when she was working with the Resolution Support workers for the TRC when they were doing a teaching on sharing circles:

> One of the guys was sitting outside the circle wearing his sunglasses, and kind of refusing to take part. And so, I started saying, "What I thought we would do this afternoon is talk about circles, and facilitating circles, and we can all add to that," and the place went absolutely crazy. It's like, "That's not culturally appropriate, that's our thing." All I meant was, how do you get a group of people together into a room, and get them together? [chuckles] The guy that was sitting outside the circle wearing the sunglasses, he says, "Why don't white people just get out of our business and let us heal ourselves?" Yeah, exactly. I just got very centered. [chuckles] I knew it was that defining moment, where this would be it. I had to say something that was going to get us out of the particular issue we were in. [chuckles] And so, I just said, "Well, what has happened to you has also happened to us. When you were put in schools, that also broke apart the nation, and it's up to all of us together to make a difference in that. We are all suffering as the result of it." I didn't use that language exactly, but it was something along that line, basically. That kind of facilitated everybody calming down, and I don't know if you've ever been in a circle in Indigenous communities, but if there's anger, oh man. [chuckles]

> Everybody gets real quiet, except for the person sitting on the hot seat. But that made a massive shift in that. I think a lot of times, just sitting and doing nothing was my best intervention of all. Often, the Resolution Health support workers during the TRC, often if it was something they felt they couldn't deal with, if somebody was really pissed off and angry, if there was a dissociative thing, something dissociative going on, or there was something that just overwhelmed them, and there was a fair bit of that, they would send me in, right? [chuckles] "Find Liz, she'll know what to do." [chuckles]

In the face of this extremely tense, difficult, and sensitive situation, Liz remained grounded and was able to bring the group together. Liz, being as comfortable and skilled as she was in the face of anger, was often called upon to work with individuals who were in these elevated states, showing that her skills were recognized by others. Later, while talking about a South African TRC psychologist whom she was reading about, Liz said:

> She talked about when you're a witness, you do take that. You hold it in. You hold that inside yourself. You don't keep it. It's not a very good idea to keep it, by the way. But somehow, you are that connected when people are moving through their story, or what happened to them, or describing the pain, or describing any of those kinds of things. You have to have a huge capacity, and you have to know who you are in that, and not be overwhelmed by it.

The mental and emotional strength required to take on and hold inside another person's pain, to let go of it and to not lose oneself or be overwhelmed by it, is vast. And while most therapists have this ability, to various degrees, these women have it in spades.

Similarly, Judi talked about how therapists not used to working with significant trauma can panic and let their fear drive them to make potentially detrimental decisions:

> People who aren't used to communities of significant trauma and oppression, people who have never worked in a ghetto in the US or on reserve for us here, they might hear about murders, potential murders, suicide and want to freak and panic and be on the phone with child welfare, the RCMP, for what? We have no beds open in any psychiatric institutions in this province. You sound alarms, you get RCMP and police to come out to just bring someone back home, you're not working on sustainable change. You're panicking because of what you're taught and what might work in the city. And that totally destroys trust, totally and utterly and completely. It doesn't mean you sweep any of that under the carpet. It means you work with the individual to figure out what's going to help them or keep them safe. If it's been worse before, how did they handle that? Because sometimes people who are frequently suicidal, when they present as suicidal, aren't that risky compared to previous suicidal attempts. So you're working more on some safety planning. And if you're inexperienced that's a huge panic button, huge panic button. "Ahhh! I think it's gonna happen and I have to go through this whole protocol!" It's actually really disrespectful when people are being that brave and transparent and open.

When hearing about these severe traumas, Judi remains calm and level-headed, allowing her to make decisions which are ultimately best for her client instead of decisions based on fear. This is at least partially due to her experience with these situations, but also due to her realizations of the impact such reactions would have on the client and the therapeutic relationship.

Others have had the strength of self to stand up to attacks on their identity. Discussed in more detail later in the Identity theme, Judi talked about the seemingly "insurmountable" requirement sometimes put in place to be "Indian enough" by some, and its connection to systemic racism in her view, Gwendolyn's had concerns about not being "Indigenous enough",

and Karlee's experience being labelled a "pretendian" and having her Indigenous heritage questioned in the academic field. In spite of these challenges they have persevered, and perhaps were even bolstered by them.

Their fearlessness extends to being fearless in the face of recrimination or repercussions due to perceived psychological ethical violations in service of their clients. Details of this are discussed later, but suffice it to say, these therapists believe in what they do strongly enough to risk potential punishment for perceived ethical violations (which are not actual violations at all, it turns out) to better serve Indigenous people and communities.

Part of their strength and fearlessness is evident in how these women have often broken new ground, introduced new ideas, or brought about systemic change in their careers. Ann Marie began her career as a research student at a penitentiary, one of the first women to work on the units in the penitentiary system who was not a guard. There, she was exposed to the trauma stories of the primarily Indigenous population, a population whom she perceived as the most respectful and protective of the bunch. Later, she worked for the parole office in Edmonton where she was the first community psychologist, and both witnessed and participated in the movement to increase Indigenous involvement in the correctional processes. It was at the Stan Daniels Healing Centre where Ann Marie met her Indigenous mentor, who is sadly no longer with us. Ann Marie took the initiative to foster a relationship between the parole office and Stan Daniels, bridging the gap in Indigenous culture and knowledge:

> This was in the '90s, I didn't have anybody to consult with in the CSC psychology department. Nobody knew how to do psychology in an Indigenously respectful way. So, we were figuring it out. And so, in that timeframe, we also started with the National Parole Board, and one of my mentors, I should say, was Irene Fraser. And she's now an

> Order of Canada recipient, she's amazing, she's retired. But she was a fervent sort of advocate for inclusion and traditional decision-making strategies. And she, if you ever want to see an Indigenous art collection, she could have a museum. [chuckles] She's just incredible. But she was really a strong advocate for me to get… my head out of my ass and do it right. So, I had lots of people saying take a chance, do it, you know, set some groundwork. So, for example, when I had a student with me, like we had undergrad co-op students, they were coming to the lodge with me. I insisted that any new staff had to go to the sweat site and hang out, whether or not they went in the lodge, that was a different issue. But they had… as part of the inclusion in the staff and the awareness. And then we hired Indigenous… so part of my job was also to hire contractors. And for the first time, we hired Indigenous service providers, specifically to run CSC programming. So, Aboriginal Counselling services had a contract to run their programming with Indigenous offenders, but we broke the mould in that we've hired people to do family violence work. In particular in Aboriginal Consulting Services. Sue Langedoc and Dave Langedoc came in and did the work with us. And we had to get out of their way, but it was really, really powerful. And they continued to do that work well beyond my involvement, so that was really good.

Ann Marie was one of those on the front lines of introducing Indigenous people and culture into Canadian psychology and Corrections. With encouragement from her mentor, she made changes to the system, and she did so with strength and fortitude and a fearlessness to her:

> It was stressful at times because there were no guidelines and we were setting them up, and it was labour intensive. Like there was one day, we went to the sweat lodge on a Friday and we left at eight o'clock in the morning, and I'm still on site. One of the issues

> that came up was that somebody needed doctoring, and the ceremony didn't begin until four pipe holders showed up. Nobody was asked, they just showed up. And you know, the ceremony, the curfew for these guys was 10 pm, and I'm phoning from the sweat site in the early days of cell phones saying, "I'm with them, they're legitimately all still here, they're not AWOL, we'll be back by midnight, I hope". You know, but I didn't know, I was basically with 12 AWOLed inmates in a ceremony.

When I express my surprise at her getting that kind of leeway with the inmates she replied:

> I didn't give them much choice, [chuckles] because they knew where we were. But part of my role was to offer that safety because nobody else there was a staff member. They were all… the Elders were contractors, and I was the only official CSC person. So, having to walk those [lines].

Ann Marie's fearlessness in the face of change, of the unknown, of difficulty and challenge, of potential discipline for bending rules, allowed her to provide cultural services to her Indigenous clients. Bringing cultural aspects into her work with Indigenous peoples potentially improved the therapeutic relationship with her clients, likely resulting in better outcomes. The systemic changes she helped implement were lasting, making an impact on how Corrections works with Indigenous peoples to this day.

Judi also works to bring lasting systemic changes, systems that she sees as racist towards Indigenous peoples:

> It's also one of the reasons why I'm not in-community anymore. At one point I was treating children and grandchildren of people I've treated in the same way. And it is fantastically rewarding work, it's an honour to do it, but for me it was… I'm not influencing the systems perpetuating these problems. And so, then I moved into a much

more provincial role starting in about 2013. Which was unfortunate in some ways, it took me away from community, I moved to Edmonton … But at least in my head, if I could have some small part in changing some systems, I'd have more impact.

When I inquired what systems are getting in the way Judi explained:

> Oh, lots. Everything from addiction treatment, lack of resources, employment issues, access issues. So, so, so many systems. In rural areas too, someone can walk into a walk-in clinic in the south of Edmonton and say, "Here's my issue, can I get some treatment?" and the doctor will probably explore things with them. If it's anywhere rural northeastern Alberta they walk in and the doc says, "I'm not giving you opiates. Pretty sure you're an addict." Even if the person is an MSW clinical social worker who just twisted their ankle. Because the level of systemic racism in some communities is pretty significant. Now for me, can I influence [Alberta] Health, Indigenous Services Canada, these systems we have in our province to try and make a bit of a difference?

And for Judi it feels like her efforts are bearing fruit:

> Yeah, it's always three steps forward and 2.5 back. But slowly chipping away at it. And helping to try and mentor and support more people to be doing that so it's not about me. I'm just trying to put the right people in the right places to get things done long term.

True to her word, Judi continues to work to bring Indigenous awareness to Alberta psychology and provide opportunities for Indigenous psychologists. She works to change the system which she feels is at the heart of Indigenous struggles.

To sum up, these are tough women who, in the face of fear, show remarkable strength, determination, and resilience, allowing them to stand their ground and effectively work with

challenges before them, breaking new ground and changing the system. Their strengths both help them in this work and make them effective at it.

Open

"I can believe in all sorts of weird stuff!" – Ann Marie Dewhurst

While transcribing and coding the interviews, something kept on popping up for me when I was thinking about what it was about these women that made them so effective with Indigenous clients. Time and time again I noticed how open they were; open to concepts, to beliefs, to people, to experiences, beyond what I was personally familiar with. When I looked into the Big Five personality traits, the factor of "openness to experience" seemed to fit. Individuals high in openness were shown to be "imaginative and sensitive to art and beauty and have a rich and complex emotional life; they are intellectually curious, behaviourally flexible, and non-dogmatic in their attitudes and values" (McCrae & Costa, 1997). This really matched what I was noticing about my participants. They had an openness about them that stood out and was likely an important aspect of what made them effective therapists.

Creativity was evident throughout the interviews, even during these relatively brief interactions. Karlee mentioned allowing herself to become an artist, despite "Eurocentric" opinions telling her otherwise as a child. She paints, favouring florals, sometimes as a medicine for the difficulties she is facing. She also sings and drums traditional songs, which I have had the pleasure of hearing. It is such a large part of who she is, and Karlee says she is "connected to land and art".

Liz has written poetry and sent me three poems about her experiences during the TRC hearings, each one capturing the personal and environmental goings-on during the events (one of which is included later on in this dissertation). Difficult for the people involved, Liz was also

inspired by how she saw nature responding to the hearings, noticing extremes of weather and encounters with wildlife during them. When asked about her thoughts about the occurrences she said: “I think the Earth is just pissed off about what we did to Indigenous people. [chuckles] I think the Earth was just pissed at us. The kind of energy that was produced in those events was huge.” Her expression of these supernatural events through poetry shows both an openness of belief and of expression.

Related to creativity, Ann Marie says she has a “vivid imagination” and enjoys reading fantasy and playing Dungeons and Dragons, a fantasy roleplaying game where one participates in imaginary adventures, playing a character, or characters, who may be very different from oneself, physically, mentally, or even spiritually. Roleplaying such as this can be seen as a form of acting or exploring different ways of being, another creative pursuit.

Some researchers believe that creativity is a hallmark of good therapy, “central to the therapeutic process” (Carson & Becker, 2004). Creativity in therapists can be an asset when it comes to making connections leading to insights, tailoring the therapy to the client, collaborating with them for solutions, and helping the client and therapist to become unstuck (Carson & Becker, 2004). The creativity these therapists show could be contributing to their effectiveness in general and, more specifically, in their work with Indigenous clients.

Their openness extends to an openness of belief. These individuals have a view of our world that can be seen as spiritual, metaphysical, even magical in some ways. As Ann Marie humourously puts it: “I can believe in all sorts of weird stuff!” Said jokingly, yet it does highlight her awareness of how open her beliefs are. This openness of belief tends to lend itself to different ways of seeing and being in the world. Their openness is likely influenced by their humility, opening themselves up to not knowing or not being the expert, in terms of knowledge

of culture or in therapy. As such, they are very open to different ways of knowing and different types of knowledge. Ann Marie, referring to a workshop she was giving on doing Gladue reports (reports which allow the impacts of colonization to be taken into account for criminal sentencing), said this:

> Doing that cross-cultural work means you have to actually believe the knowledge base and the skill set the Elder's coming with is perfectly comparable to anything that I might suggest … professionally. And if you're going to work together, you have to have that trust and let go.

Openness and cross-cultural work go hand in hand, as an aspect of cross-cultural work is being able to be open to other beliefs and practices. Openness allows these women to connect closely with Indigenous culture. The ceremonies, the smudges and sweats, have resulted in strong spiritual experiences for these individuals. Karlee recalls her first smudge, the first Elder's conference she attended, as experiences that woke something in her. She recalled:

> It was the first time I smudged, and I just remember that being a really powerful experience for me. I didn't know what was happening, [chuckles] but I knew something was happening. I was like, "Uh oh, what's going on here?" Because like I say, I didn't believe in things that were outside of the positivist paradigm, other than … when people ask me that question about my spirituality, I always said, "But I feel something in the Rocky Mountains," which is so funny looking back, because it's the connection to land that I didn't have an understanding of yet. I would say, "There's something that happens there that can't be explained by Eurocentric science, so I feel something there, but that's as far as I'll go for spirituality." It's just neat that that was so inherent in me. Well, everything was, when I look back. I experienced the smudge, and then we went to

> another event as part of this project. One of the people we were meeting with invited us to this Elders' conference at Mayfield, and that's the first time I ever was around the big drum, and pow wow dancers and stuff, and I was like, "There's also something happening here," that I didn't understand. And so, something started to be opened there.

Karlee felt a strong connection to the land, always has, even before her connecting to her Indigenous heritage. Even before getting in touch with her spiritual roots, Karlee felt something that was not explainable scientifically, something she didn't understand at the time, but this was the beginning of her opening up to her heritage and spirituality.

Being open to others' openness is also important, especially when working with highly cultural individuals. As Judi highlights:

> It's a really beaten to death example but when people are profoundly spiritual or culturally engaged, spirits, things we would call psychosis, most of the positive or negative symptomology that go with psychosis can be extremely cultural. And when people panic and start to do a psychosis assessment, spiritual individuals will dial it way back to protect themselves.

Being open to other cultures also reduces the risk of misattributing or overreacting to displays or behaviours that are cultural rather than signs of mental illness. Openness from therapists allows clients to feel safe to fully express their thoughts and experiences without fear or judgment or punishment.

It may be said that belief in intergenerational trauma requires a level of openness that many do not have. Perhaps more accurately, some of the theories of transmission of intergenerational trauma, expanded upon later, require more spiritual or metaphysical beliefs. Obviously, these therapists have no struggles with the concept of intergenerational trauma nor

the various theories of its transmission. Through blood, the spirits of ancestors, or parenting, it is all on the table for them. Karlee takes it one step further, with a belief that not only can intergenerational trauma be a result of the past, it can also be due to the present or even future generations wanting something corrected before they arrive. Karlee explained as we discussed depathologizing symptoms:

> That can be something that, again, was intergenerational, through the family. It could even be a future generation that's coming and saying, "Hey, I'm angry about whatever this is." And it's always a conversation toward healing, and toward wellness, and toward social justice. That future generation, if it's coming through in that way, is saying, "This needs to be changed before I get here, because I don't want to deal with this shit." [chuckles] I talk a lot about that, even in relation to schools. Because again, there's a lot of emphasis right now on the ways that education system or schools can be a trigger for Indigenous kids. It's just knowing that it's not always just from the past, it's not always an intergenerational piece of the residential school system, but that a child can be walking into a school, and all of a sudden, they're getting activated, and then they're having some sort of, what gets labelled as a behaviour. But that can actually be a message from a forthcoming generation, that's saying, "Change this system. Change the way that this is set up before I come in, so that I don't have to contend with this oppression," or whatever it is that is working counter to balance and natural law, because that's always what we're moving towards.

Karlee believes that intergenerational trauma can come from future generations asking for change before their arrival, calling for social justice. Through her openness Karlee is able to conceive of an interconnectedness incorporating the metaphysical that transcends typical

understanding of intergenerational trauma. And this is likely of great assistance to clients who believe similarly or are looking for an explanation for what they are experiencing.

Ann Marie related a story that perhaps perfectly encapsulates the openness of these therapists and how it can relate to their work with Indigenous clients:

> The other piece that was really interesting… I love to tell stories … one day one of my clients, who was doing good work but had hard work to do, and he came in to see me. And we had a good relationship, a solid, working… and he said, he was terrified, he was anxious. And he says, "Someone in my community has accused me of [committing a crime] in [animal] form." And he said, "My family did have that ability, they could transform into [an animal], and people are believing them. I need you to write a report saying I can't do that." I looked at him and I went, "Mmmm." This is a bit weird, right, for a psychologist. So, we went and talked to the Elder and with the Elder, we said, okay, historically the separation between the animal world and the human world was not as distinct. But in order for the transformation to occur, you had to be pretty well one with the universe, like the mindfulness, the groundedness, the purity of behaviour, it had to be pretty strong. And I went, "Oh, well, that's not him, I can write about that." So, [chuckle] we wrote a report, we talked about the teaching from the Elder in a vague sense, and the Elder approved the language. And we actually sent the letter to his community saying, "We appreciate the allegations, this guy's in it… you know, he's used in the last couple months…", and we described how he was not in a grounded, integrated place. So, it's kind of like that… I could have laughed at him and said, "What the fuck?", [chuckle] right, "This is ridiculous." But he believed it and it was my job to really find a way to not just acknowledge that he believed it, but to believe it with him, which is hard. Because if

> you just accept his belief but think it's weird… but that's where knowing our stories of werewolves and transformation, like how many stories in the Western world are there about animals and humans trading, right? And so, it was about acknowledging that those are shared beliefs at some level. I can see where it connects, and that who am I to judge? All I can do is go with this story and really believe with him and figure out how to make sense of this. That was kind of like my strategy.

An excellent example of openness is laid out here. Ann Marie showed her openness by authentically believing, even if just for the moment or in a way that worked for her, something most of us might be challenged to believe. As well, she showed her creativity, in coming up with a solution, and humility, collaborating with an Elder.

These women all possess a high amount of openness. While not an unusual trait as most individuals possess openness to some ideas or beliefs, my participants seem to have an amount that, I believe, is higher than average. The openness these therapists possess allows them to listen to their clients, to learn about their beliefs, to believe what they believe, or at least be open to the possibility, potentially reducing the client's feelings of being different, reducing feelings of being judged, and building trust, thus improving the therapeutic relationship. It may also lead to a creativity of approach, finding answers or solutions others might not. Openness both assists with the therapeutic relationship and with the therapeutic process, likely resulting in better outcomes for their clients, Indigenous or otherwise.

As to why these therapists show more openness, it isn't clear. While I thought this might be due to increased openness in women, differences between men and women on openness to experience are negligible while women were significantly higher than men in neuroticism,

extraversion, agreeableness, and conscientiousness, on average (Schmitt et al., 2008). This was seen across 55 cultures.

One might assume that most therapists, in general, would score higher on measures of openness, and they would be correct. Indeed, most psychologists do tend to be more open and view this as a positive trait (McCrea & Greenberg, 2014). There is a contradiction here, though, as while these therapists do seem to be highly open, they are also pragmatic and practical, as discussed next in the Rural theme. Practical individuals tend to be less open, possess less imagination and creativity (McCrea & Greenberg, 2014). Instead, these reputed therapists seem to be able to balance their openness with a down to earth practicality.

Rural

"I was raised on and off reserve." – Judi Malone

Another thing which stood out for me with all the reputed therapists was that they all had rural backgrounds, they were raised in rural settings. The one possible exception might be Liz, as she was raised in a small town close to a large city, but at that time it had just been established and would have undergone a classification for rural to semi-rural and finally urban during Liz's childhood. While being raised rural might seem, on the surface, insignificant, it appears to have shaped these individuals.

Being raised rural has the advantage of being closer to nature. Rural settings tend to lend themselves to increased outdoor activities, both in terms of employment and recreation. Studies have shown how being in nature can be restorative, increasing positive affect. But it also can result in a strength and toughness of body and character. Rural experiences tend to be tied closer to nature and the land, both of which can be harsh teachers to the unprepared. With increased exposure to severe weather, potentially dangerous environments, flora, fauna, and more often

witnessing firsthand the indifference and, at times, brutal aspects of birth, life, and death in nature, individuals who were raised rural tend to have more existential/pragmatic views on existence. The result is individuals who are more "down to earth" both figuratively and literally. This connection to nature, or the land, cannot be discounted when working with Indigenous individuals, potentially allowing these therapists to relate closer to their Indigenous clients.

Another result of being raised rural is likely living near, or in some cases, on a reserve. The vast majority of reserves in Canada are located in more remote or rural areas, due to these once having been considered less desirable lands. However, over time as Canada's population grew, more non-Indigenous settlements arose close to the reserves, with land being taken away from Indigenous peoples when it suited the Canadian government, as is seen in the various land claims occurring in nations across Canada over the years, including a recent one with my own, Muskeg Lake, where reserve land was taken from Indigenous peoples and given to veterans of World War I. Regardless, often mutually beneficial arrangements arose between Indigenous and non-Indigenous settlements. I am reminded of a story about my great, great grandfather, James Greyeyes.

One of my ancestors, James Steel (later Greyeyes), was the son of Scottish settlers who, along with their three children, made their way to Saskatchewan from Montana in hopes of a better life. James' father died during the journey. James' mother married into the Cree tribe, which later became Muskeg Lake Cree Nation, and James, while never treated equally, was raised Indigenous from a young age. He later married a First Nations woman, Cecile White. James, potentially due to his Scottish ancestry, was allowed to leave the reservation by the Indian Agent to trade and sell horses and equipment. One day he happened across a group of Doukhobor settler women who were struggling to plough their fields by hand. The men had gone

to war, and it was up to the women to take care of the land. The next day, James returned to these settler women with a few horses in tow. With difficulty, due to the language barrier, James got them to understand they could use these horses to help plough their fields. When he returned a few weeks later, he noticed progress in the fields, but the horses were in bad condition due to mistreatment as the Doukhobor women did not know how to take care of them. Angry at the mistreatment of the horses, James left, but after cooler heads prevailed, he returned the next day with new horses and a young boy from his tribe. He instructed the young boy to stay with the women and teach them how to take care of the horses. James took the mistreated horses back with him to tend to them. When the Doukhobor men returned and learned what James had done, they sent representatives to the tribe with gifts and goods to repay their kindness. This gift giving continued, and my grandmother recalled being initially frightened as a young girl by the darkly bearded men who would bring gifts every year.

The point of this story is to highlight the history of cooperation between rural individuals and Indigenous peoples of Canada. Not always, and not perfectly, but there are similarities and a mutual respect for those who live close to the land. In a way, like knows like, and the stories of how Indigenous peoples helped unsuspecting settlers survive the deceivingly harsh winters of Canada (and deceive is the correct word as European immigrants were lied to by Statistics Canada about the weather in Canada), and the unions and marriages which resulted in the Métis people, abound.

The way these women were raised was probably closer to an Indigenous experience compared to the typical Canadian, let alone therapist. Due to these similarities and foundational interactions with Indigenous peoples these women have personalities and worldviews that are much more similar to that of an Indigenous individual, or at least a closer understanding of them.

This potentially afforded them the ability to understand and relate closer to an Indigenous worldview from an early age. Early positive Indigenous experiences helped to prevent any prejudice which may have potentially taken root. These result in a therapist who is more likely to be able to create an environment where an Indigenous client would feel welcome, accepted, and hopefully feel safe to open up and share their experiences, all hallmarks of a strong therapeutic relationship.

Ann Marie talked about her childhood, growing up in rural Saskatchewan:

So, when I was a kid, we moved to a place called Holbein, so if you think about Prince Albert and then you go west towards Shellbrook, 20 miles to the forest preserve, then our house. And then there's a cut-off line, anybody a mile west of us went to Shellbrook School, anybody on our side went to PA… But in the meantime, for elementary school, I had to go to the local school, which was Wild Rose Central, which was also connected to the reserve that was just north of us. So, my early experience with connecting with Indigenous people was really in a direct sense, was living on the farm. So, we were the first house after you leave town, and so 20 miles later, and we had gas tanks. And it was not unusual for people going to the reserve to stop in and ask for gas. And even before that, the first week we were there… I think it was one of the band council members, or the Chief of their reserve, was coming and had problems with his trailer and was hauling cattle. And he pulled into the yard and asked if he could put his cattle in our barn. And white city slickers, we weren't farmers, we just had a farm, my dad was a teacher, we said, "Sure, we don't care." And so, he left his animals with us, the trailer stood there. And he came back, he cleaned up the barn and took the animals and the trailer, got it fixed. And then we have people dropping by, and often, you know, great big carloads of

people, they had these great big Plymouths. And they were always respectful, and they'd buy a dollar or two worth of gas, and away they went. And it wasn't till much later that I realized that we never got vandalized, but a lot of our neighbours had things stolen, had things trashed, but we were always sort of different. So, I sort of paid attention to that.

This formative, positive experience with Indigenous peoples showed Ann Marie how far a little respect can go and the benefits of getting on the good side of the Indigenous community. Later:

And as the years went on, I got a job at the gas station in Holbein, which was… you go west or you go north, and at that gas station we served ice cream. So… it was just common to have people come in and want ice cream, so I had a good right hook after that summer, but spent a lot of time with Indigenous people, just chatting, and it was interesting, right. And so, very privileged in the sense that I also was the one that hid the vanilla and the Lysol and put those aside because of misuse. And you know, so there was that awareness of the troubles, but no understanding of what that was about. So, that was kind of like my early days. Then the kids from the reserve didn't tend to go to high school. Like the boys were 16 in grade eight, and very few of the girls. And then we also lived near a Métis settlement that was just on my bus route, and that was an interesting place because they had electricity, but everybody had woodstoves. So, you'd see these kids get on—this is in the mid-seventies—getting on the bus smelling of wood smoke. And so, I was really aware of divisions at that point, right, because there was lots of awareness that these kids were really poor, yeah. So, that's sort of my start of awareness, and it was interesting because I really sort of didn't have an overt rejection of, "Oh, they're the Indian kids…", or "They're the Métis kids, so I'm not going to hang out with them." But there was a real awareness that we weren't in the same group.

Ann Marie had an early education and awareness of the disparities, division, of the struggles, of the inequality and differences in socioeconomic standards that existed. Unlike those of us who were raised in cities, these participants had firsthand experiences and interactions with Indigenous individuals which, while noted for the differences they highlight, were also marked with understanding and respect.

Obviously, being raised on a reserve would highly increases the likelihood of having been raised with a level of Indigenous culture, including the traditions, beliefs, language, knowledge, norms and values of that particular Indigenous culture. Although Gwendolyn was not raised on reserve and was not taught her Indigenous language growing up, she was raised in communities that had diverse Indigenous cultures. As we know children have critical periods and being raised in diverse cultures is likely going to attune one to them. Being raised with this diversity adds to the lived experiences that arguably cannot be replicated through teaching. Gwendolyn explained her circumstances growing up:

> My father is second generation with the RCMP. When I was born, my father was a special constable, and then when I was three, he became full member, because there were certain rights and privileges that he couldn't have as a special constable … when I was three, he became full member, and then that started our whole journey of being transferred everywhere. And so, we started off in Hay River, then in Inuvik, and then, in Yellowknife. So, a big part of my childhood was actually in Yellowknife, from the age of six to the age of twelve. I consider that still kind of my upbringing, my home. And then, he got transferred to Slave Lake, Alberta. And so … I lived there with my parents for four years, and then I decided to move back up north. I moved to Yellowknife to live with my sister for the last year of my schooling, and graduated in Yellowknife, and then

> from there, started my postsecondary job, [chuckles] lifetime job of being a postsecondary student.

When I inquired about the experiences she had with a variety of different cultures Gwendolyn replied:

> I guess it would be a mixture of Dene, Gwich'in, and Inuit in the Yellowknife area. But yes, a lot of exposure … even amongst the Dene, there is so much diversity. My mom is from K'atl'odeeche, which is basically DeneYetié. There's just so much diversity in the north … yeah, definitely exposed to that. And then, when we moved to Slave Lake, it probably would have been my most exposure to Cree people … most of what I know in terms of the Indigenous culture, I learned from the Cree.

Gwendolyn's childhood exposed her to different Indigenous cultures and the large amounts of variation that existed amongst Indigenous cultures. Gwendolyn talked about her mother's family, who were raised on reserve:

> My mom's side of the family … it was more rooted I guess in community, and just taking care of each other. I'm trying to find the right words to explain, but I guess what I'm saying is that my mom's family in particular really helped me to be grounded in being with people in a way that I don't feel like I'm better than.

From them, Gwendolyn learned the importance of family and community, of taking care of each other, a more traditional and Indigenous way of life which helped her to remain grounded and humble. These traits are typical of rural individuals whose survival and success was often dependent on others, on a strong community working together.

Judi, who was raised on and off reserve, talked about her family and her childhood experiences:

> I was born and raised rural northeastern Alberta. So that's St. Paul area... and probably pretty typically … we were in the Irish rural farm community, cause the Irish were the most poor. Our region called St. Brides is along the reserves. That worked really well for our family. We're a mixed blood family. I have many cousins who are Métis, Bill C-31, prior to getting status people who had been through the '60s and '70s scoop, etc. So, for our family this was normative to be on and off reserve. I was raised on and off reserve. I didn't always live there but those were my parents' best friends, and that's where you went after school, and rode the bus, and all that kind of stuff. So not unfamiliar for me.

Being raised on and off reserve, Judi spent time in and around Indigenous culture:

> And long before I ever worked as a therapist even, I go to sweats periodically, go to pow wows. And then if I was invited to do those things, I would do them, you know, when … it was the right time or place.

Judi's experience in the poor Irish community and reserve highlights the Métis experience, a mixture of the settlers and Indigenous; a cooperation and working together, for egalitarian reasons or for mutual benefit and survival, which led to a mixing of people and culture.

Karlee's upbringing was as unique as the others, yet there was still that similarity in being primarily rural. She told me a bit about her identity and past:

> I'm Métis, I'm a citizen of the Métis Nation of Alberta. I don't have membership in any specific bands. I might be able to through C-3, it's not something I've looked into, because that lineage is on my mom's side, and with my grandma, and we were removed from Beaver Lake by Halfbreed Scrip. It's kind of what happened around there, but that's where my family most recently comes from, but I grew up just outside of Edmonton, in Devon. Yeah, it really started connecting when I moved out to Vancouver and went to

> UBC. It was interesting, because I grew up on my people's territories, and then, I didn't start learning those teachings and even the Cree language until I was in Vancouver. I was doing Cree classes at Vancouver Native Health. [chuckles] Yeah, I know, it's really funny how that happens sometimes, and then it's like I'm full circle back in Alberta now.

With origins in Beaver Lake, Karlee was raised in a town southwest of Edmonton. It, too, has had some growth over the years but remains small in comparison and continues to work with Treaty Six First Nations in the area. Karlee grew up here without really knowing her cultural origins, but still surrounded by them. Ironic that it wasn't until she moved away that she really began to learn about them, but she was still drawn to them, perhaps due to being raised in a small town with an Indigenous presence.

In some way, each theme of "Who are they?" relates to having been raised rural. Their humility, sense of humour, strength, and openness are all aspects of having been raised in a small community and near to, or on, Indigenous communities. These therapists have a deep love and respect for Indigenous culture and its people. Part of this feels tied to their early experiences and similarities in experiences with Indigenous peoples due to being raised in rural settings. Perhaps owing to having been raised rural, these women have a presence or way of being which puts one at ease. Small towns or communities are known for the closeness of the people. We all know the stereotypes of how quickly rumours can spread in small towns because of how tightknit rural communities are. Having been raised rural feels foundational to who they are as individuals and to their deep appreciation of Indigenous culture.

Together these themes in "Who are they?" paint a picture of a group of caring, strong, open, humble, down to earth women who are easy to talk to, quick to laugh, and easy to like. They are also much more than what I noticed and describe here, much more than the sum of

these parts. Yet, when I talked to them in the context of what it was about them that might have contributed to their reputation for being highly effective with Indigenous clients, these are the factors which stood out to me as possible explanations for that reputed effectiveness.

How Do They Practice?

How a therapist practices is, in many ways, inseparable from who they are. Most therapists practice in a way that is congruent with their own worldviews and arguably this makes them better therapists, especially with individuals who share that worldview. Having a personal understanding and authentic belief in what they are doing makes the explanation of the rationale, goals, and tasks that much more convincing for a client, helping to set expectations. In this way, who the therapist is IS how they practice.

Yet, during my conversations with these therapists, how they practiced was on my mind and when working with the data I noticed themes that somewhat differed from how they were as individuals: not completely separate, but distinct enough to be themes of their own. I began to see the ways they practice which may contribute to why they are as reputedly effective with Indigenous clients as they are. How they practice is *Using Identity*, *Indigenously*, *Integratively*, *Ethically*, and *With Love*.

Using Identity

"So much about how I work, all of it really, is rooted in identity." – Karlee Fellner

Identity is a hot topic these days. Most research, my own included, has aspects of identity involved. Identity politics are now prevalent—for better or worse, only time will tell. Regardless, our society, our profession, our education, and, most importantly, our clients, are inundated with it. It is therefore not surprising then that identity would be a focus of a lot of the work done, especially as we are talking about a cultural identity when referring to Indigenous clients.

Identity was the theme with the second highest number of associated codes. Though quantitative information is not necessarily relevant in qualitative research, I still find this important to consider. Like all qualitative research, this could be a product of my bias, what was on my mind, or what I was "looking" for. In spite of this, the subject of identity was something I noticed often.

Part of this prevalence can be explained by discussions about the identity of the participants. It seemed important to me to have this conversation, partially because of our current societal zeitgeist around identity, but also due to some opinions and suggestions in the field that only Indigenous therapists should see Indigenous clients. This is discussed later in this writing, but the answer, as is most often the case, seems much more nuanced and complex than that.

The vast majority of discussions of identity involved its relevance when working with Indigenous clients. Identity, and discussions around it, are a huge part of working with Indigenous peoples. This may seem self-evident as we are talking about working with a cultural group, but understanding why it is so important, and how to have those conversations, is another matter.

If we proceed in an order as we might experience with a client, the first discussions around identity might be about the identity of the client. A client may volunteer this information on their own, perhaps a clue as to the importance or relevance of their identity or identities for them. However, if not offered, it is recommended for therapists to inquire as to the cultural or group memberships of the client. For my participants, these conversations are held very early into the sessions, most likely on the first session, though as Judi points out, often a first session is a "dump" of pent-up emotions and information due to having to wait so long to connect with

someone, sometimes resulting in even consent having to wait until the end of session, let alone any assessment processes which might have to wait until the next meeting.

Allowing a client to self-identify in whatever fashion they chose, rather than asking specifically, is generally considered to be the ideal. When working with clients with Indigenous heritage their identities can be largely diverse, from specific bands or tribes; First Nations, Métis, Inuit, Canadian, or other ethnic cultural memberships; with spiritual beliefs or not, with the majority of Indigenous Canadians reporting no religious affiliation (47%), Christianity being the highest reported religious belief (26.9%), and relatively few reporting traditional Indigenous beliefs (~4%) (Statistics Canada, 2022). It may seem odd that Indigenous peoples are primarily non-religious, or Christian in their beliefs, given their history. The same might be said for any ideology which has spread to individuals that held a different belief system, yet questioning a client's spiritual beliefs is hardly a way to build rapport. Regardless, providing an opportunity and a safe, welcoming environment to discuss one's identity is important.

Judi has her own ways of broaching the topic with her Indigenous clients:

> For me, I have eagle feathers that I've been gifted for various reasons, and I keep them above doors, places where I would meet with people. I keep a smudge bowl at a particular height in a particular way in a room. Which is enough, if people do know, they walk in and see those things, they know what that means.

Sometimes these objects are enough to stimulate the conversation. Their very presence may be enough to make a client feel more welcome, more comfortable, one of the reasons I choose the research participation reimbursement for my participants that I did, failing to take into account these therapists likely already had such cultural artifacts. She continues:

> Then it's also the open questioning, sometimes different from how people are trained, but when I say, "What are cultural or spiritual beliefs that are important to you? Do you have any? What are they?" Not "what religion are you?" Same with, "What would feel best to start this session today? Or end this session today?" Then if people want to smudge, they smudge. If they want to pray, they pray. I'm from a very Catholic area, there's lots of Catholic prayer and things people want to do, but not imposing any of that. Finding subtle ways to invite people and allow people should they feel safe enough to incorporate those practices.

This subtler and more open-ended way of inquiry allows for a wider range of responses and for the client to state it in their own way with their own words. By not making assumptions about clients and treating them as individuals, we avoid making errors about our clients that would potentially make them feel alienated or misunderstood. By allowing them to disclose who they are and what they believe in their own words, without judgement, we allow them to feel heard and seen.

Next, we might try assessing the level of acculturation of the client because, of course, not all Indigenous clients identify strongly with their ethnic culture or identity. Like most groups, Indigenous people are varied in their levels of acculturation. There are formal scales for measuring levels of acculturation but none of my interviewees mentioned using them, seemingly preferring to assess acculturation naturally, though communication. With experience and expertise, they come to know the groups and people that they work with.

Yet even the idea of acculturation is riddled with potential issues. The assimilation of Indigenous peoples to the dominant Canadian culture is a problem to many, especially given that it was assimilation to a colonizing culture, often done brutally. So even talking about the level of

acculturation of an Indigenous person in Canada seems somewhat questionable. Yet, the reality now is that we have Indigenous peoples who have struggled to retain much of their culture and traditions while wanting or forced to participate in the larger society with all the benefits and costs that entails.

Gwendolyn talked about racial identity theory and how that can affect an Indigenous individual's (and even her own) views on their own identity while influenced by the dominant culture:

> Yeah, so, again, back to the whole [chuckles] lovely history of targeting Indigenous people, and how their identities, who they are as people, and a result of that is that whole place where you have limited power, when you've been under that guise of systemic racism and oppression, the only power sometimes that you have is to be like them, to be like the majority. I know I certainly did as a teenager. There is the whole racial identity development model … Just reading it the other day in this book … There is an outline of the racial identity theory, and I was like, wow, yeah, this is pretty darn bang on, and talking about the whole process of how usually, when you're so young and not knowing who you are, you just try to pass, and you don't want to cause ripple effects or waves, and really take on the identities of the white people, the majority.

Due to pressures from society and the dominant culture, Indigenous individuals may feel pressured to acculturate in order to "fit in". One can see how youths, wanting to fit in, may struggle with identities that differ from the majority or norm. In many ways this does seem to be the role of society and dominant cultures, whatever they may be; to try and get all members to conform to the norms.

In my discussions with others about my research I was asked if I thought an Indigenous individual who was not at all acculturated should even see a psychologist. A fascinating question which I felt ill-equipped to answer. If pressed, however, I would have to say no, probably not, they would be much better served by traditional healing as that would match their worldview. That assumes access and availability of such healing, though, and often an individual experiencing a mental health issue will be sent through the medical system and receive medical model mental health support from a system they are likely distrustful of and whose worldview they do not share. In such cases a referral or access to a therapist with a high amount of Indigenous cultural knowledge or identity would likely be best.

Next, we may have conversations about how a client's identity plays a role in what they are experiencing. This can vary from client to client, perhaps more so with clients with less acculturation. Some clients may come in with a depleted sense of identity, cultural or otherwise. Yet, as Judi says, "conversations around identity help form identity". Which may bring up the question, "Why would we want a client to form identity?" The answer to that, in the eyes of these therapists, is that identity and culture are a huge part of the healing process. Judi believes identity is key and that conversations about identity are therapeutic:

> Everyone has identity. And so, if you talk to people about what it means to be a member of Saddle Lake Cree Nation, they start to form for themselves what that is, and I don't find it's these levels like some kind of stepwise process, it's some kind of continuum … if we're talking about x, "I'm over here", and y, "I'm over there". But sometimes people haven't actually articulated it. So, it is a really good therapeutic discussion with people. And really quiet people will talk about their own identity given the right questions. And if you're curious because you care, and you're just trying to figure out them as a person,

> you’re not trying to just learn more for yourself, but you're curious so that you can best help them, and you help them to explore their own understanding of identity and who they are, I’ve always found to be a powerful therapeutic tool when working with Indigenous people.

It seems to be that putting to words or sharing with another person what was maybe not thought about, at least in detail, in regard to their identity can be in itself healing or helpful for a client. Maybe even more so with Indigenous clients who have had their identities attacked over the years. Though, sometimes discussions around identity reveal the struggles the client may be facing. Gwendolyn continued from before:

> And so, if there is anything, any inclinations to not being that [part of the majority], then it can bring up a lot of shame, and feeling bad about yourself. And so, then that internalized racism is basically, the person turns on themselves, and feels like I am not worthy, I am not good enough, I’m ugly, I’m stupid, taking on all of those things. I could never have what everyone else has, because of this part of me, right? And so, depending on where people are at in that model, or that state, depending on where they are in that stage, to see me as a therapist might really be challenging for them, because to look at me would be looking at themselves in that way, and that can be really hard if you're not quite there yet. And so, yeah, but what I’m seeing, and this is really interesting now, is just this new generation of like yourself … the Bill C-3 generation.

For Gwendolyn, struggles with Indigenous identity are potentially related to the idea of internalized racism. For these individuals, the therapy may revolve primarily around identity and the shame around it that they are experiencing. In these cases, exploration of identity and finding new ways of relating to that identity may be key.

Some Indigenous clients come to therapy during an exploratory phase of their identities. Gwendolyn continued, talking about identity exploration in the newer generations:

> I'm seeing a lot of this generation … they are at this exploratory place in their identity, they're learning a lot through social media, they're learning a lot about Indigeneity. I think the Black Lives Matter movement, interestingly enough, is also a big influence on Indigenous identity. And so, you're seeing a lot of these new generations that are seeking out Indigenous therapists, specifically because they want to learn more about who they are. So, rather than me being seen as a threat, which maybe would have been before more likely, now it's more like wanting validation, wanting to know, am I Indigenous? Am I Indigenous enough? Which is sad, [chuckles] that a lot are grappling with that. And again, that's linked to colonialism, right, and messing with our view of ourselves … they are seeking out knowing, and also grappling with being white-passing, and what that means, and the privileges that they have with appearing like a white person, but yet identifying as Indigenous, and what that means. So, these are the new generation issues that I'm seeing.

In these cases, Indigenous clients who are questioning their indigeneity may seek out Indigenous therapists for approval, acceptance, guidance, or even cultural education to strengthen their Indigenous identities.

Throughout all of this, the identity of the therapist will be interacting with the identity of the client. As usual, a therapist benefits from having their finger on the pulse of the therapeutic relationship. Ann Marie takes a proactive approach with her clients:

> I would often talk to clients about … I own that my ancestors were part of the original colonizers, and that I've had to learn a whole lot. And so … just sort of naming it first for

people that, “I get it, you don’t have to walk around me, I’m not going to get sad at you, or mad at you for naming oppression.”

By bringing up her own ancestry in a way that is potentially validating for her Indigenous clients Ann Marie helps them to feel free and safe to express cultural issues without fear of hurting or being rejected by the therapist.

Like Gwendolyn, Ann Marie has encountered individuals relatively new to their culture and when a therapist shows too much knowledge of the culture, exacerbated when not a member of said culture, it can cause ruptures:

> So, with people who are new to their culture and, you know, when the white lady knows more than you do, and I haven’t really watched the boundary enough… yeah, that has been a problem sometimes. It’s usually in the first couple sessions when people are checking it out, but I’ll share a little bit too much perhaps about my experience. And sometimes … people aren’t ready to embrace their culture, and I make assumptions that they know something or that they are ready, and I’ll share a teaching or something and I get blowback. Yeah, not too often, but sometimes.

We are not always one hundred percent accurate in our assessments of any sort, and assessing acculturation is no different. It can be a fine line between sharing one’s knowledge and having the other person feel foolish, especially when discussing sensitive topics like cultural identity, doubly so with individuals with heightened sensitivity due to trauma. It is in the skillful navigation of these ruptures where a skilled therapist can ultimately strengthen the therapeutic relationship.

Yet, what is perhaps implicit in Ann Marie’s statement is that cultural identity is the goal, or at least important for a client to examine or achieve. This fits with current thoughts on

identity, where one's group membership defines oneself and is essential in providing explanations for one's success or suffering. Indeed, all of the participants felt very strongly about the importance of identity, especially cultural identity, in the well-being of an individual.

For Karlee, it is all about identity:

> So much about how I work, all of it really, is rooted in identity, and in this experience of identity, which is also so relevant to therapeutic work with Indigenous people, in ways that it isn't necessarily with other populations. Because so much of the hurt, and trauma, and things that we and our communities are dealing with today, is related to having our identities taken from us, or relationality.

It is because of the historical trauma, and its multigenerational effects, that therapy with Indigenous clients necessarily involves identity. Identity is more understood as relationality for Karlee:

> The past, present, future self, in relation. This understanding that time is not linear, that it's an illusion, and that again, we can think of the individual or whatever, the individual that doesn't exist [chuckles], as a universe of relationships. They are a sun [chuckles] in the galaxy with all of these planets and other aspects interconnected with them, through time and space. And so, it's really, I don't know, it's such a larger picture than what we get from identity. [chuckles] And so, this relationality is the past, present, future self, but then also in relation, so it goes all directions. It's like a three-dimensional understanding of who a person is.

This combination of physics and metaphysics paints a broader picture of identity than just the individual and explains Karlee's views of multigenerational trauma potentially even coming from future generations asking one to fix things before they come to happen:

> But that's one of the keystones of case conceptualization from an Indigenous perspective, is when I approach my practice, it's always understanding, like I say, the person in relation, and that any person that's coming in, it's not just them. It's them within this constellation of relationships. At any given time, an individual is connected to their family, to their communities that they belong to, and that's many different forms of community. There's so many different meanings for that. And then, beyond that, their nation, or nations, and even these wider colonial systems that we're a part of, and we're in relation to the land, and to the metaphysical universe as well. Anything that someone is experiencing at any given time is interconnected with all of those relationships, as well as with the past and the future, generations going back, and the generations to come. And so, someone's presenting concern, may actually have little to nothing to do with them as an individual.

Relationality is a fascinating and complex view of identity specific to Karlee, but the collective nature of it is echoed by the others I interviewed. From this systemic point of view, the individual identity is a product of themselves and their interactions with the various levels of systems in their lives from across time.

All of this is to say, talking about culture and identity is healing for Indigenous clients. An Elder and mentor of Judi's said to her "I think all the healing is culture." Judi clarified:

> And it didn't mean… some people interpret "culture" as "healing" as you go to ceremonies and you're healed. And that's really superficial understanding of any of that. If you have a good sense of identity, "this is who I am and this is where I belong" and language is a powerful tool for that, ceremony is a powerful tool for that, but there are many other tools for that. If you have a really good sense of who you are, and that you

belong, you get psychological healing, period. So that's how we started to wrap more and more of everything we did around identity.

Culture brings a sense of identity, and identity brings a sense of self and belonging, which results in psychological healing. Something potentially relevant to all counselling, but especially when working with an Indigenous population who potentially struggle with a positive sense of self and belonging.

Indigenously

"Whether you believe in the Creator or not, I can guarantee that he has saved way more people than any therapist ever will!" – Liz Oscroft

As one may be able to tell at this point, these therapists are immersed in Indigenous culture—it is part of them, their lives, and their work, and they incorporate aspects of Indigenous culture and beliefs into the work they do with their clients, not only those clients who are Indigenous. One can see how this would be beneficial in multiple ways. It may help to build trust with a client, making them feel more comfortable sharing their thoughts and beliefs without judgement. It matches a client's worldview, increasing the likelihood of their buy-in to the therapy. It potentially improves the therapeutic relationship through many avenues, including those just mentioned, and also by showing the client one's willingness and ability to learn about them and their beliefs. Regardless of the work they are doing, these therapists add Indigeneity to their work.

Research has shown that therapies which are adapted to suit a client's cultural worldview, culturally adapted therapies, are slightly more effective (Cheatham et al., 2002; Hwang, 2006). While this is not necessarily what one might call culturally adapted therapy, these therapists do

practice with Indigenous culture and beliefs in mind and include it in not only their practice, but their life as a whole.

Indigenous beliefs are numerous and diverse. Therefore, it is incumbent upon the therapist to learn the specific beliefs of the individual or community they are serving. Gwendolyn, who primarily identifies as Dene Métis but also has Cree ancestry, spoke about working with, and learning, from the Cree community she served:

> I was welcomed and invited by the Cree people here, to learn from them, and always just felt like part of the community, even though I most identify with Dene … I mean, part of that ties to the humility as well … which is I acknowledge that I don't consider this my land, my territory. And so, I guess coming in from that perspective, that just because I am Indigenous, doesn't mean that I should feel entitled … I guess I'm always cognizant of the fact of who I am, and that I'm a guest here, even though I know the Dene travelled down into these parts, and there's huge trading, and things like that. But I acknowledge this as Cree territory, and as such, I am a guest here, like most people.

Even though Gwendolyn is herself Indigenous, she shows humility about her cultural knowledge and sets out to learn the ways of the communities she works with, knowing that differences between Indigenous peoples is vast. Her humility and effort are rewarded, though, and she reported, "I've felt very welcomed."

As Gwendolyn highlights, in order to incorporate Indigenous culture and beliefs one has to learn them, and one of the best ways to learn is through experience. These therapists tend to immerse themselves in the culture, even live it at times, helping to solidify their knowledge about the culture. These therapists don't just give lip service to Indigenous ways of being, they authentically walk-the-talk. As mentioned earlier, they have lived on or near Indigenous

communities, they have worked in communities, and have practiced and attended Indigenous ceremonies. All of this helps to build their knowledge of Indigenous culture. Two of the most important aspects of Indigenous culture are Elders and Ceremony.

Traditionally, Indigenous peoples have sought out Elders for help, guidance, and healing. Through stories, advice, and/or medicines, these individuals would help their people physically, mentally, emotionally, and spiritually. Though some parallels might be made with the work we do with our clients, this is most likely a product of a change in society's worldviews, in general, then any measurable improvement. As society becomes more scientific and analytical, so too have the solutions to what ails us. Yet those who hold religious or spiritual beliefs find solace in those solutions that match their worldviews. Which is not to say that we cannot and do not work with individuals with strong beliefs. In fact, following what we know to be effective therapy we should be able to collaborate with our clients to help them find solutions compatible with their personal views.

When working with Indigenous clients who practice Indigenous culture and beliefs there are times when a therapist's knowledge or ability to perform ceremony reaches a limit. When those limits are reached, our effective therapists refer to Elders and traditional healers for guidance or to work directly with their clients. This, one might call, cultural or spiritual supervision helps the therapist to collaborate with the client in ways that are congruent with their worldview. Appropriate medicines, Sun-dances, sweats, or other esoteric knowledge held by these keepers can help a client to reach their therapeutic goals. The therapists I interviewed are humble about their limits and will include, consult, and potentially defer to Elders and traditional knowledge keepers when it comes to helping their clients.

Often it isn't because of a reaching of a limit of knowledge or ability, but a genuine desire to collaborate culturally, to include cultural and spiritual helpers, in order to best serve. Judi recalls groups she used to run with her favourite Elder:

> We'd say, "How can we better serve more people together?" So, we would do this… not Judi doing one on ones, we'd do a day or two in anger management, he'd work in cultured ceremony, and we'd end the two days with a sweat. Well, you just served 25 people in two days with a very powerful outcome that I can't do one on one, you know, in two and a half days.

She didn't include the Elder because she felt obligated to, they chose to work together because they could both see the value in that collaboration and witnessed the "powerful" outcome of that collaboration.

Ann Marie "wouldn't do assessments without talking to the Elders" and would work collaboratively with Elders during case conferences. She'd even consult with Elders when it came to ethical concerns, such as receiving gifts from clients:

> And then one day [her client] came into my office and he handed me a sculpture, a stone sculpture of a bear that he had done. And this caused a bit of a predicament because he said, "I want you to have this in your office because you need to have this here for people to know that you're safe", or words to that effect. Okay, soap stone carving, this big, by an inmate. It's a gift, right, and so ethics, you're not supposed to accept gifts, you're not supposed… and especially in prison, there's all sorts of discussions about a setup and, you know, exploitation and… it was a big deal. And so, I explained the predicament to him about this, but I said, "Let's go talk to the Elders." And so, we did, and they affirmed that this is different. And so, I still have that bear in my office, right. But it was more

important to respect what he was saying and the meaning behind it than it was to follow rules.

Consulting with an Elder helped Ann Marie to determine the meaning and nature of the gift and the appropriateness of accepting said gift in the efforts to best serve her Indigenous community. This resulted in a positive outcome, though it did highlight some of the issues of our profession's ethics and work with clients.

Gwendolyn not only includes Elders in her work with clients, but also wants to see them included in all aspects of mental health, including counselling psychology training programs:

> I would like to see Elders there. We can't… there is just so much Indigenous knowledge, and wisdom, and expertise, that psychology is just so pitiful without them. I don't know what it's going to take, but we need Elders and knowledge-keepers with us in those academic spaces, and within mental health services of course, and that happens in some places, but we need them right alongside us. We can't do this work on our own without them, and I don't want to do this work without them. I've tried, and there's been lots I've done in my profession without them, of course. But now that I've been working with Elders and knowledge-keepers, I don't want to go back. [chuckles] I don't want to just be this Indigenous psychologist all by myself, when there is just this whole different world of expertise, and knowledge that I don't have, and people need that to heal.

Having done the work both with and without Elders, Gwendolyn does not want to go back to working without them. The knowledge, wisdom, and expertise they possess are invaluable to her work with Indigenous peoples, and the collaboration results in better outcomes for her clients.

Ceremony is such a large part of Indigenous culture that it can be a large part of working with Indigenous clients. Ceremonies differ between Indigenous peoples, but they can include

dances, Potlatch, powwow, Sweat Lodge, fasting, pipe smoking, and smudging, to name a few. My participants regularly attend and participate in various ceremonies. Sometimes ceremonies are used as part of working with a client. Ann Marie recalls her time working at the parole office and the first time she attended a sweat, at the guidance of her mentor and Elder's helper, Vicki:

> She taught me about smudging, and she gave me permission to teach my peers about how to do this. And then finally, she said, "Ann Marie, if you really wanted to be effective, you've got to come to the sweat." They had a sweat every Friday, and that was hard, right. So, you've got to keep in mind this was in the '90s, and I would ask my peers, the other psychologists in the Prairie region, "Okay folks, what has it been like for you when you've gone to a sweat lodge?" Silence: nobody had been.

Vicki believed that Ann Marie needed to attend the sweat to be effective with her clients. At the time, none of her peers had engaged culturally with Indigenous populations, so this was new ground.

> So, I started going with them to the sweat lodge, and that's when my cultural teachings started. One of the things that Vicki would do is she would just assign me tasks and it was interesting because I had to learn from a traditional perspective. So, her statement was, "Ann Marie, help with soup." I didn't know how to make soup on an open fire for 15 guys, right. And so, it also meant that I had to learn from the guys. And then as I started learning things, learning to keep stuff to myself and not teach people things that they weren't ready to know, right. For example, I knew that the rocks needed to be covered and I'd see a gap and I'd think I should put a log on the fire, and Vicki would [made a gesture of a head tilt and look down and to the left] … [chuckles] that was, "Don't you dare!", right? [chuckles]

For Ann Marie, this was the beginning of her cultural teachings. She learned from listening, observing, and doing. She was also connecting with the community and learning important lessons about non-interference.

> I decided that I needed to actually… it's time to go into the sweat lodge. And then I had to get over some real biases because all my clients were there, and these were mostly gang members, sex offenders, you know, people who had done bad things, right. And I was expected, as I'd call it… near naked in flannel! So, flannel nightie, no metal, you'd go into the lodge with a towel, and you get hot and clingy. And so, there are lots of just … nobody else knew how to deal with this work, right, and so it was a lot of adventure, but Vicki made it really safe. I started working with her, and then they had different Elders come in. [The previous Elder], he passed away, and then they had [a new Elder] come in, and he was there, and he brought in another… several people. But it was very much about going to ceremony often, and I realized that once people recognize that I was taking direction from the Elders, they started showing up in my office, so that was huge.

Through attending sweats and pushing through her discomfort, Ann Marie showed her respect for the culture and the people. The result? Earned trust with her clients resulting in increased attendance as they recognised her efforts and respect for the culture.

In addition to the evidence that incorporating culture and beliefs can improve our work with the members of said culture, my participants spoke about how not doing so can be detrimental to helping. Ann Marie shares further about her time training others to do Gladue reports with the help of a friend and traditional healer:

> They invited me to do that, and I thought, well I can't do that alone. Like… white girl. So, I called a friend of mine who is an amazing healer. He's from northern Manitoba, he

> calls himself Swampy Cree. But an Elder came in and he did the workshop with me, and it was with a group of people, some were traditional Blackfoot, and some were Indigenous probation officers who had never smudged before, and some of them were just white probation officers, and again had never smudged. And so, we started the workshop with a smudge, and the Elder led that. And what he realized is he needed to clean these people up before they could hear things. And so, the smudging was just this phenomenal process of him energetically cleaning some of these people. You saw sparks, it was… whoa.

Lots to unpack here. We have Ann Marie knowing her limits, acknowledging her identity, and humbly including an Indigenous healer to assist with her work. We also see a mix of individuals from different backgrounds being trained and participating in Indigenous culture, to great effect. Even if not the traditional belief of all involved, group cohesion was created through group participation. She continues:

> These people were going through the training, and the second day they had to actually start writing. And we kept… you know, we sort of saw some hesitation, and then we thought, [sighs] we didn't follow proper protocol. So, the southern women were not participating, they weren't sharing any of their knowledge. And we realized that we didn't make any offerings, we just went all white on them. And so, the next day, we came in with some tobacco and we made some offerings and asked for permission for them to share and respect the teachings and stuff… totally different workshop! And then when they started, some of the anxiety came up about … writing, the Elder just came in and started drumming, and you could feel the tension change and people started talking, and the Elder just drummed… It was the most beautiful shift without a word being spoken.

> And so, I couldn't have done that workshop without him, with any legitimacy or any way of really being effective.

In this case, the lack of inclusion of Indigenous culture led to the exclusion of some of the Indigenous participants. Correcting this by including ceremony changed the entire atmosphere of the workshop, increasing engagement and openness of the Indigenous participants.

Liz remarks how introducing ceremony to addiction treatment vastly improved Indigenous healing and helped communities begin their journey towards healing:

> People that had been through addictions … the First Nations addiction centres, where ceremony was 99% of the healing, right? [chuckles] They know a lot about themselves, and they know how to manage things internally. They know how to tell a story about themselves. They know how to identify their feelings. They've had to talk about themselves. In many ways, there's this basis for healing that was started in the '80s, that we really benefitted from, and that communities really benefitted from. I know it can seem pretty dark out there now, but I think those addictions healing centres were, and have been, and continue to be essential to Indigenous mental health and personal development. Because as soon as communities started to get sober, they started to get education. And as soon as they got sober, the underlying things like sexual abuse and what happened in the schools, all came to the surface, because everything wasn't being drank away. I think the pill, that's a whole other kind of issue. It's a very different issue now, dealing with pill addictions, and those kinds of things, and nobody is having very good luck with that, as we all know. But it really did shift things, I think a huge amount, and people know and do ceremony. If you've survived a fast, or if you've survived a sun dance, or if you've survived even a sweat … We had people even from inner city, the

> program for the TRC ran out of Boyle Street, so it was really hard-to-house homeless, however you want to put it, initiative in Edmonton. That's where the program ran out of. If you've started to do ceremony, some of those guys, they could go four days without drinking, to do ceremony. Yeah, there's a commitment to self and spirit that is really important there. I think that one of the biggest things in working in Indigenous communities, is the thing around spirit, is respecting that that is the language you need to use, and that that is where people experience their lives from, and that no matter what your beliefs are, whether you believe in the Creator or not, I can guarantee that he has saved way more people than [chuckles] any therapist ever will! [chuckles] Because so many of the testimonies, or so many of the healings, come through spiritual healing in the community, and you really need to join with that, and not as a tourist. That for me is a huge gift of the Truth and Reconciliation Commission, is that I am part of ceremonial circles now. I don't have to do it all the time, but it's there. The mentors that I had were also spiritual mentors, and that I had to come to terms with, yeah, I may not believe in the Creator, but I really believe in ceremony, [chuckles] and the energy that is generated in ceremony, and the things that are generated as a result of ceremony.

Liz sees ceremony as having tremendous power, having seen the effect on Indigenous clients and having experienced it herself. Ceremonies can be strenuous on their participants, consistent with an Indigenous perspective of suffering for others and/or the community. At times ceremony can push the comfort zone of the individual, highlighting the discomfort of learning and life. But through communal suffering, communities are created and strengthened. Liz knows the power of that belief and the positive results that belief can have with Indigenous peoples, as any spiritual beliefs can have for an individual. It might be argued that part of what modern psychology is

missing is ceremony, the rituals and artifacts that other helping traditions utilize. By introducing these culturally appropriate rituals and artifacts, we potentially increase therapeutic engagement, buy-in, expectations, and strengthen the therapeutic relationship by incorporating the client's worldview in the therapy.

Karlee expressed the importance of land with Indigenous clients and its connection to ceremony:

> One piece that I didn't really get into that is really important, is the land, and the importance of land in therapy with Indigenous people, because it's everything. It's where our languages come from. It's where our ceremonies, where all of our traditions have come from. But it's also … such a key part of healing. That was really another big shift for me in my practice, was actually coming to learn how to give things to the land. Part of that, again, I learned in ceremony. That's what we do in the sweat. We're giving things to the stones, and to the water, and to the earth, and we leave them. That's our teaching, is you let it go, and you leave it, and you don't take it back with you when you leave the lodge. It's like that in therapy.

For most Indigenous clients, therapy is tied to ceremony and ceremony is tied to the land. Through ceremony they can engage with the land, their natural healer, who can take on what is troubling them.

Worthy of note, Indigenous culture and beliefs are not always welcome in the room. As aforementioned, determining the level of acculturation of the client is important. Judi makes this point about bringing culture in sessions:

> I think as a therapist our job is to provide permission for people to determine how much of that should be there. And I have sat side by side with social workers and psychologists

> or others who've tried to talk about hunting or have said "and now we're gonna smudge" and it's not the belief of the Indigenous person in the room, and it's more offensive than not having done that.

In said instance, this could perhaps be considered a “microaggression" against the client as the therapist assumed the client followed Indigenous culture when they did not. While this does sound a little like a “damned if you do, damned if you don’t” type of scenario, as Judi points out, it is our job to notice, learn, and, if appropriate, ask directly about a client and their beliefs and practices.

When we, as therapists, incorporate Indigenous culture and beliefs into our work with Indigenous clients, we show our willingness and effort to learn, our acceptance of them and their worldview, and our commitment to helping. By including Elders, Knowledge-keepers, and Healers, we show our respect for the culture and peoples. By adding ceremony to our work, we provide additional avenues for change, acceptance, and healing. All of this helps to increase trust in the therapist and the process, increasing the likelihood of Indigenous clients returning for further sessions, and improving the therapeutic relationship, potentially producing better outcomes for Indigenous clients.

Integratively

“At the time, CBT was it … It’s a nice, clean theory … and works well with a certain population, but not with Indigenous people.” – Gwendolyn Villebrun

When we think of “effective therapy,” many of us cannot help but to think of the orientation of the therapist, of what type of therapy they are using. As discussed earlier, however, this way of thinking is not backed up by research. Despite the overwhelming evidence showing

that all bona fide psychotherapies are equally effective (Wampold & Imel, 2015), we are taught and sold on the newest or "most effective" orientation.

There is, however, some evidence that particular orientations may be more effective than others with certain cultural groups, such as Cognitive-behavioural Therapy (CBT) with individuals from Asian cultural backgrounds (Tang et al., 2015), potentially due to a compatibility between characteristics of CBT and Asian culture or worldview, in general (Lin, 2001). Similarly, multicultural and culturally adapted therapies are recommended for less acculturated clients as they incorporate cultural aspects which engage the client (Cheatham et al., 2002; Hwang, 2006). Therefore, I was curious as to what therapeutic orientations my participants followed, and which they used with their Indigenous clients.

Tied back to the openness theme, individuals higher in openness may not only be more receptive to the idea of therapy, but are drawn to more experiential therapies, which tend to be less structured, less cognitive based, with fewer concrete or practical suggestions (McCrae & Greenberg, 2014). It was the case that the therapists I interviewed did tend to favour experiential therapies and disfavour cognitive-based ones, at least in terms of working with an Indigenous population.

This is not to say that they rejected all aspects of cognitive therapies. Gwendolyn had this to say about her time being taught psychology:

> At the time, CBT was it. It was the king and queen, and [chuckles] it was everything, CBT. And I get it. It's a nice, clean theory, that's nice, and neat, and tidy, and works well with a certain population, but not with Indigenous people, no. Elements of it may be helpful, but overall, I would say it is not effective. And so, I had to unlearn a lot of that.

Gwendolyn had to "unlearn" much of what she was taught in order to work effectively with Indigenous clients, but still uses "elements" of it from time to time. One may see how trying to change the way an Indigenous person thinks might be considered an issue, regardless of the therapists' beliefs or the potential benefit.

I cannot help but to wonder if part of the issue of poor retention and outcomes for Indigenous clients might be due to the popularity of CBT, especially in medical-based, healthcare-funded institutions that tend to still claim CBT is the most effective therapy, seemingly blind to the contrary evidence which shows it to be equally effective, even if it is the most researched (Wampold & Imel, 2015). It is also accompanied by a worldview far from compatible with a traditionally Indigenous one. CBT tends to be directive and goal-focused, structured and laden with homework, a fast-paced therapy seemingly tailored for the type A, extroverted, Western personality, seemingly at odds with traditional Indigenous views. Of course, there are Indigenous individuals who would be drawn to CBT, whose worldviews would match with that type of therapy, likely a highly acculturated individual, but this would be a theoretical mismatch for a traditionally viewed Indigenous client.

Regardless, when speaking to these women about their work with Indigenous clients, certain aspects of their orientation stood out for me and were repeated within and across interviews. These therapists' orientation to practice tended to be trauma-informed, person-centred, strength-based, and Indigenous-focused.

Trauma was brought up often during the interviews. This is not surprising as, in general, many counselling clients are dealing with trauma. Yet, I think it is fair to say that Indigenous people are dealing with more trauma than the typical demographic due to the fallout from historical abuse and intergenerational trauma. Though trauma has become quite the buzzword

when discussing mental health, often referring to any distressing or uncomfortable events as opposed to being reserved for the severe, horrific events it is meant to refer to (e.g., crime, accidents, and natural disasters), Indigenous clients do often encounter traumatic events, both acute and chronic.

My participants spoke about their trauma training, experience working with trauma, the traumas experienced by Indigenous peoples, and the importance of trauma training for individuals interested in working with Indigenous clients. Of course, multigenerational trauma comes up a lot when working with Indigenous peoples, but so too do the traumas that can affect us all. Potentially due to issues commonly faced by Indigenous peoples such as poverty, racism, abuse, addictions, and suicides, having a strong grasp on trauma work is essential, according to my interviewees. As Judi points out, being aware of the significant trauma faced by communities and the lateral violence which can occur as a result, at times one needs to keep a system's perspective in mind:

> The taking down of other people—gossip, innuendo—but often hiring and firing, who gets bonuses or not, people shut out of roles or positions to be made obvious they didn't toe the line in the way someone who has more power expected it to be done. Which can be super obvious to outsiders. And people within the community. Obviously, they know this happens but then what is your role? It's not your community as the outsider to be trying to fix. And you cannot turn a blind eye either. So how do you do that dance? It's a very very careful dance with lateral violence. When it's a safe setting acknowledging it and being open about it, it's extremely powerful and people really respect and appreciate that, but it has to be a safe enough setting to put it on the table.

Learning the “dance” of when and where to have those conversations around lateral violence is a skill that needs to be learned, and knowing your role is not to fix but to notice and share judiciously.

Always looking at things from an Indigenous perspective, Karlee thought about trauma traditionally:

> I’ve also looked to, what were our traditional approaches to trauma before contact? Because trauma has always existed, always, whether it was when there were intertribal battles, and warfare, and things like that, where people would get injured, or whether it was natural disasters, or even it was dangerous going out on a hunting party sometimes. People could lose a limb, and things like that. And so, we always have had trauma, and we’ve always had ways of dealing with trauma, and it's never been pathologized the way that it’s become pathologized in Euro settler frameworks that are really, really recent. When we look to our knowledges, they’re old, ancient, thousands of years, whereas the concept of PTSD is still really recent. And again, here is my little decolonizing caveat: It’s not either/or. I’m not saying, “Let’s throw PTSD out.” There is usefulness in understanding what we see in PTSD, and things like that, but just that there’s so much more, and there’s this huge knowledge base where PTSD is this one little more recent piece. And so, going back to traditional approaches, one of the things that’s really stood out to me, are the coup stories, these stories of victory that have been told.

What is interesting about this perspective is that it isn’t either/or. It does not continue the battle, potentially raising resistance in opponents, but it provides an alternative, a different way of looking at things. It highlights the commonality of trauma in all of us, in all humankind, throughout time, and that we have always had ways of surviving and dealing with trauma. As

Judi stated, “You do trauma work sometimes with non-Indigenous individuals, and there’s some pretty common themes across trauma.” Karlee favours a traditional perspective and approach, as many do, including, importantly, many Indigenous clients. However, Karlee does not disregard what we have learned from research and what psychology can offer.

Liz had this to say about working with trauma:

> I think you have to be able to find light even at the bottom of the ocean, and that people do terrible things to each other, and people have had terrible things done to them, do terrible things to other people. The lesson of trauma is not to not traumatize somebody else. The lesson of trauma is to act this out on somebody else. You have to be really non-judgmental in that, and you can’t humiliate people. You can challenge them, and you can put in boundaries, you can do all kinds of things, but you have to be really careful about shaming and humiliating.

There is something Humanistic to their approaches to trauma with the acknowledgement of the good and evil that we are all capable of, that we all experience eventually. It also informs about the darker realities of trauma: that victims can learn to victimize. This reminded me of when Judi said, “The oppressed can be the best oppressors.” In both of these teachings I see the propagation of trauma and a possible explanation for multigenerational trauma. There is also a real emphasis on remaining non-judgmental, on avoiding shame and humiliation when individuals act out or propagate their trauma. Yet there is a positive or strength aspect as well, as we try to find that light in the abyss, all while setting a good example with challenges and setting boundaries.

When working with trauma, there is strength needed in the therapist as well. Liz continued with her thoughts on the current state of psychology and the “Western” interpretations of trauma:

> Part of it is you really have to be able to… you can't turn away… you can't turn away from the harm. I think so much Western psychology now, and work in trauma, we've tried to cleanse it by calling it neurological, or activation of the nervous system, and that really takes suffering out of it. I think it's to protect ourselves. I don't think it's to protect the clients. So, I think that's a really, really important thing, I think, to be able to hold onto that, to be able to hold suffering, and not have it overwhelm you. That's a big lesson in and of itself.

Perhaps because they have experienced so much of it, or perhaps it is their ties to the often brutal natural world, Indigenous people seem to have an existential understanding of suffering. In order for a therapist to be able to meet an Indigenous client where they are at, the therapist also has to be comfortable with being in the presence of suffering and still be able to remain therapeutic. As discussed earlier, these therapists possess a personal strength that helps them to stay in that suffering.

For Liz, working with Indigenous trauma was a personal experience, one fraught with suffering and difficulties, but work that was ultimately rewarding for her. To this end, Liz shared a few poems with me, ones she had written during different times working with the TRC. One, called "Truth is a Rabbit" was about one of her interactions. I have shared the poem here:

> Truth is a Rabbit
>
> Truth lies waiting
> in the tall grass of the silent,
> Its foot bones small and broken.
>
> I feel the visual sniff
> Searching,
> Is she predator or pray?
> I look to him to tell me who I am

then

crack open my ribs
to let him touch the soft earth of my heart

There are many of him in its steady rhythm.
I have been doing this for a very long time
It is full, broken open
but will not burst.

As he reaches out his tiny fingers

his eyes
alert
to the quivering past

flick left

mine echo

We see the priest, harsh stride, hellfire finger to lips
Yes, that priest, the one who cinches his cincture
with lucky rabbit feet
dyed unnatural shades
of blue and pink.

His vagus nerve screams a soundless warning.
Darkness falls. Winter returns.
The rabbit, white now, shuts down its ears, nose, eyes.
Large snowflakes blanket its lonely warren. Immobile.
Amygdala, hypothalamus, periaqueductal gray
vagal nuclei still.

I feel, in my sternum,
a bony conduction of ragged truth.
Then the silent drum of his heart beating
beating
in its thoracic cage.
Not dead. A quiescent bradycardia of
bones mending.

Curious about the meaning, I discussed it with Liz. After getting me to tell her what I thought it mean first, she told me about her encounter with the "rabbit":

> He had come and there was a massive snowstorm. Anyways, he had come, and he was drunk actually, the first day he came. They told him to come back, and they scheduled him for the next day if he showed up. They didn't take statements from anybody who was drunk or high. Except for in the hearings, some of the really bad alcoholics that couldn't quit drinking for days around that, they would work with the adjudicator to ensure that the adjudicator knew that this guy would be. They would stay with him for 24 hours, and … That's the other thing: you have to know and understand addictions, too. That's a big part of it. But he had come, so he came back the next day, and he was waiting for his turn to go in to give his statement, and I was his support person. He had been around a bit, and he had been around all day, and it was kind of dragging on for him, the poor guy. Anyways, when it was his turn, I went over, and I knelt down beside him, and said, "We're ready to go now, if you want to go in now." We chatted a little bit, and he was eating a plate of food, and he took this grape and popped it in my mouth. [chuckles] Just like, here, and put it to my mouth. [chuckles] Then, we went into the room, and he started to talk about his experience with the camera going, and the statement taker, and he just completely shut down. He just completely shut down and said, "I can't do this." And so, I asked the statement taker to leave, and we sat for a while, and just chatted, and he said, "Yeah, I'm just not ready to talk about this yet. I just can't do it." And then, he told me about … he gave me this teaching. He said that he started to talk about when he was a little boy, there were 10 in his family, and they got diphtheria. He said, "I didn't know my grandfather very well. He lived in the bush, and he would, every once in a while,

appear out of nowhere." He said his grandfather appeared, and brought with him a dead skunk, and heated up the cabin, and got everybody under a quilt, and put the skunk in this heat tent. That was the cure for diphtheria. The family survived. He gave me this traditional teaching. But I realized when I was working with him, it felt like I was working with a rabbit, that he was at any time … going to bolt, which was his first inclination. You had to be really aware of that. You never wanted to trap anybody or make them feel like they were trapped. You always had to be very clear about where the exits were, [chuckles] and that it was fine to use them at any time. But I realized that I was connected to him in that kind of way, that I was actually … I could feel his heartbeat in my own chest. I could feel what was going on, and I think that that is part of what you have to learn as a therapist working with extreme trauma, is you have to know how to join, and then you have to know how, without speaking, bring that to a place where people can tolerate themselves. That was what that was about. He had been sexually abused by a priest, and so, that was the reference to the priest, and the rabbit's foot on the priest's belt. And so, what I was trying to achieve in that, was that it was this two-person, you're very connected. I was just trying to find a language to describe it, and what it means to work with somebody who is so highly activated, and how you have to use your own body, and how you have to use your own nervous system. I hate the language of the nervous system, and I hate … people talk about their clients like they're nervous systems. And so, I kind of wanted to address that, and make it a more human process, person-to-person process, as opposed to nervous system to nervous system kind of process. [chuckles] That's what that was about.

Liz's poem and experience with her client perfectly encapsulate the trauma-informed work with Indigenous clients. It speaks of the traumas they can face, the potential presentations, how she was able to sit and be in the presence of the trauma, how she connected and helped to ground and regulate that client through that connection, and ultimately helped him to face his trauma and tell his story.

While trauma was a constant focus of therapy, the basis of how they practiced was very person-centered. Although none of the participants explicitly identified as person-centred therapists, it was what I noticed as they talked about their client work. Many of the markers of a client-centred or person-centred approach were present during my talks with the participants.

Ann Marie talked about her time at the sweat lodge, learning the way of Indigenous peoples, but also learning how she can more effectively help: "So, learning to be attentive in a different way and to have respect for boundaries, and to let natural teachings happen, right. And so, very non-directive, observation is really important." Respecting boundaries, letting teachings happen, non-directiveness, and close observation are all hallmarks of person-centred therapy and all lessons she learned from her interactions with Indigenous peoples.

Liz spoke about her time working with the TRC, helping Indigenous individuals with their statements.

> The other thing about the Truth and Reconciliation Commission work is, you had to learn how to offer support without trying to change what was going on. When people gave their statements, you could support them, but what does that mean? You had to learn how to support from here, from your solar plexus, because they would give their statements, but you couldn't at the end of that, which at the first Winnipeg hearing there was a problem with a number of psychologists who tried at either during the statement taking or

> after, to shift it, to make it better, to do a therapeutic intervention with the material. You can't do that too quickly … it wasn't allowed in the TRC anyways. They were there to make their statements. They weren't there… they hadn't agreed to treatment. They hadn't agreed to have their experiences made better. They needed to tell those things first. So, learning how to support people through incredibly difficult emotional states, without saying very much, it's hard. I don't know how you teach that skill, exactly.

Supporting people without trying to fix or help, without saying much, being with them in a genuine and empathic fashion, providing unconditional positive regard by neither placing approval or disapproval… I would be surprised if these individuals did not gain some unintentional psychological benefit from sharing their stories with Liz. As Liz puts it, "It's very, from the humanist kind of perspective, you have to have faith that people do and are able to heal themselves, and that people are able to do that."

As part of the non-judgmental nature of person-centred therapy, its practitioners tend to avoid pathologizing and diagnosis. Karlee talked about working this way, blending Indigenous culture with a person-centred depathologizing stance:

> This all comes into my practice. It all comes into this completely depathologizing approach to practice, where coming back to this woman, when I first meet her, I'm not seeing her as an alcoholic. Obviously, to me, that's a basic, yeah, labels go out the window. This is why I love Eduardo Duran's work … in talking about diagnosis and naming ceremony, because it is. It's powerful. When people have labels placed on them, it has a spirit. Those labels have spirit. If somebody is labelled as an alcoholic, that brings with it the spirit of this label of being an alcoholic, and that brings with it manifestations. The same way as when we receive traditional names, and it helps us to understand and

> manifest our gifts. We can see this pathologizing, and this labelling, and this diagnosis in the same way. And so, even if I'm not putting that label on that person, I'm not saying outright, "You're an alcoholic, or you have this mental illness." If that's part of how I think about them, that spirit of it is there.

The idea of labels as naming ceremonies paints such a vivid picture of the power diagnosis can have on a client. Seeing these labels as spirits brings an Indigenous perspective to diagnosis and removing those spirits from the room by not applying labels, diagnosis, or pathologizing can open a client to more self-discovery and greater self-understanding.

Person-centred therapy tends to erode the power differentials between "client" and "therapist" as the client's autonomy and ability to self-actualize and to know what they need is respected, creating a more equal relationship. This seeking of equality in therapeutic relationships is present in the women of this study, exemplified in their humility and unwillingness to accept the label of "expert".

Karlee sees her clients as "manidoo", Anishinaabe for spirit, or "okehokew", Cree for guest. Ann Marie sees herself as more of an "oskâpêwis", or traditional helper. Gwendolyn also sees herself as potentially a helper, but sometimes the one being helped:

> I kind of like the word helper… But even that … I just see my work as walking alongside, and there are places where I help guide. There are places where I support, there are places where I carry, and then, there is the knowing when my client knows more than me, and I'm actually the student in the relationship. And so, it's kind of like it's all of those, right? That kind of goes to the humility as well, is with every client that I work with, I truly feel like they're, for whatever reason, they are there to teach me, and to help me to heal. There is just so much humbleness, that I just feel so grateful for that, and so

> humbled by that. Yeah, the wisdom that my clients have. And so, I just see my role as, sometimes I help. [chuckles] Sometimes helper, but sometimes I'm helped, I'm the one being helped. I don't know how to put that.

An incredible example of respect for the client and humility of her position. Like Carl Rogers, these therapists feel that the individual's subjective experience matters more than anything else, and to think that they know more than their client about what is right for the client is an absurdity to them.

It may seem deceptively easy to practice in a person-centred way, yet it can sometimes be a challenge to see the good in everyone, to not be judgmental. Not so for our participants who, through experiences or temperament, are able to show empathy and love through some really challenging times. Ann Marie recalled her time at her time at the Parole Office:

> And every morning I had to walk down a range to get to my office, which was a row of cells with bars, no doors… And some of them were pretty scary dudes, but one of the things that would happen is a couple of the guys—and reflecting, they were the Indigenous guys—would come and have coffee with me and I'd have a conversation with them, and we developed a rapport. And a couple of times, one of them in particular would say, "You've got to make sure you're secure", and he would actively walk between me and the cells. Because what would happen is a guard would be at each end ready to open doors, and I'd have to walk alone, and the inmate would walk with me to prevent harm. So, that kind of awareness that there was something… when you build relationships, and you can sort of see the person behind the trouble… he was in jail for a reason, but still was a good person who was really respectful. And so, those kind of awarenesses sort of kicked in over the years.

Being able to “see the person behind the trouble”, while made easier by their actions, could still be challenging to some given the criminal past of that person. Ann Marie has worked with many individuals with violent pasts, but she was able to have empathy, reserve judgement, and demonstrate all of this in an authentic way, all of which is associated with the therapeutic relationship of person-centred therapy.

Judi talked about her role as helper with her clients:

> When you think of colonization, oppression and multiple issues that Indigenous people went through, they could have behaviours and reactions that aren’t cultural but that are passed down survival strategies that may seem unclear or odd to a helper in a role to walk alongside them, but may have extremely valuable, historical or current, reasons to be there. That our job is to sometimes help people identify “poor coping skills” and replace them with “better coping skills”. We often don’t know what that really is. We are not the expert in that process, and we need to be very careful to not be the expert in that process, cause we would never have enough knowledge and awareness to make those decisions. That's the client. That's their journey. Our job is to find the tools to assist them to get clarity for themselves.

Ironically, having the humility to recognize that we are not experts in others’ lives shows expertise in person-centred practice. Helping the individual in front of you to find their path, to “walk alongside them” on their “journey”, without believing you know the best path, is what person-centred therapy is all about.

As well as being broadly person-centered, these therapists also practiced in a strength-based way. They tended to focus on an individual’s strength, reframe “weakness” when needed, and believe in the individual’s ability to figure out what they need themselves, with assistance

and guidance from a skilled practitioner. They focus on the positive, on strength, on survival, and on depathologizing, preferring not to dwell on diagnosis, but on how clients made it through hard times, and seeing the person as a whole rather than a grouping of symptoms and disorders.

Tying into their trauma-informed work, these therapists see their Indigenous clients as survivors. For Karlee, this transcends from "strength-based" to "survivance-based". Based on the work of Gerald Vizenor, an Anishinaabe cultural theorist, the term survivance, though deliberately imprecise, captures the idea of an ongoing rejection of being a mere survivor, of victimhood, instead a telling of stories that are "renunciations of dominance, tragedy and victimry" (Vizenor, 1999). As Karlee puts it:

> But when we learn about how we talk about trauma from an IFOT [Indigenous Focusing-Oriented Therapy] perspective, it's very survivance-based, and that's Gerald Vizenor's concept. He's White Earth Anishinaabe. He's a scholar in Indigenous literature. And this is where I was saying, I really had to go outside of psychology to inform my work, because psychology just did not have the answers. And yet, here I am, looking at Indigenous literature, and come across Gerald Vizenor's concept of survivance, and I'm like, "Why is this not everywhere in psychology?" And so, I've been putting it everywhere I can, [chuckles] to say that it's really a survivance-based approach, which he talks about survivance as something that really directly challenges and renounces these ideas of deficit, and victimry, and oppression. Not that there isn't real oppression, but it's acknowledging that there's always resistance to that oppression. Indigenous people are not helpless victims of colonialism.

Not denying the oppression which occurred and still occurs, but renouncing the idea that Indigenous peoples are helpless victims, taking a strength-based or survivance-based approach

inherently empowers the individual, helping them to change their narratives and feel more in control of their present and future.

The discussion about survivance came out of Karlee telling me about "coup stories", traditional victory stories told during ceremony:

> There are different ceremonies, for instance, and this really stood out to me when I started working with the Blackfoot communities in Southern Alberta. It's probably done in other ceremonies. It might even be part of Cree ceremonies that I don't know yet, because I'm still learning, and I've been all over the place. [chuckles] I just know these little bits. It's an explicit part of those ceremonies, for instance, to share coup stories, stories of victory, of how people have survived through life-threatening situations. Or in contemporary times, sometimes those coup stories involve talking about success in a PhD, because that's a victory, and a coup story within this colonial system, and things like that.

Coup stories are a traditional way of celebrating victories and survival in the face of difficulty and potentially traumatizing events. She continues:

> One of the things that I heard along the way, and I believe I heard this when I was living down in Minnesota, because that's also Dakota territory, was that someone told me, and I can't even remember who the heck it is now, but that men's traditional dance in powwow actually originated as a way of re-enacting battles. And so, that itself was a way of essentially preventing PTSD, because you would come home, and you would tell the story of the battle through dance. And so, you're getting the movement there, so that the trauma is not getting stuck in your body. Peter Levine stuff, right? That somatic stuff, which is IFOT as well. But you're also, again, telling the stories as stories of victory, even

> when it was a loss. It was still the people who survived, there was always a focus on survivance.

Through coup stories, Indigenous peoples were potentially able to re-enact traumatic occurrences as a way to face and deal with them, reframing them as survival victories as opposed to trauma.

A concern that arises about the treatment of Indigenous peoples is the worry that in an effort to help them, or to reconcile for the past, society has victimized Indigenous peoples in a new and novel way: by labelling them as victims. Indeed, this is seen in some Indigenous clients. As Karlee recalls:

> I remember even there was someone who I saw during my internship who came in, and we were talking about some of the things that she wanted for her life, and she just kept saying, "But I can't because of my historical trauma. I can't because of my historical trauma." Even taking Indigenous concepts of historical trauma, intergenerational trauma, these things that have come out of Indigenous research and scholarship, when they're just taken at face value within that colonial deficit narrative, it's taken on like a disability. It's this completely crippling and crushing existence that just dooms you to a very limited reality.

These concepts, spread without context or understanding to the population at large, can influence and affect in negative ways, in this case potentially contributing to Indigenous individuals adopting a victim mindset. This flies in the face of strength-based practices.

I asked Gwendolyn, rather directly, how it helped the client to paint them as victims of their circumstances, history, and society. To me, this approach seemed disempowering, potentially created a victim mindset, and reduced personal agency and accountability, and

therefore was not strength-based. Gwendolyn's response was that it helps by reducing shame, but there was much more to it than just that:

> It helps with the shame. There still is so much shame. Don't get me wrong, of course we all are carrying that, but it has contextualized it, it's placed it in a way where we can now work with it. So, we can now know … this is a situation that's there. Yes, it's unfair, it's unjust. We can understand now that it is historical trauma. But then, what's within your power? In anything that they do that's within their power, is a victory in that way, right? Anytime that they engage in anything that encourages their health, or their self-care, to me is self-sovereignty. When someone draws a boundary with someone and says, "I'm not going to take that on," or when someone chooses that they're going to engage in low-risk drinking, instead of blackout drinking, that's self-sovereignty. Any little… to us or to the majority, are little, to Indigenous people are huge, huge strides. Because anything that, and this is going to sound really heavy, but my view is that… I'll try not to cry, but anything that keeps us alive… So, our breath, anything that keeps us breathing is an act of self-sovereignty, and that's I guess where I went with my work with clients, that's where I come from.

It was a rather moving, and convincing, response. In the context of historical trauma, some of the shame, which can be damaging and paralyzing if overwhelming, can be reduced by ascribing a portion of the issue to forces external to the individual. Especially at the beginning, any seemingly minor act, indeed even an autonomic occurrence such as breathing, can be declared an empowering act of survival in order to create a sense of efficacy in a client who was told or believes nothing they do is right or good. When the shame has been reduced enough to free the client, or empower them towards action, then discussions about what is within their power can

occur. This empowering, this idea of "self-sovereignty", is strength-based, building a client up so they can become responsible for themselves.

To be clear, struggles with personal responsibility are not unique to, nor a foreign concept for, Indigenous peoples. While discussing some of the abuses propagated by residential schools, Liz talked about the connection between personal responsibility and Indigenous ceremonial practices:

> A lot in First Nations community, a lot of the sexual abuse, that was learned in residential schools. There was a lot of student-on-student abuse, huge amounts of student-on-student abuse. You have to understand and get to know where some of this stuff comes from. It was interesting to me, almost inevitably, when people gave statements, the very first thing they did was apologize to their children. Before they even talked about what had happened to them, they apologized for what they had done to their children, and that comes out of ceremonial training. It comes out of beginning to be responsible for your own actions, which is what ceremony demands, right? You have to give and you take in ceremony.

Ceremony demands acceptance of personal responsibility, not a denial of it. In some ways Indigenous ceremony extends the idea of responsibility as discussed earlier, suffering or being responsible for others, the community, or the world at large. As such, concerns about victimhood may be largely unfounded, especially as long as the work progresses beyond the shame reduction. Karlee talks about her work on reframing victimhood:

> And so, all of this to say, [chuckles] it's bringing the spirit of this into clinical work, so that when I'm sitting with people, I'm not hearing their stories as victims of colonialism, or of residential schools, or whatever. When we have that Euro settler perspective, this

> good/bad, either/or, victim/perpetrator perspective, that it often brings pity and sympathy to that. There's this sort of, "Oh my God, I can't believe you went through that." And that is patronizing. That's not to say we don't have empathy. Empathy is great. [chuckles] But sympathy, that pity in that way is very, very patronizing … And so, how we are as therapists in relation with trauma is absolutely critical, because we can either [work with] the person's trauma, or we can make them feel small and helpless, and that's what we see in a lot of our communities, is this learned helplessness, or this internalized, "I am fucked up, I am screwed for life because I've experienced this trauma."

As part of that she works on depathologizing her client's experiences:

> And that's what gets put on our people, and our communities, but not just ours, also a lot of other communities, and a lot of other peoples, and also people in general, which I can get to. [chuckles] But this idea of, there's something wrong with you. You're messed up. And so, that colonial deficit narrative of trauma, that puts Indigenous people in the position of victims, that's so much of what needs to be addressed through therapy. It comes through implicitly. It's like what I was talking about before when I said, it's the spirit of what you're bringing into the room with you. And so, for myself, the spirit of what I am bringing into the room, is this undoing, this deconstructing of all of these Euro settler constructs that really pathologize and problematize, that make people think they are totally screwed up, and they are not okay.

Critical of a colonial mindset, Karlee brings into the room her non-judgmental nature, depathologizing and normalizing her client's experiences. Strength-based practices tend to be depathologizing, preferring to focus on strengths, something these participants strongly emphasized.

All these points highlight how these therapists practice in a very strength-based fashion, focusing on empowering their Indigenous clients rather than promoting a victim mindset and depathologizing their symptoms and experiences. What these therapists feel, believe, and see in their indigenous clients is a "profound" amount of resiliency. As Judi states:

> With Indigenous individuals, even if they have "low levels of acculturation" there's still this really profound level of resilience. Really profound. That I think is distinct. In the experiences I've had and the cultural groups I've worked with, a very distinct level of resiliency.

Perhaps this is because the Indigenous individuals who managed to survive may had been the most resilient, so we now have a people who have suffered and have learned to survive. Regardless, highlighting the Indigenous peoples' strength and resiliency is consistent with strength-based practices and arguably a better way to work with Indigenous clients.

There was one specific culturally-adapted therapy that was talked about by only one participant, Karlee, but is of such significance that it deserves elaboration. Indigenous Focusing-Oriented Therapy (IFOT) was developed by Shirley Turcotte, a registered clinical counsellor and a Métis knowledge keeper (Turcotte & Schiffer, 2014). IFOT adds an Indigenous lens to Focusing-Oriented Therapy (Gendlin, 1998) an offshoot of person-centered therapy that was developed by Dr. Eugen Gendlin. IFOT is an experiential approach which incorporates Indigenous culture with strength-based practices. All of these aspects bode well for its effectiveness with Indigenous clients.

I learned more about IFOT from attending two separate "Indigenous Tools for Living" workshops, one a two-day virtual crash-course on IFOT where Judi and Karlee were both present, the other a three-day in person workshop led by Shirley and co-facilitated by Karlee.

Seeing Indigenous culture blended with psychology, being introduced to the idea of "clinical spirituality", working hands-on with techniques and traditional medicines, and learning the history and culture behind IFOT was a fascinating experience. However, when it comes to the specifics of IFOT, few, if any, could put it better than Karlee herself:

> As an IFOT therapist, I understand myself as someone who is being present with someone and facilitating their opening to their own medicine … But my learning about this started with IFOT, with Shirley's concept of trauma wisdom, and that's where that idea comes from, of trauma wisdom, where through the challenges and the difficult experiences we face, and the traumatic experiences we face in life, we actually develop knowledges and wisdoms that bring us information about the healing that's needed in the world, and how to move forward … There's this IFOT approach to trauma, which is again, this culmination of traditional knowledges and wisdoms, and then contemporary knowledges and wisdoms that have emerged through surviving over 500 years of attempted genocide yet are rooted in ancient knowledges.

Here we see how IFOT incorporates both genocide (or trauma)-informed and strength-based aspects as well as traditional Indigenous culture and beliefs. She continues:

> It's about opening to my own medicines. There is this underlying assumption that each and every one of us have the medicine that we need to heal within us … It comes back to that collective self in relation … that we open up to the medicine, and it's whatever medicine comes forward. It's trusting that, and that's the decolonizing piece, is you're just helping [chuckles] … But yeah, that we're getting the mind out of the way … All of these ways that we learn to discount the medicines that come forward. Again, carrying

> that into session, and having that within ourselves, the people that we work with also experience that.

IFOT is a person-centered and experiential approach, not overly interested in thoughts and feelings but with opening oneself up to natural and spiritual solutions.

Having its origins in offshoot of person-centered therapy, one can see how IFOT has similarities and using techniques therapists would likely be familiar with:

> I know a lot of people that are trained in somatic experiencing, and it's so similar to that, except it incorporates all of the collective, all of the intergenerational, all of these deeper and interconnected and land-based things. Everybody has those relationships with land. Every human on this Earth, whether they like it or not, is connected with land [chuckles] … we're all made of the earth, and water, right? We can't escape our connection to the land and our dependence on the land even if we try.

IFOT does not reject modern psychological techniques but adapts them or Indigenizes them to match the culture's worldview. With a rationale that matches one's worldview, the understanding of and buy-in to the therapy is greater, expectations are set, and goals and tasks are consistent with one's beliefs.

Consistent with the person-centred approach, IFOT incorporates a de-pathologizing aspect into its practice. Karlee explains:

> They get labelled as symptoms, or behaviours, or whatever. Pick your DSM symptom [chuckles], for whichever diagnosis you want. All of those things, rather than being understood as deficits, or pathologies, or symptoms, is understanding them, and this is IFOT, understanding those as conversations that are coming forward for healing. Whatever it is: anger, depression, all of the things, lashing out, fits of rage, whatever it

> might be, that's actually a conversation, and it's a collective, intergenerational conversation. And so, it might be my younger self that's coming forward, and saying, "There is something here right now that connects to that younger time, but there's something that needs a medicine." Or, as I was saying to you before, it could be coming from a previous generation, one of our ancestors coming forward, or it could be something that we picked up from our parents, or it could be coming from an incoming generation. But that all of those are conversations towards healing.

Also strength-based, the Indigenous view that all people have value to the tribe and that what one is experiencing does not mean something is inherently wrong with them and may not even be about them at all, helps to reduce shame and self-blame, opening one up for change. As mentioned earlier, Karlee sees diagnosis as powerful "naming ceremonies", tying that individual to a label they may never fully free themselves from:

> Our first line of help [chuckles] in the conventional system actually takes us away from the medicine that's trying to reach us. Yeah, that's such a fundamental shift, because it's through those experiences that we can receive the medicine. And so, my job as a therapist is helping people to, again, decolonize how they experience whatever they're experiencing, so that they can be with it as wisdom, as knowledge, as medicine.

Once again, this Indigenous idea of medicine, a broad term which includes virtually anything that provides healing to an individual, physically, mentally, emotionally, or spiritually, opens up a client to healing at all times, from all places, and to a self-healing ability within all. The systems in place to treat clients, Indigenous or not, stop this healing and potentially make clients more reliant on these systems.

An obvious question is whether non-Indigenous therapists can learn and practice IFOT. To that, Karlee said:

> We get a lot of non-Indigenous folks that do the IFOT training and use it. And there is one guy who I actually refer a lot of people to, because he's one of the only ones that has a consistent [chuckles] full-time practice and has some space. He's a non-Indigenous white ally, and he was in my IFOT cohort, and again, uses that work with a lot of people.

The thing about IFOT is that it aims to not remove our psychological knowledge but add to it with Indigenous perspectives and beliefs. Any therapist could take IFOT training and incorporate it into their work regardless of their identity or orientation, as long as it was done authentically.

Some may be wondering or have concerns about IFOT and appropriation. Karlee talked about this as some of her students bring it up from time to time as well:

> I teach Indigenous approaches to therapy, and a lot of my students are non-Indigenous, and a lot of them express feeling very connected to the content. It's this dilemma for them, of like, "I feel so connected to this, but I don't want to appropriate." And so, there's a lot of conversations around that, because it's not the same as appropriating specific Indigenous practices. We all have a right to relationship with land and place, and honestly, a responsibility, at least from an Indigenous perspective, to tend to that relationship with land and place. IFOT is done in such a way that it avoids those cultural specific pieces … spirit isn't incorporated explicitly … smudging is not explicitly incorporated ... The IFOT lens is always that you let the medicine emerge from the person, which I really support. I just also blend it with who I am as a cultural being.

So, for Karlee, the addition of her Indigenous heritage is brought into her IFOT, whereas a non-Indigenous person practicing IFOT would be inquiring as to what aspects of culture the client

might want to introduce to the therapy. Added to this is the Indigenous belief that all of humanity has a responsibility for, and connection to, the land. Thus, Indigenous practices are not appropriated but, rather, Indigenous perspectives are introduced.

So, in essence, IFOT is a culturally adapted therapy for Indigenous individuals, blending culture and therapy to match client worldview and beliefs, with the hopes of increasing client engagement and therapeutic success. It is genocide (trauma)-informed, person-centred, and strength-based, all aspects of practice which have been identified within my participants. Unfortunately, there are no effectiveness studies on IFOT that I could find, likely due to the protectiveness of Indigenous clients. However, if studies could show an increase in effectiveness of IFOT with an Indigenous population compared to other orientations, that would be amazing evidence for culturally adapted therapies and therapy in general.

Ethically

"If I'm ever at a place of a divide, I will choose Indigenous ethics." – Gwendolyn Villebrun

Like all professionals, psychologists are held to a code of ethics by which they must abide. The CCEP was described earlier, with the principles, decision making process, and possible cultural aspects detailed. But one might assume that these highly effective therapists are also the most ethical therapists. In actuality it is not that simple of an answer.

To be clear; yes, of course these psychologists practice ethically. They described following the profession's ethics and standards. Their decisions are based on the four principles of the CCEP and all they do is done in the service of helping their clients, but that is where things get murky. What does one do if they believe their profession's ethics and standards of practice are unethical? Racist? Interfere with helping their clients? What is less clear is that all of

my participants take exception to the Code of Ethics and Standards of Practice, and how if it was followed to the letter it would interfere with their ability to be as effective as they are.

Each of my participants expressed concern about the ethics of the profession. They fear reprisal, getting in trouble for breaking the rules, but tend to adopt the attitude that it is better to ask forgiveness than permission. Despite this fear, they press forward with what would be most therapeutic for their client, and that is why they are likely mistaken; the reality is that they are practicing ethically. Should a complaint ever be raised, each would be able to justify their actions and why they chose to work the way they did. There is also the fact that our ethics allows for the culture of the client to be taken into account, with additional standards for working with Indigenous clients. Can one be considered ethical when they believe they are being unethical? I believe so, especially when one believes their ethical codes to be unethical.

Through my conversations with these therapists, I have come to wonder if the overcorrections and the fear put into clinicians is warranted or helpful, and whether the "rules" should be more flexible with all clients, not just Indigenous ones. That the rules should be seen not as requirements, but as options to practice in ways which are known to be more helpful with some clients. Some orientations or practitioners might balk at this notion, but at least when it comes to this group of reputedly highly effective therapists, forming a close relationship with the client is integral.

Ann Marie talked about the pushing of boundaries when working with Indigenous clients, specifically an elderly client who was in need of assistance with non-psychological affairs:

> But she pushed boundaries all the time to define the relationship. And so, the only way I could really… and it was really interesting because I kept all the psychological boundaries between me… I never talked about what she told me to him, to my husband,

> she told him. [chuckles] But you know, she understood that I was her counsellor and that Dale was not, he was her helper. And so it sort of grew there. But that's … I sort of felt sometimes, like "Ooh, what would the College say about this?" And so, we helped her. She needed help. And the idea of the trading post kept coming to mind. You know, the trading post is you leave what you don't need and you take what you need, and it doesn't matter about the value, it's about the need, right? So, it just all works out.

The concept of the "trading post" being analogous to relationships in an interesting one, and consistent with Indigenous culture: you share what you have, and you don't take more than you need, that is how a community is successful. The "right or wrong"-ness of this does not matter as much as that it is expected in Indigenous communities, it is their norm or value, and adopting it will strengthen the relationship with the client and reputation with the community.

When I asked Gwendolyn about our profession's ethics and her work with Indigenous peoples, the issue of dual relationships arose:

> That is huge, because our community is so small. It would be impossible to not have those dual relationships come up. And so, my way around that is just being really upfront, and having that conversation, and dialogue, and always, always what's most important is the client's comfort. It becomes less about me, and more about them. And then, yeah, working with families as well, from an Indigenous lens, it would be appropriate. It actually would be better to work with multiple family members. But then, from the ethical point of concern about the transference of confidential information from one family member to the next, things like that, that in itself, I just have a huge conversation with, "You do realize that there is a relation, and what that means, and I will not be

> sharing information." Things like that, going over those pieces. Yeah, there's that extra, in some ways, responsibility to care for those Indigenous ethics.

Dual relationships are probably unavoidable when working with a smaller cultural group such as Indigenous peoples, and likely it is an unhelpful concept in an Indigenous context. Gwendolyn talked more about the idea of "Indigenous ethics" being different that our professions ethics:

> I had to unlearn a lot of that, and then same with the whole professionalism, a lot of the ethics. I have to go by, of course, my profession's ethics. I can't tell you that I don't, because [chuckles] that's how they strip me of my license. But … I have to go through that process of really thinking about the ethics process, but then I have to go through a whole Indigenous ethics process. If I'm ever at a place of a divide, I will choose Indigenous ethics.

The idea that there might be a different set of ethics for a different group of people was not always something considered controversial. It seems like we used to have a pretty good grasp on that, overall. Yes, pure cultural relativism, without an understanding that there are some practices which nearly all people would consider unethical or immoral, would be wrong. Yet with these therapists we are seeing that a different cultural group, here we are speaking of Indigenous peoples, may have a different set of values and beliefs, norms, morals, and ethics, and this is okay, even celebrated. That the "one-size fits all" lie is "one-size first some" at best, and that our ethics and standards are not emphasized enough as such, the "aspirational" lost amongst the fear or losing one's license. Luckily for their clients, these therapists, at least in an Indigenous context, understand the discrepancies with this population and chose to do what is best for their clients, not what is recommended by our regulatory bodies or what is considered "safest". Once

again, I have to wonder, what about our other clients, members of a myriad of other cultural groups?

Something as seemingly innocuous as receiving a gift from a client is ripe for ethical debates in our field, as highlighted in Ann Marie's bear sculpture story. What is the meaning behind the gift? What is the value of the gift? How might the client interpret the accepting or rejecting of the gift? These and many more questions might arise for any psychologist presented with this scenario. When working with Indigenous peoples, gift giving can be a common occurrence, especially when the boundaries are not as strict. Rejecting a gift can be insulting or harmful, potentially rupturing the therapeutic relationship and damaging one's reputation in the community. Ann Marie concluded her story about the sculpture with:

> So, you know, [sighs] just having to really, like this is the Canadian Code of Ethics for Psychologists, right, and that was before the new, the fourth edition, when the third edition didn't really stress collaboration and integration in the way it does now. So, there were several times when I've had to really think about boundaries differently because of cultural integration.

Some progress has been made when it comes to our code of ethics, at least when it comes to working with some cultural groups. Yet, it feels like there is still a way to go when it comes to the code of ethics not being a barrier to helping our clients, Indigenous or otherwise.

And perhaps Ann Marie said it best with:

> Well, and I've always said, I'd rather be damned for what I do than what I don't do, right. So, if I'm going to make an ethics mistake, or … if I'm going to cross a line, I'm going to do it deliberately, with reasons. Because the code of ethics is aspirational, not, you know, just instructive, and there's nobody to guide me in these.

Rather being “damned for what I do than what I don’t do” is a powerful statement and speaks to me of Ann Marie’s personal strength and conviction to helping her clients. Part of breaking new ground is not having anyone to consult with, the isolation felt especially when dilemmas arise. Luckily, Ann Marie had good Indigenous mentors to help her along, which is unfortunately not always the case.

Similarly, Liz mentioned how, when you are one of the only people doing this type of work, perhaps the only one available or willing or caring enough to do the work, the dilemmas potentially become a little clearer:

> You do have to have a very clear sense of ethics and right and wrong, on your own you have to… Things like working with friends, you just have to do that sometimes. When they go into crisis, there’s nobody else around but you. [chuckles] It’s not like you can refer them to another therapist. You have to be really aware of your own process.

Being aware of oneself and one’s process is important when making decisions which butt against the ethical standards of our profession, which makes sense. What is less clear is the idea that what these therapists do is not what is advised, what is safe, what we are taught to do. The ethical clarity of “right and wrong” seems to rest with the individual and differs from our regulatory boards and colleges.

I think it would be wrong to consider these therapists as practicing unethically. In fact, that they consider the ethics and standards and make a choice based on those considerations, is ethical decision making. Based on their experience, taking our CoE and SoP as prescriptive may not be in the best interests of our clients, and surely not in the best interests of our Indigenous clients.

With Love

"That was the biggest teaching that I learned from those knowledge-holders, was bringing the love into practice." – Karlee Fellner

Now, let's talk about love. Love exists in many forms, be it love for our partners (Eros), our family and friends (Philia), our children (Storge), or all humankind (Agape). The therapists I interviewed tend to possess Agape in general and what is closer to Philia for their clients. Not only do these therapists experience these feelings towards others, they seem able to garner these feelings from others, including their clients. Of course, boundaries are maintained, but the boundaries are different than what is recommended typically due to Indigenous ethical considerations. The result is a stronger, and perhaps more effective, therapeutic relationship than we might be used to.

When these therapists talk about their connection to their clients, it is different from what we are taught, how we are advised to work with clients. While we are told the therapeutic relationship is the most important aspect of positive outcomes for clients, what the therapeutic relationship *is* isn't really clear. While running in the river valley with my supervisor, Derek, I quoted, as I often do, that "the therapeutic relationship was essential for therapeutic success" or some-such, dutifully repeating what has been hammered into me. When he asked, simply, "What is the therapeutic relationship?", I was taken aback. I had to think about my answer because though the teaching was firmly in place, the details were a bit fuzzy. And maybe that is because the therapeutic relationship means many different things to many different people. Depending on one's therapeutic orientation and way of practicing, depending on the presenting issue and the client, the therapeutic relationship is not easy to define.

Karlee related a story about a client she had, a difficult yet successful course of therapy, which culminated with a phone call:

> She called, and she just said, "Karlee, I just want to thank you so much for the work we've done together." She said, "This is the first time that I actually felt respected as a human being." And she said, "I love you." She literally said, "I love you." And I literally said, "I love you" back in that moment. It was this moment of connection, and I remember having this secondary reaction of absolute terror, of, "I just broke the code of ethics." [chuckles] I just told my client that I love her. [chuckles]

This expression and reciprocation of love for her client even caused Karlee a moment of fear about what is "acceptable" to express to a client. However, it was authentic to how she practices:

> Because it was in that moment, this genuine love and connection, that again, isn't attached to these Euro/Western concepts of love, as this taboo whatever, the ways that love gets warped and distorted in these certain ways. It was a genuine, spirit to spirit connection. It was so powerful.

Powerful, for Karlee and her client, no doubt. Arguably, this is what we aim to achieve as therapists—powerful moments that can help clients change.

> It is so much deeper than non-judgment. It's so much deeper than unconditional positive regard. It's just this relative-to-relative love. The way that love is traditionally in our communities, it comes with accountability too… There is an accountability piece, but because it's centered and based in love, it's not pathologizing. It's not judgmental. It's such an important and powerful part of the work that makes it so different than conventional approaches to therapy.

This is also consistent with Indigenous ways of being. Karlee introduces an important aspect of this love: accountability. Though non-judgmental, even more than non-judgmental as Karlee says, it is not without thought or therapeutic benefit. Through the judicious application of love, with a measure of accountability, one can see aspects of the familiar love which would help form strong, trusting, and lasting bonds with a client. I think it is safe to say that Karlee is correct in her assessment that it is different from conventional approaches, but not all approaches. Person-centred type therapies may promote similar, though perhaps not as deep, bonds with clients.

Part of what seems to be going on here is that what we, as a profession, have decided as appropriate "boundaries" for working with a client may in fact be interfering with working effectively with our clients, especially Indigenous ones. This is not to say there should be no boundaries, but once again, our standards of practice seem to be an overcorrection due to bad behaviour of a few, ultimately to the detriment of our Indigenous clientele, and perhaps all our clients. Having fewer boundaries is not necessary for effective therapy, but it may be an important aspect of being highly effective, or at least effective with certain groups.

I am reminded of Dr. Marsha Linehan, psychologist and creator of Dialectical Behaviour Therapy (DBT). Her skills training manual (Linehan, 2015) has the following dedication:

> When I teach my graduate students—who work with complex, difficult-to-treat individuals at high risk for suicide—I always remind them that they can choose whether to look out for themselves or to look out for their clients, but they cannot always do both. If they want to look out for themselves at a possible cost to their clients, I remind them that they are in the wrong profession.

I first read this while I was preparing for a presentation I was giving on DBT during my master's degree, and at the time I was disturbed by what Linehan was proposing—to put a client's well-

being before our own. This seemed an ethical violation or an example of inappropriate boundaries, a sure path to burnout. Was I in the wrong profession? Yet, I can see parallels between Linehan and my participants. They all seem to have a dedication, even love, for their clients that extends beyond a business transaction or even a therapeutic relationship.

While Liz and I were discussing her work with Indigenous peoples she said:

> It's absolutely, for me, the most interesting work. There's so many levels, so many pieces playing all the time … Yeah. It's about love. That's not a word that's talked about very much in therapy, or at all. [chuckles] Yeah. I don't know how else to describe that.

Beyond being "the most interesting work", there is a love that Liz possesses for her work with Indigenous peoples. Her love is not just for her work, though: "I love people, and I think people really respond to that care." Liz has a love for people in general, her clients in particular, and she has seen how that love resulted in engagement from her clients. It seems to me that love is at the heart of what these therapists do.

Karlee echoed this sentiment and findings while we were discussing her own research and dissertation:

> And so, that's where I started to learn, one of the main things I learned in there, my findings for my dissertation were articulated as a medicine bundle framework, with these seven medicines, and those were the themes. And so, the first one was the blanket that holds this bundle together, and that was love. And that was the biggest teaching that I learned from those knowledge-holders, was bringing the love into practice. Because I remember sitting and listening to their stories, and even when I went to articulate my findings, I was like, this is not non-judgment. This is not unconditional positive regard. This goes way beyond what these European guys have articulated. This is love. This is

> real love. This is real acknowledgement of the person I'm working with and myself as relatives. We are actually related. This person is my cousin, my auntie, my uncle, and it changes how you are in relation with that person in the therapeutic relationship. And it was just so different than what I learned … I remember being struck by the depth and power of the love that was expressed in those conversations with those knowledge-holders.

From her discussions with traditional knowledge-holders, Karlee determined the "blanket" which held all of her research together was love. Karlee's statement that they are "actually related", while figurative, shows the intense belief in the importance of that familiar connection and the deep love and respect she has for Indigenous people.

I will admit some reservations about "loving" our clients, treating them like family. This is partially due to what we are taught about appropriate boundaries with clients and warned about in our ethics and standards. Yet, I cannot deny the evidence in front of me: that these highly reputed therapists practice in ways which push or break those boundaries. These therapists are not overly concerned with boundaries, seeing relatives of clients, dual relationships, and other ethical issues which interfere with their ability to serve an Indigenous population. This allows them to get closer to clients, potentially making them more effective. Which makes me wonder if for Indigenous clients, and maybe for all clients, we would be of greater service if there was a greater focus on love.

Love and respect for Indigenous culture and people permeated all aspects of who these participants are, what they do, and what we can learn from them. It makes sense, then, that it should also permeate what we do going forward. Using love and respect as a guide for all that we

do as therapists will help to ensure the best outcomes for our Indigenous and non-Indigenous clients alike.

What Can We Do?

What lies beyond *Who Are They?* and *How Do They Practice?* is the idea of "What can we take away from this?" or *What Can We Do?* Ultimately, I wanted this research to yield something practical, something helpful, something the reader might be able to adopt or learn which may assist them in their work with Indigenous clients. From an Indigenous perspective, we want to use all of the animal and let as little as possible go to waste.

Who these effective therapists are may be outside of the individual's control to change. Aspects of these therapist's practice can certainly be adopted but doesn't quite cover all of what might be useful. *What Can We Do?* covers the other themes that came up for me during the research that stood out for me as being important or useful for individuals wanting to work with Indigenous peoples. What we can do is *Do the Work*, *Learn in New Ways*, *Work Cross-Culturally*, *Walk Between Worlds,* and *Build Trust*.

Do the Work

"I really wanted to know what works, like how do I do this job well. She would just say, 'You've got to spend time with us.'" – Ann Marie Dewhurst

Out of all that came from the interviews, perhaps the theme that stands out for me the most originated from my first interview (with Judi), and echoed in all the interviews, was the theme of *Do the work*. Judi and I were discussing whether a non-Indigenous therapist could overcome the large amount of distrust an Indigenous client understandably may come to therapy with. She believed so but that it requires a lot of work. This idea of "work" stuck with me. What was this work? What did it mean? When I asked Judi as much, she replied thusly:

> Well… I don’t know if there’s a clear name but it’s cultural respect, really. My Cree is lousy, but I spent years trying to learn it. You'd know who was a speaker and you'd at least greet them and use as much of the greeting as you could every time you saw them. Most of the extended region of my own family is "hug or shake your hands" anyway but on reserve, that's a rule. You don't say "hi" and walk by someone. You shake their hand or give them a hug. Period. You do that at the beginning of the day. So you watch for what the norms are in the community and in the health centre where you're at. If an Elder is in the room, and you know it is an Elder, you drop everything and you offer them coffee, you go to the staff room, you make them a coffee, you bring it to them. Even if there's six people in line up waiting to see you. Even if someone says there's a doctor on the phone for you. The Elder is the first priority. And you learn that and you do that. And then, you know I’ve have had the privilege of being invited to some amazing things, I've sat in many case conferences that have not been in English, they’ve been in Cree. I've known other people who have said “I’m not sitting in on this, I don’t understand anything, tell me afterwards what I can do”. But you sit for an hour and a half in a language that is not your language and at the very least demonstrates some respect that that's their process and you're here for that.

For Judi doing the work meant things like attempting to learn the language, learning the norms and customs of the community you are working in and following them, giving Elders the highest respect and the priority always, attending events you are invited to (even if you don’t know the language), and participating in community cultural events such as sweats and powwows. To me, doing the work is this and more.

The theme *Do the work* epitomizes the idea of proving one's dedication to helping Indigenous clients. It is putting forth effort. It is "walking the talk". It is not only learning the history and ways of the Indigenous communities you are working with but believing in and even practicing them. Through doing the work a therapist who is, or wants to be, highly effective with Indigenous clients, shows their commitment to understand the client, shows knowledge of their experiences, and helps match a client's worldview, potentially helping to penetrate the distrust the client enters with or, at the very least, improving the therapeutic relationship, resulting in improved outcomes for clients. Doing the work is going above and beyond to create connection and trust with Indigenous clients.

Doing the work is not a simple task. Far from it. Attending mandatory Indigenous training or taking a seminar on working with Indigenous peoples does not come close to the level of work and commitment, respect, and even love these highly effective therapists have shown. It is not enough to be a tourist in the culture, to have a superficial understanding or to give lip service to their struggles. To be this highly effective one must adopt, and be adopted by, the culture.

To achieve such levels of acceptance in communities seems a lifelong and ongoing pursuit, perhaps better started at a young age. Of course, being indigenous is an asset, potentially opening doors easier than a non-Indigenous, but it does not make it a sure thing, and non-Indigenous are still able to show their commitment and dedication to learning and helping.

All my participants have done the work, in a variety of ways. They all have a great deal of experience working with Indigenous clients. This is a "no-brainer" on the surface, but research shows that experience is not correlated, in fact slightly negatively correlated with effectiveness (Atkins & Christensen, 2001; Delgadillo et al., 2020; Erekson et al., 2017; Goldberg et al., 2016;

Hill et al., 2015; Mason et al., 2016; Owen et al., 2016). However, these therapists have sought out the work and the culture, incorporating it as part of their lives and who they are. Collectively these five therapists have roughly 200 years of experience, the vast majority of which was serving Indigenous peoples in one way or another, with three of them (Judi, Liz, and Gwendolyn) having worked directly with the TRC Health and Support Teams. The point is, they have all sought out the work and had it as their primary focus. It is not something that landed in their laps or that they fell back on, rather, their passion for the work has driven them to it.

It has also driven them to learn. Some of this learning has come from who they were and where they grew up, but it did not stop there. They have at least tried to learn some of the language of the communities they worked with. Judi has spent years learning Cree, as much as she can, and she uses it as much as possible around those who speak it. Karlee is also learning Cree, as well as at least part of the languages of the other communities she has worked in. Gwendolyn also works to improve the knowledge of Indigenous languages as she was not taught them directly as a child. This extra effort does not go unnoticed by the client or community.

Doing the work builds a reputation in the community. In some ways it is no surprise that these individuals were referred as much as they were, as their reputation for helping, teaching about, and advocating for, Indigenous clients has preceded them. Most still practice, Judi advocates for Indigenous peoples (both clients and practitioners) as part of her role with the PAA, Karlee is involved with teaching IFOT, and all agreed to participate in this research despite being busy and Liz despite her retirement. Their dedication to doing the work seems boundless.

A large part of doing the work is the idea of not being a “tourist”. A tourist would be someone who dabbles in the culture or community. Someone who might drop in from time to time, maybe partake in the occasional ceremony, but without any real commitment to the

community and without a sense of shared responsibility. A tourist can do their work in the community and then leave it behind them, what we may see as a typical way of doing business or interacting in North America. Indigenous cultures tend to be more collectivist than that. Though Indigenous peoples are far from incapable of these more stereotypical North American interactions, what we as therapists do and ask of Indigenous individuals and their community requires a higher level of trust, and therefore a higher level of commitment. We ask for trust from our clients, for them to share their deepest thoughts and experiences. We ask for communities to welcome us in, to share their knowledge and provide support for us and our clients. We ask for a lot. And while the mentality of some might be that helping the client is what we give back in return, that mentality fails to acknowledge the larger impact our work with clients has and takes from the larger community.

Through doing the work, these effective therapists become part of the community, and becoming part of the community means one becomes mutually responsible for the wellbeing of each member of the community. As Liz puts it:

> That's what I mean about, you can't be a tourist in that … you can't just go to… Well, you could, lots of people do just go to sweats, or go to things, but to actually… when I started to realize what that actually meant… I struggled a fair bit with sun dances at first, for me, that the amount of suffering, and even sweats, and I had to really come to terms with what suffering for everybody's benefit really meant, and what an incredible gift that is.

And:

> To be able to support, to be there, to do the things that you need to do, it's a big commitment, and it's a commitment that recognizes that someone is going to suffer for

you on your behalf, so you don't have to. There's a depth to being connected in communities when there's been so much pain, but there's a huge gift in being part of the journey towards healing, too.

This connection is deep and strong, even "spiritual" according to Liz. To suffer for the community, to have that commitment, and to realize that it goes both ways:

> That's what I mean about not being a tourist. Many people are invited to sun dances as observers. Anyways, the same circle got a hold of me the other day, to see if I would come up, and I said, "My daughter is pregnant. We're going to Toronto." My daughter has an immune disorder, so we're not doing anything that involves a sweat, for instance. [chuckles] Not a good place to be right now. And so, I was telling them about this, and the woman that had invited me said, "When is the baby due?" Everybody was really excited, and she said, "We're doing a sun dance in June, and would you be able to come by then?" I said, "Yeah, I think I should be able to come by June." She said, "Good, get in touch with me in February, because we'll offer cloth and tobacco." In February is when they start their preps for the June sun dance. I knew what that meant. That means, and we'll offer these for the health of the baby. I thought, okay, I know what that means. That means that someone is going to dance for my granddaughter, and that that is not a light load. They're going to suffer, so that she won't.

The commitment is reciprocated, and offerings and sacrifice are offered to those who are considered part of the community. And the connection is lifelong, as Liz tells us: "Those bonds last forever".

For Ann Marie the work began back during her time at Stan Daniels with the help for her Indigenous mentor Vicki:

> And when I started at Stan Daniels, there was no working relationship at all because there was nobody to relate with. And I went over to say hello and meet whoever was there, and I bumped into Vicki, and Vicki was an amazing woman, she just passed away two years ago. But she was the Elder's helper, and the Elder then was … an incredibly kind and gentle man. Anyways, she was his helper, and Vicki had a great sense of humour and she would invite me regularly to have tea, or I'd wander over and I'd have tea with her. And we started a connection, and one of the things that I really wanted to know was what works, like how do I do this job well. And she was just really generous and… in her own way, she would just say, "You've got to spend time with us."

This felt important. When Ann Marie asked Vicki what really worked, Vicki replied, "You've got to spend time with us." Ann Marie had already begun the work connecting and working with Indigenous peoples, and reaching out to Vicki was yet another step. Vicki's response showed the importance of doing the work, of actually showing up and spending time with Indigenous peoples and in the communities. Ann Marie also talked about her involvement and commitment to the community:

> And then I was a sun dancer, Vicki coached me through that. I fasted with her, so we did the ceremonial fastings. I think I went with her four times. And so, it's not just, you know, going on Friday for an hour or so and have tea. It was an investment. So, after a point, I also brought my husband along. So, my husband was an academic, he's retired now, but he really also became quite connected with some of the Elders that we were working with. He became oskâpêwis [elder's helper, helper at ceremonies], and worked very closely, especially with [two Elders in particular]. And so, we did some journeys to Montana and Chief Mountain… so, I learned some teachings about traditional foods and

> how to prepare for ceremony, and lots of different teachings. So, that was kind of exciting. But just, it was pretty much part of my way of being for about ten, 15 years. And Vicki's son was a guard at the Stan Daniels Centre, and we started playing Dungeons and Dragons together, and my husband is godfather to his son. So, we got adopted in a lot of ways, right. So, it became very much about joining in and being really, really open to being invited in. But then, if you're invited in, you've got to step up, right, and participate. And so, that was a lot of where I got my sensitivity and my training, so it was sort of like… yeah, it was just really powerful.

Indigenous practices, ceremony, and even involving her husband who himself became a part of the community, doing the work became a part of life for Ann Marie and resulted in a meshing of families and cultures, to lifelong and powerful connections.

In addition to all of the work Karlee has done learning Indigenous ways and teaching IFOT, she has and continues to do the work through research:

> And obviously, my research as well, I learned so much, because I spoke with 16 different knowledge-holders about that question of, how do mental health services need to shift. And they were in all sorts of different fields. They are all people who walk the talk, and to some degree, it was a little bit similar to yours, as far as finding people who are known to be really good at what they do. They just weren't all therapists. They were doing all kinds of things, [chuckles] and had all sorts of different educational backgrounds and stuff. Quite a few of them were elders, and medicine people, and healers as well. They were this mix of all kinds. And again, by that time, I had really come to start to understand Indigenous research and methodologies. And so, even engaging in that, it was like putting out offerings, and praying for the right people to come to me to speak to me.

> My dissertation is such a culmination of spirit. It was so spirit-guided and created, from forming the research question, right through to what the findings were, and how they were articulated. I learned so much in that, and that came to inform my practice as well. It's kind of like what you're talking about, right? These are folks who aren't master therapists, per se, but master healers and helpers.

Authentically her, even Karlee's research was heavily Indigenous, using Indigenous methodologies which spoke to her, invoking spirit, focusing on traditional Indigenous healing. Her research could not have even happened if she had not done the work ahead of time, following her passion for Indigenous culture.

Doing the work may feel like a "big ask" for the typical psychologist who doesn't work primarily with Indigenous clients. It is not easy and takes a lot of time and commitment. One would have to have a strong drive to find acceptance in the community, an Indigenous identity, and/or a true love for Indigenous culture. Yet, if you want to be numbered with these reputedly highly effective therapists of Indigenous clients, I feel this is likely the key.

In essence, doing the work is about showing, rather than talking about, your commitment to helping Indigenous peoples. It is through this show of effort that trust is earned in communities which are, understandably, lacking in it. Historical and current mistreatment and abuse has led to a client who comes into therapy with a higher than typical level of distrust and doing the work sets a therapist up for good outcomes, in terms of being known and referred by trusted individuals in the community, setting up a trusting expectation for the client, and being able to show clients knowledge of their experiences and identity, helping to build the therapeutic relationship.

We began *Do the work* with Judi and we will end it with her as well. I asked Judi at the start of our interview what it felt like having been selected as a participant for this study. She replied:

> It's a tremendous honour, really, very very much. Yeah, um, because I have seen so many fears and concerns. I've spent years… There was one community where I was there minimum one day a week for 21 years. Sometimes I was there three days a week. There was a period of about four years, where I was there, one of those days of the week, I was there with another psychologist that nobody ever went to see. There was a lineup outside my door and around the corner, I'm going to have to put in walk-in days, it was wild. And people wouldn't go to see him. And I really respected and understood that. I don't think I necessarily earned any kind of status to be, you know, "so great". But at least to have been more trustworthy than a lot of what people have to deal with, from very very inexperienced individuals. And not uncommon though in rural and northern, people go because they need experience. They don't care about the communities, they don't care about the culture, they don't know the people, they don't try and get to know the people. It's an easy way to get a job because no one else will go there to work. And then if you don't put in any effort, people see that right away and there's very high levels of protection, I've experienced, in communities that have been through significant trauma. So they have a right and a need to be extremely careful with providers and outsiders who come in to do things. And so the fact that people have been open or accepting for me to learn, cause I learned off of people, I haven't gone in "Woohoo, I know all of this!" That's an honour and a privilege.

This is essentially the difference between having done the work and not. Not doing the work is at least ineffectual, and arguably even harmful. Doing the work, showing commitment to and caring for the people and communities gets one the trust necessary to work with the people. They, in turn, may include you in their communities and their lives.

Learn in New Ways

"Anything that I learned in my education has not helped at all." – Gwendolyn Villebrun

To amass a body of knowledge takes effort, time, arguably some experience, and a source to gain it from. Nowadays we typically source this knowledge from the internet, forums, short and long form videos, various books and articles, perhaps even writings such as this, but this was not always the case and is not typically how traditional knowledge is passed on. Word of mouth through storytelling has been the traditional Indigenous way and while this has changed more with time, as knowledge and stories are recorded, it is still primarily how these therapists gained their knowledge.

Traditionally, this knowledge was necessarily passed from person to person, face to face. This is still the preferred method. As Ann Marie's mentor Vicki said, "You've got to spend time with us." To share knowledge takes trust that the knowledge will not be misused, abused, or misunderstood, something Indigenous peoples do not take for granted. Trust is often a requirement for knowledge sharing and trust is built over time and through interactions. Indigenous or not, acceptance into a community can take time and is often facilitated by a mentor or Elder who can help in providing opportunities to learn about how things are done. This includes not only following protocol with Elders and Chief and council, but also learning the politics, norms, and traditions of the community. As we have read, these therapists have had numerous Indigenous mentors, Elders, and Healers who have taught and helped them over the

years. The stories they told often referred to an Indigenous mentor, or even client, who has taught them something about Indigenous culture.

Many of us tend to think of our formal education as being the source of much of our learning and knowledge. Indeed, all five of my participants have achieved graduate degrees, four with PhDs and one with a Masters. For the most part, I did not get the impression that they had any qualms with their decisions to pursue degrees. For Karlee, her post-secondary education at the University of British Columbia also gave her access to her cultural education in many ways. However, what these participants learned in "higher education" was not what made them more effective with Indigenous clients. This is highlighted by the one individual who was critical of her time at university: Gwendolyn.

Specifically, Gwendolyn did not believe her formal education taught her anything about working with Indigenous clients:

> Anything that I learned in my education [chuckles] has not helped at all. Nothing. I've just done it to position myself in a different place, but none of this came from any of the instructors, any of the programs, none of it. It all came from the people. They taught me this. Yeah, I do the work that I do because of them.

Not only does Gwendolyn attribute none of her effectiveness to her formal education, she attributes it all to the people and her clients. As mentioned earlier in this writing, Gwendolyn often sees herself as the one being helped by her clients, learning from them and their experiences. A lot can be learned from clients. Through them we learn about experiences and struggles we may not be aware of and may never personally encounter, and often we cannot help but learn about their culture. We are taught in our cross-cultural courses and in critical race training that our clients should not be our primary source of knowledge about their culture, but

the reality is that much of what we learn about them can only come from them, and only from them can we get what aspects of the culture they participate in and how they interpret it. This does not mean there is not a lot of work that can be done which would add to and complement what we learn from our clients, giving us a background on which to frame what we learn from our clients.

Yet learning, or unlearning, can be challenging without an Indigenous role model to help. Gwendolyn continued when we talked about mistakes that she has learned from:

> So many mistakes, Nathan, that could be a whole dissertation, is all the mistakes I've made … Yes, and when I provide presentations, I often speak to my humble learnings. But let's see… I think the unlearning process was really hard to do, because I didn't have an Indigenous role model, an Indigenous psychologist role model, or mentor. And so, that whole unlearning process, having to do that on my own, and figure things out, was difficult. In doing that, part of it was feeling, part of that unlearning process was disengaging with the expert role.

Not only did Gwendolyn not learn anything about being more effective with Indigenous clients, she actively had to unlearn what she was taught, a difficult process without an Indigenous mentor to assist her. And part of that was unlearning the idea that she was learning to be an expert:

> I think if anything, the big learning, and I add it with a surprise and mistake, because I think to be a psychologist, you have to have a bit of an ego. I don't think you come into this work unless you feel like… there's a bit of that saviour complex, I think, with all psychologists, and to do that, you have to have a bit of an ego. It's just like clergy, right? You have to have a bit of an ego to go into those roles, where you can stand up and say, "I know something. It's based on this, and this, and that, and I got these letters behind my

> name." And so, part of my process of unlearning and relearning, was disengaging from that, and that's not easy. That's not easy to do, and it's a work in progress, I have to say. Because even being a PhD student, you have to have an ego. My decision to go back to get a PhD, you have to have an ego to want a PhD, or else, or feel so low that you need that. One or the other. [chuckles]

Gwendolyn, who was raised with Indigenous teachings, had to unlearn what she had been taught during her university education and relearn her Indigenous teachings, her community focused thinking, and her humility. Who Gwendolyn credits her learning to is the people:

> Yeah, most of what I learned about being a psychologist was from the people. It started with my family, for sure, and then the people helped me along the way, because there was a whole process of having to unlearn, unlearn what I learned, and I don't know if other people are talking about this, too. I remember reading an article written by an Indigenous therapist, and I think they were comparing it to a development model in some ways, where they had to unlearn what they learned, [chuckles] in order to work well in their community. And so, yeah, to do this work with Indigenous communities, you have to really check that. You have to check it at the door, at least, and shake it off. What I do, what I've done more and more, is just feel like, when I start feeling that I need to be in an expert role, I need to know what I'm talking about, it usually comes from insecurity. Underneath that big ego is, of course, insecurity. So, I say, "Okay, I'm feeling unsure. I'm feeling insecure. There is something about this situation that's making me doubt myself." And then, I go back to my ancestors, and I think, okay, what did I learn from my family about how to be with people? I go back to that, that basic principle of, what did I learn from my family that you do, how to be with someone, or people… how to be with

> people. That helps me right away. [chuckles] That puts me right back in my place. And even talking to you today, it's like, okay, whatever I say, it's going to come from, it's going to be in a good way. I'll be able to speak in a good way, if I don't stray too far from that. And I tried, even talking to you today, I really tried to remember that, that the basis of who I am, and what I learned about being an effective psychologist, is from my ancestors, my family.

Pretty much everything Gwendolyn learned about being an effective psychologist came from the people: her clients, family, ancestors, and others in her life, not her academic education. From what we know about what is actually effective when it comes to therapy, I am not too surprised.

What Gwendolyn would like to see in training programs is change:

> This is part of why I went for my PhD too, is that I feel like there is a need for more of us in these higher-level positions, and with the abilities to influence policies. And so, I'd like to see that, I'd like to see more of us, and that's part of why I did this, is I want to support people who are new to the profession. I want to encourage Indigenous scholarship, and especially in psychology, because I think that things won't change unless there is more of us. And so, that for sure I'd like to see change. And then, I think once we're in those positions a little bit more, we could really look at the programs, and start adjusting them to make them more relevant to actually serving people, and the people that are out there. So, not only Indigenous people, but all diversities. I think that cross-cultural training is like an add-on in our programs, and an option in our programs, and it needs to be integrated, it needs to be, in every course. Yeah, so, I'd like to see that happen.

It is Gwendolyn's hope that she will be able to change this system, no doubt part of her strength and fearlessness. She would like to see more cultural work of all types in our training and degree programs. Additionally, she would like to see Elders included and available, as after being able to practice with them she never wants to practice without them.

Throughout her interview Ann Marie talked about her Indigenous mentor Vicki, who was pivotal and essential when it came to Ann Marie's development as a therapist who works with Indigenous peoples. Ann Marie made the effort to reach out and connect with Vicki, and eventually their relationship grew. From the connections Ann Marie was able to make she was even able to help our Educational Psychology program connect with an Elder to provide a cultural experience for an advanced cross-cultural class:

> Yeah. So, I facilitated that by connecting with my Elder, who is a generous and compassionate teacher who will teach people who don't know protocols or isn't Indigenous. So, he came, we paid for him to come from BC and we did the sweat lodge, and he was so generous, and he just talked from the soul. And they had the whole experience of the feast and the ceremony, and the time with him at the beginning. And that was a starting place.

Ann Marie was able to facilitate this awesome experience for a few lucky doctoral students in the Educational Psychology program. To Gwendolyn's earlier point, it is unfortunate this is not an experience available to more students. Ann Marie expressed similar misgivings that the program does not have their own Elder to consult and refer to, who can offer these teachings to students.

Ann Marie emphasized the importance of finding a cultural mentor: someone to learn from and someone for your clients to turn to for cultural support. Finding that mentor can be

challenging and takes work. Even learning how to approach a potential individual to be your connection to the community is a lesson:

> If you're going to work in this field, you have to have connection to the community because you need to be able to send your clients off to consult … like you just did an appeal to my authority and I said, "No, you need to go back and connect in a traditional way." That's what Vicki taught me. And I talk about tobacco questions versus questions. And what you asked was a tobacco question, right, an offering is needed. And so, part of it is to get enough information, enough connection in the community to differentiate between a question and a tobacco question, right … So, if somebody needed to refer a client to a traditional spiritual connector or a traditional teacher, who would they go to, right? So, I have different connections in the community, but they're mine, right, like they may not work for somebody else. So, you have to do the work, and it can't be token.

Ann Marie tells us about the importance of forming a community connection. Clients may come in with questions that we are just unable to answer. Here, Ann Marie is referring to a question I had just asked prior to this about what word she thought I might be able to use instead of "expert". Her response was that this was a "tobacco question" or a question that should be directed towards an Elder with a traditional offering of tobacco. Like nearly everything in these interviews, this was a lesson for me as well. When approaching a potential community member or Elder as a connection it is important to follow the proper protocols, showing respect for the individual and the culture and putting forth the effort to form these connections is essential.

When I asked Ann Marie what it was that she thought made her effective with Indigenous clients she said this:

It's a combination between humility and being willing to listen, right. Like just being able… I often talk about it as being able to catch what's being said, like a basketball, right, you catch it and then you have to decide what to do with it. But the first thing you have to do is catch it, and doing that in a way that is respectful, so you catch it and hold it long enough to be able to take a next action that's relevant, right. So, I don't know if that answers your question, but it's sort of like having spent a lot of the time being taught, taught me how to catch, and then what options are available. So, sometimes I work with somebody, sometimes I refer them to a traditional person, or sometimes I work collaboratively with a traditional person. But you've got to have an idea what to do once you've caught, and then the nice thing about therapy is if you miss it the first time, you can trust clients to throw it back to you again, right. [chuckle] But again, to be in that relationship with somebody long enough to figure out what the best thing to do is, but in order to do that, you have to have the background, the openness to learn. So, I think that, with any kind of therapist, you want to have that ability to listen and discern. But when you're working in somebody else's culture or with somebody from a different culture, you have to know what's relevant. And so, all that training with Vicki and [two Elders], and all of the different Elders I've worked with, has taught me what to pay attention to… You've got to know what help looks like. And so, yeah, and we don't always know what help looks like for somebody from a different culture. But I'm quite clear that I'm comfortable working with First Nations people. I struggle working with immigrants, for example, from Somalia, I have no idea, right, I don't know what to listen for, how to listen properly.

Ann Marie was taught how to catch, what to catch, and what to do with what you have caught. Without having done that work, without the knowledge of the community and the traditions, without the traditional teacher and mentors she had, she would not have had the ability to know what to do. And it is specific to the culture, meaning that for Ann Marie there was a lack of transferability when working with other cultures.

As things are now, a therapist cannot learn about how to work with Indigenous clients effectively without the assistance of someone knowledgeable in the ways of Indigenous people. Some of this can come from experience, from the clients themselves, but not without a base amount of knowledge to build upon. Perhaps as trust is built and more Indigenous scholars produce works which may help therapists to learn and understand the intricacies of Indigenous culture this may change. Yet even then, the relationships and connections from working closely with Indigenous helpers and healers is special and irreplaceable, an important part in Indigenous culture and, therefore, an important part of working with Indigenous peoples.

Work Cross-Culturally

"Respect of the history. There's knowledge and awareness, but respect is far more important."

– Judi Malone

A question I had going into this research was if non-Indigenous therapists could be effective with Indigenous clients. There are some that believe that in order to be effective with a certain demographic, one must be a member of said demographic. This holds true for counselling Indigenous clients. Numerous recommendations have been that only Indigenous peoples should serve Indigenous clients. Yet, at least from the individuals I have identified, that is not necessarily the case.

When I asked Gwendolyn about whether non-Indigenous therapists should work with Indigenous clients she said:

> Of course, absolutely. We 100% need them to be, because there aren't enough Indigenous therapists. It's a necessity, like you said, there's a crisis, we need them. We need them, but we need them educated. We need them educated, and the way things are set up right now, they are not. They are not being educated, and they are not being properly prepared to work with Indigenous people. I feel very strongly about that.

So, while Gwendolyn believes that non-Indigenous therapists can be effective with Indigenous clients, she does seem to doubt, at least right out of a post-secondary degree and with current training, non-Indigenous therapists are ready for the work. Yet, she also recognized the great need for therapists, Indigenous or otherwise, educated to provide service to the Indigenous population.

Fair enough. Though I do wonder what a graduate, fresh out of a training program, is really prepared to do. I feel that students, myself included, have relatively high expectations from our programs. To be fair, we are often sold that bill of goods by institutions hungry for our tuitions. We hope, or have the idea, that once we have completed the program, we are ready for the world. That is just not the case. Perhaps it can be compared to a medical degree. A doctor, having completed a medical degree, is somewhat ready for general practice, though even then they have much to learn. However, if they choose to specialize, years of additional schooling and training are necessary. I feel our program creates competent generalists, and that's all a program at this level should aim for. Yet, it was a lifetime of contact, learning, and experiences which molded these five into, dare I say, exceptional therapists of Indigenous clients, and I am not

surprised that Gwendolyn, who came into the program with her history and expertise, found it lacking when it came to preparing students to work with Indigenous clients.

Gwendolyn also pointed out that an Indigenous client may not want an Indigenous therapist due to concerns (and actual reported issues) with confidentiality as well as possible internalized racism. In these instances, working with a non-Indigenous therapist may be the best course of action. Not to mention, not all Indigenous clients closely identify with their Indigeneity, nor are the issues they are wanting to work on or difficulties they are facing necessarily involving their Indigeneity.

Judi, who has some Indigenous heritage but identifies more as Canadian, had this to say to the question: "Yeah, I actually really do believe so and I certainly have seen it from several people, but I think you've got way more work to do." Judi felt it was possible, she had seen it happen, but they have "way more work to do".

Liz is non-Indigenous, is of Danish and British descent, and yet was referred from my sampling. As mentioned earlier she was asked by a client in an Indigenous group if she was an "Indian" because she seemed like one. Though now retired, there is no doubt of the impact and help she has had in serving her Indigenous clients over the years. Ann Marie, who identifies as a "colonizer", has French-Canadian heritage. She was also referred through the sampling, therefore has a reputation for being effective with Indigenous clients and has many years of successful work with Indigenous peoples and in communities that they treat her like one of their own. The referrals, and their reputation for effectiveness, seemed less directly tied to their heritage so much as their reputations both in and out of the Indigenous community and the work they have done or continue to do. Though, because of the work they have done, they are sometimes seen or

mistaken as Indigenous. However, as Ann Marie explained, they understand the importance of a lived experience:

> Well, nobody… well, I shouldn't say that… I was asked for my treaty card when I was a kid because I'd get tanned up and the French-Canadian in me would get brown. But that's my lived experience, right, I didn't experience any of the racism or the oppression, or any of that. So, knowing culturally when to… well, knowing about the reserve system, knowing about the different losses, so all of that cultural awareness, and the impact on spiritually as well as just the violence that happened, the Indian agents and the impact of alcohol poisoning… So, the men in particular were dangerous and women would end up running into the bush and hiding. But having the skills to hide newborn children safely in the woods until dad sobered up… hearing those stories, that was pretty powerful. It was a bit of sociological reality and accepting it without being defensive. So, it was interesting, several times people would sort of forget I was white, because they would talk to me about their experience without holding back. And I always thought, okay, this is fine, whatever I did that they can speak about the impact of colonization in a meaningful way.

My participants who did not identify as Indigenous, three of the five, still had reputations as being highly effective with Indigenous clients, worked closely in the communities, and were sometimes mistaken as Indigenous due to their vast knowledge, their experiences, and their ways of being. And though they do not claim to be Indigenous, nor do they share the lived experience of their Indigenous clients, they are allies, and it shows just how much of the culture is part of who they are and their commitment to culture and people.

As Karlee talked about, she has a lot of non-Indigenous people who take IFOT training, and she refers Indigenous clients to a non-Indigenous ally who practices IFOT. She also

mentioned how many of her non-Indigenous students really connect to an Indigenous content. Karlee recognizes non-Indigenous therapists as helpful, refers to one regularly, and even teaches her approach to non-Indigenous students. However, she is teaching and knows that the therapist she is referring to uses IFOT, a culturally adapted therapy, reinforcing the idea that non-Indigenous therapists can be allies and be helpful if they are trained and practice appropriately.

As Blue and colleagues (2010) state, if there is an Indigenous therapist available it is probably the best option for an Indigenous client. This is a good general rule, but I would add that it depends on the client, their worldview, what they are looking for in terms of a therapist and the issues the client is seeking help for, and the level of cultural awareness and experience a non-Indigenous therapist possesses. The question then becomes, in the absence of an appropriate therapist, is an unqualified therapist better than none? To that question, I could only speculate. Such interactions could potentially be harmful to the client, harmful to the client's perception of psychology, and harmful to the client's perception of interactions with non-Indigenous Canadians and the systems of Canadian society, however justified it might be.

Whether Indigenous or not, one can work to become a better ally for Indigenous peoples. For Judi a respect of the history of Indigenous peoples is of utmost importance. Not just knowledge, but respect:

> Respect of the history. There's knowledge and awareness, but respect is far more important. Because a lot of people… they have to sit through things and they learn and they go, "Uh huh, uh huh, well that's not me, that's not when I lived here, that's ancient history, here's where we are now." Which is not reality.

Judi is referring to individuals who attend Indigenous awareness training who are dismissive of the multigenerational trauma or current issues which remain. The knowledge is gained, but there

is no respect for it. Judi also believes this knowledge and respect should extend further than just therapists:

> This is pretty non-psychology specific maybe, but I would say they really benefit themselves as Canadians if they do the University of Alberta's MOOC (Massive Open Online Courses), if they deep dive into Indigenous Awareness Canada, there's a history that they need to know. We do bio-psycho-social kind of work, if you don't understand genocide, multigenerational trauma, and what you're part of as a Canadian, I don't think you can work with Indigenous people well, even if you have the best intent in the world.

Judi believes that both the knowledge and the respect are needed when working with Indigenous peoples, and that possessing both makes one a better therapist and a better citizen.

I asked Judi about therapists who might have fears about working with Indigenous clients. For therapists who might be feeling a little fearful about working with Indigenous clients, Judi had this to say:

> If they're particularly fearful, that's great. And they should own that. If people come to therapy, we expect them to be extremely brave and they're likely very fearful, and they have some profound work to do. We're not some expert in some tower who has answers and can guide that. So, they should be extremely fearful. That keeps us on the edge and might keep us from perpetuating more systemic kinds of issues. We should be saying, "I don't think I know what I'm doing?" or "I'm in over my head." Those are fantastic things to think. If your intent is good and you're curious, that I think gives you an edge to be more open.

Here Judi validates one's fears, shows her compassion and understanding of her clients, and embodies the idea of the practitioner who is not overly confident and assured of their work and

has the humility to question themselves and what they are doing. This matches the research showing that psychologists who maintain some level of anxiety about their practice are more effective (Nissen-Lie et al., 2017; Okiishi et al., 2006). I would add there is a productive limit to the level of anxiety we want when working with clients, similar to the ideal levels of stress for productivity: enough to keep us on our toes, but not so much as to paralyze us or otherwise negatively affect our work.

Lastly, Judi wanted to emphasize that part of the fear of working with Indigenous clients may be assuaged by an education on low socioeconomic status and its effects:

> People who might be fearful about working with Indigenous clients should be extremely informed about low socioeconomic status. Because people will confuse "Indigenous" with "poverty", "addiction", etc. You better understand addiction well, better understand poverty very, very well, so you can pick apart what about, you're doing this work with a client, is about poverty, is about abuse, is about addiction, is about being Indigenous, so you don't tangle those things together, which is predominantly what society has done. They've said, "Oh, high rates of violence and addiction, dadadada? That's Indigenous." That's not Indigenous. That's a poverty marker. Go anywhere there's high levels of poverty, that's what you'll see, or oppression, that's what you'll see. And so, I really think beginning people need to really have a firm grasp on those various components—poverty, violence, addiction, abuse: that's probably the magic kettle.

The importance of being able to tease Indigeneity from the markers of low socioeconomic status is an essential component of working with Indigenous clients for Judi. Violence, addictions, and abuse are not aspects of Indigeneity, they are aspects of poverty. Understanding the differences and distinctions therein helps to separate the symptoms from the individual.

Being an ally and wanting to work with Indigenous peoples is great, however it is important to analyse the motivations behind wanting to do this work. Gwendolyn got right to the heart of the matter and wanted to know why this individual wanted to work with Indigenous clients:

> I would be very curious about why, what's calling them to that work, because it needs to be more than the privilege of being able to say that I work with Indigenous people, or needs to be more than saying, "I want to be on the approved First Nations list, [chuckles] so I can get paid." It's got to come from the heart, so there's got to be some soul-searching with that decision. I would turn it, that's the first thing, is I would turn it onto themselves, because if they can't answer that, or if they don't know that within themselves, that'll come out. Clients will feel that. They'll catch that. And so, they have to be really aware of what's calling them to that work, and it might be linked to some history or story of their own, and I'd want to know what that is. I'd love to hear that, because it's also not easy work. Yeah, there are challenges, there are frustrations… There is a lot that goes with working with Indigenous people in communities, and you kind of have to know what you're getting in for. You have to be ready, and really wanting to do this work. That's why knowing within themselves what's calling to them.

Gwendolyn gets at one of the issues with working with Indigenous clients, that of practitioners motivated by less than altruistic reasons. As part of the Non-insured Health Benefits provided to every registered Indigenous Canadian, mental health care can be covered. This means that if a psychologist gets on the "approved" list, they can bill the federal government for a portion of their hourly fee. Someone on the approved list can get fed steady referrals of Indigenous clients due to their location or availability, not giving a client much choice in the matter. This is

especially so for remote clients, who very much lack choice of provider. Thankfully, things are improving in this area. The requirements for approval, which were once quite lacking, now require at least a reference letter from other service providers and communities. Video conferencing software, put through its paces during the pandemic lockdowns, provides more options for clients in remote areas. Though, it must be acknowledged that technology, both in terms of access to equipment and high-speed internet connections, in remote areas is still limited.

Returning to Gwendolyn's point, the reasoning behind a therapist's desire to work with Indigenous clients is worth examining. If a therapist doesn't know, or has motivations other than genuine helping, a client will pick up on that. The lack of authenticity will come through, likely resulting in poor outcomes for the client. Having a "calling" to the work, a reason for wanting to work with Indigenous peoples will help bolster the therapist in what can be challenging work. Being informed about and ready for the challenges ahead, having a strong sense of what within them is calling them to the work sets up those wanting to work with Indigenous peoples on a good trajectory.

Gwendolyn also wanted to prepare therapists who are thinking of working with Indigenous peoples that they might experience racism as part of that work:

> They may come up against racism. That's the first thing, is especially like I said now, Indigenous people are more conscious and aware of what's happened, and how this has led to situations for them, in terms of mental health, physical health, all of that. And so, they might come up against the, "What do you know? How are you going to help me?" And so, that's why it becomes so important for therapists to really do that self-reflective work, and processing, and really have a good sense of who they are. Because if they're challenged by that, they can't crumble. It's hurtful to hear, and it's hard to hear, but part

> of this work of reconciliation is that people need to sit in that discomfort, and they need to be able to handle that, and be able to account for it. If they don't know how they're going to, if they're going to say, "Well, I am really sorry that happened to you. I know that's horrible, but I'm innocent. I wasn't part of that generation," or whatever, then that's not going to go very far. They have to really know themselves. That's true for Indigenous therapists, as well, and it's the whole process I had to go through, because same thing, I had to grapple with, am I Indigenous enough? This is me with a full First Nations mom, and my dad being Métis, so, I'm three-quarters, if we want to use the American blood quantum, I'm 75% Indigenous. [chuckles] But yet, I grappled with that, I grappled with what the heck does that mean, and do I even want to, especially with all the BS I needed to face as an Indigenous person. And so, yeah, it's a process that you have to really go through your own identity, and who you are, and be able to stand in those places that are uncomfortable.

Racism will undoubtedly be a topic of discussion that arises when working with Indigenous clients due to their experiences, but it will also be something those helping may be subjected to. Those who have experiences being hurt can internalize that lesson and learn how to hurt, even taking it out on their own. It can cause us to question our work, our identities, and ourselves.

Walk Between Worlds

"That's the coyote part of it, is 'I'll translate, for you, the system. I'll translate, for the system, what they need to hear.'" – Karlee Fellner

Indigenous peoples have had to navigate two worlds since colonization: that of the dominant culture and of their own Indigenous cultures. This is often fraught with difficulties as there is constant pressure from both sides, externally and internally. Often, being successful in

one comes at a cost to the other as spiritual, economic, and social influences battle for supremacy. Yet, these reputedly highly effective therapists of Indigenous clients seem to also effectively walk that razor's edge between Indigenous ways and Canadian mainstream society.

Perhaps some of the clearest evidence of these therapists' ability to walk between worlds is acceptance into both cultures. All have shown the ability to both thrive in the larger Canadian society, achieving graduate degrees, become registered as psychologists, running successful practices, teaching at universities, and holding positions with professional organizations while at the same time, maintaining careers, families, and relationships. By any standard of Canadian society, they are successful. However, in addition to all of this, they have also gained acceptance and are able to navigate the rules, protocols, and cultures of Indigenous communities in which they work or to which they belong. A product of who they are and the work they have done, this dissertation is filled with how they manage to work effectively with Indigenous peoples and their communities, forming strong, lifelong ties.

It is because of their ability to walk between worlds that these therapists are able to effectively advocate for and assist their clients. It can be a delicate dance working within systems while trying to meet the needs of Indigenous clients. Especially if, as my participants did, you see the system as inherently racist. Karlee talked about "coyoting psychology", a wonderful metaphor for using the characteristic of the "trickster" coyote from Indigenous folklore as a way to work within the system to advocate and provide the best possible support for clients. As she puts it:

> I promised I would say something about "Coyote Psychology", which is the name of our newsletter for the CPA Indigenous People's Section. It came from me sharing this when I was part of the Section still. But there is also this piece of being an Indigenous

> psychologist doing this work, it would also apply to allies doing this work, of coyoteing the system. It's embodying that trickster energy to help the people that we're working with to the fullest extent possible. Like I say, we have these systems with requirements, and they're hyper-colonial, like when I had to diagnose everyone I saw with a mental illness. And so, when I was placed in that position, I did a lot of diagnoses of PTSD, and of acute stress [chuckles] disorder, not otherwise specified, because we do what we need to do for the system to be satisfied, without working in a way that's harmful to the people that we're trying to help. Like I say, those diagnoses, they're like a naming ceremony, and they have a lot of power. And there are times that maybe it's helpful, or somebody wants that particular diagnosis. Although, even in that situation, I bring a critical lens to that, because often that's because people have been indoctrinated to believe that they need that label to be valid, or to be validated, or to feel like they're okay, because it helps explain something. And so, again, that comes from a colonized perspective, and a colonized system. And so, the coyote psychology piece is just about, how do we shapeshift, how do we embody that trickster transformer energy in these systems, so that we can give the system what they need, while serving the best interests of the people that we're working with, of the okehokewak.

"Shapeshift" is another great way to conceive of their ability to walk between worlds, shapeshift or codeswitch depending on the situation being faced. Karlee talks about working within a system that comes from a very "colonized perspective", requiring clients to have formal diagnosis, a label which Karlee is very reluctant to place on clients because of her strong belief that diagnosis is a naming ceremony of sorts and therefore has great power attached to it, something many of us who question medical model ways of practicing can understand. In these

situations, one might work with a client to assign a diagnosis which satisfied the system but was less stigmatizing and resulted in more help for the client, including important Indigenous cultural healing activities as part of the therapy. Karlee explains:

> And they also asked to sweat. A lot of the people I worked with had grown up disconnected, just like we did. They grew up in these urban environments, separated from their communities, often because of the Relocation Act down there [U.S.A.] in that context. A lot of them had never sweat before. Most of them had never. Lots of them hadn't even smudged. And so, these women started asking for a sweat, and my supervisor, I just adore her too. She is another … "master" Indigenous therapist. We coyoted the system. The person that was above her would not basically support a sweat formally through the [organization], because he was so worried about liability. I talk about this in my dissertation, because I'm like, what about the liability of not providing it? [chuckles] No one's talking about that … Yeah, we just set up a sweat outside of [the organization], with a community member, the way that I would for my own personal self and my family. We set up a sweat, we drove our clients there, and we coded that too. [chuckles] That's the coyote part of it, is "I'll translate, for you, the system. I'll translate, for the system, what they need to hear." But yeah, at the end of the day, what we do on the ground and in the therapy room is what actually benefits our people, which ultimately is the most ethical practice.

Karlee hits on a potential issue, that one might see these activities as unethical. Thankfully, neither ethics, nor the world, is that black and white. These individuals who are reputed to be highly effective in their work with Indigenous populations are getting results which others who follow the rules to the letter do not. Is it unethical to provide culturally appropriate, and therefore

likely more effective, therapy to a population if there are some risks or liabilities associated with it? Like any ethical dilemma, there is no clear answer. However, these therapists, embodying their coyote spirits, tend to take the path that is more beneficial for their clients over what is considered more "acceptable" or "safe" by our profession's ethical standards. They use their ability to walk between worlds to translate and navigate the "colonial" systems to best serve their Indigenous clients. And, if as Judi's mentor, a Cree Elder, said to her "all the healing is culture", then cultural activities are therapeutic interventions and should be treated as such by any mental health system which purports to serve Indigenous clients.

Another way in which these individuals walk between worlds is in advocating for their clients while not alienating themselves from the community due to politics. Even culture can be a double-edged sword, though it can provide community and meaning for an individual, it can also cause harm and create barriers. Advocates for cultural relativism argue that whatever a culture holds as right or wrong, good or bad, and truth or deceit, is determined by said culture and therefore should not be judged or criticized. This is true, to an extent, but is an oversimplification. Throughout our existence there have existed many cultures (not only ethnic ones) and all have committed numerous atrocities in the name of said culture. We are all human, after all, and all possess the ability for good or evil, relativistic or universal. Yet we also possess the ability to reason and debate the merits of the values and norms of a culture and if they suit us as individuals within said culture.

Indigenous communities, like any community, are subject to the same ills that have plagued humankind since our inception. The pursuit of power, prestige, and wealth, arguably exacerbated by, but not exclusively due to, colonial influences, can result in corruption, manipulation, and abuses of the worst kind, the potential for which resides in all of us. As such,

politics, in both Indigenous and Canadian systems, must be understood and played to avoid burning bridges. Judi discussed the idea of lateral violence, the idea that an abused person, or people, can propagate that abuse to their own:

> One might be naivety about lateral violence. And that's a naivety that can get you burned out, ran out of community, etc. So, how do you respectfully acknowledge and work with people who are inflicting tremendous harm in their own families and communities. And they usually have positions of power. They're running health, social services, education. And if you advocate and push against them or point out the harms they're doing, you're gone, you're gone. So fortunately, I only stepped on small landmines early on, and sometimes you don't realize the depth of lateral violence that's there until you've stepped on one of those landmines. But really that need… I mean there was some individuals that I would avoid at all costs and try to not even work around them and try not to acknowledge their role because when I'd done a bit of that it had blown up. And then I thought, I probably need to work closer with them. I may never influence them significantly and I need to not absorb their toxicity but they have positions of power and influence and so I need to have some healthy alignment in that regard. That's an exhausting thing to do.

This exhausting work, and the extremely difficult position which was a part of it, is just one example of the razor's edge sometimes walked by those working closely with communities who have suffered tremendous abuse and poverty. In order to help individuals in a community, one has to be allowed into the community and stepping on the wrong toes is a sure way to lose access to those you are trying to help.

An unfortunate potential side effect of walking between worlds is not feeling like you fully belong in either. With one foot in either culture, one can feel split or not fully whole. I can identify with this somewhat, but I feel Gwendolyn is a much better example, as she and her family had a history of walking between worlds. Her father being a second-generation special constable shows a family history of a foot in both the Indigenous and the dominant culture, and being raised off reserve but closely connected with Indigenous community, only intensified this duality. Gwendolyn even struggled with concerns that she was not Indigenous enough at times. Gwendolyn spoke about her experience growing up:

> Yeah, so, I was most close with my mom's family. My dad is a former student of the residential schools, and so, there was a lot of division with my father's family, unfortunately, so I didn't really get to know my aunties as well as I wish I could have on my father's side… I guess my close-knit family was my mom's family. And so, my grandmother's home, my mom's mom's home, became the central gathering place. Even though we moved everywhere, we would always go to Grandma's home, and my auntie's home. In the two-bedroom home, by the way, lived my grandmother, my two aunties, and an uncle. That was in Hay River. We would go there for Christmas, and we would go there for summer holidays. And so, I had a lot of exposure to them, and they talked… they didn't have education … And then, because my mother's first language was Dene Yetié … I never was taught that language. But whenever I was in the home, that's all they talked, and that was their first language. So, whenever I needed to communicate something to my family, I needed to watch my words. I needed to be really mindful of not talking in a way that was disrespectful. Using words that they wouldn't understand, for instance, and that was for my parents too, because my dad, the highest education he

had was Grade Nine, and my mom, the highest was elementary. So, both my parents weren't hugely educated. In that way, I always felt like there was that "outside me", and then, "inside me" who in some ways was kind of translating a little bit. Yeah, and I'm sure other cultures have talked about this, not just Indigenous people, but first-generation Canadians I'm sure talk about that, where they translate for their parents, or grandparents. Even though I was translating English to English, [chuckles] but I still felt like I was. There is an outside me, and exposure to the world and way of being, and then there was what I learned at Grandma's house, and with my aunties and uncles, that was radically different.

There are so many ways this passage highlights the different worlds Gwendolyn had to learn to navigate and the struggles therein. Family division, constant moving, differences in education, in language, being aware of and wary of being disrespectful, in interpreting meaning and translating it to others, even if it was all in English: all of these contributed to Gwendolyn feeling of being split or torn or pulled between these two cultures. As she said, there was an "outside" her which was reflective of the dominant culture, and there was what she learned at her grandma's house, her Indigeneity, and she had to learn to navigate each when it was appropriate.

Of course, it wasn't all bad:

Yeah, in retrospect, looking back now, it's like okay, I can see that and appreciate it. But as a young person, and especially as a teenager, it was frustrating, a lot of challenges in terms of, I couldn't just turn to my parents for certain things, and I couldn't rely on my family, like some people are able to do so easily. And so, it came with its challenges, but the benefits of course is that, like you're saying, the cross-cultural skills, and that ability to be in different worlds.

As with most things, there are costs and benefits. Gwendolyn recognizes as a benefit of her experiences the ability to walk between these worlds, to understand and translate the meanings between them, for herself and others. But there was a cost: a feeling of disconnection. Partially due to my own experiences, but also due to what was coming up for me as she was talking, I asked her if she ever felt disconnected from her community:

> Goodness, yes, hugely, for multiple layers of reasons. Yeah, I couldn't even go through all the ways of disconnection. But yeah, I never… it's almost like at my grandma's home, because even that is a big story, but it's an example of that disconnect, because my mom was on the reserve but lost her status due to marrying my Métis dad, but they still continued to live on the reserve. They were still able to live on the reserve, but I don't think she was considered a voting member, and things like that. My mom eventually regained her status with Bill C-31. So, my two older sisters got that experience of actually living there and being in the community… the community members kind of knew them, but I did not get that same experience. By the time I was born, my mom's family were living within Hay River. When given the choice of a home in Hay River, an effort by the town to be more inclusive, my mom's family accepted this offer because they felt they would have a better life with more access to resources. So, I would see community members when I would go to the store with my auntie, she would say hi to people, she would be talking Dene Yetié to people, they'd be coming, shaking her hand, all of that, and then they knew me, but they knew me as the youngest daughter, and the connection wasn't as strong, because they would see me only at Christmas and summertime. It was like my grandma's home in some way was a bit like an island, so I had this culturally rich experience, but it was all in the home. Oftentimes, community

members would come and visit them, and bring them food, things like that. So, I would be exposed to them at those times, but still, just not as much as I would have liked.

Gwendolyn's childhood was filled with experiences from both worlds, having connection to her Indigenous community but living off reserve. She felt a lot of disconnection, but also a wealth of cultural experiences as well. Though she struggled with connection and her sense of identity at times, she was able to find a balance in both worlds. This was not always the case, though, and her struggles culminated during her teenage years:

> It wasn't until in my teenage years, probably during the Oka Crisis (1990), I think I had to really sit with who I am, because it became very clear at that time that Indigenous people were not thought of well in this country, and maybe before that, I could have denied that, or been in denial about it, and my parents never talked about those kind of things. But with the Oka Crisis, it was right on the news that they were throwing rocks at vehicles with Mohawk women and children in it … I was 16 during that time, and it dawned on me, wow, I'm an enemy. I'm an enemy in this country, and if Canada ever decides to turn on us, I'll be included in that. That was a huge wake-up call for a young woman to have to grapple with. And so, it was at that point I was just really rethinking my identity. In my early 20s, I was here in Alberta by then, and I was welcomed and invited by the Cree people here, to learn from them, and always just felt like part of the community, even though I most identify with Dene. I am Cree as well, but my heart is with my mom's family. I most identify with Dene, but that never stopped any of the people that I've worked with. They just see it as, I'm Indian from up north. That's all it means. It's not seen as bad, in my experience with the Cree people, anyway. I've felt very welcomed.

Given the feelings of disconnect Gwendolyn has faced as a result of walking between worlds, it is nice that she has arrived at a spot of balance and comfort. Her identity feels strong, she is accepted by Indigenous communities, and her peers recognize her as an effective therapist of Indigenous clients. Her identity is strongest with her Dene ancestry, yet she has acceptance with the Cree and is successful in Canadian society.

Walking between worlds can be a tricky and uncomfortable place to be. It can affect one's identity and sense of belonging and is a difficult and challenging balancing act. At the same time, it allows these individuals to navigate both worlds and do so successfully to their benefit and to the benefit of their clients, potentially even helping them to better understand what their clients are experiencing.

Build Trust

"People should never fully be open to working with a psychologist. They should always be a little bit fearful." – Judi Malone

To me, the essence of the therapeutic relationship is one of trust. As is often stated, we ask a lot of our clients, asking them to place their trust in us and the process, which is no easy task. Even we, as therapists, can struggle with trusting ourselves, our clients, and the process of therapy. As a profession we have had (and will continue to have) missteps which have also eroded the public's trust. Now, introduce a client from a historically abused and marginalized population who are taught and have learned not to trust, an adaptive strategy and potentially for the best despite it not being the best strategy in all situations. There is a distrust of society, our systems, of "white" people, of therapy, all earned yet all potential barriers to forming a strong therapeutic relationship. Altogether, the amount of distrust an Indigenous client enters into therapy with is likely quite large, potentially more so than other demographics.

Perhaps because of all of the stereotypes and racism Indigenous peoples have been subjected to, there is a secrecy and silencing which can occur, a reluctance to acknowledge the evils that exist in all groups. Not surprising as it is often thrown back in their faces as a failure to self-govern or the racist idea that it is something unique to Indigenous peoples. So, understandably, there is a lack of trust when it comes to involving outsiders in the issues of the communities, leading to secrecy and silencing. Liz explained her experiences around these issues:

> Because the issues around secrecy, the issues around who is doing what to who, not wanting to talk about it. [chuckles] One of the first groups we ran up north, we started to look at running women's groups on reserve, and one of the first weekends that we offered, the first night, only three people showed up, or four. [chuckles] For the next two days, I was like, we are just talking our butts off, because we weren't getting anything back. And then, the third day, [chuckles] it was funny, even negotiating this, they said, yeah, we could do women's groups, but we had to do anger management groups, was kind of dictated what they were willing to have us do. They didn't want just any kind of general group going on. It had to be anger management [chuckles] for women. Exactly. You get what that means. [chuckles] The abuse and injustices… the third day, it was a three-day workshop, one woman was missing, but there were 10 others that came. She had actually literally been sent to spy, and to make sure that… They handled it very nicely by just not picking her up that day. [chuckles] She didn't have a ride. Big learning out of that, in terms of working in communities that are small, and tight, and controlled in the way that First Nations communities are. The politics of service delivery really was a big lesson in that one. And similar in the communities where issues of war rape were

> coming out as well. It's an issue, at that time, I absolutely think it was an issue of silencing. And it was really as I was leaving work on reserves, was the first that we started to really start to hear about residential schools. It would come up in conversation. All of a sudden they would say, "I'm thinking of being part of this action." There was two. There was an original suit that was put together, and that was at the end of the '80s. And so, people were really just beginning to identify that their residential school experience had been what it was. It certainly wasn't being acknowledged in communities. Yeah, absolute silencing. If I knew then what I know now, [chuckles] it would have been a different learning curve, for sure. But I obviously can't find out any quicker than anybody else can.

Not only does one have to be aware of a lack of trust, but also of the silencing which can occur as a result. The reluctance to let outsiders know of the internal issues in the communities is understandable given the past and the risks involved. The lack of trust is protective, but at the same time creates another barrier to providing services to those in need.

As I learned throughout my academic career, this distrust extends to a protectiveness of Indigenous people. I had initially wanted to do my honours thesis involving Indigenous peoples but was met with resistance and pushback due to "ethical complications" involved with research with Indigenous peoples, ultimately leading to me choosing another thesis subject. I assume my participants, as well, came into the research with a certain level of caution and protectiveness. Once again, this would come from an understandable place due to historical and present context. Being a rather small and tightknit community of psychologists who work with Indigenous peoples, it was no secret that throughout the process of my research my "credentials" were checked. Yet this is often how we, as people, work: through word of mouth and referrals based

on reputation. How else are we to gain information on someone we have had no opportunity to personally assess?

There is an unfortunate history of individuals claiming membership to an ethnic or cultural group when they should not. Sometimes it may be well-meaning, a genuine desire to "self-identify" as part of a loved group, other times it can be for social credit or financial reasons, "grifting" on said identity. In today's climate it can be profitable to claim Indigenous heritage. Due to this it is not uncommon to have one's heritage questioned, in itself an arguably racist or macro-aggressive act, it is also understandable and potentially necessary given the bad actors who have set a negative precedent.

I can say that I have always been upfront about my lack of cultural upbringing, beliefs, and exposure: I never pretended to be something I am not. Yet, I have benefited from my Indigenous membership. I believe there is room for conversations about what identity or cultural membership is, but I don't pretend to know the answer. Is it a percentage of blood, a following of beliefs, acceptance into the community, an officially issued card? I cannot say, though I know there are strong arguments for each of these. By way of example, Karlee has experienced challenges to her Indigeneity, having rumours spread about her being a "pretendian" (pretend Indian) during her academic career. It was only having her government issued documentation which "saved" her, regardless of her heritage or her personal experience.

Ultimately, I understand that these arguments, and most other gatekeeping which occurs, are for the protection of Indigenous peoples due to what has occurred at the hands of those with malicious intent or even those whose intentions are good but who are uninformed. This protection can, unfortunately, come across as patronizing and can be aggressive at times. During my sampling, a few individuals questioned my research, my motivations for it, and demanded

my credentials, my supervisors, and proof of ethics approval. Others asked not to be contacted further. I respected all such requests and provided all the information requested. In the end, what misunderstandings could be smoothed out were, but it was surprising to encounter this level of gatekeeping, especially when one is attempting to help. As the saying goes, though, the road to hell is paved with good intentions, something I see daily reminders of even in our field.

With the high levels of understandable distrust that exist amongst Indigenous peoples, building trust may be a priority when working with an Indigenous client. Often trust is built as a result of the work that has been done, showing knowledge about the culture or what the clients might be experiencing. Ann Marie related:

> And I'll often raise issues, like for example, when I was talking to the women who were going for the—or I shouldn't say just women, some of the men too—but when I was talking about going to the hearings, I would ask them questions. I would say things like, "So, tell me about the impact of the Indian agent, what was that person like on your reserve". So, just knowing that I knew about the Indian agent, and they didn't have to tell me, built trust. Being able to say, "Okay, so when you're…", because a lot of people would go to the lodges but wouldn't be able to go in, and being able to say, you know, the teachings I got from Vicki say that it hasn't always been a safe place. So, sometimes, you know, people got sexually abused in lodges, so you get all the blessings if you sit outside as when you're inside. And just knowing that traditionally, women didn't need to go into lodges, that the women would traditionally sit outside and pray with people. But men need cleaning out more than women, we do that naturally, right? So, just being able to say those teachings allowed I think my clients to know that I had a bit more knowledge than average.

Through the knowledge Ann Marie gained from her Indigenous mentor Vicki, she was able to show her clients that she understood their experiences and possessed enough knowledge about their traditions to be helpful. Doing the work and having a good mentor resulted in increased trust from her clients.

Liz believes it is her therapeutic presence, if I may call it that, that helps build trust in her Indigenous clients:

> I think in some ways, just learning to sit with things, and not have to make them better, and doing your very best not to make them worse, was what really made me trustworthy in some ways. But I wasn't trying to fix anybody, or I wasn't trying to make them feel any better. Because I think in Indigenous communities, they really feel like everybody is trying to fix them.

By not trying to fix, Liz demonstrated unconditional positive regard for the individual. She showed strength, being able to sit with things, and was non-judgmental. In this way she provided a different experience than her Indigenous clients were used to, which was effective. Liz told me about one client whose trust she had earned:

> She was so funny. [chuckles] The first big meeting I went to with her, she's like, "Too many dumb white people." [chuckles] "In our healing centre." I'm like, "Yeah." It was that building of the relationship. Years later, it was a long time later … I got a call from a psychiatrist friend of mine, and he said, "Do you know… Would you be willing to take her back as a client?" I was like, "Yeah. How did she find me?" He said he got a call from a psychiatrist in Toronto … they were going to release her from hospital in Toronto, and said, "Who do you have in Edmonton that you can connect with?" Those bonds last forever, and you have to be aware of that when you're working in Indigenous

> communities, that you're working with people, and if they… I don't know if it's an issue of trust, but if they… I think it is trust in some ways.

Perhaps for people who have suffered and survived so much, trust can be hard to come by. Perhaps more so than with non-Indigenous clients, more so than with typical clients, when trust is earned with an Indigenous client, it can be a strong, reciprocal, and lifelong connection. This may be considered at odds with our profession's ethical standards which emphasizes professional boundaries. Yet again I can't help but to wonder if this may be more typical of a highly effective therapist in general, who works with a client to overcome a strong issue of trust due to a history of abuse and that this type of presentation may just be more prevalent in an Indigenous sample.

Judi talked about how, for her, building trust with Indigenous people and communities can come from both earned and not necessarily earned places. When I inquired as to how she was able to gain the trust in the communities she replied:

> Yeah, so two things, one of which I could take more credit for, and one of which I can't. I tend to be brutally authentic and transparent. That doesn't work for all people, but in some communities and settings, that works really well … But to be completely honest, it's my last name in a small community. I mean it's nothing because people would come in and they would say, "Malone… with the [family name]? Mooshum [grandfather] [family name]… Who's that to you?" That's very important to people. And there would be this… level of trust that wasn't earned. (chuckles) Just from this presumption that okay, you're going to have shared experience with this, it's okay. One thing, in our region, it's very common throughout my family to, is that a cousin is a cousin, but sometimes cousins are second cousins once removed. You don't care, you just call them "cousin", right? As so, for some people, particularly with trauma history, they would

> keep talking about different relatives and if they could find someone that connected somewhere, they would say "Oh, we're cousins. I can come and see you." That does not fly in mainstream psychology. But the reality is A) we're not actually related and it's tremendously distant. And B) in the region specific that I'm from... this is not the same in northwestern Alberta Cree or in Blood and Blackfoot necessarily, but if people see you as a psychologist and share deeply personal stuff, they'll call you friend, and you can call them friend back. And they one hundred percent know that you're not their friend, and it's okay. It's symbolic of something else. Even though our code of ethics might say, you know you're not friends with, and you don't hang out with... No, nobody expected that they would just show up at my house and we're having morning coffee on a Saturday, but there was that level of trust. So that relates to those family connections and that safety building I think for some people, and that's certainly what I presumed it was, was a safety building through connected or shared experience.

So, one aspect was her personality, her authenticity and humour, I would say potential aspects of her being raised rural, and the other was recognition of that fact through a familiar family name. Judi sees this as building safety through perceived connection or shared experience, and I would have to agree. This recognition of a familiar or similar background and sensibilities helps create what Judi would call unearned trust. As we know, this initial "unearned trust" is quickly replaced with an earned one, given the work Judi has done. Worthy of note, this unearned trust through familiar referral, sometimes distant, sometimes closer, is an ethical concern due to the potential for the slipping of confidential information from another client. Yet, how many private practitioners take referrals from relatives or close friends of current or former clients, to the

benefit of the referral due to increased trust? It does make one wonder about how prescriptive our ethics and standards seem as opposed to reasonable guidelines to consider.

These are only a few of the ways Judi and the others have earned trust with their clients and communities. Part of it is recognizing opportunities presented and taking advantage of them. Judi adds:

> I think I had the privilege of more doors opened easier and trust built sooner. I still had to earn that. Because people open doors, and if you haven't done what you need to do, they'll slam them in your face, super quick, because then it's like you take advantage of them because they presume that you'll have more of a relationship connection.

When opportunities are provided to gain trust, and those opportunities are squandered, the results are damaging. Like in any relationship, it is a vulnerable position to open oneself up to trusting another, and if they reject or neglect that offer, the relationship can be marred. This can be especially so for people, or peoples, who have had a history of being abused. In order to gain trust with Indigenous communities and clients, one must be aware of—and take advantage of—opportunities offered to make connections and to learn.

Judi is also of the opinion that we don't need the trust of our clients to be helpful to them. When I asked if she thought there was something adaptable to distrust, she responded:

> Yeah, I would say so. And people should never fully be open to working with a psychologist. They should always be a little bit fearful. And if they are, as psychologist, we should see that as fine, great, wonderful, and probably a sign that I need to learn and do more. Not as "I need to help these individuals to trust me more." Let them not trust me. "How can I be of service to you?" not "We need to have this great bond before we can do great work." It's not our process. We're just a helper in their process.

Ultimately, most of our clients come to see us with various levels of distrust, and that is likely a positive and adaptive way to approach the situation. We, as therapists, figure out how to be of service to our clients regardless. Sometimes we earn their trust, and perhaps these are times when therapy can potentially go a little deeper, but initial distrust may be a healthy sign, and if it persists then the therapist may benefit from some self-reflection on what their part is and what they may be able to do to earn that trust.

Conclusions

The research questions I hoped to answer with this work were what is it about these therapists that makes them so reputedly effective with Indigenous clients, what do they do in their work with Indigenous clients which may lead to them being more effective, and what can we learn from them and incorporate into our training and our work. Each of these questions ended up corresponding to an overarching theme with each theme within them providing a piece of the puzzle.

So, what picture do these pieces create? These are likely highly effective psychologists, highly reputable at least, who have specialized knowledge of Indigenous culture and the issues Indigenous peoples face, have put forth time and effort in building Indigenous connections and good will in the communities, who regularly participate in the culture and defer and refer to Indigenous Elders and healers. These therapists have traits and skills by which they excel at their work with Indigenous people. Yet, one might argue that their traits and skills would make them effective with any client, Indigenous or not, who crossed their path. Their ability to form a strong relationship, their openness, their down to earth, charismatic, easy to laugh way of being, their client-centred and strength-based orientations, their willingness to see where hard and fast ethical rules or standards of practice interfere with forming close relationships with clients in need of them, their ability to break down walls of distrust with authentic and genuine love and understanding for clients; these are all aspects of a good therapist and would likely result in good outcomes for most clients.

However, they also possess a wealth of knowledge about Indigenous peoples and years of experience, from a young age, and many positive interactions with Indigenous people. Knowledge can be learned, experiences can be sought, but we are talking about literal lifetimes

of knowledge and experiences in some cases, which would be extremely difficult, perhaps impossible, for the average therapist to attain, as they work, train, raise families, live their lives, and follow their own interests.

Linking back, we see that these reputable therapists, in many ways, are what we might expect from the research. When it comes to multicultural counselling, we see that our therapists tend to utilize culturally adapted therapies (Cheatham et al., 2002; Hwang, 2006), either explicitly in the case of Karlee with Indigenous Focusing-Oriented Therapy (Turcotte & Schiffer, 2014), or implicitly in the way they bring Indigenous culture into their work with their clients. This Indigenizing of their therapy likely helps to curb any Eurocentrism which may be present and increases their ability to collaborate more effectively on what the client's issue is and how to resolve it. By incorporating Indigenous culture and beliefs into their work with Indigenous clients, these therapists likely tap into the adoption myth benefits seen by Benish and colleagues (2015). The cultural competence explanation for why some therapists are more effective than others (Imel et al., 2011) certainly fits for these therapists, with their vast amounts of knowledge about Indigenous culture.

When we look at the therapy effectiveness research, we can see that these therapists work on matching their client's worldview and focus on factors related to therapy effectiveness. Though all bona fide psychotherapies are equally effective (Wampold & Imel, 2015) we might want to add that not all bona fide psychotherapies are equally effective with everyone. A large issue with psychotherapy research and its effort to find the "best" therapy is that it tends to just create "new" therapies (which are typically repackaged variations on existing therapies with a new rationale to match its creator's worldview) which are inevitably equally effective. Yet what is missed in this equation is the individual, the client. Just because all psychotherapies are

equally effective does not mean that our client is going to buy into or believe the rationale behind a particular orientation. We may decide to convince our clients that this orientation is the way to go, but at the risk of alienating them or reducing their autonomy. Instead, our reputable therapists tend to match their clients' worldview, use more experiential therapy, and tend to avoid cognitive approaches with Indigenous clients. They tend to focus on the relationship, utilize a great deal of empathy, hold a positive regard towards their clients, show a lot of congruence and genuineness, and use an Indigenous world view which likely improves collaboration and helps to engage client expectations of improvement, all of which are linked to effective psychotherapy (Norcross, 2011; Wampold & Imel, 2015).

Directly comparing my results to the findings of Jennings and colleagues' (2016) qualitative meta-analysis of the 72 peer-nominated master therapists across seven countries, and the eight meta-categories they came up with, we see many similarities, especially surprising given that I intentionally remained blind to these results until I had completed my own analysis. Starting with the distinct clinical abilities meta-category, we see that my reputable therapists are also adept at using their therapeutic skills while attending to the therapeutic relationship and change process. This is most evident in the stories they shared about their client work, their challenges and how they worked to strengthen their emotional bond with their clients. Next is professional development, in which we see these therapists' deep commitment to learning and growth, applying this to their practice. As we saw, these therapists are constantly growing and learning about Indigenous culture, in a very specialized way, but their pasts and current paths are also filled with both personal and professional growth and learning, with no signs of stopping. The category of cognitive complexity and intricate conceptualization is seen in these therapists in the way they walk between worlds, able to both hold onto themselves and their beliefs while also

joining in with their clients and Indigenous ways of knowing and being. Not always at odds with one another, and often adopted, there is still a cognitive load involved in world-walking. And they seem to understand the differences, and complexities, of human existence. The relational orientation meta-category (warmth, compassion, and a focus on relational qualities), seems evident from my interactions with the therapists. Explicitly, their humble, humorous, strong, open, and down-to-earth natures make them easy to talk to and easier to like. The fifth meta-category, therapeutic alliance, shows in their efforts to learn their client's culture, their client-centred way of practice, their emphasis on non-judgmentalness and shame reduction, and the love that they bring into their work, all of which show a focus on the therapeutic alliance. A deep self-knowledge and growth, the next meta-category, comes across in their humility, strength, and openness. These therapists show a humility in what they do not know, being open to learning it, and a determination to do so. The meta-category of humility matched well with the theme of humble, but also the down-to-earth aspects from the theme rural, their strength-based outlooks which show their admiration for their clients, and their Indigenous approaches show their cultural humility. The experiences these therapists have shown and discuss match the experience meta-category. These therapists have years of experiences with Indigenous culture and Indigenous clients. That they learn from their mistakes, grow their knowledge and abilities, and consult with Indigenous knowledge keepers and Elders can be understood as a form of deliberate practice. The culturally distinct findings are an obvious match for these therapists, as their Indigenous knowledge undoubtedly assists in their therapy with Indigenous clients.

The similarities between the master therapist research and mine are numerous and match surprisingly well. Surprising not because we would expect to see other qualities in a master therapist, or because my reputable therapists had these qualities, but because the qualities I

arrived upon, nearly independent of the existing research, was so similar. I feel this gives credibility to both findings as well as to the expertise that these reputable therapists likely possess.

And, of course, we see that non-Indigenous therapists can be, and are, effective at working with Indigenous clients, despite recommendations to the contrary (Blue et al. 2010). However, this is with the strong caveat that these are not your typical non-Indigenous therapists and that without proper experiences and work done to learn and be a part of the culture, an Indigenous therapist, if available, is likely the best course of action.

In an ideal world, we might want these highly effective therapists to handle all of Indigenous peoples' mental health needs. However, we don't live in an ideal world, and we never will, so we need to be pragmatic at times. There is a large discrepancy between the number of Indigenous people requesting mental health aid and highly effective therapists of Indigenous clients to work with them. So, what can we take from these individuals to make or train better therapists of Indigenous clients?

Another question which may arise is if these therapists are more effective than other therapists, both with Indigenous clients and in general. If we just assume the result might be similar to the research on culturally adapted therapies and/or the impact of cultural knowledge on outcomes, we might assume a small, yet significant, difference on client outcomes. However, I wonder if what we may have is a sample of highly effective therapists, in general. Considering how the highly effective therapist literature shows that some therapists are just more effective than others, on average, these therapists may be highly effective with most clients. That these therapists include cultural adaptation and knowledge of their client's culture may add to their effectiveness or, it is already a part of what made them more effective.

When we, as therapists, are able to establish a strong therapeutic relationship with a client, our potential for effectiveness increases. This can be accomplished in a variety of ways, and will differ from client to client, but it can basically break down to being a charismatic therapist who can match a client's worldview. When we are able to match our client's worldview, providing a rationale or explanation for what we are doing in a way that is congruent to how the client sees the world, our potential for collaboration increases. This is a simpler task when it is a worldview that we hold, but also possible if we are familiar with it. This is why it is generally recommended that therapists be familiar with a few therapeutic orientations to increase the likelihood of a match. Culture can be a large part of one's worldview, and if that is the case, a therapist can potentially enhance the outcomes for their client if they are familiar with the culture and can incorporate it into the work with the client.

Yet, "culture" can mean many things. Culture can define any number of groups of which one is a member of, be it ethnic, religious, sex, gender, or even social. Which culture an individual identifies with the most will vary, and for the individual it is likely a combination of all of their group memberships to various degrees. It is not feasible to expect therapists to be familiar with all cultures that a client may identify with, especially to a degree that it would likely make a difference in the outcomes for that client. However, if a therapist is interested in working with a specific population, group, or culture, or notices an increase in that population in their caseloads, it makes sense to learn as much about that culture as feasible. Doing so is likely to improve our outcomes with a cultural group though strengthening the therapeutic relationship and matching worldviews.

I do not believe the answer is that only therapists who match their client's cultural membership should work with that client: Indigenous with Indigenous, queer with queer, men

with men, women with women. Instead, I believe the best solution is to treat every client as an individual. Surprisingly, an idea that does not seem popular and may even be considered problematic due to marginalized groups experiencing disproportionate amounts of discrimination. Yet, I can only wonder, how else besides mutual respect and understanding can we ever hope to truly accept, and work with, one another?

"Could I be effective with Indigenous clients?" The question remains unanswered in my mind. Do I have what it takes to be a reputable or a highly effective therapist of Indigenous clients, given all I have learned from my participants and their experiences and after having completed this research and dissertation? I can honestly say… I really don't know.

While I am proud to say I saw some similarities between my participants and myself, there is a gap in worldview and experiences, which seems too vast to bridge. Things which cannot be taught, perhaps critical periods missed in development, aspects of personality, beliefs, or worldview which would be difficult to address, or are not desired to change.

However, if I ask myself, "Could I be a good therapist of Indigenous clients?" or even, "Am I now a better therapist of Indigenous clients?" I think I can confidently say… maybe? There are qualities that my participants possess that I share, things I could change now in my work with Indigenous clients, and areas that I could dedicate myself to improving. And though it is beyond the scope of this research, these findings could perhaps point us towards areas we could focus on in training and qualities we could look for in therapists which would potentially increase their effectiveness with Indigenous clients.

As my participants have stated, working with Indigenous peoples is both an honour and rewarding. Helping Indigenous clients find clinicians who share their worldview and culture and work in a way which matches their way of being, creating trust and strengthening the therapeutic

relationship, will likely result in good outcomes for said client. There was a constant theme that ran throughout these interviews, a "mega-theme" if you will, through which all other themes are encompassed, a theme that had the most coded units, and that theme was a deep love and respect for Indigenous culture and its people. This love and respect are evident in who they are and what they do. It guides them in their work and even in their consideration of participating in this research. I would also like to stress how much I have learned from each of these participants. They have become role models or even parasocial mentors, of a sort, for me. They have supported me in this research, have given of their time and knowledge, and have even given me opportunities that I don't always feel were earned, but I accept graciously whenever I am able to. I will always be appreciative of their contributions.

Limitations

To quote Gwendoyln when we talked about mistakes she has learned from: "So many!" Yet such is the nature of research and, armed with hindsight and a critical eye such as mine, attuned to pointing out the negative. However, I will focus on the more pertinent limitations.

Starting from the beginning of the research, there are a few issues with the sampling. The first of which is the lack of Elder inclusion and participation in the sampling. This was discussed in my data collection section, but had I been more situated in the communities; learned, understood, and followed proper protocol; and utilized other methods for contacting participants, I may had been able to include more Elders. Though, we also do not know if Elders are often the first resource Indigenous clients turn to or if Elders tend to work in partnership with reputed therapists.

Somewhat related, due to the nature of the sampling, asking participants to refer others that they know, almost all of my sample, and all of my participants, were from the central

Alberta region. This calls into question the applicability of these findings to other regions as Indigenous peoples and their culture and beliefs can vary between regions. However, I would add that while the specifics of the culture and community would vary, the similarities seen in the master therapist research and this research suggests that these more general traits of reputable therapists would be consistent between regions.

The last limitation which I will mention here (which is discussed in detail earlier in this document) is the question of whether I have located "expert" or "master" therapists of Indigenous clients. As the ethics board required me to set a cut off of referrals, instead of reaching saturation, it might bring into question the expertise of these therapists. However, as the sampling procedure ran down, it seemed saturation was reached as no more referrals were coming in. The cut-off limit of five referrals was also relatively high given the relatively few therapists who specialize in working with Indigenous peoples. Lastly, there are questions in the field of whether reputation is a marker of expertise. While this debate is fleshed out in detail in this dissertation, having located the individuals that I have, and having an opportunity to talk to them about themselves and their practice, there is little doubt in my mind that reputation is highly correlated with expertise.

Future Research

The obvious next step would be to test if these findings are teachable. An Indigenized training program could be developed that emphasized the qualities that these therapists possessed and how they practiced, as well as a strong focus on what can be done, and the work and time needed to really learn and participate in the culture and communities. A group of students could go through said training and we could see, both qualitatively and quantitatively, if there is a

change in behaviours of therapists and a change in attendance and outcomes for Indigenous clients.

If this was successful, we could potentially get more nuanced and look at which factors contribute most. We could look at time spent in communities, the quality of said time, experiences with Indigenous clients, time spent learning from Elders or in ceremony; and I say this acknowledging that such research feels paradoxical to Indigenous ways yet being pragmatic and acknowledging the realities of our society and profession.

If not successful, I see great merit in examining why it might not have been. This might inform us of necessary individual qualities that cannot be learned, critical development and experiences which cannot be taught, or a flaw in the training program. Interestingly, perhaps a flaw in how we are looking at and approaching the training of counselling, or counselling itself, with Indigenous or non-Indigenous clients.

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Appendix A

REB Notification of Approval

Notification of Approval

Date:	May 21, 2020
Study ID:	Pro00093727
Principal Investigator:	Nathan Beaucage
Study Supervisor:	Derek Truscott
Study Title:	Determining the Qualities of Expert Therapists of First Nations Clients
Approval Expiry Date:	May 20, 2021
Approved Consent Form:	**Approval Date** 2020-05-21 **Approved Document** Information and Consent Form
Sponsor/Funding Agency:	SSHRC - Social Sciences and Humanities Research Council SSHRC

RSO-Managed Funding:

Project ID	Project Title	Speed Code	Other Information
767-2019-2538	Qualities of expert therapists of First Nations clients		

Thank you for submitting the above study to the Research Ethics Board 1. Your application, including the following, has been reviewed and approved on behalf of the committee:

- Email Outline or Phone Script, Version 5, May 20, 2020;
- Interview Outline and Questions, Version 3, May 20, 2020.

Any proposed changes to the study must be submitted to the REB for approval prior to implementation. A renewal report must be submitted next year prior to the expiry of this approval if your study still requires ethics approval. If you do not renew on or before the renewal expiry date, you will have to re-submit an ethics application.

Approval by the Research Ethics Board does not encompass authorization to access the staff, students, facilities or resources of local institutions for the purposes of the research.

Approval by the Research Ethics Board does not encompass authorization to recruit and/or interact with human participants at this time. Researchers still require operational approval (e.g., Alberta Health Services) and must meet the requirements imposed by the public health emergency (link to Alberta COVID page).

Sincerely,

Anne Malena, PhD
Chair, Research Ethics Board 1

Note: This correspondence includes an electronic signature (validation and approval via an online system).

Appendix B

Initial Contact Email

UNIVERSITY OF ALBERTA

Nathan Beaucage <beaucage@ualberta.ca>

Expert Therapists of First Nations Clients Research

Nathan Beaucage <beaucage@ualberta.ca> Sun, Oct 15, 2023 at 7:36 PM
Draft

Hello [insert name],

My name is Nathan Beaucage and I am a First Nations doctoral student in the Counselling Psychology program at the University of Alberta. My doctoral research involves identifying the qualities that expert therapists of First Nations clients possess, in order to contribute to the field of counselling psychology and pass this information on to other mental health providers. I have a strong personal and professional interest in what makes a therapist an expert with First Nations clients. Because reputation is a good indicator of expertise, I am beginning by asking First Nations Elders and mental health professionals to identify therapists whom they would refer a First Nations friend or loved one to for help dealing with a mental health concern. The purpose of this research is to figure out what makes an expert therapist of First Nations clients an expert with First Nations clients. Right now, we have lots of recommendations and best practices, but we do not know what effective therapists are actually doing. The results of this research may inform the teaching of future therapists, increase our knowledge about helping First Nations clients, and address the Truth and Reconciliation Commission of Canada's "Calls to Action", addressing the gap in health outcomes of Aboriginal peoples and the need for cross-cultural training of health care workers.

As part of the snowball sampling procedure, I would greatly appreciate it if you would provide me with the names of any individuals who you would refer a loved one or close personal friend who identified as First Nations to address a mental health issue they were experiencing. This could be an Elder, psychologist, psychiatrist, social worker, counsellor, therapist, or any other mental health professional. Though many factors might influence your referral decision, please attempt to answer the question at face value. The individuals you refer will not be told who referred them.

I am only planning to interview a handful of participants. I will contact the first four to six individuals who are referred by six or more individuals to ask them if they would be willing to participate in the study. If you are not contacted please rest assured that it is not a reflection of the good work that you do with First Nations clients.

Please be aware that you are under no obligation to participate in this study. If you would not like to participate, or do not wish to be contacted again about this study, please feel free to let me know.

If you have any questions, please do not hesitate to contact me at this email address (beaucage@ualberta.ca) or by phone at .

Thank you for your time, [insert name].

Nathan Beaucage, M.Ed.
Registered Provisional Psychologist
PhD Candidate, Counselling Psychology
University of Alberta
beaucage@ualberta.ca

Appendix C

Referral Contact Email

Nathan Beaucage <beaucage@ualberta.ca>

Expert Therapists of First Nations Clients Research

Nathan Beaucage <beaucage@ualberta.ca> Sun, Oct 15, 2023 at 7:42 PM
Draft

Hello [insert name],

My name is Nathan Beaucage and I am a First Nations doctoral student in the Counselling Psychology program at the University of Alberta. My doctoral research involves identifying the qualities that expert therapists of First Nations clients possess, in order to contribute to the field of counselling psychology and pass this information on to other mental health providers. I have a strong personal and professional interest in what makes a therapist an expert with First Nations clients. Because reputation is a good indicator of expertise, I am beginning by asking First Nations Elders and mental health professionals to identify therapists whom they would refer a First Nations friend or loved one to for help dealing with a mental health concern. The purpose of this research is to figure out what makes an expert therapist of First Nations clients an expert with First Nations clients. Right now, we have lots of recommendations and best practices, but we do not know what effective therapists are actually doing. The results of this research may inform the teaching of future therapists, increase our knowledge about helping First Nations clients, and address the Truth and Reconciliation Commission of Canada's "Calls to Action", addressing the gap in health outcomes of Aboriginal peoples and the need for cross-cultural training of health care workers.

I am contacting you because you have been referred by a peer or colleague as someone they would refer a First Nations loved one or friend who was experiencing a mental health issue. As someone has referred me to you, I would greatly appreciate it if you would, in turn, provide me with the names of any individuals who you would refer a loved one or close personal friend who identified as First Nations to address a mental health issue they were experiencing. This could be an Elder, psychologist, psychiatrist, social worker, counsellor, therapist, or any other mental health professional. Though many factors might influence your referral decision, please attempt to answer the question at face value. The individuals you refer will not be told who referred them.

I am only planning to interview a handful of participants. I will contact the first four to six individuals who are referred by six or more individuals to ask them if they would be willing to participate in the study. If you are not contacted please rest assured that it is not a reflection of the good work that you do with First Nations clients.

Please be aware that you are under no obligation to participate in this study. If you would not like to participate, or do not wish to be contacted again about this study, please feel free to let me know.

If you have any questions, please do not hesitate to contact me at this email address (beaucage@ualberta.ca) or by phone at .

Thank you for your time, [insert name].

Nathan Beaucage, M.Ed.
Registered Provisional Psychologist
PhD Candidate, Counselling Psychology
University of Alberta
beaucage@ualberta.ca

Appendix D

Recruitment Email

UNIVERSITY OF ALBERTA

Nathan Beaucage <beaucage@ualberta.ca>

Re: Expert Therapists of First Nations Clients Research

Nathan Beaucage <beaucage@ualberta.ca> Sun, Oct 15, 2023 at 7:52 PM
Draft

Hello [insert name],

I am excited to email you today as I have the great pleasure to inform you that you are one of the individuals identified as someone who First Nations Elders and mental health professionals would refer a loved one to for help with a mental health issue. As reputation in a field is associated with expertise, an expert therapist of First Nations clients, if you will.

I would very much appreciate an hour of your valuable time to talk about yourself and your work with First Nations clients. This "interview" will be one of a few which I will use as part of my research and dissertation about the qualities of expert therapists of First Nations clients.

We can definitely discuss this further, over phone, video conferencing, or email, whatever your preference. If you agree to the interview we can arrange a time and place (in person, phone, or video conferencing) to conduct the interview. I have attached a copy of the consent form for the research which may answer some questions you might have. Of course, any other questions which arise, please feel free to ask.

Thank you and I very much look forward to having a chance to talk with you!

Nathan Beaucage, M.Ed.
Registered Provisional Psychologist
PhD Candidate, Counselling Psychology
University of Alberta
beaucage@ualberta.ca

Appendix E

Information Letter and Consent Form

UNIVERSITY OF ALBERTA

FACULTY OF EDUCATION
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

Counselling Psychology Program (CPA-Accredited)
University of Alberta
11210 – 87 Avenue
Edmonton, AB, Canada
T6G 2G5
Tel:
beaucage@ualberta.ca

INFORMATION LETTER and CONSENT FORM

Study Title: Determining the Qualities of Expert Therapists of First Nations Clients

Research Investigator:
Nathan Beaucage
Faculty of Education, University of Alberta
Edmonton, Alberta, T6G 2G5
beaucage@ualberta.ca

Supervisor:
Dr. Derek Truscott
6-119A Education Centre North
Edmonton, Alberta, T6G 2G5
derek.truscott@ualberta.ca

Background

As a First Nations student in the Counselling Psychology doctoral program at the University of Alberta, I have a strong personal and professional interest in what makes a therapist an expert with First Nations clients. Because reputation is a good indicator of expertise, I began by asking First Nations Elders and mental health professionals to identify therapists whom they would refer a First Nations friend or loved one to for help dealing with a mental health concern. A few names were the first to reach the cut off criteria of five or more referrals, and yours was one of them. I am therefore eager to interview you about yourself and your work with First Nations clients.

Before you decide, I would be happy to go over this form with you. Please feel free to ask questions if you need any further clarification. I will provide you a copy of this form for your records.

Purpose

The purpose of this research is to figure out what makes an expert therapist of First Nations clients an expert with First Nations clients. Right now, we have lots of recommendations and best practices, but we do not know what effective therapists are actually doing. The results of this research may inform the teaching of future therapists. It may also increase our knowledge about helping First Nations clients.

Another goal of this research is to address the Truth and Reconciliation Commission of Canada's "Calls to Action". It calls for changes to address the historical abuse of Aboriginal peoples of Canada. I will address Call 19 which asks to examine the gap in health outcomes of Aboriginals. This includes topics such as suicide, mental health, and addiction. As well, Call 23 iii addresses the need for cross-cultural training of health care workers. The results of this study may be able to address both of these by adding much needed research into providing therapy for First Nations people.

This study is part of my doctoral dissertation. Funding has been provided by the Social Sciences and Humanities Research Council.

Pro00093727

Study Procedures

This research began with a snowball sampling procedure to locate expert therapists. First Nations Elders and mental health workers were asked who they would refer a First Nations loved one or friend to for a mental health issue. The first four to six names to be referred five or more times were selected. This suggested their reputation for expertise in the area of helping First Nations clients. These individuals are being contacted for interviews about their thoughts and practice with First Nations clients.

Interviews will occur either in-person, over the phone, or via video conferencing software such as Zoom, whichever the interviewee is most comfortable with, taking into account any COVID-19 social distancing restrictions and protocol. Interviews are expected to last approximately one hour. The interview will consist of a few prepared questions but will be flexible in order to address important topics which may arise. I may ask for a 30-minute follow-up interview should new questions come to light. The interviews will be recorded (either audio or video), transcribed, then analyzed. If desired, any identifying information from the interview will be removed, making the interview anonymous.

The goal is to have the interviews completed, transcribed, and analyzed in December 2021. At that time, participants will have the opportunity to review the results for accuracy and approval and information may be removed if they so choose. They may choose to remove themselves from the study. The information can be anonymized at any point up to the completion of the data analysis. This research will be reviewed and assessed by my supervisor, Dr. Derek Truscott, as well as a supervisory committee consisting of a First Nations Elder, a First Nations professor and registered psychologist, and a professor and registered psychologist.

Benefits

As a participant, you will have an opportunity to share the knowledge and experience you have gained. The passing on of knowledge is both valuable and culturally appropriate to First Nations people. You will also have an opportunity to reflect upon your practice in a meaningful and potentially beneficial way. This may deepen your understanding of the important work that you do. Yet, it is possible that you may receive no direct benefits from taking part in this study.

As research, this work will help to fill the gaps in the care that First Nations Peoples receive. With the results of these findings, I hope to improve outcomes for First Nations clients, by helping therapists to assist First Nation clients reach their goals in therapy. Therapists working with First Nations clients will benefit from what you share, and their clients will benefit in turn. The psychology field will benefit by increasing our understanding of cross-cultural counselling.

Risk

If you decide to take part you will have the option to have your interview anonymized, removing any identifying information. But there is still a slim possibility of identification by the knowledge and experiences you share, even when anonymized, as this is a small community and a colleague may have referred you. Every reasonable precaution will be taken, but not all situations can be foreseen or avoided. If a circumstance arises which may compromise your identity, the research data, or your willingness to take part, you will be contacted immediately.

Cost of Participation

The cost of participation is your valuable time. I will work with you to find the most convenient time for the interview. Rest assured, the knowledge you can share is invaluable.

Pro00093727

Reimbursement or Remuneration

As a small token for your time and wisdom, I would like to offer you a First Nations art piece you may hang on your wall. The hope is that this piece may help a First Nations client feel represented. Or, it may bring attention to conversations about cultural membership. You are welcome to keep this piece even if you decide to withdraw, or withdraw your data, from the study.

Voluntary Participation

Your participation in this study is completely voluntary. You are under no obligation to take part. You are not obligated to answer any questions you do not want to. You can opt out up until two weeks after you have received your offer to member check your data. If you wish to withdraw, please contact either myself or Dr. Truscott at the contacts provided.

Confidentiality & Anonymity

This research is part of my PhD dissertation. If you wish to remain anonymous, all identifying information will be changed or removed. The data will be kept confidential and only myself and Dr. Truscott will have access to it. Anonymity can only be assured up to a point. There is always a chance someone may recognize some aspect of your interview. As well, using a secure video conferencing software does not guarantee security. Knowing this will help you make an informed decision about your participation. All research materials will be secured electronically and/or physically. This includes audio or video recordings, transcripts, and data analysis. All data for this study will be destroyed after five years. Upon completion of the study a copy will be sent to you.

Contact Information

If you have any further questions regarding this study, please do not hesitate to contact myself or Dr. Derek Truscott at the contacts provided above. The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call (780) 492-2615. This office is independent of the researchers.

The completed consent form can be mailed; printed, scanned, and emailed; or consent can be given over email by providing your name, the date, and a statement giving your consent to participant. Alternatively, verbally consent may be given, and recorded, at the beginning of the interview.

Consent Statement

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form. I will receive a copy of this consent form after I sign it.

_____ _____

Participant's Name (printed) and Signature Date

_____ _____

Name (printed) and Signature of Person Obtaining Consent Date

Pro00093727

Appendix F

Thematic Map