The Role of the Elder within a Mainstream Addiction and Mental Health Hospital: Developing an Integrated Paradigm

Peter Menzies, PhD, RSW
Clinic Head

Dr. Ana Bodnar,
Consulting Psychologist

Elder Vern Harper
First Nations Elder

Aboriginal Services
Centre for Addiction and Mental Health
Toronto, Ontario

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Barbara Hurford, Bob Crawford, and Lizz Arger.
For the purpose of publication credit, all authors are first authors.

Abstract

This paper outlines the role of an Elder working as a full partner in a therapeutic environment with a Western trained mental health team. Research for the article is based on observation and interviews with the Elder and the team mental health staff. This article provides insight into one of the many roles that Elder Vern Harper has within a mainstream hospital setting. Elder Vern Harper participates in counseling sessions with Aboriginal clinicians trained in Western healing intervention. Within these sessions Elder Vern Harper provides traditional teachings and healing. Many clients have indicated that this two-pronged approach gives them the best of both worlds as they are provided insight into their problems both from an Aboriginal perspective as well as from a western clinical perspective.

Introduction

Research has shown that Aboriginals are reluctant to access mainstream services for reasons such as experiences of racism, being treated as second class citizens, impersonal atmosphere, lack of cultural practice and Aboriginal staff (Metropolitan Toronto District Health Council Native Steering Committee, 1996; Menzies, 2001 & Royal Commission on Aboriginal Peoples, Vol. 3, 1996)

In July of 2002 Elder Vern Harper joined the Aboriginal Services team at the Centre for Addiction and Mental Health to provide cultural teachings and healing. Before joining the team, Elder Vern Harper was employed by Aboriginal Legal Services of Toronto. Having been employed in the Toronto Aboriginal community, I learned about Elder Vern Harper through community members and Aboriginal Social Services agencies. Elder Vern Harper went through several interviews with myself to determine his suitability for a full-time employment in a mainstream hospital environment, and his ability to work with homeless Aboriginals and those Aboriginals coming out of provincial and federal corrections. At the time of the interviews, Elder Vern Harper was regarded by the Toronto Aboriginal Community as being committed, and was recognized as the Urban Elder. He was conducting community sweats on most weekends, and actively participated in the community life of Toronto. He attended correctional faculties, provided traditional teachings and doctoring, conducted healing circles and sweat lodge ceremonies, and sat on the Toronto Elders Council.

It is the intent of this paper to document the relationship that the Elder and therapeutic team developed and how it impacted the therapeutic environment. The first part of this paper provides a description of the hospital and program and then provides detailed information about the problems that the Elder and therapist are addressing when engaging an Aboriginal person seeking help.

CAMH Organization

The Centre for Addiction and Mental Health (CAMH) was created in 1998 through the amalgamation of the Addiction Research Foundation,

Clarke Institute of Psychiatry, Donwood Institute, and the Queen Street Mental Health Centre. CAMH's primary focus is to ensure that all residents of Ontario have access to the comprehensive range of services they require. This commitment is enshrined in the Centre's vision, mission statement and core values. The vision reflects CAMH's leadership role in understanding issues of prevention and care in relation to mental health and addiction. The mission statement promotes the enhancement of the Centre's capacity and quality of addiction and mental health services in Ontario. Our core values invite communities to participate and benefit from the services offered by CAMH. Regardless of race or culture, the Centre invites partnership and accountability to the communities it enters into partnership with. With First Nations, CAMH recognizes that Aboriginal peoples have historical, legal rights and will work with First Nation with respect, inclusion, access, accountability and equity principles (Centre for Addiction and Mental health, 2003).

CAMH operates a full range of health care programs, including: emergency services, forensic, dual diagnosis, schizophrenia and continuing care, mood, anxiety, concurrent disorder, general psychiatry, addiction medicine, and addiction programs for general and specialized populations.

The Centre is also a teaching hospital affiliated with the University of Toronto. CAMH offers clinical and research facilities in Toronto as well as twelve community offices across the province of Ontario. The Centre has two principal tasks: advancing the understanding of mental health and addictions and translating this knowledge into practical resources and tools that can be used for internal program development as well as in the broader community.

Aboriginal Services

In May 2000 the Centre for Addiction and Mental Health created the Aboriginal Services (ABS) in response to the unique service needs of Aboriginal people. The mandate of the ABS is to develop culturally appropriate services in partnership with the Aboriginal community using a holistic approach that is based on Aboriginal values, beliefs and traditions. The vision of the Aboriginal Services is to provide mental health

and addiction services to Aboriginals living in Ontario in a manner that embraces Native values, respects Native spirituality, and promotes self-determination in service design and delivery. In partnership with agencies and members of the Aboriginal community, the Centre for Addiction and Mental Health promotes holistic healing efforts and the development of services designed and delivered according to community needs. Currently, Aboriginal Services provides therapeutic intervention to Aboriginals residing in Toronto as well as s training, consultation, and capacity building at the provincial and federal level. The team is composed of three therapists, a part-time psychologist, a manager and clinical head. The service provides traditional and western healing interventions, which includes circles and sweat lodge ceremonies

Community Need

Aboriginal Peoples suffer from a range of health problems at higher rates than other populations (Health Canada, 1999). Aboriginal Peoples also appear to be more affected by substance abuse and mental health problems than other population groups, which includes:

- Aboriginal youth are two to six times more at risk for alcohol-related problems than non-Aboriginal youth (Health Canada, 1999)
- Unemployment for Aboriginals is twice the rate of non-Aboriginals (Statistics Canada, DIAND Core Census Tabulation, 1996)
- Suicide among First Nations people is 2.1 times that of the non-Aboriginals (Health Canada, 2003)
- In 1996-1997, 3.6% of registered “Indian” children were in the care of Children’s Aid Societies (Health Canada, 1999)
- In First Nations, potential years of life lost from injury was more than all other causes of death combined and was almost 3.5 times that of the Canadian rate (Health Canada, 2000)
- One in five Aboriginal youth reported that they have used solvents. One in three solvent users are under the age of 15, with

over half of these indicating use of solvents before the age of 11 (Scott, 1997)

- While representing 2.7 per cent of Canada's population, Aboriginals represent approximately 17 per cent of all admissions to federal corrections (Demographic Overview of Aboriginal Peoples in Canada and Aboriginal Offenders in Federal Correction, 1999)

- The 1997 First Nations smoking rate was reported to be 62%. In Canada, 24% of the population aged 15 years and older were smokers in 2000 (Health Canada, 2000)

- Evidence of high levels of depression, accompanied by failure to achieve, has been identified among children in many Aboriginal communities (Canadian Medical Association, 1994)

Factors contributing to this high rate of addiction and mental health problems include: loss of cultural identity and community, intergenerational historical trauma, poverty, hopelessness, and social marginalization (Frideres, 1998).

Moreover, Census data reveal that the Aboriginal population in Canada will grow by 57% over the next decade, making it the fastest growing population group in Canada (Statistics Canada, 2003). Services must be able to respond to the growing demand from communities seeking assistance in designing and delivering both short term and long term interventions that will address the conditions contributing to the deteriorating health conditions in Aboriginal communities.

The Elder

Urban Aboriginal people face tremendous odds in defeating cycles of poverty, addiction and poor mental health. For Aboriginal people, the need to heal must be accomplished in a holistic manner. This includes addressing the physical problem, but the psychological, social and spiritual needs as well.

Elders do not become Elders because of their age, but must be recognized by the community as ones who have the knowledge and wisdom to guide and care for the people of their community. Elders are seen as gifted individuals with the knowledge to carry out this role. Elders have traditionally provided this support and have been identified as a critical component of the healing process for Aboriginal people. Elders are identified as community leaders, educators, spiritual directors and healers within the Aboriginal Community.

> Elders in Aboriginal communities are those recognized and respected for knowing, living and teaching the traditional knowledge. They see the world through the eyes of the ancestors and interpret the contemporary world through lessons passed down through generations. Their wisdom is transferred to young people who seek their teachings. The elders are a living bridge between the past and the present. They also provide a vision for the future, a vision grounded in tradition and informed by the experience of living on the land, safeguarding and disseminating knowledge gained over centuries (Royal Commission on Aboriginal Peoples, 1996, p7).

In addition, research has noted that the blending of Aboriginal traditions and mainstream services benefit the client and the overall direction and goals of support services. For example, an Elder may encourage a client to receive traditional spiritual guidance in addition to mainstream trauma intervention. In this way, Elders provide support to individuals in accessing health care services while meeting their spiritual and cultural needs. Stiegelbauer (1996) notes:

> The Aboriginal community has long recognized the role of the community Elder as integral in the healing process. Their skills, knowledge and ability to help individuals restore balance in their lives have earned them significant roles within native communities (39)

Research suggests that Elders can and do play a major role supporting the healing process (Morrisette, McKenzie & Morrisette, 1993). They can also act as a liaison between mainstream services and Aboriginal tradi-

tions. Elders are also seen as the bridge between the past and the present. They are the carriers of the history and can provide insight into the current problems of the individual within a historical context.

Role of the Elder at CAMH Aboriginal Services: Developing an Integrative Model of Service

What is the role of the Elder?

The traditional Elder has been an integral part of the Aboriginal Services Team for over five years. He is the first and only Elder that is a full time staff member at a teaching hospital in Canada. Our Elder, Vern Harper, brings a wealth of experience to the job. He is seventy-three years old and continues to work on a full time basis with true devotion to his work. Week in and week out, he helps many men and women in reconnecting with their traditional Native culture as well as with a variety of life issues. Our Elder works with status Indians, non-status Indians as well as non-Native clients who are interested in learning more about traditional Native culture. Our clients are drawn from both urban groups as well as those who have come to the city from rural reserves.

The Elder is seen as the connection to the spiritual world and supports both clients and staff in this role. He is seen as a book of living history and shares the oral history that he has learned throughout his life and which has been passed on to him from his own teachers. His role is to focus on the positive identity of each and every one of the individuals who consult him, based on the idea that having strong sense of identity is a strong healing force. Due to centuries of institutional oppression and discrimination, many Native people have developed a negative identity and have internalized self-hatred. Thus, the core of healing is to create a positive identity.

The Elder states that his philosophy of healing is that "We are spiritual beings in a material life, here for a short period of time." He sees it as his role to help people remember this and to live their lives to the best of their ability. He challenges people to be free and overcome addictions, to say, "I am a free person and I come from free people". In this philosophy, people have been placed here on the Earth by the Creator and have a mis-

sion to take care of Mother Earth. Before the Europeans came to North America, the Native people were a free people and when one is addicted to alcohol or drugs, one is a slave to this and no longer free. The Elder sees addictions as a form of slavery, the opposite of freedom.

There are many clients who come to our service who have not felt safe or comfortable in seeking out help in other agencies, both Native and non-Native. Some clients are hesitant to use Native agencies since the Native community is small and the staff may be familiar to them. In other situations, clients have had negative experiences with mainstream mental health agencies where they have experienced racism and discrimination. The clients of Aboriginal Services have stated on many occasions that they are very comfortable with the staff at our service. Some even feel that they get the best of both worlds Aboriginal and non-Aboriginal intervention.

Clients

When dealing with Aboriginal clients it is extremely important to know if they are non- traditional, neo-traditional or traditional. A non-traditional is a person who is assimilated and has no appreciation of Aboriginal traditional, a neo-traditional is one who can live in the mainstream and Aboriginal worlds comfortably, while a traditional is one who lives in the Aboriginal world. Clients who come to the program are given a choice to use this model or not. Those that do not feel comfortable with Aboriginal traditions tend to be struggling with their identity or simply do not believe in Aboriginal culture and beliefs. (Morrissette, V., McKenzie, B., & Morrissette, L., 1993).

Client Problems:

Clients come to Aboriginal Services with a variety of life issues. Many clients seek help to overcome addiction to alcohol and drugs and may have long standing substance abuse problems. Clients come to the service through self-referral, through referral from other mental health agencies and also from the penal system. Our counsellors work with many men and women who have recently been released from prison and want to make positive changes in their lives. Other clients want help to address

psychiatric problems that have not been appropriately treated within the mental health system. Many clients have had negative experiences with the psychiatric system, having been misdiagnosed, overmedicated, or mistreated. For Aboriginal people, racism in mental health treatment is too common. Many Aboriginal clients have said to our staff that "It is about time" there is a service like this at the Centre for Addiction and Mental Health.

Other clients seek out our services to overcome difficulties relating to physical, sexual, spiritual and emotional abuse. Clients have had negative experiences with abuse during their attendance at residential schools. These abuses have been well documented in various reports that have examined the treatment of Aboriginal people in residential schools in Canada (Assembly of First Nations, 1994; Hodgson, 1990; Royal Commission on Aboriginal Peoples, 1996)

The issue of a positive cultural identity is a very empowering and healing element in the life of an individual and a group. An important role of the Elder at Aboriginal Services at CAMH is to provide a positive role model of an Aboriginal person. The very presence of an Elder as part of the Aboriginal Services team honours Aboriginal people and supports Aboriginal culture. After many centuries of the negative treatment of Aboriginal people by mainstream mental health services, the healing power of an Elder on staff is significant. The Elder also provides extensive instruction in traditional cultural teachings to individuals and groups at various community centres with whom we have developed partnerships. The Elder provides healing circles based on Native principles at drop in centres, community centres and also for the patients and staff of the Centre for Addiction and mental health.

Another exciting element of the Aboriginal Services program is the Sweat Lodge that is provided to our clients. The Sweat Lodge is a rite of purification that is a powerful therapeutic modality. This Sweat Lodge is offered on a regular basis to our clients as one of the approved treatments at CAMH, with appropriate protocols and established medical guidelines.

How does the Elder address particular problems?

One of the difficulties that clients bring to the Elder at Aboriginal Services is their suicidality. Suicide is a very serious problem in the Aboriginal population in Canada, with Native people showing a rate of suicide significantly higher than the general population (White & Jodoin, 2003; Choosing Life: Special report on suicide among Aboriginal people, 1995). When clients consult the Elder about suicidal thoughts or plans, he provides them with traditional teachings about the nature of suicide from the Native perspective.

From the traditional Native perspective, suicide is seen as a selfish act, since people do not have the right to commit suicide. Life and death are in the hands of the Creator and as such, suicide is seen as an individual's interference with the destiny of the Creator. In this view, people who commit suicide are not aware of the implications of this as well as of the effect of a suicide on others. In this view, the body is seen as sacred, and when the body is destroyed the soul is trapped and cannot move on to the spirit world. In the teachings, suicide is not seen as an answer, and will not bring an end to suffering but will in fact create further suffering. As such, suicide is not a solution to the pain of living. The challenge is to find other ways to deal with the pain of living, through prayer and healing.

The causes of suicide are complex, and have to be understood within the context of historic trauma. In this context, there has been significant family breakdown, which is seen as a contributing factor in youth suicide. With family breakdown, there has been the loss of traditional culture and teachings about the place of youth in society. As youth recover these teachings and pride in their own identity, suicide can diminish.

From a traditional Native perspective, a suicidal person can be helped by building up their self-esteem and by exploring with them how their suicide would affect other people. As an Elder, it is his responsibility to share teachings about the traditional belief system about suicide. In the Elder's view, it is crucial to be connected to one's own tradition and ancestors: "If you don't know your ancestors, you don't know who you are."

From a Western clinical perspective, suicide is often seen as having an element depression with a triggering event. In the clinical perspective, spiritual or social elements are usually not included as they are in the Native view.

How does the Elder provide teachings?

The Elder teaches through his very presence. By being a staff person at Aboriginal Services, he carries the tradition of Native people and portrays pride in Native culture. In his teachings, the Elder uses storytelling as the primary tool of teaching and healing. When clients discuss their difficulties, he shares personal stories that are relevant to the individual. The stories are often focused on overcoming difficulties, showing by example that problems can be overcome. For example, if a client is discussing a problem with loss and grief, the Elder will try to find something in his own experience or the experience of his teachers, to find a point of connection with the client, and tells a story where grief has been overcome. This gives the client hope in the possibility of their own healing.

Someone who is not familiar with a Native style of teaching and healing may think that there is no particular agenda in the counselling session, but the conversation is full of teachings, personal reflections, and symbolism. One example of this storytelling is the teaching on keeping a knife under the pillow in order to cut to the cord to the negative. In addition, the act of listening deeply to the client is very healing in itself, since many clients have not been truly listening to by others.

The Elder also places the current problems of the client in a larger perspective, by reminding them that nothing stays the same and everything changes in life, so that their current pain and suffering will also pass.

An important issue that is brought forward by clients concerns their identity as a Native person. There is confusion for some people about their identity since they were not brought up within Native culture, or have had negative messages about being Native. The Elder creates an environment where it is possible and comfortable to talk about being Native and to talk about confusion in this area in safety.

Clients talk about their experiences in residential school, where being white was "good", being Indian, was seen as "bad". There is discussion of self-worth and Indianness, and shades of one's skin, where lighter skinned people were seen as having higher status. One of the questions that the Elder finds it difficult to ask is: "How comfortable are you with your Indianness?"

The Elder's teachings support the view that Native people have to know about their cultural heritage. Even when individuals are successful in their lives, it is important to know about their culture, otherwise there will be something incomplete in their lives. This Native culture is very rich, alive and changing all the time.

The Elder has a direct and straightforward style in his teaching and healing work. His style is more direct and directive than Western trained counsellors, he "doesn't want to waste time". Sometimes he teaches in riddles, as did one of his teachers, Crow Dog, who encouraged people to think critically. The Elder uses the Circle as a basis of teaching. The Circle represents the circle of life and the phases of life. The process of healing is related to "stepping into the circle". For example, a homeless person can have a sense of belonging when he "steps into the circle".

He encourages people to get to know themselves and to find peace inside, to move from self -hatred to self-love. He discusses people's belief systems and how they came to develop them, and he encourages people to value their lives and their time on earth, reminding them that they spiritual beings on the earth for a short time. He wants to give people hope and motivate them to work on themselves and their lives in a positive way. The Elder states that all people are looking for something to believe in, and he tries to inspire them to believe in themselves.

What kinds of problems to our clients bring to us?

The clients that come to Aboriginal Services represent a wide diversity of styles and problems. We are consulted by men and women, both older and younger people.

Sometimes, as is often the case in psychotherapy and counselling, the client will say that his or her problem is about addictions, but then the realities of the underlying unfinished grief or history of trauma emerges. Problems are multi-layered and may also be part of an intergenerational patter of trauma and grief, with unresolved problems being passed on from parents to children, and even grandchildren.

Substance abuse:

Many clients bring problems of substance abuse to our counsellors. Some individuals are referred to our service by Corrections Canada as they complete their sentences. They seek help to re-enter society and prevent their return to prison. Some clients have already been through treatment centres for their addictions, but have not been successful in leaving their addiction behind. By engaging with counselling that addresses issues of Native identity and intergenerational grief and trauma, there is more likelihood that treatment will be successful.

Psychiatric Problems:

Some clients that seek out our services have been dealing with long-standing psychiatric illnesses, which have been undiagnosed or misdiagnosed. The lack of appropriate mental health services for Native people has led to difficulties in accessing services and follow-up with treatment. With a service that is based on Aboriginal culture and values helps to increase access to needed services

Abuse:

The incidence of physical, emotional and sexual abuse among Aboriginal people is very high. This is generally understood within the context of intergenerational trauma, with abuse being an expression of the broken ties between parents and children that are connection to the experiences of cultural loss and residential schools. In this model of treatment, the Elder and the counsellors will not push individuals to disclose abuse, but focus on how to heal this abuse.

History of Adoption and Foster Care

Aboriginal people have experienced high levels of adoption and foster care as part of their history. In the adoptive or fostering situation, Native

identity has not always been seen as a source of pride, and self-esteem can suffer. In our service, counselling and healing in response to these issues includes an understanding of the historical and cultural factors in adoption and fostering, and a healing plan is developed that supports the development of a strong sense of self and a positive Aboriginal identity.

Experiences of Incarceration:

Some individuals come to the Aboriginal Services Program following either short or lengthy incarceration. They are ready to make a new start in their lives and sometimes lack the faith, skills and motivation to make these changes. The Elder and the counsellors work with these individuals to help them come to terms with their history of imprisonment and inspire them to make a fresh start. The team also helps them to put a practical plan into place that will allow this hope for change to become a reality.

Issues of Aboriginal Identity

Many clients come to our service with very limited knowledge of their identity as Aboriginal people or may have internalized negative views of being Aboriginal. The presence of the Elder, other Aboriginal counsellors, and teachings on Aboriginal history and culture, all serve to support individuals in reclaiming a positive Aboriginal identity. In addition, there are discussions of the positive values of living in two cultures: both the urban culture and the Aboriginal world. The gifts and strengths of both cultures are explored and supported.

The Elder and the Counsellor: An Integrated Model of Counselling

In our program, the Elder and the counsellors work very closely together, often in the same session. The counsellors are trained in Western mental health treatment modalities as well as being versed in Aboriginal cultural values and healing approaches. Treatment includes both individual sessions with clients, as well as group healing circles.

In describing a typical session, the counsellors outlined a few key points, stating that in the Aboriginal view, life is an interconnected circle, where psychotherapy and spirituality are connected. In the Western psy-

chological paradigm, the client is usually seen as an isolated individual, not placed within his or her historical or cultural context. In the Integrated Model of Service, the individual's difficulty is understood within personal history, collective culture, and intergenerational perspectives. It is believed that the history of colonialism has a personal impact on individuals, and that the healing process is to come to full consciousness of this impact, and then to learn how to heal this. In these settings, Western clinical modalities may also be employed to help people overcome these difficulties.

In response to a sense of alienation from Aboriginal culture, the Elder will act to welcome individuals back to their culture and support them to interact positively with their own history and culture. The attitude of healing is one of "welcoming" rather then fixing, or having a specific therapeutic agenda. Storytelling is a vital part of the healing process, with stories serving to connect to history, to inspire, to transform, and to provide knowledge about how to overcome difficulties. It is the story that carries the connection of history, language and pride.

In the setting of the Integrated Model of Counselling, a Western trained therapist has to be open to changing their style of practice and orientation. In these sessions, the therapist is often more silent, and has to learn to understand the power of story, community and history. In working alongside the Elder, the Western trained therapist will be more active when the discussion is focused on issues of addictions, abuse and relationships. When the discussion is more the realm of Native culture and identity, the Elder is more actively involved in the session. The Elder can act as the grandfather image, supporting individuals to return to the circle of community. The Elder, client and therapist become part of a community together and creates a sense of belonging that breaks down isolation and is healing in itself.

In this setting, the Western trained therapist needs to let go of prescribed role and "go with the flow": The therapists describe their experienced as "entering into the idea of a healing space, a sacred space for healing...the focus is on the experience, rather than the analysis of the situation. A situation of great respect is created, an I-Thou relationship."

In each situation, the counselling session is different, responding to the situation at hand. The counselling evolves organically from session to session. The Integrated Model to Counselling is a living entity, changing and adapting over time, and responding to situations as they develop. This open model of counselling is a departure from the more protocol-oriented modalities of Western clinical models of counselling.

In discussions with the Elder, he also shared that he too is learning about clinical mental health treatment. When it is appropriate, he also steps back and lets the counsellor lead the session.

Healing Modalities in the Integrated Model of Service

A variety of healing modalities are used in the Integrated Model of Service. In addition to healing circles and storytelling, the counsellors each have their own specific areas of expertise. The medicine wheel is often used as tool for self-reflection and supporting ideas of balance. One of the Western trained therapists works with family systems approaches to understand and locate historical trauma and its impact on the individual and also to understand intergenerational views and impacts. Another therapist has been trained in expressive arts therapies and uses the arts to help people to be in the moment, and uses expressive arts to provide safety and containment in treatment.

The Elder specializes in storytelling as a healing form of treatment. In his style, clients are made to feel very comfortable and it is more like a "fireside chat" rather than a therapy session. The particular Elder that works with the program is well known and respected in our community, and this creates positive transference by clients, in that they feel somehow special to be working with him.

Reflections on working with the Integrated Model of Service: Differences between Aboriginal and Western models

In preparing this article, the team spent considerable time discussing various forms of treatment used, and focused on some of the differences between traditional Aboriginal cultural teachings and Western psychotherapeutic modalities. These are some of the differences that were discovered:

In Traditional teachings, there is more focus on healing and balance, in Western therapy; the focus is more on developing better coping strategies. In Traditional healing, the healing sessions are more open-ended, with a lot of value being given to emotional content, while in Western psychotherapy, there is often more focus on techniques and protocol. In Traditional approaches, there is more specific focus on bringing the client back into Native culture and a sense of belonging, while this issue is seldom discussed in Western style psychotherapy.

The role of boundaries and self-disclosure can be different: in the Aboriginal style there can be more self-disclosure in the interest of healing, healing through example and role model, while Western trained therapists are taught to be very private about their personal lives.

The role of spiritual and cultural teaching is the core and foundation of Aboriginal healing, so that healing incorporates the Teachings of the Seven Grandfathers; while in Western psychotherapy, spiritual teachings are not included in most approaches.

The role of power is also handled differently in the two traditions: in the Aboriginal healing style, the power difference is less striking, with the Elder sharing power and stories with the client.

In the Integrated Model of Counselling, the healing encounter is seen as occurring in sacred space, where the client and the therapist can come into a respectful connection and the client can be experience a sense of safety and acceptance. The person of the Elder and the therapists provide a healing presence for the clients seeking help. This approach is traditional to the Aboriginal view of healing, and can also be found in some Western spiritual psychology approaches.

In addition, the Elder is very interested in learning about Western counselling models and feels that other Elders would also benefit in gaining expertise in these areas

The Elder and the therapists are developing unique ways of working together and learning from each other. They are engaged in developing a vital healing style that is based on Aboriginal traditional values and in-

corporates Western therapeutic techniques. The Elder also provides vital support and teachings for the team overall, and keeps the work grounded in an Aboriginal spiritual paradigm.

Sweat Lodge

Aboriginal Services provides a Sweat Lodge ceremony in conjunction with mainstream therapeutic intervention. As indicated, many of the people accessing the Aboriginal Services are either homeless, on probation or parole, and are not actively engaged in the Toronto Native community.

The Sweat Lodge ceremony is offered to Aboriginal clients participating in CAMH services who are seeking a traditional healing approach. Within the Sweat Lodge, individuals can make a connection with cultural and spiritual forces for healing and release the difficulties that they experience in their lives. The element of heat that exists within the Sweat Lodge is also seen as purifying on the physical, emotional and spiritual levels. For many clients, this may be their first experience of this powerful healing modality, and it helps them to connect with their traditional culture, which is also empowering to them.

Elder Vern Harper sees the Sweat Lodge like a church, a hall, a temple, or a synagogue. He sees it as a place where people come to be cleanest and healed. He sees it as an important part of the clients healing journey.

> "The Sweat Lodge should be apart of the addictions and mental health healing – we need to clean our soul, mind, body and heart to be whole and just me the good people we should be" (Elder Vern Harper, 2007)

Elder Vern Harper sees this as an important step of bridging Aboriginal and mainstream intervention. He also noted that many of the clients that he sees are medically vulnerable and need to be taken care of in the sweat lodge. Each client is medically screened before they enter the sweat lodge to assure that it is appropriate for them.

Conclusion

The Integrated Model of Counselling that is being developed at Aboriginal Services at the Centre for Addiction and Mental Health is a vital and exciting model of service that combines Traditional Native healing with Western clinical approaches. By offering this integrated model, clients who access our services benefit from the presence and healing power of the Elder as well as from clinical interventions. Each therapeutic encounter honours the client at exactly the place that they are, and supports them to heal in a holistic manner. The Elder and therapists are evolving a unique model of healing and therapy that is based on the recognition of the power of traditional Native healing and identity. We look forward to the further development of this model and opportunities to share this with our colleagues.

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NISHNAABE KINOOMAADWIN
NAADMAADWIN