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Cynthia C. Wesley-Esquimaux

Andrew Snowball

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## Viewing Violence, Mental Illness and Addiction Through a Wise Practices Lens

Cynthia C. Wesley-Esquimaux · Andrew Snowball

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**Abstract** The progressive approaches First Nations, Métis, and Inuit communities use to address health and wellness concerns are rarely written about or acknowledged in a positive manner. This paper speaks to a concept introduced through the Canadian Aboriginal Aids Network (CAAN) entitled “wise practices”. CAAN saw a *wise practices* model as more useful and inclusive of Aboriginal community practice and knowledge exchange than the current “best practice” model. In addition, *wise practices* acknowledge and express the notion of “Changing the Face of Aboriginal Canada”, a metaphor frequently used by the senior author of this paper, as a long overdue vehicle for lifting up the collective morale of Aboriginal peoples in Canada. Indigenous peoples worldwide have long articulated an inherent wisdom in developing recovery processes. This natural wisdom has been chronically dismissed and underutilized as a framework for re-building a healthy social construct and worldview. The social and emotional utility of constructing and implementing a “*wise practices*” healing model based on what are commonly referred to as the Seven Sacred Values, has great potential for addressing violence, mental illness and addictions in Aboriginal communities and can better serve health promotion alongside the western model of “best practices.” A *wise practices* model becomes another, deeply humane way, of expressing and operationalizing the traditional knowledge base of Aboriginal Canada and returns a sense of self-efficacy and social strength to Aboriginal communities.

**Keywords** Aboriginal · Addictions · Values · Wise practices · Healing

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C. C. Wesley-Esquimaux (✉)  
Centre for Aboriginal Initiatives and the Factor Inwentash Faculty of Social Work,  
University of Toronto, Toronto, Canada  
e-mail: cynthia.wesley@utoronto.ca

A. Snowball  
Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Canada  
e-mail: andrew.snowball@utoronto.ca

Social service agencies and coalitions often operate within a framework that is referred to as ‘best practices’, meaning a system of treatment methods and procedures that are seen to be the most tried and proven modalities for enacting positive change in the lives of clients and service users. These methods are ‘proven’ by evidence-based research and empirical testing on various populations, but as Thoms (2007) suggests many of these best practices are created from a Eurocentric perspective. When it comes to Aboriginal communities, Thoms notes that a “best practice” in one situation should not automatically be regarded as replicable in similar situations given, “the variety of unique cultural and situational environments that characterize Native peoples lived experiences” (2007, p. 8). Thoms postulates a more appropriate term, “wise practices”, to describe the interventions and protocols for violence and treating addictions that are more reflective of Aboriginal peoples’ ontology and epistemology (2007, p. 9). Thoms’ Canadian Aboriginal Aids Network (CAAN) study was directed towards service delivery to Two-Spirit individuals who were diagnosed with HIV/AIDS.

Following Thoms’ lead this paper explores the concept of wise practices as a basis for creating a new dialogue within Aboriginal communities generally and as a way to foster culturally appropriate support and health care. The Native community, rural and urban, continues to grapple with issues of violence, addiction and mental illness just as the larger Canadian society does. Native scholars have come to the conclusion that these issues, in an Aboriginal context, are more reflective of larger society than a microcosm of isolated dysfunction (Couture 2000; Alfred 1999; Little Bear 2000). As Native people, we have seen that given space to address violence, mental illness and addictions on our own terms and through our own methods, Native people apply a process of traditional practice that lifts up the morale of people (Paull and Big Canoe, 1951), rather than labelling and denigrating or stigmatizing those affected. A concept of *wise practices* is therefore felt to be more indicative of the lived reality that Aboriginal peoples have experienced as an enduring, albeit underlying, truth over time. This recognition is not meant as a justification of practice, but more as a sharing of an internal perspective. There has been extensive literature generated around the image of Indigenous peoples as victim (Widdowson and Albert 2008; Helin 2006; Mooney et al. 2004–2008; Steckley 2003), but there is an underlying current of wellness that is related to traditional teachings that has found root and expression at the community level. This new/old vision of wellness and strength must be purposefully articulated to enliven it within the Aboriginal community and the academic literature, not as theory, but as community practice (Kirmayer and Valaskakis 2009).

Wise practices will be defined throughout this paper in relation to a set of seven historically framed sacred values (King 2008; Benton-Banai 2008; Porter 2008), ongoing cycles of decolonization (Mander and Tauli-Corpuz 2006; Poka Laenui 2000), and will be explicated through the lens of what might become a culturally meaningful ‘stages of change’ model for First Nations, Métis and Inuit people, now often used by social service agencies (Prochaska 1992). This paper will provide an in-depth discussion of the seven sacred *Grandfather Teachings* or *Values* of the Anishinaabek in order to illustrate the plausibility of using *wise practices* tools as a foundation for a community health model that can in turn create agency for change. These teachings, enlivened through practice in social services, can be foundational to promoting a process of social knowledge exchange and cultural safety (Ramsden 2002, unpublished; Tait 2008), and moving the larger picture of Aboriginal Canada and its practices into focus. The framework of these teachings encompass and provide definition to expressions of; courage, honesty, humility, respect, truth, love, and wisdom (Appendix) in practice and in the expression of daily life-ways.

In order for First Nation, Métis and Inuit communities across Canada to internalize positive growth, build capacity and strengthen their services, we believe that the concept of

“*wise practices*” framed by the seven values must be understood and implemented in micro, mezzo, and macro social service practice (Bogo 2006) in order to benefit present generations of Aboriginal peoples who continue to suffer and live without peace in their lives.

### Challenges and Change in Aboriginal Communities

A lack of positive interactions with Canadian citizens and rampant negative media representations about Aboriginal people, their culture, and western society has over time created a deepening void of misunderstanding. Seen as underdeveloped and a needy “other,” Aboriginal marginalization has become a normalized expression of identity, on both sides of the dialogue (LaDuke 1992). When seen through media and social stereotypes (Lischke and McNab 2005), “no one is shocked, for example, when told, on “good authority,” that aboriginal people at large have an elevated suicide rate, or experience problems with alcohol, or too commonly drop out of school” (Beavan and White 2003, p. 3). Why is this so? We now know through extensive research that in some communities (Chandler and Lalonde 1998), for youth, “suicide is often viewed as the only meaningful social response to the never-ending confusion of everyday life for many young people” (Wesley-Esquimaux 2004, unpublished). Alcohol abuse has been identified as a core issue in some communities across Canada and “excessive alcohol use or bingeing has been strongly tied to the hundreds of suicide attempts and violence in northern Aboriginal communities” (Wesley-Esquimaux 2004, unpublished; Ross 2009, unpublished). It well is known that many young Aboriginal people discontinue their education sooner than their non-Aboriginal counterparts (Health Canada 2005, p. 93), and various addictions and mental illnesses resulting from addictions, whether experienced prenatally or in adolescence, remain problematic and are seen as contributing to high drop-out and incarceration rates nationally. Perhaps these issues and others have a deeper root cause that we need to examine and speak to as a national community.

In an earlier study done among the Nishnawbe-Aski Nation in Northern Ontario (2000), it was found that “eight of out ten females between the ages of 13 and 25 years old have been sexually abused, and six out of ten males between the ages of 13 and 25 years have been sexually abused” (Wesley-Esquimaux 2004, unpublished). These numbers go beyond stereotypes, they tell a story of challenges and a need for change that is much more serious and much more devastating than most individuals not directly related to these events would care to imagine. Clearly, there is more than meets the eye in defining what is needed to address the harsh statistics of suicide and differing forms of abuse. As a Native woman I am asking, “Are we grappling with a disclosure problem, tied to a deeper inability to protect our children from sexual predators in our own homes, and resulting and increasing youth alienation?” We are painfully aware as community members that we need to embed multiple forms of wellness, over continuing sexual and social dysfunction, and a whole lot of culture, into our collective visioning exercises. The Inuit have defined mental wellness as, “a lifelong journey to achieve wellness and balance of body, mind, and spirit. Mental wellness includes self-esteem, personal dignity, cultural identity and connectedness in the presence of a harmonious physical, emotional, mental and spiritual wellness. Mental wellness must be defined in terms of the values and beliefs of Inuit and First Nations people” (Gideon 2005). This means that movement away from a narrative of abuse and pain to one of change and acknowledgement must begin now and be guided by Indigenous experience (McKegney 2007). The obvious conclusion is that this new narrative must be ours, must be truthful, and must involve an honest assessment of where we can work

collectively to treat and mediate further abuses in our communities, rural and urban, physical and mental. We as a people have to walk away from our colonial experience, from marginalization, and from the sense that we are “without” and walk back into the strengths and values that sustained and guided our ancestors.

Aboriginal communities have experienced expansive change along with oppression in the last several hundred years, but for many communities, the last 20 years have been extremely tumultuous because of the opening up of the trauma dialogue in both an historic and contemporary sense (Herman 1997; Yellow Horse Brave Heart 2004a, b; Wesley-Esquimaux 2004, unpublished; Ross 2009, unpublished). Native people are increasingly aware of the historic trauma impacts that cross physical, economic, social, cultural, psychological and spiritual borders and manifest as maladaptive social patterns. We are becoming better versed in the discussion around complex post traumatic stress response, which in addition to disabling individuals, has created a deeper dis-ease in entire cultural communities. We accept that the intergenerational transmission of learned maladaptive behavioural patterns has contributed to the shame, suicide rates, domestic and family violence patterns, sexual abuse and neglect that we continue to grapple with. In addition, many Nations and communities have seen “a rapid transition from living close to the land, to living closer to the economic benefits and attractions of a band office and a cash and wage economy” (Wesley-Esquimaux 2004, unpublished). The effect of this transition cannot be minimized or diminished through stereotypes or explanations of acculturation and what passes for progress. Aboriginal people need nourishment in their minds, their bodies and their spirits, all of which came from a culture and subsistence based and holistic lifestyle that has been practiced since time immemorial (Harder 2005, p. 341). Today, Aboriginal youth frequently find themselves bereft of a culturally nourishing life experience, and just as “poor diet contributes to behaviours that cannot be considered normal in the context of physical and psychological growth, physical development, and in particular behavioural expectations” (Wesley-Esquimaux 2004, unpublished), a life without cultural and spiritual sustenance cannot sustain a healthy Native psyche. Developing a new narrative means speaking to the ‘enlightening events’ now regularly occurring within Aboriginal Canada and highlighting the political, social, economic, literary, and educational successes that can help the walk back to a strengths based future. It is important to imbed positive images of political and cultural events in the social memory and bring suppressed and distorted memories to light. This is the path to social efficacy and spiritual and cultural reclamation, because continuing to focus solely on images of traumatic historic events keeps attention on negative cultural representations and narrative.

However, we also find ourselves in a time when expectations of normalcy in a mainstream society, competing religions, and inadequate cultural and spiritual mores are increasingly in competition with one another. These are competing interests that contribute to an unhealthy spiritual and emotional life. Addictions, societal violence and increasing mental illness continue to divide communities and send many individuals into urban centres where they frequently find themselves without adequate social or financial supports (OFIFC 2007). Opening and sustaining a different kind of communication, fostering a new/old narrative through ancient, but still living and viable values, will allow an acknowledgement of and understanding about issues that concern Aboriginal peoples and their youth, and provide a clearer definition to what role we each will have to play in an effective change process. Best practices can become wise practices through recognition and application to (re)building inner strengths, and then our divisions can slowly become our unity. We have plenty of “evidence based” knowledge to substantiate the wisdom of applying traditional values and practice to the tough questions (and answers) that remain before us.

### Rationale: The Need for Wise Practices

The Indigenous population(s) of Canada and the United States is remarkably diverse, accounting for what Hodgkenson (1990) reported to be upwards of 50% of the actual cultural diversity of the whole continent. In British Columbia for example there are “more than 200 contemporary bands, that collectively speak 14 mutually un-interpretable languages, occupy a territory bigger than Western Europe, live in sharply different ecological niches and spiritual worlds, and have radically different histories” (Beavan and White 2003, p. 3). We can easily see that a ‘one size fits all’ best practices model would not work in this particular province and most First Nation, Métis and Inuit across Canada feel very much the same. Diversity in practice and care becomes a key consideration for successful interventions and in-care supports. In addition, a disparity exists between which communities are seen by higher authorities to be suffering the most and what culturally appropriate best practices are presently available to each of those communities. Wise practices, on the other hand, are immediately available because they begin from a position of internally generated cultural appropriateness and are tailored to suit the capacity building and cohesion needs of each individual community based on their common understandings and historic practices (2Spirited People of the 1st Nations 2008). Unfortunately, wise practices are not seen as valid and fundable by those same authorities and therefore languish as a modality of last resort (Brant 2009, unpublished). Aboriginal traditional teachings support the view that we are all related, interconnected and need to practice reciprocity. Aboriginal peoples have long argued that supporting and enhancing culture is a prerequisite for positive coping (Peters 1996; Brant 2009, unpublished). Therefore, Native peoples generally agree that it is important to “offer traditional teachings around spirituality, foods, nutrition, holistic healing, medicines and [trans-peoples’] roles in Indigenous societies” to promote connection and cultural safety in practice (2Spirited People of the 1st Nations 2008, p. 23). There is increasing dialogue in the academic literature about cultural awareness, cultural competence, or cultural sensitivity, all of which can be regarded as beginning processes, because cultural safety, a Maori concept developed by a nurse leader, is best regarded as an outcome, much like *wise practices*, that “enables safe service to be defined by those who receive the service” (Ramsden 2002, unpublished). Cultural safety is something that Indigenous peoples have always known about and understood as a necessary outcome of social services and health promotion, but have only recently been able to put into practice through insistence that their needs as clients and practitioners be respected.

Another area that requires additional attention is the concept of community capacity. Capacity is something that Native people see expressed “in the ability to undertake and promote collective actions efficiently—such as promoting law and order, addressing public health, and maintaining basic infrastructure” with its effectiveness emerging as a result of “using that capability to meet society’s demand for those goods” (Institute on Governance 1999, p. 14). This capacity comes from a community’s collective understanding of their needs, goals, and their quest for a positive group identity, all important to building and sustaining cultural continuity (Chandler and Lalonde 1998). This process can be partly revealed and understood through a culturally based assessment of each community’s level of social cohesion, because how people define themselves in relation to each other also refers “primarily [to] the capacity to construct a collective identity, and a sense of belonging (Chandler 2000). The focus then is placed on a society’s commitment and growing capacity to assure equality of opportunity by including all of its citizens and addressing and reducing marginality in its practices” (Institute on Governance 1999, p. 37). Out of this collective understanding has come one of the most important discourses to be undertaken in academic

fora by Native academics and increasingly at the community level as they return to their own territories, that of decolonization and addressing “state of mind” as a significant element of practice and treatment.

### Starting Wise Practices: Decolonization and Stages of Change

Laenui (2000) describes the process of decolonization as consisting of stages that can lead individual Aboriginal people or entire Aboriginal communities into a change process through negotiating the replacement of roles and responsibilities that have been imposed out of a colonial experience. She has identified these stages as **Rediscovery and Recovery** (where Aboriginal people can re-discover and re-experience their history and culture on their own terms and through their own languages and images), **Mourning** (where Aboriginal people can actively mourn their losses, “lament their victimization” and reinstate a grieving process that reaches back and incorporates traditional practice and protocols), **Dreaming** (where the use of dreams, and the setting and voicing of hopes and visions can be explored), **Commitment** (a stage where a single direction or expression of intent is reached and the collective takes on the roles and responsibilities of enlivening the implementation of change with active participation) and **Action** (where the re-activity of the past becomes pro-activity for the future and the community at all levels is engaged) (Laenui 2000, p. 153–58). Exploring and implementing these particular stages or taking similar steps to prompt awareness of the very real need for decolonization can be beneficial in helping communities re-discover their voices as social and political forces for change, will give them tools that help them express their distress, and provide methods that can move them forward in healing and hope, and allow them to tackle the questions of addictions and violence at a different level of comprehension.

The *Stages of Change* model developed by Prochaska et al. (1992) is another example of how foundational *best practices* might be transformed into *wise practices* for Aboriginal communities. The *Stages of Change* model suggests that each individual moves through various levels of cognition and awareness of their personal issues and their commitment to change. Prochaska describes how the individual will often begin at a *pre-contemplation* stage of their issue, when it is first brought to their attention, stating that ‘it isn’t a problem for me’. With further discussion and therapy, individuals may then begin to express concern over a presenting issue, a stage labelled *contemplation* (Prochaska 1992, p. 1103). After an individual accepts and expresses their need for change, they can enter a *preparation* phase, where they consider how they can make change in their life. The individual will then take *action*, and create a plan for implementing identified change and *maintenance* for continuing the change enacted (Prochaska 1992, p. 1104). While this model is universally significant and useful for many people, it may not always be suitable for Aboriginal clients or communities; in some instances because of their worldview, and at other times because of pervasive communal definitions of illness, wellness, issues, perceived meanings of change, and federal funding approvals.

Use of the *Stages of Change* model is also very individualistic and directed at self-dependency, and would therefore more likely be used on a personal basis, and billed out as a private expense, both of which are regarded as Western ideals. Western/European interventions in mental health and other medical concerns have been identified as generally ineffective in responding to the needs of Aboriginal peoples (Warry 1998; McCormick 1997; O’Neil 1993). This doesn’t mean that Native people never think in an individualized fashion when it comes to practice and improving mental health treatment, in fact in modern

instances this is increasingly the case. The difficulty comes with the notion that health care delivery, especially on reserve, is a collective agreement when it comes to federal financing. Models such as *Stages of Change* might well be altered or expanded to include family and community support, Aboriginal culture and spirituality, and run within a systems perspective that views nature and environment as important to well-being and balance (Friesen 2000), but it would rarely be funded on that basis. The point being that we quickly reach a critical impasse when it comes to treating addiction as an individual cost centre, when admissions to treatment centres are viewed as a collective expense. The government has already decided which treatment programs are “fundable” for First Nations, Métis and Inuit, and which are not. This immediately takes away the notion of choice and individual incentive for self-dependency and decision making. The treatment centres of choice from a federal perspective often have Aboriginal programming and endorse Aboriginal ideology or they are not considered ‘billable’ by the band and therefore are not covered financially for an individual seeking private or confidential care (Native Horizons, Enahtig Lodge). However, coming back to ways of fostering healing and treatment on an individual as well as community and relatively cost free level, the Seven Sacred Values or Teachings as a wise practice treatment modality might well provide the cultural and spiritual strength necessary to complete the *Stages of Change* process, because as discussed below, the seven sacred teachings are generally seen as having great impact on community change, governance, healing and collective capacity building for the future.

### **The Seven Sacred Values or Grandfather Teachings as a Foundation for Wise Practices**

These teachings maintain that there are seven qualities or values that a person should embody at all times to live a good and balanced life. Aboriginal peoples and communities that follow these teachings benefit from what these seven foundational principles have to offer as traditional yet modern *wise practices* for positive change and growth. Anyone with an interest in exploring these values and applying them to their life can find positive change and growth in what these principles represent. They speak to our relationship to our self, to what we have with each other, and about our deep responsibility to the earth. The seven teachings present orderly steps to living in a good “state of mind”, and represent both a pathway and reflect the interconnected nature of the human growth process. The *wise practices* journey through the seven teachings (values) begins with understanding and embracing the significance the following values play in one’s life; **Courage**—*to speak, to reveal, to reach out, to be open, to be introspective*, **Honesty**—*to know yourself and your own values, biases and beliefs, to speak from the heart and soul, to allow yourself to truly be seen, know and be known*, **Humility**—*we are all in this together and all have inherent value, no one person is greater than any other in spirit, we are all ordinary and extraordinary beings, our greatest task is to learn to be of service*, **Respect**—*coming together and honouring each others place and space, knowing that this is something you must give to get, honouring the smallest to the oldest, walking in beauty*, **Truth**—*our truth is not the only truth, there are many paths to home, we are created equal, no matter how much we learn, there is much we do not know, creating* **Love**—*unconditional acceptance of self and other; accepting and embracing difference, allowing, and gracefully giving of everything we are*, **Wisdom**—*providing an expansive and inclusive view of the world*. These teachings and stages are not exclusive or final and each one has something that enhances and illustrates the others. In order to understand the underlying principles of *wise*



*practices*, it is important to understand how these values can be expressed as tools for change and where they might impact community mores and can potentially transform unhealthy practices in Aboriginal communities today.

### Courage—Speaking

To demonstrate courage one must stand and make difficult decisions, and make choices that may lead to painful solutions, often sacrificing the personal for community benefit. In communities experiencing pain and loss, it takes a great deal of courage and inner strength to speak up and follow through with restitution and support. When issues that affect a community are not visible, but underlie divisive patterns of harm, addictions, and sexual and family violence, it can be difficult to challenge the status quo and exhibit courage in the face of denial. Denial can be a dangerous and destructive force when communities hide what is seething directly below the surface. In many instances it is the loss of cultural safety, language, and traditional values and practices that have predicated the descent to increasing levels of alcohol abuse, addictions and family violence (Yellow Quill 2007)<sup>1</sup>. One area that requires a candid discussion from childhood through adulthood, and is not peculiar to First Nation, Métis and Inuit communities, is the devastating impacts of foetal alcohol spectrum disorder (FASD) and foetal alcohol effect (FAE) in Canada. Dr. Sterling Clarren (2004) has noted that, “Something happened here, a tipping point, because the amount of FASD work going on in Canada is unique in the world.” His mission is to make sure the work on FASD is focused to produce practical solutions, noting that there are now 170 government-funded foetal alcohol-related projects in northwest Canada alone, and says all this work should be better co-ordinated so what is learned can be shared with everyone involved (Wadden 2008). The controversy and silence that swirls around this neurological and cognitive disorder exacts an incredible price for a one hundred percent preventable malady (Buxton 2004). We have to speak to prevention of prenatal alcohol abuse through even earlier prevention of neglect, home abuse and violence, and resulting unhealthy drinking patterns. Ignorance of this becomes the “bodies in the river” approach to care of children and families which means that we always have to go back further than treating the women who are struggling with alcohol addictions to providing community intervention and support (Wesley-Esquimaux 2007). The Aboriginal community has dedicated an incredible amount of research and thought to how best to approach and rectify this important question (Tait in Kirmayer 2009), carefully taking into consideration the social, environmental, and historic trauma mentioned earlier in the text. As Tait notes, “history has taught us that the naming of our distress by others can have far-reaching and unexpected effects: diagnostic labels and explanations that single out particular causes for complex problems may help to organize an effective response, but they can also be used to justify our individual and collective marginalization and disenfranchisement” (2009, p. 197).

Unhealthy social patterns become “representations of what is happening beneath the surface of the community, symbols of what has not been confronted, metaphors for what was not told” in the community’s story (Wesley-Esquimaux 2004, unpublished). A refusal to acknowledge

<sup>1</sup> Yellow Quill First Nation, in Saskatchewan, experienced an unprecedented tragedy in February 2008 when a young father, inebriated, dropped his two young daughters, unprotected by warm clothing, from his arms in a blizzard, and they both died of exposure. This tragic tale has riveted the media and the community, both asking how something like this could happen. This speculation prompted the toddler’s grandmother to speak out against the boredom and excessive drinking among the youth and adults in this small, relatively remote, reserve community.

hurt and harm in the community can lead people to claim things are generally well and there is no need for change (Wesley-Esquimaux 2004, unpublished). Thankfully, this view may not be held by everyone although fear of ostracism or social sanctions may prevent individuals from coming forward with concerns and speaking courageously. In many Aboriginal communities there is a “persistent reluctance to address sexual abuse in particular, because of a culturally dictated reluctance to confront or accuse others and the shame attached to such intimate disclosures in small communities” (Wesley-Esquimaux 2004, unpublished). In the winter of 2002–2003, the Vancouver Island Aboriginal Transition Team (VIATT) conducted a series of Aboriginal Community Dialogue Sessions, and reported back to community in draft on these sessions. VIATT was formed in response to possible changes to the child welfare system in B.C. The community dialogue sessions were designed to “support the preparation of a service plan and governance structure for the delivery of services to Aboriginal children, youth and families in the Vancouver Island Region” (VIATT Report 2002/02: xxvii). During these consultations, Aboriginal participants were asked, among other things, to identify their biggest concerns for the future of Aboriginal children and families. In the Draft Summary Report, the first item identified by participants was the “Legacy of Residential Schools” (2004, p. 12). Under that heading, the first area of concern was “Sexual Abuse.” Participants identified: sexual abuse [is] not taken seriously in communities; abusers are still being chosen as leaders; abuse has been normalized; sexual abuse is surrounded by secrecy; and Aboriginal children are vulnerable” (Report, 2002/03: xxviii). This is where “returning to the teachings” (Ross 1996) may have a profound effect, because *wise practices* do not utilize blame and labelling, but encourage and instruct in a cultural context and give those who offend a chance to make restitution for their errors in judgement and abusive behaviour (Hollow Water 2000), leaving room for them to “come out” and declare a need for treatment.

The difficulty of accusing and ‘outing’ those who are contributing to violence and general unwellness means that it takes a special kind of courage and knowledge to acknowledge that there is something deeply wrong in how people are behaving. Healing deeply rooted historic and contemporary wounds is a difficult process that must however, be undertaken in order to create a positive and productive vision for the future. “Healing, therefore, might best be understood as a sometimes difficult, even painful path toward health through full narrative” (Fox and Long 2000, p. 271). Little Bear (2000) explains the purpose of communication, of speaking with courage: “That is why we engage in conversation, so I can share my experiences with you and make you understand what I am feeling, when you respond, you are doing the same with me” (Little Bear 2000, p. 9). *Courage—encouraging speaking and building narrative* will allow communities to find their voice, heal their wounds and fight against the persistent perceptions of dysfunction, loss and lack of capacity that plague Aboriginal community consciousness and that of the Canadian population. How can western medical models utilize this value? Traditional models of healing and health must be given due consideration and support, Aboriginal people will not be able to find their way through to healing unless they are able to tell their stories in a safe and sacred space, something not possible to achieve in most medical offices. Supporting Native medical centres and healing circles will be necessary to close this circle of hurt and restore a “good mind” to Native peoples (Brant 2009, unpublished).

### Honesty—Finding

The teaching of honesty is about being open in an emotional and spiritual sense and recognizing what is regarded as right. Demonstrating honesty and finding your way in a

‘good state of mind’ is about embracing a process of introspection, even when what one is likely to find within is extremely painful and brings personal and communal shame out into the open. It is also about developing services that are appropriate and flexible, suited to the needs of individuals within a community and framed to reflect the capacity of the group. “Innovative, community based, and community responsive projects where research is a part of change are becoming normative in many Aboriginal communities, and more recently communities have begun to develop their own research ethical frameworks and protocols to run their own culturally appropriate and safe research projects (Wesley-Esquimaux 2004, unpublished; Tait 2009). Not every Aboriginal community needs to be interested or invested in research, but every community needs to be aware of their various internal and external resources and how to effectively mobilize them to facilitate the achievement of their social and cultural needs.

If services provided in the community for elusive and hidden matters like family violence, addictions and mental illness are not seen as effective or accessible, they may go unused and opportunity to work towards a change state may be lost indefinitely (Wesley-Esquimaux 2004, unpublished). If a community does not believe in the services they are being offered, or perceives that they cannot be changed even when they want them to reflect their own needs, a breach of honesty has occurred on both sides of the relationship. Appropriate and flexible services become *wise practice* if they authenticate long-term needs and community input. *Honesty—Finding* asks First Nation, Métis and Inuit peoples to be honest with each other, developing services, programs and research projects internal to the community that are publicly accessible and appropriate for all members and their families. Supporting these programs and services financially while Native people find their way through to healing and health is imperative.

### **Humility—Hearing**

The teachings of humility remind a person to be aware of what they know but also what they do not know. The shaming that went on in residential schools and the punishment meted out for an inability to answer questions has had long term consequences for knowledge retention and exchange (Miller 1996). And, in some ways this requirement of humility has also confounded the transfer of traditional knowledge to subsequent generations because healers and teachers did not share their knowledge base widely. A lack of adequate merit in younger generations to carry a bundle of knowledge has also been alluded to, and of course historic trauma has played a tremendous role in this loss (Big Canoe 2005). Battiste and Henderson (2000) cite Aboriginal perspectives on science and knowledge exchange as differing in two important respects from Western/European science: 1. It is highly localized (geographically); and, 2. it is deeply social. The focus is the web of relationships that exist between humans, animals, plants, natural forces, spirits, and landforms in a particular locality, and it is this focus that requires a measure of humility and listening/hearing/receiving ability in the transfer. We know profoundly in almost every community across Canada how deep a loss it is when there is no one to humbly receive and perpetuate land based cultural knowledge. Therefore, Aboriginal peoples have learned at great cost that sharing our thoughts and skills can allow us to know ourselves better, and demonstrate valuable and appropriate *wise practices* in action. Knowledge transfer has far-reaching implications in a world of digital communication and conferencing; it means that no point on the globe is out of reach for Indigenous communities anymore and we can assist and encourage this exchange. Beavan and White (2003) suggest that knowledge

transfer can be easily understood and facilitated and become applicable for Aboriginal communities as wise practice once they move to a viable and deliberate exchange process:

“Notions of “knowledge transfer,” and the “exchange of best practices”—a vision that sees relevant knowledge and practices as also moving “laterally” from community to community, rather than only *from* Ottawa or some provincial capital “down” *to* the level of aboriginal communities” (Beavan and White 2003, p. 2).

“There are very good reasons to believe that some of the bands in question are firmly in possession of knowledge and practices that could be of enormous potential help to others, if these could be exchanged somehow, or transferred from one community group to another” (Beavan and White 2003, p. 4).

Not all Aboriginal communities are suffering, but those that are, frequently suffer in similar ways (Nishnabe-Aski Nation, 1990–2001). Those communities that have had past struggles with suicide can lend pertinent information to those suffering in the present. Beavan and White note that in British Columbia:

“more than 90% of aboriginal youth suicides occur in only 10% of the bands, with some communities suffering rates as much as 800 times the national average, while more than half of the province’s 200 First Nations bands have not experienced a single youth suicide in the almost 15 years for which such figures are available” (Beavan and White 2003, p. 1).

These statistics are instructional and the knowledge processes and practices that these ‘suicide free’ communities are engaging in needs to be shared, their knowledge transferred, and communities enabled emotionally and financially to receive this incoming support. Each successful community can be encouraged and funded to be proactive in attending national forums, and in providing educational programs that can be implemented elsewhere by getting appropriate assistance to develop procedures and examples that may be effective from one community to another (Fox and Long 2000, p. 295). This was a long standing and therefore what would be considered “wise practice”, prior to the demoralization of colonization and imposed health and governance practices. Western models can be enhanced at the community level by supporting the codification of community mores and treatment modalities that are identified as having strong utility and function.

Beavan and White (2003) and Chandler and Lalonde (1998) found that there were several protective factors that indicated a lower suicide rate in communities studied: control of child protection services, women represented in government, the presence of police/fire services, existence of cultural facilities, good overall healthcare, control of education, known status of land claims and the community’s level of self-government (2003, p. 6). *Humility—Hearing* is not necessarily about liking what you hear from your own community or others, but it requires realizing through open communication that change is needed and that cultivating and extending acceptance of the transfer of knowledge from other communities that have initiated change themselves is essential to addressing violence, abuse and addictions. Humility means accepting that you cannot know everything and there is nothing shameful about reaching out for help.

### **Respect—Coming Together**

Respect is often held as the most important teaching, a virtue seen as so pure and right that it might supersede the other teachings. Respect is also about equality and fairness, and

speaks to the interconnectedness of each of the seven values. This value expresses recognition that every person, creature, and plant on the earth is equal in their ability to feel, live and desire to express themselves. Leroy Little Bear shares that, “if everything is animate, then everything has spirit and knowledge. If everything has spirit and knowledge, then all are like me. If all are like me, then all are my relations” (Little Bear 2000, p. 2). We must recognize and acknowledge that reverence for life and communication between all things is easily lost within the changing nature of contemporary Aboriginal and western society. The “de-centering” of traditions in Aboriginal communities has often left people “without a core in their social relationships” (Wesley-Esquimaux 2004, unpublished). This disconnection can create disparity in understanding, leaving Aboriginal people vulnerable to power hierarchies and entrenched social divisions and unable to come together in respectful unity and caring.

It is felt and often expressed that the voices of the Elders are not being heard as clearly as they once were. Their place in Aboriginal society has changed with the introduction of modernized traditions and technology (Porter 2008). Elders’ teachings are not “given the same priority that they were once given when culture and tradition came first in the social and political arenas” (Wesley-Esquimaux 2004, unpublished). In addition, out of this de-centering has come a latent suspicion of those who call themselves *Healer or Teacher*, perhaps this is a natural by-product of a society that has experienced a profound lack of respect in their historic and contemporary relations with government and those who would “help” heal the wounds of those experiences. Focus Group participants working with the Aboriginal Healing Foundation have contemplated some key characteristics of a healer/teacher: they must have a good track record of ethical conduct supported by references, they are humble, honest, gentle, and have worked through their own anger; they are recognized as a healer by others, they listen actively, intently and hear clearly, and have reconciled with mother earth; they express absolute self-acceptance and are respected in the community; they are fearless and free from the need to control; they understand and accept their professional limitations and make referrals; and they are spiritually grounded (Aboriginal Healing Foundation 2003). I would add that they have an excellent sense of humour. These characteristics depict a person that has mastered and expresses the value of respect in their lived experiences, and while they are hard to come by, they are present in our communities and radiate and embody *wise practices* in their work. It will take time to teach the next generation of care givers the deeper meaning of respect and re-constitute trust and faith in their practices at the community level, but it can be accomplished through the diligence of those healers who have earned respect through long-term practice.

*Respect—Coming Together* is an important stage in the reclamation of wise practices for Aboriginal communities, for it places a priority on levelling out the divisions that have been created in many communities. We need to re-centre sustenance in the core of our circles of caring for without food and self-sustainability from land-based knowledge we have nothing, and children must be centred around that core of sustenance because without their survival we do not have a future, women and mothers must sit around that circle of childhood because without loving parents we are often lost in the world, Elders must sit around that circle of women to focus or in some instances re-orient them to their responsibilities as parents and to help foster and strengthen a collective identity and healthy choices, and men must re-assembled around the perimeter of the entire circle so that they can take their rightful place as contributors to keeping the balance of community knowledge, protection, parenting and identity functioning (Kassi 2008).

## Truth—Creating

The sacred teaching of truth also contributes much to the cycle of change in this discussion of *wise practices* for Aboriginal communities. Truth is about accepting realities in spite of some unpleasant facts, or perhaps because of them, and building a realistic vision for the future. The need to adopt a “long-term view of systemic change” is not only necessary for those communities who struggle with social issues but also for the development of appropriate practices to maintain long-term health (Institute on Governance 1999, p. 9). Truth is about taking action, developing a plan and sticking to it, as Laenui (2000) describes in her call for decolonization, in many Aboriginal communities it is clear that,

“enough asking has taken place. It is now time to put these ideas into action; to initiate and implement the many suggestions that have been made. Most prominent of these are the programs and activities aimed at reducing the boredom and frustration that youth feel. There is a clearly stated need for recreation programs and the development of community based healing initiatives including personal and family counselling, support groups and educational efforts” (Wesley-Esquimaux 2004, unpublished).

If truth is about the future, it is also about the First Nation, Métis and Inuit youth that are growing up in circumstances that continue to reflect colonial impacts and despair, as well as growing potential for self actualization and pride. Youth become the physical representation, the expression of courage, honesty, humility, respect, truth, love, and the pin-ultimate of Aboriginal wisdom and wise practices in action when given an opportunity to flourish. To give them their just due, more than political rhetoric and lip-service, we need to be truthful with ourselves and with them, in every way possible. The seven teachings speak about harmony and balance, and express ways to protect the web of life, to foster and celebrate the utter beauty and connectedness of all things and all people. If Aboriginal communities are to utilize those teachings and implement *wise practices* into their daily lives and health and social systems, those connections must be rediscovered, applied and strengthened. “The value of wholeness speaks to the totality of creation, to the group as opposed to the individual, the forest as opposed to the individual trees” (Little Bear 2000, p. 3). Aboriginal communities are just that, groups of people depending on one another for strength, answers, hope and friendship, and therefore the reality of many truths must be recovered, felt, grieved, celebrated and lived on the path to healing, to building new narratives about who Aboriginal people are, and to ensure that everyone arrives together.

## Love—Feeling

Learning to recognize and embrace the experience of feeling emotions means learning to experience love and to find and foster positive regard for ourselves and each other. In a world turned upside-down through colonization, in residential schools, and through continuing family violence love can prove to be a difficult path to tread to enlightenment, but it remains foundational for building and sustaining healthy communities. The learning, teaching and expressing of love means recognizing one’s own strengths and abilities to cultivate self-regard in self, individuals, families, communities and within our many Nations across this country. Self-regard can be seen as “confidence in your own merit as an individual” (Thoms 2007, p. 25) it becomes a personal action which can then be viewed through a wise practices lens. When a person acknowledges their own merits, they are at the same time recognizing the merits of their family and the environmental system that they

belong to as contributing to the development of wholeness in themselves as an individual, and in nurturing them as a part of the collective.

Maintaining cultural identity has a great deal to do with community esteem, once people are reconnected to their cultural identity, they experienced improved self-esteem, which has been correlated with healthy or improved functioning in society (Duran and Duran 2000). Several writers have noted that “a positive cultural identity is a crucial feature of the sense of self; to acquire or retain an identity a group needs communal celebrations, ritual enactments and public opportunities to embrace their traditions” (Chandler 2000; Lalonde 2003; Wesley-Esquimaux 2004, unpublished). Acceptance is a key consideration of this deeper understanding, but acceptance of culture is only one aspect. Aboriginal people must cultivate what Marian Bogo calls “unconditional positive regard”, where “acceptance rests on the belief that all people have the right to be heard, understood and helped...one does not have to value the behaviour to value the person” (Bogo 2006, p. 70). Putting positive attention on the actions and behaviours of persons in the community will foster a sense of care and concern for collective community well-being. Demonstrated and active interest in the life of every child would instil confidence in our youth and would contribute in turn to their ability to invest in a positive future (Wesley-Esquimaux 2004, unpublished).

Blatant or unconsciously negative interaction prompts negative conditions and negative consequences. Many people focus on the negative aspects of life in community; iterating what is going wrong there instead of what is going right (Wesley-Esquimaux 2004, unpublished). This is an area where Wesley-Esquimaux (2009) can see a profound need to focus on the positive and the incredible resiliency of Native peoples in Canada. In order to “Change the Face of Aboriginal Canada” we are all going to have to learn to speak in loving terms of who we are, what we have maintained, and what our aspirations as a people are. The children are listening and they need to hear about good things and real accomplishments and good health. *Love—Feeling* is about communicating the positive aspects of living in community, establishing a sense of trust and unity in interpersonal relationships and paying attention to the young people that require positive reinforcement. Strengths can be drawn from the love shared by healthy Elders, but also through the innocent love the newly born can provoke. The greatest love of all comes from relationship with the earth, and this is where Aboriginal communities always find their heart. The rest of society can contribute by expressing consideration and support for Aboriginal Health initiatives and progress forward in building community infrastructure and governance.

### Wisdom—Providing

The teaching and learning of wisdom requires recognizing diverse ways of knowing, accepting Aboriginal ontology, and ensuring those forms of knowledge are kept alive in the world. Walking in Wisdom means understanding that we are lifelong learners; that we have much to give but even more to discover. Teaching and acknowledging different way of knowing within community constitutes a *wise practice* for families but also for community leaders and government. The Institute on Governance (1999) has suggested the following wise practices to “get government right” in Aboriginal communities (Pg. iv):

- forging a clear vision
- matching roles to capabilities
- having the fundamentals in place—legal and policy regimes

- promoting an effective public service
- eliminating corruption
- building sound institutions
- instilling healthy competition in the provision of public services
- promoting social development

Service provision by staff and front-line social service workers in the community, government and institutions can be improved by offering culturally safe training sessions and seminars that are directly related to social issues the community is currently experiencing and those that are likely to arise in the future because of earlier inattention or fiscal shortfalls and or that have been identified through culturally based needs assessments (Wesley-Esquimaux 2004, unpublished). Once appropriate and community directed sessions and seminars are initiated and sustained, families must be invited to experience guided opportunities to share and express themselves. Staff and front-line social service workers will learn from and inform those living in their community about the use and implementation of a *wise practices* model that would be developed to assist informed and practical movement towards health. Active healing and responsibility building can be initiated through promoting an *invitational* process that supports “active attendance at community circles, talking sessions, workshops on family violence or topics in that area, and psychological jam sessions as a group” (Wesley-Esquimaux 2004, unpublished). We are looking for a different kind of involvement, a different foundation of knowledge exchange and support, a different kind of receiving. The entire process would be based upon knowing and understanding the seven teachings or values and would require staff, front-line workers, and external agencies working with Aboriginal peoples to learn how to live and model those values first. We cannot expect treatment for new and chronic addictions, mental illness and family violence to be any more successful at community levels if we cannot walk the talk and live through those teachings as practitioners. Working through *wise practices* mean living a conscious life; expressing a humble acknowledgement of how courage, honesty, humility, respect, truth, love and wisdom can guide us towards personal health and an uplifted community.

Information being provided to community members does not have to be scientific or overly complicated; it can represent ‘traditional’ forms of knowing applied to ‘modern’ social issues. In addition, holding training sessions on the land would attract youth who want these teachings of wisdom in the context that they were originally meant for. *Wisdom—Providing* is the final stage of wise practices for communities, where opening avenues for knowledge exchange prompt community building and safety for those within the community circle. The how of this exchange is not complicated, it means doing what is suggested, engaging and dialoguing with the very people inside and outside of each community actively seeking change.

## Conclusions

It has been shown that when best practices are truly effective, they speak to the past and to what has been demonstrated through trial and error to be effective. Wise practices also look to the past, and acknowledge time honoured teachings that brought balance to the individual, the family, the community and the world as we knew it. Wise practices are dynamic and stable at the same time, they address what is being done in Aboriginal communities today, and they speak to how these things were managed and mediated in the

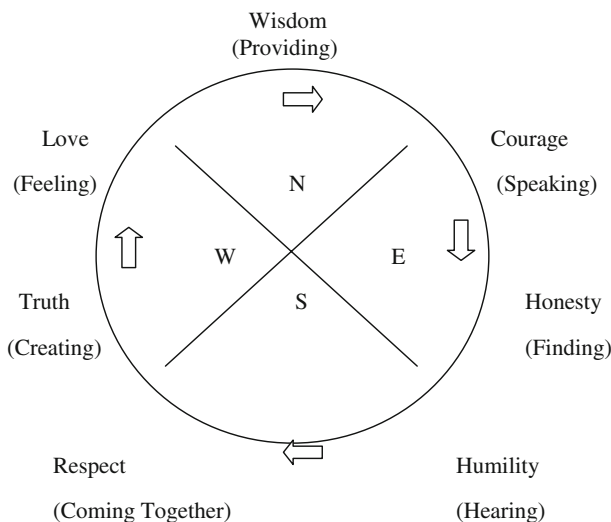


past. The concept developed by CAAN and Michael Thoms (2007) have great utility for a gentle push into future community health and practitioner initiatives. Aboriginal people have the intuitive knowledge and the wherewithal to create change and health in their communities, they always have had. The Seven Sacred Teachings and the concept of “wise practices” are ways of iterating “Aboriginal best practices” that have evolved over time to ensure balance in physical, emotional, mental, and spiritual health for the Aboriginal community. It is necessary to reach back to step forward as we acknowledge and affirm our collective hope for the future.

To step out and away from the damage that has been done through colonization and imposed systems by the Canadian government, it has been deemed useful to create and invite pilot projects across Canada that re-introduce the seven values and the concept of “wise practices” as tools for community change. The Banff Centre in Alberta is presently undertaking a literature review, research project, and a model design process under the direction of the senior author through the auspices of the Nexen Research Chair on Aboriginal Leadership. Case studies from several communities will be researched and assessed over the next 5 years to determine whether or not treatment methods and procedures, and governance practices identified as “wise practices” have the kind of utility that is suggested in this paper. Aboriginal leaders, teachers and Healers know that we have to acknowledge the adage “we have our own ways” to build the spark that will ignite the flame of fluorescence and reclamation of culture, language, and governance practices that will in turn end the unrelenting violence, addictions, and mental illness in our communities.

*“Nothing wants to suffer. The wind does not want to carry the stories of death”*  
 (Hogan 2000, p. 9).

**Appendix—The Cycle**



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