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DU CANADA

# **Psychology's Response to the Truth and Reconciliation Commission of Canada's Report**

**A report of the Canadian Psychological Association and the Psychology Foundation of Canada**

Prepared by the Task Force on Responding to the Truth and  
Reconciliation Commission of Canada's Report

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## **Psychology's Response to the Truth and Reconciliation Commission of Canada's Report**

### **Prologue: Three days, three people**

Several of our task force members were from Mushkegowuk Aski territory along the James Bay coast in northern Ontario. Mushkegowuk refers in part to the great strength and power of the First Peoples of that land (Mushkegowuk Council, 2018). That region became a port for the Hudson Bay Company ships and has been greatly impacted by colonial forces since that time. The strong, resilient, hospitable and often very spiritual peoples of that region have continued to cope with the chronic lack of support by the government and the helping professions. During the few dates of our face-to-face meeting from August 18-21, 2017, the home community of several of the task force members lost three community members, two of whom were just teenagers. The passing of those spirits underscores the importance and the urgency of the work of this task force and the need for real and lasting change in the nature and degree of mental health services that are available to Indigenous people in Canada today. This report is a hopeful representation of that change.

### **Overview**

The Canadian Psychological Association (CPA) is the national professional association for the science, practice, and education of psychology in Canada. The CPA's mandate is to improve the health and welfare of all Canadians; to promote excellence and innovation in psychological research, education, and practice; to promote the advancement, development, dissemination, and application of psychological knowledge; and to provide high-quality services to members. The Psychology Foundation of Canada (PFC) is a national charitable organization whose focus is on mental health promotion by creating and providing prevention programs that are used across Canada in the education, social service, health, and business sectors.

In light of the recent findings of the Truth and Reconciliation Commission of Canada's (2015) report the Indigenous task force was created in order to develop concrete, action-oriented recommendations to improve the field's service to the First Nations, Métis, and Inuit populations in Canada. The make-up of this task force was an intentional gathering of service providers, granting agencies, and leaders from Indigenous communities to represent a collaborative model for psychology. We encouraged a culturally safe space, and this report is a reflection of that space.

The scope of this report includes psychology's role in service delivery, research, and mental health program development and evaluation. The task force hopes that this paper will directly and quickly be of assistance to Indigenous communities, by providing direction and guidelines for the profession of psychology and by leading to further self-reflection, recommendations, and cultural literacy development by those who practice psychology.

## Task Force Objectives

The task force created a statement of accountability and responsibility to Indigenous Peoples on behalf of the profession of psychology in Canada and developed guiding principles for psychological practice with Indigenous Peoples in Canada.

The objectives included creating recommendations and guiding principles that acknowledge and respect Indigenous concepts of the person, health, family, and ways of knowing. The task force also addressed: assessment, treatment, research, education, clinical training at the graduate level, continuing education for practicing psychologists, program development and evaluation, and advocacy.

The task force recommends the following in addition to a formal report: a fact sheet, cultural allyship,<sup>1</sup> a literacy training module, and a standing committee. The task force recommends that a standing committee/knowledge-sharing group comprised of both psychologists and Indigenous community members be instituted to continuously respond to questions and challenges regarding the interaction between the discipline of psychology and Indigenous Peoples, and to facilitate knowledge exchange. This knowledge-sharing group will have an explicit commitment to improving the lives of Indigenous Peoples.

The work of this task force and its resulting documents are a starting point not a conclusion. In dialoguing among its membership, the group agreed that reconciliation is a process that must be collaborative and ongoing. In collaborating, the profession of psychology must further develop a strategy for continued contact with, at a minimum, the three national organizations that represent First Nations, Inuit, and Métis Peoples in Canada: The Assembly of First Nations, Inuit Tapiriit Kanatami, and the Métis National Council. In this way, psychology should be a participant in the national conversation about the social determinants of mental health and how psychology can work with Indigenous Peoples to improve the wellbeing of this population.

Regarding diversity, this task force used the term “Indigenous;” however, readers are asked to recognize that among this one group are approximately 60 languages, hundreds of culturally distinct groups, variability in traditional spirituality and religion, traditional versus Western education, as well as all the variability that is in the population at large, including rural versus urban populations and so on. In addressing psychology’s impact on Indigenous Peoples in Canada, the reader is asked to be mindful of the great diversity implicit in the broad term “Indigenous.”

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<sup>1</sup> Allyship: Psychologists are called upon to openly identify themselves as allies and to stand as advocates for those that have been oppressed by colonial systems. It is insufficient to have awareness and sympathies for the plight of the Indigenous Peoples in Canada. Members of the profession are called upon to work with and for Indigenous Peoples. This will involve prioritizing the use of time to learn about and understand how Indigenous people conceptualize themselves and their families, communities, health, and the impacts of colonial systems on their histories and current lives. Psychology is called upon to support the healing journey needed to provide relief and build prosperity, in all of its forms, among Indigenous Peoples in Canada.

## **Process**

The findings of the task force are the result of a process that included the review of a number of documents and subsequent discussion amongst task force members. Relevant documents are listed in Appendix A. This report is the result of the proceedings of a three-day discussion that occurred in the summer of 2017 and a series of group discussions and revisions by the task force members in the months that followed.

## **Dates of Meeting and Revisions**

August 18-21, 2017	Task force face-to-face meeting
August 23, 2017	First draft of notes developed and verified by note takers
September 4, 2017	Second draft
October 14, 2017	Third draft
October 26, 2017	Fourth draft
January 25, 2018	Fifth draft
February 8, 2018	Sixth draft
April 11, 2018	Seventh draft

## **Statement of Accountability**

The task force overwhelmingly agreed that psychologists, must be accountable for the profession's marginalization of Indigenous Peoples in Canada. The task force developed the following 2-part statement of accountability:

1. Acknowledgement of accountability for harms done to Indigenous Peoples in Canada on the part of the profession of psychology, including an articulation of the specific harms done and a formal apology to Indigenous Peoples in Canada on behalf of the profession.
2. A position statement providing direction on how to move forward toward reconciliation between the field of psychology and Indigenous Peoples, and how psychology can support Indigenous Peoples in Canada moving forward.

## ***Acknowledgement***

The Truth and Reconciliation Commission of Canada's report, published in 2015, has provided evidence and details of the cultural and physical genocide of Indigenous Peoples in Canada, particularly through the residential school system, which began in the late 1800's. Throughout the 19<sup>th</sup> and 20<sup>th</sup> centuries, the Government of Canada has developed and enforced policy and legislation that have contributed to the marginalization and oppression of Indigenous Peoples in Canada, through enforcement of the Indian Act,

forced relocations of communities, and the ongoing control and subjugation of Indigenous Peoples and families.

The profession of psychology in Canada developed in the same political climate and colonial context that gave rise to the residential school system and participated in the process of cultural genocide. The profession of psychology, in its interaction with Indigenous Peoples in Canada has contravened its own code of ethics. The *Canadian Code of Ethics for Psychologists* has four main principles:

1. Respect for rights of dignity of persons and people
2. Responsible caring
3. Integrity in relationships
4. Responsibility to society

### **Respect for Rights and Dignity of Persons and People**

Historically, the profession has failed to respect the rights and dignity of Indigenous Peoples by failing to acknowledge the social injustice of over a century of federal policy aimed at the eradication of Indigenous culture and peoples through residential schooling and forced adoption initiatives, among others, and the impact that those policies have had both directly and inter-generationally on the mental health of Indigenous Peoples.

### **Responsible Caring**

In relying on methods and epistemologies that are foreign, less than useful, and potentially harmful to Indigenous Peoples in Canada, much of the care that has been provided has not been grounded in appropriate cultural understandings that include Indigenous concepts of self, Indigenous concepts of health and illness, Indigenous views of family, and Indigenous cultural values. As a result, the treatment that has been provided, has not been responsible, and in many instances, has been traumatizing and re-traumatizing to already marginalized Indigenous Peoples. In addition, as a health-related discipline, psychology has the moral obligation to welcome research that identifies culture and tradition as aspects of empowerment and treatment. Psychology, as a collective profession, has failed to meet these basic standards of care.

### **Integrity in Relationships**

This ethical principle mandates that, in providing treatment in their particular areas of competence, psychologists in Canada are called upon to evaluate how their “experiences, attitudes, culture, beliefs, values, individual differences, specific training, external pressures, personal needs, and historical economic and political context might influence their activities.” As a discipline, psychology has not done this in relation to Indigenous Peoples in Canada. Psychologists have not, as a profession, engaged in the essential cultural safety and cultural competence training required to reflect on cultural values, implicit



biases, and ethnocentrism that dominates the field, in order to engage in these relationships with true integrity.

### **Responsibility to Society**

Psychology as a discipline, has not demonstrated a respect for the social structures of Indigenous communities in Canada that have evolved since time immemorial. Approaches to assessment and treatment have not been normed or validated in partnership with Indigenous populations. Assessments that do not acknowledge or draw from Indigenous epistemologies have caused unnecessary disruption to already marginalized family and community structures. Psychological tools that are inappropriate have been used to support discriminatory policies that pathologize Indigenous Peoples, as well as practices that are neither just nor beneficial to Indigenous communities in Canada. These behaviours fail Indigenous communities and thus are irresponsible to Canadian society as a whole.

### **Statement of Acknowledgement from the Task Force**

As we acknowledge a failure to meet our own ethical standards, the profession of psychology in Canada must also acknowledge our history of having caused harm toward Indigenous Peoples. We acknowledge that these failings have roots as far back as the development of this profession in Canada. We apologize for not opposing discriminatory governmental policy. We apologize for colluding with policies and laws that have promoted the marginalization and oppression of Indigenous Peoples. We apologize for grounding our approaches to assessment and treatment in epistemologies and research that have little relevance to Indigenous Peoples. We apologize for the lack of acknowledgement of cultural and historical contexts of Indigenous Peoples in Canada in our professional work, and our failure to name the unjust impacts of our governmental policies on Indigenous Peoples. Although as a profession we have a strong commitment to healing in ways that are empirically supported, we have been biased, irresponsible and disrespectful to Indigenous Peoples in Canada in the manners described here. We apologize for failing to be supportive allies and advocates to Indigenous Peoples.

### ***A Path toward Accountable Practices***

True accountability for the profession of psychology means that 1) both collectively as a discipline and 2) individually as practitioners, scholars, teachers, and researchers, we must answer for our unethical conduct. Psychologists are therefore responsible for facilitating a true reconciliation process with Indigenous Peoples in Canada and for ensuring that their future conduct be ethical.

In order to be accountable as a profession, psychologists must engage in critical self-reflection and evaluation of their skills and performance, particularly in relation to how their work impacts others. This is especially crucial when the population that is receiving services is vulnerable or already marginalized. When psychologists make errors or act in ways that add to, rather than diminish, oppression, they are obliged to take corrective measures.

In acknowledging the collective misconduct of the profession of psychology and the recognition of accountability for that misconduct (both direct and by default), the task force commits to the following obligations to the Indigenous Peoples of Canada by recommending that the profession of psychology:

- Adopt the value of humility, particularly as it pertains to the applicability of Western epistemologies and approaches to assessment, treatment, research, education, training, program development, program evaluation, and advocacy.
- Help Indigenous Peoples achieve “the good life” (Mino-pimatisiwin) (Hart, ND).
- Recognize the value and importance of Indigenous epistemologies, and the roles of culture and tradition in the conceptualization of problems and healing. This includes respect for the wisdom and knowledge already held by Indigenous Peoples, including the contribution of Elders and knowledge keepers, as well as the cultural knowledge and experience held by all Indigenous Peoples. An example of such an approach is “two-eyed seeing,”<sup>2</sup> developed by Elder Albert Marshall (2004), in which Western and Indigenous traditions and wisdom in scholarship and research are integrated.
- Recognize the importance of cultural allyship and cultural literacy in working with Indigenous Peoples as participants, students, clients, and patients and within one’s area(s) of competence. This involves having a sufficient understanding of Indigenous concepts of self, family, community, health, and colonial history to be able to assist and promote healing and relief among Indigenous Peoples.
- Ensure that only culturally appropriate and culturally safe psychological research is conducted, following appropriate ethical guidelines, such as the Canadian Institutes for Health Research Guidelines for Health Research Involving Aboriginal Peoples.
- Provide mandated training on the impacts of colonial history, as well as other relevant wellness concepts, such as cultural continuity, two-eyed seeing, Mino-pimatisiwin, and decolonizing research.
- Recognize the importance of the connection to the land within Indigenous concepts of self and healing, and the relevance of the natural environment to healing and treatment.

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<sup>2</sup> *Two-eyed seeing*: Two-eyed seeing refers to learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing together, for the benefit of all.

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- Recognize the degree to which Indigenous Peoples in Canada have lacked freedom of choice due to governmental policies, and as a result, how significant a role personal and collective choice plays in treatment and in the reclamation of cultural identity and healing.
- Advocate on behalf of Indigenous Peoples and pursue social justice to ensure Indigenous Peoples enjoy the same rights and living conditions as all Canadians.
- Participate in ongoing collaborative discussions with organizations representing Indigenous groups in Canada to facilitate improved mental health outcomes.
- Develop a broader vision of psychology to include a responsibility to respond to the calls to action of the Truth and Reconciliation Commission of Canada's report (2015) in an ongoing and evolving capacity and recognize the importance and urgency of stepping outside of existing protocols of assessment, treatment, and program evaluation, so alternative approaches may be explored, developed, and implemented.
- Commit to addressing the discrepancies in services and supports available to Indigenous Peoples, particularly those living in rural and northern communities, by committing to providing psychological services to Indigenous Peoples that are comparable in quality, empirical support, and accessibility to those provided to the non-Indigenous population.
- Commit to addressing the extreme lack of Indigenous representation within the profession.
- Commit to culturally relevant approaches to research and intervention that prioritize and empower Indigenous communities' articulated needs and priorities, including the collection and use of findings.
- Acknowledge that each Indigenous community may have its own approach(es) to case conceptualization.
- Recognize and acknowledge that appropriate assessment and treatment of Indigenous Peoples includes understanding people in the context of their family, community, and their history of colonization and resurgence.
- Uphold the *Canadian Code of Ethics for Psychologists* and ensure that Indigenous Peoples in Canada are subject to the same protections and freedoms as all other clients under that code.
- Recognize that psychologists and other health professionals may need healing themselves in relation to the discipline's past impact on Indigenous Peoples.

## **Guiding Principles for Working with Indigenous Peoples in Canada**

Following directly from the statement of accountability are guiding principles for the profession of psychology in Canada with regards to Indigenous Peoples. These guiding principles are divided into the following areas:

*Guiding principles that apply to the study and practice of psychology in general:*

- Cultural allyship
- Humility
- Collaboration
- Critical reflection
- Respect
- Social justice

*Guiding principles that relate to specific areas within the discipline:*

- Assessment
- Treatment
- Research
- Education
- Training
- Program development
- Program evaluation
- Advocacy and social justice

### ***Guiding Principles Applying to the Study and Practice of Psychology in General***

The task force proposes six guiding principles relevant to those involved in the discipline of psychology in general. These guiding principles are intended to provide practical direction to members of the field of psychology in their day-to-day work whether that work is in education, research, or applied psychology.

#### **Cultural Allyship**

Whether the topic is treatment, assessment, research, education, or program development and evaluation, psychologists in Canada are called to stand with Indigenous Peoples, rather than simply knowing about them. The task force related a number of topics to cultural allyship including: cultural safety and literacy, understanding Indigenous epistemologies, the role of ceremonies, traditions, Indigenous spirituality, the impacts of colonization, the residential school system, the 60's scoop, the present day dominant culture, as well as training in deconstructing the cultural assumptions of mainstream psychology.

The task force concluded that whether one is an academic, a researcher, or an applied psychologist, the discipline of psychology should embrace familiarity with Indigenous culture. “San’yas” is a good example of Indigenous cultural safety training that is facilitated online and is thus easily accessible to psychologists and those training psychologists. Psychologists should also communicate with clients in culturally appropriate terms. Clinicians unaware of the historical and intergenerational trauma and social and historical context in which pathology arises, or who lack an understanding of Indigenous concepts of self or health are at risk of traumatizing Indigenous clients. Similarly, psychological assessments in the absence of a culturally competent assessor; education and training provided by faculty who lack cultural competence; research or program development initiated and carried out by those lacking appropriate cultural understanding; and those who believe that their approach to treatment, assessment, or research is culture or value free are all problematic.

In addition to general Indigenous cultural allyship, which gives a broader perspective regarding Indigenous knowledge and history, it is important to have localized knowledge regarding each community’s unique views of distress or mental health. General cultural literacy is necessary but not sufficient.

### **Humility**

Psychologists have been trained in particular ways of knowing. Historically, ways of knowing that are foreign to our training have been seen as less valid. Whether providing treatment or engaging in research or assessment, those in the discipline should be guided by humility and address Elders and traditional knowledge and approaches with respect and a spirit of genuine learning and collaboration.

### **Collaboration**

Services should be the product of community collaboration and ongoing discourse, not post hoc consultation. Planning with community leaders, Elders, and healers about what is needed and for whose sake it is needed, should occur prior to engagement with community members. Psychologists should visit with participants and discuss collaboration at the outset of assessment, treatment, data collection, etc. Furthermore, those engaging with a community should develop ways for the community to provide feedback to psychologists regarding the degree to which they have been helpful, whether the treatment was culturally appropriate, and how services could be improved. It is important for communities to evaluate the services provided by psychologists. Psychologists should work toward bridging Western and Indigenous cultures, making efforts to understand the person’s cultural world-view in trying to arrive at shared agreements and understandings.

### **Critical Reflection**

It is incumbent on the psychologist, in whatever capacity service is being provided, to not only be culturally literate with regard to the population, but also to be able to “self-locate” in terms of their credentials, their ancestors, their family’s role in colonization, etc. Additionally, psychologists working with Indigenous

Peoples must have a commitment to unlearn some of their training and be comfortable not knowing, keeping an open mind toward Indigenous approaches, and identifying those times when the rigidity of a particular trained perspective limits rather than illuminates.

### **Respect**

This term is used to denote respect not only for the specific person or people with whom the psychologist interacts but also for Indigenous culture that has been resilient and has survived, as well as that which has been taken and lost, including knowledge, wisdom, and societal structures. Whether engaging in research or assessment, psychologists are at much greater risk for misunderstanding, misconstruing, mistreating, or misdiagnosing Indigenous clients. Psychologists must understand this risk.

The ways Indigenous people validate their knowledge are rigorous and grounded in their community and epistemology – some have used the term “Indigenous science” to capture the rigorous aspect of this knowledge. Psychologists have an important role in facilitating the healing reconnection of clients with the culture and traditions that were taken from them by the dominant Western Euro-settler culture. Research, treatment, assessment, and programs are needed in Indigenous languages, in part because language connects Indigenous Peoples to their land, traditions, worldviews, and future wellbeing.

### **Social Justice**

Psychologists should strive for greater understanding of the social justice context when providing services in general. The question of who will benefit from a particular program, research project, assessment, or treatment modality should be examined and explored carefully with community members and participants with particular emphasis on vulnerability, power dynamics, and the historical impact of the profession of psychology on the population. Communities should have ownership, control, access, and possession (OCAP) of data. The CPA can take a greater role in social justice for Indigenous Peoples in Canada.

### ***Guiding Principles Relating to Specific Areas within the Discipline***

The task force proposes guiding principles relevant to eight specific areas within the discipline of psychology. Like the general guiding principles, the goal of the specific guiding principles is to provide practical direction in the day-to-day work associated with the specific areas indicated below.

### **Assessment**

Psychologists provide assessments in different areas, such as forensic risk, psychoeducational, neuropsychological, and personality assessments. At present, there are very few psychologists delivering assessments within Indigenous communities. Assessments that are completed with Indigenous clients are likely to be culturally biased and, therefore, findings may be viewed skeptically or rejected. The challenge

for the profession is to provide assessments that are unbiased in terms of underlying implicit values. In the past, there have been cases of the following:

- Psychology reports on parenting capacity that have been biased toward child apprehension.
- Psychology reports in forensic settings that have been biased toward ongoing incarceration.
- Psychology reports that have failed to address the social determinants of health as part of the conceptualization.
- Psychology reports that have failed to address history and colonial legacy in describing the context of a client's behavior.

Psychological assessment has been misused to further the colonial agenda of cultural genocide through culturally situated definitions of health, including mental health and pathology. For example, few psychological assessments recognize or highlight the gift of a person's connection to the spirit world, their relationship to deceased elders, their contribution to an extended family or collectivist society, or a concrete contextualized description of behaviour observed within the home and community. Instead, assessments generally address Western theories of mental health and illness.

Indigenous people may avoid psychological assessments due to a fear of being labelled or being directed toward unfamiliar and possibly harmful interventions, including medication. In addition, Indigenous people may be justifiably wary of Western psychological assessment, owing to its history of misuse. Psychologists should be aware of this. The profession of psychology has an obligation to build trust and work to correct this reputation, through the development and administration of culturally appropriate assessment and the discouragement of other forms of psychological assessment.

### *Culturally Inappropriate Assessment Tools and Practices*

Psychological assessments for Indigenous Peoples are frequently highly templated. They indicate predictable results based on Western theories that have been normed on divergent populations. Western assessments often centre on standardized quantitative tools, grounded in Western theory, normed on non-Indigenous populations and yield categories that do not resonate with Indigenous world-views. Furthermore, access to service is often contingent upon diagnosis, so a Western diagnosis becomes the only available tool for accessing services.

Psychological assessment in urban environments adds layers of difficulty to community-based assessment for Indigenous populations living within the Western settler<sup>3</sup> community. In addition to the challenges of carrying out community-based psychological assessments in Indigenous communities, there are compounded challenges of lost connections, lost generations, and denial of Indigenous identity.

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<sup>3</sup> Settler: A settler is a person who has migrated to an area and established a permanent residence there, often to colonize the area.

### *(Mis)Application of Results*

At present, the definition and measurement of intelligence and disabilities of Indigenous children is problematic. Western psychological assessments tend to predict performance in Western school systems, but important parts of Indigenous knowledge and skills are missed and not assessed. As such, Indigenous children are overrepresented regarding lower IQ and disabilities (De-Plevitz, 2006), and schools often fail to provide help. Diagnoses come with the risk that once given and a child is identified, they become more vulnerable, so extreme care must be taken in how that information is used and what level of appropriate care is provided. Often, Indigenous students feel “written off” rather than helped through the school system (Pirbhai-Illich, 2010).

### *General Principles*

Culturally appropriate assessments, developed in partnership with Indigenous communities, are needed and are a priority for Indigenous mental health in Canada. Psychologists administering assessments must also be aware of historical trauma and intergenerational trauma in their formulations of behaviour and pathology.

Psychologists who do not have appropriate cultural training are at risk of misdiagnosing or misdirecting individuals to improper treatment or interventions. They have a responsibility to learn about culturally appropriate interventions and consider culturally alternate forms of healing. The motivation for this change should be developed across all realms of psychological assessment, including in medical and correctional systems.

In brief, the current situation in Canada with regard to the psychological assessment of Indigenous Peoples is a dire one. We lack the tools, training, understanding of culture, and appropriate recommendations to consistently provide meaningful helpful psychological assessments to Indigenous Peoples.

### ***Recommendations Regarding Assessment of Indigenous Peoples in Canada***

#### *Culturally-Grounded Assessments and Approaches*

- Psychology in Canada has a responsibility to promote the development of more locally normed and culturally appropriate psychological tests and procedures. For example, psychology should broaden operational definitions to include definitions used by Indigenous Peoples. Constructs such as “intelligence” should be described within the cultural context of the person being assessed. Assessments that include direct observation of the person being assessed in their home, school, or community and relate concepts to concrete lived experience and grounded examples are likely to be more valued. Procedures may need to be modified to include others, such as parents, grandparents, caregivers, or other family members who may help clients feel comfortable in the testing situation and thus perform optimally.



- Psychological assessment of Indigenous Peoples should avoid framing an individual in a Western diagnostic context, which often includes quantification, professional jargon, and abstraction from experience. Assessment should focus less on diagnostic assessment and more on a strength-based “gifts” assessment, concrete descriptions of behaviour, and integration of a cultural holistic model of health and mental health. For instance, cultural conceptualizations of pathology should be included in psychological assessment. Conceptualizations should include reference to connection with the land, nature, and the community and may even include the tradition of purpose-finding in names.
- Psychologists administering assessments must emphasize Indigenous knowledge within community-based assessments and include community supports. Assessments should focus on the Indigenous person’s lived experience, and the context of the community within the larger socio-political context. Furthermore, assessors should understand important cultural knowledge, including the relevance of tradition and ceremonies, such as vision quest, sweat lodge, and the medicine wheel.<sup>4</sup> Assessments also need to have room for Indigenous spiritual experience, including the hearing and experiencing of spirits, which are often considered gifts in the context of Indigenous cultures.
- Concepts to consider include, interviewing extended family members, and asking them what would be helpful for the person being assessed. Situating the person not only in their immediate family but within their family history, extended family and community and recognizing that practical contextualized description rather than abstract categorization should be the goal.
- An acknowledgement should be incorporated into all assessments including a statement of humility, acknowledgement of territory, experience, history, and a recognition of the power dynamic.
- Indigenous people may not want diagnostic labels or “bad medicine,”<sup>5</sup> and often do not find diagnosis containing or comforting. Rather diagnosis is often seen as labeling and stigmatizing. Psychology should be respectful of these different values and understand the reasons for these views.

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<sup>4</sup> *Medicine wheel*: The medicine wheel can refer to symbolic teachings of the balance and interactions among four directions, four stages of life and the balance of our mental, emotional, physical and spiritual selves.

<sup>5</sup> *Bad medicine*: Bad medicine in psychology refers to providing intervention in a harmful or discouraging manner. Medicine can be bad when it removes the positive energy or spirit from an individual.

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- Advocacy is needed to encourage test developers, publishers, researchers, and clinicians to create culturally appropriate tests. Those who use psychological assessments need to be held accountable for the appropriateness of particular tests for particular populations. Following the Truth and Reconciliation Commission of Canada's report, it is no longer sufficient for the profession to claim, "this is the best we have" even though it is not culturally appropriate. Misapplication of tests contributes to stigma, marginalization and misapplied treatment. Psychologists must have a higher ethical accountability.

### *Empowerment*

- Psychological assessment should facilitate choice and empowerment. Assessment should focus on empowering the person and contributing to personal success, which should be defined within the therapeutic context as well as the collective community, including how the client can/will contribute to the community. Indigenous people undergoing assessment should be able to describe what they want out of the experience; communities should have an opportunity to contribute. Assessments should empower the client to create the possibility of learning about themselves and not feel intimidated. The stance of assessors should encourage openness and a feeling of partnership. It is important to provide the client with a greater sense of control and invite them to feel comfortable.

### *Confidentiality*

- Psychologists providing assessment should reconsider issues around confidentiality. Inviting community members to participate in assessment may be less of an issue than it is in Western society. Allowing other people in the room can enhance the client's comfort and trust in the therapeutic relationship and provide more relevant information. For some Indigenous people, confidentiality may be seen as secrecy within certain contexts and may be viewed negatively, particularly if community members are very open with one another. Psychologists should develop community-based confidentiality agreements to accommodate the differences in collectivistic values regarding confidentiality and specify how the information is to be used and shared within a community.

### *Alternative Methodologies*

- The task force recommends the re-evaluation of approaches to assessment that strictly adhere to quantitative, theoretically generalizable measures. If accurate and helpful conclusions for Indigenous clients are the goal, these approaches are not likely to be successful. Psychological assessment should incorporate practices such as individualized assessment and two-eyed seeing, including an understanding of cultural context and an emphasis on qualitative description over quantitative abstraction from experience based on Western theoretical constructs.

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- Psychologists administering assessments should take time to visit with the person being assessed and develop trust based on discussion and knowledge of context. Assessments should be collaborative, individualized, and community based. Psychologists should consider working with Elders, community members, traditional healers, and the family unit as part of assessment.

### *Outcomes*

- The standard of continuity of care is to have access to the psychologist that completed an assessment. Flying in to administer assessments and then leaving, places the client at a disadvantage – continued service in terms of follow-up within the community is needed. Communities should have access to assessment data that psychologists are collecting and should be in ongoing conversation with the profession regarding the impact of data, recommendations, treatment, and long term general findings. This will facilitate relationship building and trust between community members and the profession of psychology.
- Assessment should inform treatment. Psychologists administering assessments should help clients understand that the function of assessment is to inform treatment and provide access to services, rather than merely provide a label or diagnosis.
- Often, insufficient time is spent on psychological assessment. Furthermore, assessments that are administered often require a high degree of flexibility in the interpretation of results, and the conclusions may be weak and irrelevant. As this continues, trust between the profession and Indigenous Peoples suffers. Advocacy and funding are required to create more appropriately trained psychologists with the correct tools to provide assessments, and time to stay with communities, particularly in remote communities.
- The evolution of psychological assessments that address the needs of Indigenous Peoples in Canada will be a process, not an overnight solution, but some aspects of typical assessments can/should be changed immediately. The recommended approach to assessments for Indigenous Peoples will likely be lengthier, more time consuming, more involved, and more expensive compared to the current model, and the active role of a client's community in psychological assessments will change over time. Government policy will likely require advocacy and community support to bring change. Development of new assessment tools is also needed.
- Given the lack of culturally appropriate tests, psychologists should work with Indigenous individuals and communities to provide the most culturally appropriate assessment possible and involve the individual and the community in the collaborative and iterative process.

- In relation to psychological assessment, the ethical obligation needs to be to the Indigenous person and community even if the “client” paying for the assessment is an organization or institution. That is, the type of assessment, feedback, and process needs to fit the need of the individual or group being assessed.

## **Treatment**

Indigenous people in Canada, particularly those living in rural and remote communities, lack access to the services of psychologists. Furthermore, many psychological treatment methods echo colonialist European values of being “normal,” further causing Indigenous people to adapt to a Western ideology perpetuated by colonization. For example, cognitive behavioural therapy and similar approaches to treatment may not be synchronous with Indigenous thoughts on spirituality. Imposing interventions that may be empirically validated with non-Indigenous populations may harmfully impose Western norms onto practices within Indigenous communities.

Consider the following excerpts by Wendt, D. C., Gone, J. P., & Nagata, D. K. (2015), pages 334-358.

As several critical observers have noted, mainstream psychotherapeutic interventions typically are based on a Western cultural concept of the self as “agentic, rationalistic, monological, and univocal,” and thus rely heavily on socialization to a Westernized worldview of individuality and interiorized identity and control (Kirmayer, 2007, p. 240; cf. Cushman, 1995). Such socialization often is construed as benign “psychoeducation” for clients with deficient “psychological mindedness,” but there may be a fine line in some instances between pragmatic education and ethnocentric proselytization. Indeed, some researchers have considered evidence that clinicians act as “crypto-missionaries” (Meehl, 1959, p. 257) by subtly or inadvertently “converting” their clients to their own professional, social, and even moral values (see, for example, Slife, Smith, & Burchfield, 2003; Tjeltveit, 1986).

...even adapted treatments partake of dominant cultural sensibilities in pervasive fashion (e.g., through engagement in reflexive talk-based services, rendered in confidential spaces, situated in indoor clinics or hospitals, administered by credentialed professionals, for a precise duration of time, in accordance with a guiding theoretical orientation, with reference to a particular diagnostic nomenclature, and for which the primary targets of intervention are the thoughts, feelings, beliefs, and/or behaviors of an individual client; see Wendt & Gone, 2012). Furthermore, multicultural clinicians may themselves be prone to unwittingly impose certain cultural values (e.g., individualist ideals of happiness, productivity, open-mindedness, secularism, and tolerance) on clients with differing values (Fowers & Richardson, 1996; Slife et al., 2003).

...One fruitful way for the discipline to better understand ethnocentrism in mainstream treatment is to give greater consideration and empirical investigation of radically cultural-divergent healing approaches that may be more likely to be used by ethnoracial minorities than non-Latino Whites. These include partnerships with indigenous healers, churches, and community organizations in designing and delivering culturally centered interventions (e.g., Aten, Topping, Denney, & Bayne, 2010); integration of various indigenous approaches, such as Mestizo spirituality, African-centered frameworks, and Reiki and Qigong healing, into psychotherapy (e.g., Cervantes, 2010; Parham et al., 1999; Yeh, Hunter, Madan-Bahel, Chiang, & Arora, 2004); and “culture-as-treatment” approaches, involving intensive experiential and educational efforts to return to one’s cultural roots (e.g., Gone & Calf Looking, 2011). We recognize that critical questions remain about the therapeutic efficacy and potential harm of some if not most of these alternative interventions. However, it would behoove the discipline to recognize certain potential advantages of these interventions, such as less risk of covert cultural proselytization and greater access to and choice of treatment.

Indigenous Peoples are overrepresented in the mental health system and correctional system (de Leeuw, Greenwood, & Cameron, 2010; Roberts & Reid, 2017; Trevethan, Moore, & Rastin, 2002; Correctional Service of Canada). There are increased responsibilities and considerations when evaluating the potentially harmful effects of institutionalizing Indigenous people. For example, Indigenous people risk overmedication or the misapplication of medication, viewed as the forced silencing and muting of spiritual gifts.

There are currently insufficient mainstream psychological systems that can appropriately identify vulnerable individuals within Indigenous communities and provide culturally appropriate mental health services in a timely manner. Current clinical approaches, because they tend to focus on an individualistic view of the self, may come across as victim blaming. This is particularly true when those approaches fail to situate a psychological problem or behaviour in the context of people wounded and traumatized by longstanding discriminatory government policy and law.

Guidelines for practice that appear well articulated in larger population centres become blurrier in more remote communities. Psychologists who visit these communities rarely stay long enough to provide appropriately lengthy, tailored, culturally literate and integrated interventions, and treatment is frequently inconsistent.

It is common for psychologists to not meet with community leadership or traditional healers and fail to establish relationships with the community, creating the sentiment of “cashing in on our misery.” In addition, there appears to be a lack of respect for the cultural specialists and traditional healers by the profession of psychology and government funding agencies. Traditional healing programs are provided with substantially less funding than conventional medical model programs.

Understanding the medicine wheel and Indigenous approaches to health are important but not sufficient. Practitioners are encouraged to understand that there is no “Pan-Indigenous” approach; not all Indigenous people use widely known constructs such as the medicine wheel or the Seven Grandfather teachings. Although these constructs have value, they are not universal. Local views of mental health and distress are, therefore, equally important.

### ***Recommendations Regarding Treatment of Indigenous Peoples in Canada***

#### *Role of the Psychologist*

- The task force encourages psychologists to view themselves as facilitators and supporters of the healing wisdom and knowledge that is already present in Indigenous communities. Psychologists providing treatment should be aware of the important role of culture in healing and be well versed in how to appropriately empower people in their pursuit of reclaiming their culture, including language and ceremony. In providing treatment, psychologists should have a more collaborative and less directive approach. For example, psychologists should facilitate contacts between clients, Elders, schools, parents, children, and various service providers to help Indigenous clients identify solutions, rather than offer advice driven approaches that assume shared understandings.

#### *Diversity in Approaches to Intervention*

- Psychologists who provide interventions should be prepared to include the family and community in treatment. For instance, psychologists should embrace approaches that focus on the family unit and that help parents in their relationships and skills with their children. Psychologists should also consider assisting community members in delivering traditional interventions, for example out-on-the-land trips for at-risk youth. Psychologists should recognize the relevance of land-based interventions and reconnection with the land in addressing issues of cultural and individual identity. In some cases, Indigenous people may not always be best served by psychological intervention provided by a psychologist. Psychologists should recognize that at times the involvement of an Elder or traditional healer may be more appropriate and more helpful.

#### *Culturally-Appropriate Treatment Methods*

- Western clinical approaches to treatment are unable to fully capture the emotional and spiritual experiences of members of the Indigenous community. For example, “psychotic episodes” may be viewed in spiritual terms, such as the person’s spirit going elsewhere or another spirit entering the person. Psychological treatment with Indigenous Peoples should adopt a holistic approach, recognizing the importance of realms of the medicine wheel and the importance of collectivism, connection to the environment, spirituality, and community for the mental health of Indigenous Peoples. Western psychologists should incorporate and validate these understandings when working with Indigenous Peoples.

- Psychologists should also familiarize themselves with culturally appropriate treatment modalities, such as Aboriginal focusing-oriented therapy, which emphasises the core values of each community, respects local traditions and the value of non-interference. Additionally, traditional healing stories in Indigenous culture involve transformation, rather than removal or erasure. Psychologists should understand the value of these stories and the power of the concept of transformation.
- Appropriate conceptualization should focus on finding solutions or bringing help and relief rather than labelling, diagnosing, or judging. For example, providing descriptive terminology of the behaviour is more helpful than a clinical name for a pattern of behaviour or thinking. Furthermore, conceptualization should be contextualized in community. Approaches should be collaborative and represent the more collectivistic social structure favoured by many Indigenous clients.
- Case conceptualization should be considered in the context of colonization, necessarily including an understanding of the intergenerational effects of damaging historical events and injustices to the people of this land. Psychologists cannot forget the importance of land disposition, the treaties, and the impact of displacement from their land on Indigenous people, particularly given the eco-centric concept of self, inherent in Indigenous world-views.

*Additional Responsibilities and Considerations*

- Psychologists should use their positions of power to assist Indigenous Peoples in obtaining funding for Indigenous healing methods and should recognize these methods as valid forms of treatment. Traditional approaches to healing need to be respected in the same way as mainstream evidence-based practice. Furthermore, psychologists should consider the implications of current privacy legislation, which may be overly constrained and not helpful in some communities that would prefer community leadership to have greater access to treatment data. As a profession, psychology must ensure the continuity of care for Indigenous clients. In general, psychologists need to consistently provide more follow up with their clients.
- Culturally appropriate mental health training for Indigenous community members, such as the Mental Health Commission of Canada's Mental Health First Aid for First Nations, is likely to be helpful, particularly for screening purposes to address risk and keep people safe. Trauma informed care training for Indigenous community members may also be helpful to recognize the signs of trauma from a strength-based perspective.

## Research

The task force has thus far taken the position that there are good and relevant guiding principles for conducting psychological research with Indigenous Peoples in Canada. The task force refers the reader to the following information:

1. First Nations Information Governance Centre (FNIGC)

The First Nations Principles of OCAP are a set of standards that clearly delineate how data should be collected, protected, used, and shared with regard to conducting research with a First Nation population. The components of OCAP are ownership, control, access, and possession. As researchers, psychologists must be aware and behave in a way that acknowledges that the community or group they work with have full ownership of the data in the same way that an individual owns his or her own personal information. The principle of control states that the First Nations group, community, and representatives have full rights to seek control of any research and management processes that can impact that community. Indigenous groups with which a psychologist wishes to collaborate on research projects, must have access to information and data about themselves and physical control of the data. Physical control of the data allows the power to be given back to the group, rather than data being used against them, as has been done in the past. The OCAP standards are in line with our desire to approach research in collaborative reconciliation. This would also be in line with the principle of respecting the rights and dignity of persons and people in the *Canadian Code of Ethics for Psychologists*. Research cannot be blind to potential harm, any issues need to be brought to the attention of the group in question, and psychologists can no longer stand by and allow research to be used for the cultural destruction of a people or group. It is recommended that researchers register for the Fundamentals of OCAP course available at <http://fnigc.ca/training/fundamentals-ocap.html> if they intend to conduct research in collaboration with an Indigenous community.

2. Tri-Council Agencies

*Chapter 9 – Research Involving the First Nations, Inuit and Métis Peoples of Canada* is a policy statement produced by the Canadian Institutes of Health Research, the Natural Sciences and Engineering Research Council of Canada, and the Social Sciences and Humanities Research Council of Canada. This chapter provides clear recommendations on community engagement, delivery of research, Research Ethics Board procedures, and research agreements. The task force recommends that psychological research abide by these policies and that researchers review this document on a regular basis. Specifically, the task force believes the key to ensuring that we abide by our own code of ethics is to ensure that researchers build trusting relationships as suggested by the policy statement. Creating a research project is a collaborative affair that needs to benefit the Indigenous population upon which a researcher wishes to focus. Research should enhance a community's own ability to maintain their cultural identity and should aim to reflect the group's



culture, scientific practices, and interventions. With the permission of the community group, other methods can be tested, but only with their clear desire.

When psychological research is conducted within a community, it is imperative that the primary investigator acknowledges issues of power, privilege, and justice. A researcher should aim to reduce and remove harm caused by institutional and funding barriers and avoid devaluing the community's knowledge and sacred practices. Pre-research community engagement is therefore necessary to understand the needs, knowledge, and infrastructure of the community.

When conducting larger studies of the general Canadian population, it is important that psychology research aims to include Indigenous populations within that area. Finally, it is important not to generalize findings from one Indigenous population to represent all Indigenous groups.

### *Celebrating Psychological Research from Indigenous Researchers*

- The task force recommends that members of the profession enhance their understanding of research methodologies and projects done with Indigenous methodologies. Several books have been written about this concept. The task force also recommends that the CPA regularly highlight these methodologies at its convention and that research conducted by scholars from Indigenous communities should be presented and celebrated.

## **Education**

The task force addressed four broad topics in relation to education in psychology and Indigenous Peoples in Canada:

1. Barriers for Indigenous students
2. Key training elements for undergraduate students
3. Key training elements for graduate students
4. Need for those currently in the field to obtain cultural literacy training

### *Barriers for Indigenous Students*

- The task force believes that at present there are likely fewer than twelve Indigenous practicing and or teaching psychologists in Canada. Additional university level scholarships, bursaries and incentives are needed to increase the representation of Indigenous Peoples in the field of psychology in Canada today. In discussing incentivizing Indigenous youth to study psychology and become psychologists in Canada, the task force noted as an example that significant gains could be made between Indigenous Peoples in Canada and the profession of psychology if 1% of professional psychology registration fees went toward reparation and establishing a bursary for

Indigenous students who are interested in pursuing degrees in psychology. This amount would create several fully paid renewable tuition spots for Indigenous students every year. Funding could also be used to address the dynamics outside the school that make it difficult to continue education, for example daycare costs for single parents with children. The task force recommends that the CPA seek avenues to increase funding for bursaries or incentives that will support indigenous students who are interested in studying psychology.

- Another possible explanation for Indigenous individuals having difficulty obtaining a doctoral degree is a general distrust of the Western school system. Research indicates that Indigenous graduate students risk losing their own traditional ways of knowing by participating in higher education that teaches and validates only Western epistemologies. As a result, universities should be supportive of divergent epistemologies and approaches to course delivery and instruction that are outside of the Western university tradition and that prioritize Indigenous ways of knowing and sharing wisdom. Psychology departments have an obligation to include critical psychology content that encourages diversity of perspectives and validates alternate forms of knowing. As such, psychology departments are encouraged to reach out to local communities and invite Elders or knowledge keepers as guest speakers, or where appropriate, create academic positions to help fill knowledge gaps that currently exist.
- In addition, government support for psychology programs that include Indigenous languages and Indigenous knowledge and that are offered in or are more accessible to those in rural communities is needed. When courses are offered in communities, they should include instruction by traditional knowledge keepers. At present, there are very few universities that recognize the scholarship of traditional, non-university educated knowledge keepers, yet these individuals are needed by higher education to lecture and be bearers of history to psychology students. Psychology should advocate for the acceptance of these knowledge holders by academia. One example is The Indigenous Education: A Call to Action graduate topic in the M.Ed. program at the University of Calgary, which is delivered within an Indigenous community.

### *Undergraduate Training*

- Undergraduate psychology students should have access to a course on Indigenous cultural literacy. An important distinction regarding diversity needs to be taught to psychology students; Indigenous cultural literacy courses need to be separate from cultural diversity courses, as these are two entirely separate realms of knowledge. The focus of the Indigenous cultural literacy course should be on the impacts of colonial history, including Canada's longstanding policies toward Indigenous Peoples; the residential school system and inter-generational trauma; the understanding that we are guests on Indigenous territory, and therefore have an additional responsibility to respect those ways of knowing; a survey of Indigenous knowledge; Indigenous psychology; and cultural allyship.

*Graduate Training*

- Although psychologists have an ethical obligation to mitigate ignorance and improve cultural competence among undergraduate psychology students, the profession has an even more significant obligation toward graduate students who are being trained in applied psychology and who may work with Indigenous Peoples. Graduate level education in the helping professions can have a direct impact on the empowerment of communities and facilitate integrated knowledge approaches, such as two-eyed seeing. Consequently, graduates of psychology programs should be able to demonstrate Indigenous cultural literacy and be able to engage in discussion about the value of Indigenous traditional knowledge and how psychologists can balance it with Western or popular current practice.
- At present, it is possible for students to graduate from psychology programs without any knowledge of the residential school system or the intergenerational trauma experienced by Indigenous Peoples in Canada. Currently, graduate programs have diversity requirements, but these do not include education regarding Indigenous Peoples. Psychology, with its emphasis on ethical conduct, has an opportunity to be a leader in contributing to the cultural allyship of our students. Therefore, the profession of psychology has an obligation to teach principles of social justice and Indigenous cultural literacy to psychology students. Indigenous knowledge and cultural literacy should be a core competency for all psychologists.
- There is need for a doctoral program in clinical psychology that integrates Indigenous mental health and knowledge. Specifically, clinical and counselling training should include knowledge sharing that demonstrates that Indigenous communities already have the cultural, linguistic, and spiritual knowledge they need to heal. Training for psychologists should emphasize how to facilitate and support this knowledge. The task force advises against the tendency for trained psychologists to believe they arrive at communities pre-equipped with the tools to help any and all people. Currently, a PsyD program that would meet this need is being proposed at the University of Guelph.
- Instructors teaching cultural literacy in university psychology programs should be trained in Indigenous pedagogy, but not all instructors involved in graduate training of psychologists regarding Indigenous knowledge and cultural competence need to be Indigenous. Programs can partner culturally competent instructors with Indigenous leaders, Elders, and respected members of the community. Elders and community members should also be included in advisory committees for graduate programs addressing Indigenous psychology; however, accrediting bodies should mandate that universities hire only Elders that have been approved by the community's leadership.

- The task force advises that even though we need more clinicians with approaches grounded in traditional ways of knowing and more Indigenous psychologists, we need to be cautious in inviting youth to leave their communities and cultures. Students need support and where possible, education within communities is preferable. In the event that students do decide to leave, incentives should exist that encourage Indigenous graduates of psychology programs to return to Indigenous communities to provide psychological services. Psychologists should participate in experiential learning, where possible, and interact with community members and knowledge keepers.

#### *Continuing Education*

- Online training or in-person approaches may be used to deliver mandatory continuing education of Indigenous cultural literacy for psychologists. Although broadly-focussed Indigenous cultural literacy training is necessary, it is not sufficient. Psychologists who are already registered and practicing should consider experiential on-land experiences, whether it is participating in a sweat lodge and/or meeting with community members, Elders, and knowledge keepers. In addition, the CPA's convention may be a good venue to offer mandatory in person "talking circles," facilitating connections between psychologists and members of Indigenous communities.
- Current psychologists may also reach out to friendship centres and Indigenous treatment centres to gain cultural literacy. However, there is a risk of burdening communities with requests for information from psychologists. Local communities that are receiving services should also be involved in the training of cultural competency of psychologists and knowledge sharing. Members of the profession should be cognizant of the possibility of overburdening communities that possess limited resources with the responsibility to educate the profession.

#### *Other Issues Relating to Education*

- Much Indigenous healing knowledge is contained within language and linguistic concepts that are already in jeopardy of being lost. Indigenous psychology and approaches to health and mental health are intimately related to Indigenous culture, including the importance of preserving language and recording the linguistic knowledge of Elders and healers. The task force recommends that the profession of psychology advocate for educational initiatives devoted to the preservation of Indigenous languages.

#### **Program Development**

Psychologists should develop mental health programs in partnership with Indigenous community members. New ideas and new approaches are needed to address new situations and issues that were not present in precolonial times.

In addition, culture is dynamic and always evolving. For instance, when developing mental health programming, psychologists should recognize the diversity amongst Indigenous communities. The adaptation of a program from one Indigenous community to another can be as problematic as adapting a program from a Western community to an Indigenous community. Each community differs in its tradition and knowledge, and programs should be community and culturally based. Nevertheless, extreme caution is needed to avoid approaches that prioritize the preconceived assumptions, theories, and approaches of Western culture; as was the case with the residential school system.

### *Collaborative Development*

- By working with and within communities, psychologists should discover how Indigenous Peoples in a particular place have addressed their needs and how they were able to use their traditional knowledge to deal with hardships for generations. As such, mental health programs should be strength-based, in that they acknowledge the identity and culture of that Indigenous group and recognize the pre-existing values, traditions, and resources that contributed to and supported the strength and resilience of that community for many generations. Psychologists who have a role in the development of programs should make them explicitly for specific Indigenous communities. Psychologists may then take on the role of facilitating Indigenous visions of programs for a current situation or challenge.
- Despite the many programs and efforts that are in place in various Indigenous communities, more effort is needed to connect these services and coordinate programs so that people do not “fall through the cracks.” Gaps are created by different levels of government providing some aspects of treatment or programming, while other efforts are extended by local band councils and social service agencies. A coordinator is needed to ensure that all services are provided in a culturally competent manner, avoid the duplication of services, and call attention to gaps in the delivery of services or in the referral process. Local coordinators can facilitate appropriate connections to available programs and services, including Elders and traditional healers.

### *Funding*

- Although Western approaches to treatment have ongoing funding, traditional healing programs must frequently reapply for funding. Psychologists should advocate for better funding for traditional, community-based healing programs rather than pre-existing ones. Unfortunately, funders are often hesitant to fund programs from the ground up within communities. Funding agencies may seek to ensure the efficacy of programs and may need to be convinced of different methods of evaluation. Psychologists should help funders understand that developing culturally-appropriate programs will not take as long as might be expected. If funding fails, psychologists should expand currently effective programs rather than developing new ones altogether.

- The Aboriginal Head-Start Program is an example of a strong program developed in collaboration with the community. The task force notes that particular caution is needed in relation to direction and power dynamics associated with the funding of potential programs, to ensure that the community's interests remain the priority.

### **Program Evaluation**

Although communities do have choice, power dynamics between funders, service providers, and the community members themselves often leave Indigenous Peoples providing little relevant feedback that can alter existing programs. Choice is no longer explicitly eliminated but is often implicitly removed, and communities are coerced into programming that is not of their own choosing. Communities risk being dis-empowered and have endorsed or agreed to programming that has come to them from a person or an organization in the "missionary position" – a patronizing position of being the bearer of knowledge in relation to a group or community that is currently in a state of crisis and is eager for a solution. Nevertheless, current approaches to program evaluation may not capture this.

#### *Culturally Appropriate Evaluation*

- The task force recommends that members of the profession be open to non-Western or Indigenous methods of program evaluation. Evaluation should be performed with regard to the reported needs of that particular community and the community's particular goals for a program once a trusting relationship has been established. Funders may be seeking their own ends, in terms of funding particular kinds of projects, with certain timelines. Program evaluation should be performed through interview processes, visiting with community members, talking circles, and individual conversations. Culturally appropriate methodology and terminology should be used for the evaluation of the efficacy of programs, such as "talking circles" rather than "focus groups." Funders should be encouraged to appreciate the value of qualitative data.

#### *Divergent Methods*

- The evidence for the efficacy of particular interventions or mental health programs is not universal. Rather, empirical evidence is based on cultural assumptions and particular ways of knowing that are often foreign to Indigenous Peoples. The task force recommends that when evaluating the efficacy of interventions, they should be empirically validated, but this does not necessarily mean quantifiable validation. The origin of "empirical" is the Greek word "empeirikos," which means experienced. Quantification is an abstraction from experience, and treatments should be validated in experience. For instance, communities have their own ways of determining the effectiveness of what is happening within them; these determinations are made from the consultation of Elders, leaders, and members sharing their experiences and having conversations. Psychologists therefore need rigorous approaches to better understand a

community's experience of an intervention (i.e. what is working and what have people in the community experienced).

- The CPA can help advocate for the use of Indigenous paradigms in the study of psychology and the acceptance of divergent methods of evaluation. Qualitative and alternative methods of evaluation can be rigorous and falsifiable, while seemingly "objective" standardized quantitative methods may capture little of significance or relevance from participants who are alienated by the assumptions of the intervention and its evaluation.

### **Advocacy and Social Justice**

This section was not discussed as a theme during the task force's face-to-face meeting but was created owing to a number of related comments that came up in various discussions.

Psychologists typically do not see advocacy and social justice as significant parts of their role, but the task force recommends changing this view. Psychology can be an ally to Indigenous Peoples. Reciprocal knowledge transfer between the profession and Indigenous communities, nationally and internationally, can be of great value for both the profession and the Indigenous population in Canada.

#### *Responsibilities of the Profession of Psychology*

- Scientific literature has provided evidence that many psychological problems are linked to poverty. Psychotherapy does not fix poverty – there are pervasive social injustices that psychology cannot address at the individual level, but this does not mean that as a profession we should remain silent about these injustices. The *Canadian Code of Ethics for Psychologists* indicates that psychologists have obligations to society. Thus, psychology training should better instill the importance of this ethic and these values in new psychologists.
- Psychology has an important role in advocating for accessibility to appropriate services, particularly in areas that are geographically challenging. Often, communities with the greatest need for support are the least likely to receive assistance. Strategic planning, funding, and advocacy on the part of the profession of psychology can increase accessible and appropriate psychological services in remote Indigenous communities.
- The task force advises that the profession of psychology invest in the rebirth of Indigenous culture. Indigenous culture has much to offer the community in general and mental health in Canada. All peoples are deserving of support, and Indigenous people are supported by being in a circle, physically and conceptually, and respecting traditions rather than institutionalizing, categorizing, and assimilating them with Western approaches.

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- Currently, the Youth Awareness Walk is a good example of advocacy that is used to draw attention to the state of Indigenous communities. The CPA and the provincial/territorial psychological associations can take a role in this type of advocacy. Socioeconomic injustices need to be addressed including clean water and access to medical services.
- Psychology can be proactively involved in the advocacy of Indigenous mental health, which is preferable to a reactive, crisis-driven approach. One way for the profession to become involved is to issue regular policy statements to address social justice and advocacy.



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Truth and Reconciliation Commission of Canada (2015). Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada. Retrieved from [http://www.trc.ca/websites/trcinstitution/File/2015/Honouring\\_the\\_Truth\\_Reconciling\\_for\\_the\\_Future\\_July\\_23\\_2015.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf)

Wendt, D. C., Gone, J. P., & Nagata, D. K. (2015). Potentially Harmful Therapy and Multicultural Counseling: Bridging Two Disciplinary Discourses. *The Counseling Psychologist*, 43(3), 334–358. <http://doi.org/10.1177/0011000014548280>

## Appendix A – Task Force Reading List

The following is a reading list sent to the members of the Truth and Reconciliation Task Force via email on July 24, 2017:

Allan, B. & Smylie, J. (2015). *First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada*. Toronto, ON: the Wellesley Institute.

*Canadian Code of Ethics for Psychologists* (4th ed.). (2017). Ottawa, On.: Canadian Psychological Association.

*CIHR Guidelines for Health Research Involving Aboriginal People*. (2007). Ottawa, ON: Canadian Institutes of Health Research (Instituts de recherche en santé du Canada).

Chapter 9: RESEARCH INVOLVING THE FIRST NATIONS, INUIT AND MÉTIS PEOPLES OF CANADA. (2014). In *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*. Ottawa: Canadian Institutes of Health Research.

Leyland, A., Smylie, J., Cole, M., Kitty, D., Crowshoe, L., McKinney, V., Safarov, A. (2016). *Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada*(Publication). The College of Family Physicians of Canada.

Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Calgary, AB

Posted on 15 October 2015. (2017, February 22). *Ewert v. Canada*. Retrieved from <https://www.usask.ca/nativelaw/news/2015/ewert-v.-canada.php>

The College of Psychologists of Ontario Standards of Professional Conduct. (2017). Toronto: The College of Psychologists of Ontario.

The First Nations Information Governance Centre. *Ownership, Control, Access and Possession (OCAP™): The Path to First Nations Information Governance*. May 2014. (Ottawa: The First Nations Information Governance Centre, May 2014).

## Appendix B – Suggested Readings

Duran, E. (2006). *Healing the Soul Wound*. New York: Teachers College, Columbia University Press.

Fischer, C. (1994) *Individualizing Psychological Assessment: A Collaborative Therapeutic Approach*. Hillsdale, NJ: Earlbaum.

Kirmayer, L. & Valaskakis, G. (2009). *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*. Vancouver: UBC Press.

Regan, P. (2010). *Unsettling the Settler Within*. Vancouver, Canada: UBC Press.

Ross, Rupert (2009). *Heartsong: Exploring Emotional Suppression and Disconnection in Aboriginal Canada*. Discussion Paper.

SABAR. Key Terminology Guidebook for Reporting on Aboriginal Topics: <https://www.oise.utoronto.ca/deepeningknowledge/UserFiles/File/SABAR-Glossary-English-Final.pdf>

Stewart, S., & Moodley, R., & Hyatt, A., (Eds.) (2016). *Indigenous Cultures and Mental Health Counselling: Four Directions for Integration with Counselling Psychology*, 239p. See [https://www.amazon.ca/dp/1138928992/ref=rdr\\_ext\\_tmb](https://www.amazon.ca/dp/1138928992/ref=rdr_ext_tmb)

Wilson, Shawn (2009) *Research Is Ceremony: Indigenous Research Methods*.