



Land based healing: Carrier First Nations' addiction recovery program

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Christina Dobson
Carrier Sekani Family Services

Randall Brazzoni
Carrier Sekani Family Services

Abstract

First Nations of Canada have experienced issues similar to other First Nations' worldwide that have led to poor health and wellness. Carrier Sekani Family Services is a health and wellness agency that serves 11 First Nations in Canada's North West. This agency has run a residential addiction recovery program for almost 25 years on traditional land, based on traditional culture. The agency recently participated in a national study that explored the healing benefits of using traditional culture in addiction treatment. The results showed that healing through culture is an effective model for treatment.

Keywords: Carrier First Nations, Carrier Sekani Family Services, culture, addiction, land based learning, culture as intervention, traditional healing.

Introduction

The literature is plentiful regarding the negative impact European colonisation has had on First Nations in Canada. The negative effects are far reaching and complex and involve poor physical, emotional, and economical health (Cohen, 1999; Waldram, Herring, & Young, 2006). Two primary concerns acknowledged in the literature have involved substance misuse and issues associated with loss of culture (Hallet, Chandler, & Lalonde, 2007). Carrier Sekani Family Services¹ (CSFS) is a health and social services agency that serves 11 First Nations Bands in central British Columbia, Canada. The agency's health and wellness program offers a land based healing program that uses culture and the natural environment to encourage its participants to return to their First Nations' culture to assist in combatting addiction. The program is offered on the traditional fishing grounds of the Nadleh Whut'en people of the Carrier First Nation. This brief article will give an overview of how this land based healing program helps participants heal from issues associated with colonisation, primarily loss of culture and addiction simultaneously, through a process that is referred to as "culture as intervention". The article concludes with an

¹ <http://www.csfs.org/>

overview of a national research project that has provided empirical evidence of its effectiveness. But first, a brief overview of First Nations of Canada will offer context to this document.

A Brief History

The Carrier First Nations are located in the central areas of the province of British Columbia, the most westerly province of Canada. The Carrier are the original inhabitants of this part of the country. Documented history states that first European contact with First Nations in North America occurred in the 10th century with the Norse. This contact, and subsequent failed attempt at settlement, occurred in the North East coast of what is now Canada (Dickason, 2009). In 1497, Italian explorer John Cabot is believed to have led the first European party, after the Norse, to reach the eastern coast of Canada (Morrison & Wilson, 2004). In 1793, three hundred years later, European explorer Alexander Mackenzie and his group made contact with the Carrier people (Carter, 1999; Morrison & Wilson, 2004). Therefore, the Carrier people's first contact with Europeans occurred only slightly over 200 years ago.

In the Eastern parts of the country the French and English battled over land and power. As the victors, the English embarked on what they felt was the necessary control of the First Nations people to make way for European settlers (Belanger, 2008; Haig-Brown, 1988; Haig-Brown & Nock, 2006; Shewell, 2004; Tanner, 2009). The Indian Act of 1867 dictated the future of the First Nations of Canada.

The Indian Act determined who could be seen as "Indian" in the eyes of the government. The Act imposed European views on women in particular. First Nations people saw women as the "givers of life" while women in European culture were seen as subservient to men and were the property of their husbands (Boyer, 2006, p.8). Therefore, a First Nations woman who married a white man would be considered white, while a white woman who married a First Nations man would be considered "Indian" (Canada in the Making, 2005a; Canada in the Making, 2005b; Henderson, 2012).

The potlatch was an important political and social gathering amongst the First Nations of Canada. This gathering is called the "*Bab'lats*" by Carrier people. In efforts to exercise more control over First Nations, the potlatch was outlawed in 1884 through the Indian Act (Fiske & Patrick, 2000; Haig-Brown & Nock, 2006; Shewell, 2004). This act was not amended again to allow the potlatch system to occur until 1951 (Aboriginal Affairs and Northern Development Canada, 2012).

The Indian Act also dictated where people would live and how they would function to live. Historically First Nations travelled throughout their territories to traditional hunting and fishing grounds as dictated by the seasons. The reservation system dictated a geographical boundary where they could live. As a result, they became less dependent on their traditional way of hunting and gathering and more dependent on the government for support (Dickason, 2009; Tanner, 2009).

Another significant result of the Indian Act was the implementation of the "Indian Residential School" in 1879. Through the Act, First Nations' school aged children were legally mandated to reside in these institutions across the country during the school year and receive European education (Kirmayer & Valaskakis, 2008). The government was of the opinion that in order to "progress towards civilization Aboriginal people needed to be imbued with the principles of industry and knowledge through formal education" (Kirmayer, Tait, & Simpson, 2000, p. 9). Not only were the children who attended the school forced to give up their language, culture, and family ties for 10 months of the year, there are wide spread reports of sexual, physical, and emotional abuse that occurred at the school at the hands of staff, religious figures, and other students (Haig-Brown, 1988; Kelm, 1998).

The Carrier First Nations' children attended the Lejac Indian Residential School from 1922 until its closure in 1976 (Fiske, 1996). The last residential school in Canada located in the province of Saskatchewan, closed in 1996. In all, over 150,000 children went through the residential school system (Archibald, 2006).

The collective experiences with residential schools are credited as a significant factor in the ongoing social and health problems affecting not only former residents but also their descendants. In recent years the Canadian government responded to a class action law suit launched by former residents and paid out over 1.6 billion dollars in compensation to 105,000 former residents. Every applicant who could prove they attended a residential school received compensation. Those who could reasonably prove abuse while at a school were compensated additional money (CBC News, 2008).

Health and Healing Today

Today the social and health related problems amongst First Nations in Canada continue to be high when compared with the rest of the Canadian population (Bailey et al., 2002; Clark & Riben, 1999; Health Canada, 2009; Kendall, 2001). First Nation females have a life expectancy that is 6.6 years shorter than the general Canadian female population; males on average have a reduction in life of 6.1 years (Auguste Solutions & Associates, 2004). It is generally accepted that “common mental health disorders (depression, anxiety, and post-traumatic stress disorder) are epidemic in Aboriginal communities” (Kirmayer, McDonald & Brass, 2001, p. 12). In addition, issues including poverty, violence, low self-worth, cultural identity, suicide, substance abuse, and sexual abuse are higher in First Nations communities than other populations in Canada and are generally credited directly back to colonisation effects (Corrado & Cohen, 2003; Kirmayer & Valaskakis, 2008). High suicide rates have been an ongoing concern for First Nations in Canada (Chenier, 1995; Health Canada, 2012).

In recent decades there has been movement amongst First Nations to regain physical and emotional health, culture, and self-governance. It has long been acknowledged that substance misuse is a significant problem in First Nations communities (Corrado & Cohen, 2003; Kirmayer & Valaskakis, 2008; Smye, 2004). It has also been acknowledged that mainstream addiction treatment models and mental health intervention has had limited success with First

Nations people. As a result, there are increased examples of services that reflect local traditional healing culture in many First Nations communities in Canada (Crowshoe, 2005; Kirmayer et al. 2000; Smye & Mussel, 2001). Canada’s National Aboriginal Health Organization offers a tool kit that contains “tools a person, community, or nation can use to help maintain traditional knowledge. Each example can be changed to fit your community’s needs, and in a way that supports the vision of your community” (Crowshoe, 2005, p. 10).

Carrier Sekani Family Services, Addiction Recovery Cultural Healing Program

In the late 1980’s leaders of the Carrier and Sekani people were concerned about the health and mental health of their people. High rates of substance abuse and suicide were of increasing concern. By 1990 this group formed what would eventually become Carrier Sekani Family Services. This non-profit agency would collectively serve the health and wellness needs of any First Nations’ Band in the central north areas of British Columbia that choose to join this group (Carrier Sekani Family Services). By pooling financial resources and collectively lobbying the federal government this group could offer more services to their member Nations.

Eleven Bands currently belong to the group; Burns Lake Band, Cheslatta Carrier Nation, Lake Babine Nation, Nadleh Whut'en, Nee Tahi Buhn Band, Saik'uz First Nation, Skin Tyee Band, Stelat'en First Nation, Takla Lake First Nation, Wet'suwe'ten First Nation, and Yekooche First Nation.

The health and wellness program is the department in CSFS that offers mental health and addiction services. The addiction recovery service within the health and wellness program has run a residential treatment program from May through October since 1990 at Ormond Lake. Ormond Lake is the traditional fishing ground of the Nadleh Whut'en people, a Band of the larger Carrier Nation. The program’s core staff includes four addiction counsellors, one mental health professional, and one cultural worker. The camp also has cooks, maintenance staff, and night staff. The 14 bed facility is

relatively primitive with cabins for accommodations, a kitchen with an adjoining one room multipurpose room, pit toilets, and a naturally fed shower. Staff work closely with each participant to design and work on individual treatment goals. All treatment staff are trained in contemporary addiction and mental health intervention. Each 28 day session is designed around traditional activities. This program design concept that integrates traditional culture with mainstream intervention can be referred to as “two eyed seeing”. Two eyed seeing is a phrase that was coined by Mi’kmaw Elder Albert Marshall of Ontario, Canada in the fall of 2004. He described two eyed seeing as “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 ... and learning to use both these eyes together, for the benefit of all.” (Institute for Integrative Science and Health, Cape Breton University, n.d.).

A treatment day at Ormond Lake will begin with each participant smudging with the smoke of sweet grass or sage to purify the mind and the spirit. A morning talking circle to check in with each participant will follow. The events of the day will unfold to include psychosocial education such as healthy relationships and relapse prevention. Each participant will have ongoing one on one sessions with an addiction counsellor or the mental health therapist throughout the 28 day program to work on their personal goals. All clients will participate in and a variety of cultural activities along with staff.

CSFS ensure all of addiction counselling staff are up to date with formal professional development training and addiction certification. The service mental health clinician is a master’s level clinical social worker who is registered with his professional body. He is mentored in house by another master’s level clinician. While the majority of CSFS staff are Carrier First Nations, honour is given to all team members regardless of ancestry. With only 4% of the Canadian population identifying as First Nations, Metis, or Inuit, it is unrealistic to expect to hire qualified addiction and mental health staff who are all First Nations. However, all of our staff are expected to understand the Carrier world view

and to participate in the cultural activities with clients.

The cultural activities are seasonally inspired and reflect traditional living in Carrier culture. Therefore camp participants will fish, hunt, and gather berries and natural medicines. Participants are encouraged to participate in daily living activities such as wood gathering for the fire, tanning hides, and smoking and canning meat, fish, and berries. Cultural crafts are offered and include making drums, rattles and, dream catchers. Participants are shown that spirituality existed in all parts of traditional life. Some of the ceremonies during a camp session are designed to reflect traditional culture as well as offer the participant a connection to their creator. Letting go and sweat lodge ceremonies are two ceremonies that are commonly held during camp sessions.

It is important to note that while both mainstream clinical interventions and cultural practices are derived from separate paradigms, there is a point of intersection and emersion of both in the program. If the psyche and the spirit are not prepared to work for change and accept the practice of culture fully, results will be limited. Therefore, education, personal client assessment, and individual support are intertwined to assist the participant in achieving the level of depth into the program and its practices that they are willing and able to achieve. This mindful intention is important for success in this cultural healing experience.

This type of treatment is well received. The connection to the natural environment and culture is embraced by Carrier people as necessary to maintain or to return to health. As discussed by a Carrier traditional healer:

My dad used to say that when people were out of harmony, or out of sync with nature you know, because the Indian people, our Carrier people, the elderly people, the land, the bush is our connection with the spirituality of the culture of those kinds of things. We’re bush people, basically. If you bring somebody out into the bush and they don’t feel ok, then they’re lacking something, right? (*Dobson Brazzoni, 2013, p. 133*)

In recent years camp beds were booked to capacity for most sessions with over 80% of

participants completing the full 28 day program. Feedback from associated CSFS communities has been positive with communities suggesting their members prefer this type of treatment over the more sterile treatment offered in a modern facility. This land based cultural concept appears to offer our clients a mix of culture, spirituality, and modern day therapy that helps them achieve success in their search for health and sobriety.

While CSFS knew that reconnecting clients with their culture at our Ormond Lake facility was an effective practice in helping people recover from addictions, there was not any empirical evidence to support this. Therefore, it was timely when in 2011, CSFS became involved in a research project for this purpose.

Empirical Evidence

In 2011, CSFS became involved with a research group involving staff from Assembly of First Nations, Centre for Addiction and Mental Health, National Native Addictions Partnership Foundation, and the University of Saskatchewan. This group was being funded by the Canadian Institute of Health Research Operating Grant, Institute of Aboriginal Peoples' Health² to look at the type of cultural activities addiction centres across the country were offering and if empirical evidence could support the use of culture as intervention. We joined the "Honoring Our Strengths: Culture as Intervention" project along with 11 other treatment centres across Canada. The 3 year project used a variety of measurement tools to assess if clients in these treatment centres felt that they benefited from the cultural interventions. The stated goal of the research project was "Drug addiction among Indigenous peoples is a serious health concern in Canada. Building on our core community-based research team's history of collaborative work, the aim of this project is to evaluate the effectiveness of First Nations culture as a health intervention in alcohol and drug treatment." (Dell, 2012).

Taking a nation-wide look at indigenous cultural and intervention tools was a big undertaking.

One of the challenges involved understanding that while First Nations' culture in Canada had many similarities, there are also components to culture that are unique to specific Nations. Therefore, the project included in their results, those guiding principles and cultural activities that were most common throughout the country. A paragraph in the project's resulting hand book for treatment centers wanting to use culture as intervention acknowledges this fact and states "It's important to remember that there is not 'one' culture because culture is defined by the land, language and Nation of people. Addictions treatment centres, for example, offer culture through their programs based on the culture of the people where the treatment centres are located" (Dell et al., 2015, p. 7).

The common guiding principles in the 12 treatment centres were identified as follows:

Spirit. Spirit is in all things. Our spirit, heart, mind and body work together as a whole. All cultural interventions are spirit centred, including social activities. Social songs are primarily sung in a First Nations language, and use of natural medicines for smudging requires that one knows the Indigenous name of the medicine from a First Nations language. Hunting and fishing requires prayer to the spirit of the animal or fish being sought by using their Indigenous name. There are protocols for facilitating cultural interventions that must be sanctioned and learned in order to fully benefit from the spiritual relationship that is central to cultural interventions.

Circle. The circle reminds us that everything is connected and part of a whole. Day is followed by night. Winter is followed by spring, then summer and fall, year after year. If we look, we can see circular patterns.

Harmony and balance. The world is constantly changing, but it works towards harmony and balance. It's just like when people sing in harmony. The different individual voices blend together beautifully. We learn to balance when we ride a bicycle. We live in harmony and balance with our family, friends and neighbours when we respect each other's differences and care for one another.

All my relations. We are connected to all things – people, plants, trees, animals and rocks.

² Institute of Health Research, Funding Reference Number AHI-120535.

We are all related to one another and need to look after each other.

Kindness caring and respect. Kindness and caring are gifts from the Creator that our spirit carries into this world when we are born. Imagine that. We are naturally kind and caring. When we nurture this gift through our relationships, we learn about respect.

Path of life continuum. Life is a journey. Babies learn to crawl and then to run. We grow up and figure out what our purpose is in life and how we can contribute to the life around us. We grow old. We're not alone on our journey because we're connected to our ancestors who came before us and to those who are not yet born.

Earth connection. We're all relatives because we're all part of Mother Earth.

Language. The original language is the most expressive communication of the spirit, emotions, thinking, behaviour and actions of the people. Language is the "voice" of the culture and therefore the true and most expressive means for the transmission of the original way of life and way of being in the world.

(University of Saskatchewan, 2014)

The common cultural interventions found in treatment centres across the country are shown in Figure 1. These interventions include ceremony such as the sweat lodge, and traditional activities such as hunting and fishing. Importance was placed on the oral tradition of First Nations peoples in many of the centres and involved storytelling to educate and to entertain. Spirituality is a common thread running through all of the cultural practice in the centres

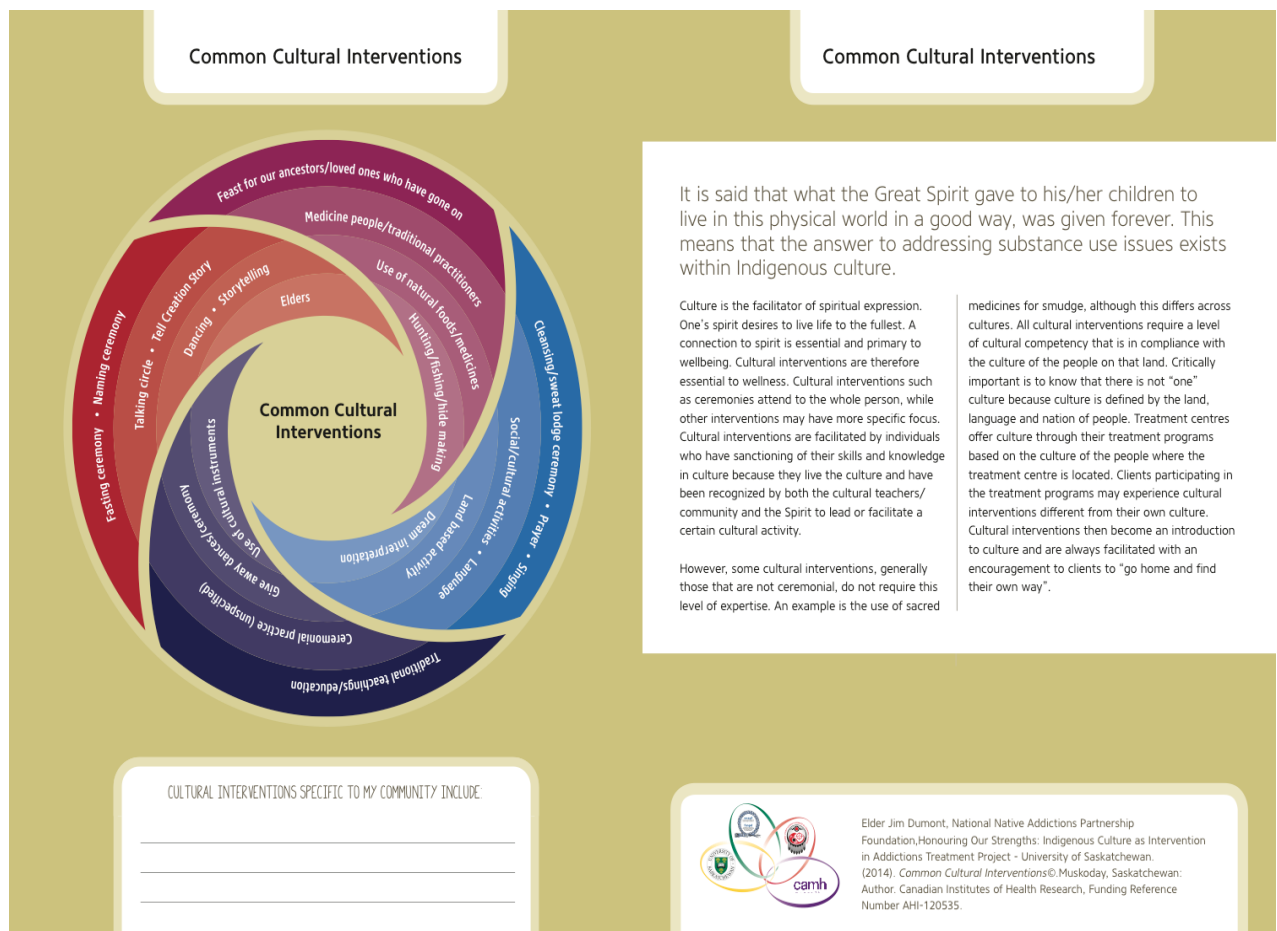


Figure 1: Common cultural interventions. Sourced from Honouring Our Strengths: Culture as Intervention in Addictions Treatment Reference Guide.

Conclusion

CSFS has been able to use this research to support our addictions treatment through the use of culture. As a result, CSFS directors are

more comfortable with articulating to funders the ideology that guides service practice. CSFS has taken the position that cultural healing knowledge and practice is as valuable to the program as is formal mental health and

addiction education and practice. Our clients' healing journey through cultural healing is a strong reminder that it is not just the cultural *activity* that makes practice and ceremony *cultural*; it is the spirit within the practice.

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Christina Dobson is a first generation Canadian of Irish and English decent. Christina is the proud mom to two children, Hunter and Jory. She has been working with the Carrier First Nations since 1995. She has held a variety of roles through contracted services including mental health clinician and Mental Health and Addiction Program Manager for Carrier Sekani Family Services. Christina holds a bachelors and a master's degree in clinical social work. She also has a doctorate degree in Education. Her doctoral dissertation was titled "Mental Health and Healing with the Carrier First Nations: The views of seven traditional healers and knowledge holders". Christina is currently on contract with Carrier Sekani Family Services as the Senior Researcher and Advisor to the Health & Wellness Program. christina@csfs.org

Randall Brazzoni is a member of Canada's Métis community. He has been the Addiction Recovery Program treatment Team Lead since 2012. Previous to joining Carrier Sekani Family Services, Randall had a 20 year career in post-secondary education as a student services manager then continuing education manager.

Randall holds a degree in Education with a major in outdoor education.