Enhancing Mental Health Outcomes for Indigenous Clients by Embodying Decolonizing Principles.

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In 2018, the Canadian Psychology Association (CPA), published a response to the National Truth and Reconciliation Commission of Canada's report (TRC) (2015) documenting the harms inflicted on Indigenous communities through the Indian Residential School (IRS) system. The TRC includes calls to action for all levels of governments to disrupt the intergenerational impacts. The CPA response outlines "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" (p.5). This report further specifies the responsibility of the profession to implement decolonial policies and practices within all aspects of the field, to improve the availability and outcomes of mental health services for Indigenous Peoples. The report states, "Psychologists are therefore responsible for facilitating a true reconciliation process with Indigenous Peoples in Canada and for ensuring that their future conduct be ethical" (p. 9).

There is a growing body of literature that speaks to the ethical necessity of decolonizing therapeutic practices that offer concrete examples on how to decolonize (Carlson, 2016; CPA, 2018; Dupuis-Rossi et al., 2020; Fellner et al., 2020; McGibbon, 2019; Schmidt, 2019), and that recognizes the ongoing harms to Indigenous Peoples caused by failing to attend to the implementation of the field's recommendations (Ansloos et al., 2019; Dupuis-Rossi, 2021; Fellner et al., 2020). Despite the available literature and Indigenous-led efforts, many educational institutions have been slow to attend to these calls for action causing discrepancies among the professional associations and regulatory bodies that guide our professional practice. Many practitioners have not yet prioritized their time to attend to the CPA's call for members of the profession to "work with and for Indigenous Peoples" (CPA, 2018, p.5).

Due to the slow response within the field, it is worth exploring what psychological resistance may be preventing practitioners in attending to these calls to action in order to come into ethical alignment. How we address these barriers, both within ourselves as individual

practitioners and within colonial institutions as professionals, needs further clarification, research and understanding. Deeper insight is necessary to support the field's efforts to decolonize psychology practices in Canada, in order to prevent ongoing harm to Indigenous Peoples.

Many of us who are non-Indigenous Canadians, have only recently learned about the terrors in our country's history. We are learning a terrible secret that has been hidden within our collective national identity and educational systems. Psychology recognizes the trauma and heavy emotional processing that occurs when deep long-standing family secrets are revealed (Barnwell, 2019; Morstead & DeLongis, 2023; Termini, 2018). Like a family secret, Canada's history and ongoing assaults of colonial violence perpetrated against Indigenous peoples has been largely hidden from the majority of Canadians. However, the psychology field has not realized the necessary supports for practitioners to engage with the emotional processing at both personal and systemic levels. As a cultural collective, non-Indigenous Canadians are processing this information in many ways. Some through denial, some through anger, some through disbelief or justification, some become frozen and overwhelmed by intense emotions of deep sadness, loss, guilt, shame, fear, and despair. The violent stories that emerge during the exploration of Canadian history and the recognition of how this violence continues to be enacted upon Indigenous Peoples is emotionally difficult to come to terms with, this reality can be unsettling. As non-Indigenous practitioners explore these histories, identities and understandings of who we are as Canadian citizens will be challenged (Regan, 2006).

The most direct way to move towards decolonizing practices is to build collaborative relationships with local Indigenous communities. We are being "called upon to openly identify…as allies, and to advocate for those that have been oppressed by colonial systems" (CPA, 2018, p. 6). While this may appear simple at first, moves to decolonize require practitioners to develop a consistent practice of becoming aware of and resisting the fear response that is at the core of collectively held racist beliefs, and to challenge the apathy that

guards privileged positions. There are many Indigenous Peoples and communities who will welcome the chance to lead us in our efforts to enhance mental health outcomes for members of their communities and to become embodiments of that change (A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022).

We are facing a very large task that has no roadmap and that will shake us emotionally to the core. As non-Indigenous people we have lost the epistemic capacity to understand the full scope of what is at hand (B. Littlechief, Siksika Nation, Blackfoot Confederacy, personal communication, 2023; Wilson, 2008). Contemporary Western based belief systems are dominated by the myth of objectivity thought to be realized through empirical knowledge systems. An epistemological base that biases and privileges only one way of knowing limits access to more robust information and understanding. It is easy to get lost. We need tools for this journey that will support our success: a compass, a friend to walk alongside, and a light to shine in the darkness. Those tools can be concretely described as the guiding principles of the profession, connection with the Indigenous community and our own internal intentions to beneficence and nonmaleficence. This paper suggests that centering Indigenous community relationships will guide the principles of the profession into ethical alignment with the duties of beneficence and nonmaleficence.

The following research paper explores how non-Indigenous practitioners can work to enhance mental health outcomes for Indigenous Peoples by embodying decolonizing principles. First, the author will position themselves within Canada's history, the paper will then briefly discuss the ongoing harms the profession of psychology has inflicted on Indigenous communities through colonial violence. This will be followed by a critical analysis of the current literature that will highlight individual, institutional, and social responsibilities in the decolonization process. Subsequently, consideration of implications for counseling psychology, and areas for future research are discussed. Recommendations for applied clinical practice can then be offered. The manuscript concludes with a reflexive personal statement. However, the

entire document was written through reflexive practice (Allen, 2023). Within the Blackfoot territories where I live, I sought out professional and academic guidance from Blackfoot professionals, as well as immersion and genuine relationship building with the diverse Indigenous community who currently live here. Through these choices I sought to develop strategies to question my “own attitudes, thought processes, values, assumptions, prejudices and habitual actions, to strive to understand [my] complex role in relation to others.” (Allen, 2023).

Self-Positioning Statement

As an emerging practitioner, I am attempting to position myself as guided by the principles of our profession. I have discovered gaps and discrepancies in the application of these principles that raise questions for me. The Canadian Psychology Association provides the code of ethics that most Canadian regulatory bodies have adopted as the guiding document for principled practice (2017). The CPA has also produced a document (2018) that they direct “all practicing psychologists [to] make themselves familiar with” (Fellner et al., 2020, p. 641). This document provides recommendations on how to assume our roles in reconciliation applicable to our social and professional locations.

As a non-Indigenous Canadian practitioner of white European descent, I chose to explore the gaps in the literature that could help with this process. Without a fulsome understanding of our positions within the history of our country as non-Indigenous people, the integrity of the guiding ethical principles come into question due to a lack of knowledge surrounding our national obligations as citizens of the country and as beneficiaries of the Treaty agreements (Ansloos et al., 2019; Carlson, 2016). We need to educate professionals and hold ourselves accountable to the true history of our nation in its entirety and not only from the privileged perspectives that have dominated Canadian education historically. Otherwise, we permit the continued manifestation of the colonial environment which seeks to obliterate

Indigenous voices from the national agenda (Latimer, 2020; Stranger, 2023). As stated by Duncan Campbell Scott (1920), the first administrator of the Indian Act (1876):

> "Our objective is to continue until there is not a single Indian in Canada who has not been absorbed into the body politic and there is no Indian Question and no Indian Department." (National Archives of Canada, p.55).

More specifically, failure to follow the recommendations of the CPA's report and the Calls to Action (TRC, 2015) means the profession will continue to perpetuate harm and poor outcomes unto Indigenous Peoples due to a lack of knowledge and understanding of their distinct mental health needs (CPA, 2018).

Historical Positioning

The history of Canada is rarely, if ever taught from the perspective of the First Peoples who were living on this land before Europeans arrived (K. Ayoungman, Siksika Nation, Blackfoot Confederacy, personal communication, 2023). Like other settlers and new immigrants, I was taught the version of Canadian history that supports a hegemonic position of European conquest. I did not know this version was inaccurate until 2020, when I took the free University of Alberta, Indigenous Canada course (Indigenous Canada, n.d.). The inaccurate version attempts to obscure and subvert the actual agreements that were entered into in goodwill. For example, the Blackfoot Treaty (Treaty 7, 1877) was an agreement that intended to allow my predecessors to build homes in the Blackfoot territories in exchange for goods and services provided to the First Nations. Instead, the treaty making process enabled my ancestors to invade, attain theft of land and commit genocide on the original Nations that occupied and cared for the territories for tens of thousands of years (Hildebrandt et al., 1996). The formal treaties are Nation to Nation agreements that outline how two distinct groups of people may be able to coexist in a peaceful and harmonious way. As Senator Murray Sinclair reminds us (Obomsawin, 2021) they are not agreements to cede territorial rights or to surrender to a foreign military power, they are the best hopes for the nations of Indigenous and non-Indigenous people to

co-exist through equal participation in a new society. Non-Indigenous Canadians are currently living in breach of these contractual agreements (Hildebrand et al., 1996).

Unfortunately, the nation of Canada has not lived up to its treaty obligations, and in many parts of the country never entered into treaty agreements but is illegally occupying unceded First Nations land and continues to apply foreign legal structures over top of the preexisting jurisdictional relationships of the First Nations (Delgamuukw v. British Columbia, 1991). The failure to live up to agreements, the forced assimilationist policies, and other political strategies the Canadian government used to control the territorial land base have had ongoing detrimental effects on the wellbeing of First Nations, Métis, and Inuit people and are directly responsible for the intergenerational trauma Indigenous Peoples are still working through today (Ansloos et al., 2019; Buchner et al., 2022; CAP, 2021; Castleden at el., 2022; Dupuis-Rossi, 2021).

Harms

In 2018, the Canadian Psychology Association apologized and acknowledged the harms that the profession of psychology has enacted upon the Indigenous population. The association owned its participation in the process of cultural genocide as well as violating its own code of ethics. Violations of the ethic of responsible care include traumatizing and retraumatizing Indigenous people through psychological treatment practices that were not developed to appropriate levels of epistemological understanding. They were not only culturally inappropriate for Indigenous peoples but absolutely unnecessary for they had their own holistic systems of wellness in place. Indigenous worldviews, concepts of self, concepts of health and illness, concepts of the inter-relational and communal aspects of healing have not been sufficiently understood by Western healthcare systems (Duran, 2019; Fellner et al., 2020; FNIGC, 2020). Due to a rigid and unilaterally validated ontology, Western knowledge systems have not yet been able to adequately conceptualize the sophisticated practices of Indigenous healing

methods. This capacity deficit harms Indigenous clients by precluding whole parts of their being (CPA, 2018).

The CPA further recognized (2018) that through failing to act or respond in any meaningful way to the injustices and federal policies that have been used to eradicate Indigenous people, the profession is complicit in the negative impact these policies have had on the mental health of Indigenous Peoples. For example, psychologists have been active participants as well in applying bias in policies that remove Indigenous children from their homes and place them within the foster care system perpetuating the intergenerational trauma started through Indian Residential Schools, through disconnection from their families, communities, and culture. The CPA (2018) has admitted these practices were done through the enactment of cultural imperialism and principles of colonization which still drive diagnostic and treatment practices. The profession has not yet engaged in sufficient training to fully understand the impact of these practices.

The CPA report (2018) outlines in detail the need for appropriate diagnostic and assessment tools that are culturally normed with Indigenous populations citing the immense harms that have occurred through misdiagnosis due to culturally inappropriate tools and measures. These include removing children from homes, institutionalizing, and diagnosing Indigenous people with mental health disorders at higher rates in all categories, as well as treatment outcomes failing at higher rates, including assessments that are based on Euro-societal standards (Lindstrom & Choate, 2017).

Institutionalized violence towards Indigenous Peoples is well documented (Roach et al., 2023; Stranger, 2023; TRC, 2015), and has been happening since the inception of the colonial Canadian settler state. Within the healthcare system, Indigenous people are subjected to racist discrimination at much higher rates than any other population in Canada (Roach et al., 2023; Stranger, 2023). The impact of health care workers who embody oppressive systemic violence on the health outcomes for Indigenous clients is profoundly negative. There are many examples

including the story of Lillian Vanasse who was taken to a hospital in Hanna, Alberta in December of 2020 (Pimental, 2021). Vanasse had taken doctor prescribed methadone to treat stomach pain. The nurses on duty decided that was reason enough not to administer oxygen to the client. There is no medical protocol that precludes oxygen from being administered if a patient has taken methadone. The underlying assumption that Indigenous peoples misuse doctor prescribed medication because of substance abuse disorders may have contributed to the decision to withhold oxygen from Vanasse, who died in hospital later that day due to insufficient oxygen. This decision is being reviewed by the professional regulatory body as a factor that could have contributed to her death.

Recent reports indicate that a lack of regulatory oversight perpetuates violence against Indigenous People (McLane et al., 2022; Stranger, 2023). Even with a base standard of professional expectations, people with deeply ingrained racist beliefs are still being licensed to serve the public in Canada. The gaps in the systemic oversight that is supposed to be ensuring the public's safety continues to fail an already targeted Indigenous population (Roach et al., 2023; Stranger, 2023).

"A constitution outlines the principles by which a country is governed" (Elections Canada, n.d.).

Since the inception of Canada by way of the British North American Act (BNA) (1867), Canada's relationship with the Indigenous Peoples of this land was formalized in the protection and maintenance of their inherent rights. This act was altered in 1982 through the Constitution Act, which formally severed Canada's governmental structure from its British colonial roots. The new constitutional act reaffirmed the relationship between Canada and the inherent rights of the Indigenous Peoples. This constitution forms the basis of the ruling principles of our Nation. All Canadian statutes must be held accountable to our constitutional base (Elections Canada, n.d.).

In Alberta, the profession of psychology is governed through the Health Professions Act (HPA) (2022) which is overseen by the Government Organization Act (GOA) (2022). These

provincial acts require that health professionals meet a base standard that is overseen through a professional regulatory college. The reason behind these layers of governance is to ensure that the public is kept safe through mandated codes of ethics and standards of practice. The HPA (2022) details the requirements of every regulatory college that governs a health profession in Alberta. It requires that the regulatory college of Alberta psychologists (CAP) establish a code of ethics and a standard of practice that its members will be held legally accountable to in order to protect the public's safety.

The profession is guided by our code of ethics, which form the principled basis of the standards of practice. These are mandatory principles and practices that as professionals we must adhere to in order to protect the public's safety (CPA, 2017). Failure to adhere to the practice standards, in law, means that regulatory licenses can be revoked (HPA, 2022). While professionals must adhere to our regulatory codes, there is concern that mandated relationships with Indigenous Peoples could create disingenuous relationships that bring more harm to communities (Mitchell et al., 2018). There needs to be a way to blend the necessity of ethical requirements with genuine relationships. Perhaps it is in the tension between the necessity of ethical adherence and the manifestation of genuine relationships where deep reflections on our own attitudes, knowledge and behaviours as non-Indigenous practitioners can be applied.

Resistance to our obligation as psychologists to decolonize our practices (CPA, 2018) is evident in statements such as “Not everyone wishes to decolonize” (personal communication, 2022; McGibbon, 2019). While people are entitled to have their own personal perspectives on decolonization, professionals in the field are required to adhere to the standards of practice established by the provincial regulatory bodies (HPA, 2022). These standards are not a matter of choice. They are professional obligations (CAP, 2021; 2022). Therefore, if people do not wish to adhere to these standards, they should not be licensed to practice psychology, as they will fail the mandate to protect the public's safety (HPA, 2022).

Even when non-Indigenous practitioners take on the calls to action within our field, they may face covert resistance and unnecessary systemic obstacles to realizing this important work. In my community volunteer work, I have experienced resistance to implementing the calls to action. There seemed to be confusion about the distinction between diversity, equity, and inclusion work and truth and reconciliation work. In this work I discovered a noticeable and disproportionately stronger resistance to truth and reconciliation work. Through my own working experience, I have also experienced the embodiments of colonial structures within Indigenous led organizations that oppose and suppress decolonization within the mental health field. Indigenous led organizations have the added challenge of being required to try and fit their ways of being and doing into Eurocentric funding models in order to have the same access to resources as non-Indigenous organizations. There is a lot of work to do, and people are making their way through experiential learning and established precedents of wise practices (A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022).

I hope I can provide some insight for non-Indigenous practitioners as they begin this work. I have found the work to be emotionally triggering and overwhelming at times. I sought out specific ethical support resources to help me through those difficult times. I have written this paper under the generous mentorship of local Blackfoot practitioner and scholar, Angela Grier, and through it, I embody the hope that an organized movement of non-Indigenous practitioners working specifically to decolonize mental health practices will grow in Canada. People need a supportive community to rely on to strengthen this work (Kluttz et al., 2019). I have felt a lot of anger, frustration, and exhaustion. I have become demoralized and overwhelmed at my fellow citizens' ignorance surrounding this issue. These are new experiences for me, I was not expecting the level of resistance for the non-Indigenous community that I've encountered, but I am carrying on despite the resistance as I can not unknow what I have learned. I have felt isolated and alone the more I learn because I have not had an accompanying community to

process these emotions with. It is a charged topic, and one that I've noticed non-Indigenous people easily shut down to.

I have been fortunate though, for as I lost connection with my original cultural community, a new one has emerged. What has kept me going has been the relationships that I've developed within the Indigenous community. I have been supported and encouraged by my local Indigenous community here in the Blackfoot territories. They have made time for me and made room for me to learn within their communities and their families. The heart bonds that have grown motivate me even more to do this work. I love them so much and am grateful for the ways in which they have shared their love with me.

Trigger warning

This paper may evoke very strong emotional reactions in readers. Indigenous readers probably know the contents of this paper, as they will have most likely lived the realities discussed. If you are a non-Indigenous reader, I invite you to track where your resistance to the content in this paper emerges. Take a deep breath, as often as needed. Relax. Be brave. Seek support from kind, like-minded people. I believe we can work through these feelings and come out transformed and connected to a commitment to hold ourselves and our country responsible for our part in upholding the sacred nation-to-nation agreements promised at the Treaty signings (Blackfoot Treaty no. 7, 1877). I believe as psychology practitioners, through reflexive practices that we can attend to our responsibility to society.

What is decolonization?

Decolonization is often understood as an ongoing process that people undertake to challenge their own assumptions and the dominant social narratives around privilege and entitlement. Academic Elisabeth Carlson (2016) defines colonialism as:

> "...a process whereby settlers have come to North America, taken Indigenous land, set up their own systems and structures, perpetrated genocidal policies and actions, and murdered, dispossessed, and marginalized original Indigenous inhabitants; as well as

the current structures that have resulted from this process, the reproduction of these structures, and the ideologies and relations that have supported and reproduced these structures" (p. 25).

A current perspective of decolonization is that it is a process of studying and understanding how colonization has impacted our lives, and then working to deconstruct and reimagine the dominant social structures that continue to carry out the precepts of colonialism. It is a commitment to be open to learning how we internalize beliefs that normalize and justify violence for the benefit of one group over another. For example, when I was growing up, the dominant narrative that I was exposed to regarding Indigenous Peoples was that as white euro-Canadians we were entitled to live here and entitled to have committed violence on the Indigenous populations. Comments such as "The natives were warring with each other long before we ever arrived" or "It was only a matter of time before one of the European nations took over the land" have been used to justify the violence that we, as Canadians, continue to support and uphold against the First Nations. These are ideas held since the doctrine of discovery. As of March 2023 this doctrine has been renounced by the Vatican (Winfield, 2023).

These assumptions attempt to normalize violence and accept it as something that the dominant culture has a right to impose on others. They attempt to justify our national acts of violence because of defense systems that were in place before we arrived. Many Canadians denounce foreign wars that were started by nonnative invasive political powers, but justify their privileges, comforts, and securities that were obtained through the same means, and that are currently maintained through the continuation of the same foreign political agenda. There seems to be a disconnect between the understanding that well over a hundred thousand (documented) Indigenous children suffered extreme abuse so that we may live the way we do today. I believe through a better understanding of these dynamics we can begin to repair and repatriate that which was damaged or stolen, including the land base.

In their 2012 paper, *Decolonization is Not a Metaphor,* Tuck and Yang (2012) emphasize that discourse on decolonization must include the relationship of Indigenous people and settlers, that it must recognize Indigenous sovereignty and promote the efforts of activists to return what has been taken, what has been stolen. It must discuss the need for the colonizer community to release control of Indigenous people, their lives, their thoughts, their health, their families, communities, and their sovereignty. Clarke and Bird (2021) also see decolonization as “the repatriation of what was taken from Indigenous Peoples, such as lands, waters, sacred items, their stories, their dignity, and histories” (p.5).

I believe decolonization can provide pathways for all peoples to set aside a fixed and rigid view and way of being in the world and come into a more living, dynamic, and humane relationship with the process of life. I also believe it is a way to connect with our inherent worth as human beings. Mills (2016) writes:

> “The most radical thing anyone can do with respect to decolonization is to allow that he or she is a sacred person, has gifts others need and is worthy of receiving others’ gifts, and is part of creation. Yes, it truly is important to recognize that one is a settler but that should never be an impediment to the practice of Anishinaabe law on Anishinaabe territory and that means standing within creation, not taking a dejected step back from it” (para. 27).

This paper does not provide any solutions. It suggests possibilities and areas to explore. I believe that each person will find their own unique way along the path of truth and reconciliation that we have been called to as a nation. For my own part, I am positioning myself as an emerging practitioner who is committed to developing a self-reflexive practice. Through this practice, I aim to be active in shaping my environment so I can participate in implementing and embodying “ethical ways of being and relating in our world” (Allen, 2023). Popoveniuc (2014) asserts that self-reflexivity is an essential process in the development of society and our collective intelligence, that it promotes the action of social change through the act of research

and integral transformation. In his book, *Research is Ceremony: Indigenous Research Methods,* Shawn Wilson (2008) states “If research hasn’t changed you as a person, then you haven’t done it right” (p. 135). It is from this position; I will build a research relationship with the ideas that suggest how non-Indigenous practitioners can work to embody decolonizing principles in their psychology practices.

Literature Review: Enhancing mental health outcomes for Indigenous clients by embodying decolonizing principles.

The following literature review explores the most recent literature that discusses how Canadian psychology practitioners can work to decolonize their practices to enhance mental health outcomes for Indigenous Peoples and communities. Several themes emerged through this review which are broken down into individual, institutional, and social responsibility. While each theme has been extracted to examine in the review, it is important to acknowledge they are inextricably linked to one another. Therefore, once each thematic section is discussed, a demonstration of their interconnectedness will follow.

Individual Responsibility

Every practitioner has a responsibility to decolonize their own psychology practices, as well as to do the necessary work outside of the counselling room that furthers decolonization efforts in Canadian society. In 2018, the Canadian Psychology Association (CPA) published a report in response to the National Truth and Reconciliation Commission of Canada’s 2015 report. This report acknowledged the devastating impacts that the profession has caused to Indigenous Peoples. As well, it directs practitioners to do the necessary work to bring the profession and individual practices into ethical alignment.

The Indian Residential Schools Settlement Agreement (IRSSA) (2006) provided funding to help survivors and their families heal from the abuse of attending residential schools. The national Truth and Reconciliation Commission (TRC) was part of this settlement agreement (Government of Canada, n.d.). Mental health providers will most likely encounter residential

school survivors or their family members who still face the intergenerational impacts of these traumatic experiences. These practitioners need to know about and understand the full scope of systemic abuse that was and continues to perpetrate First Nation and Indigenous communities (McGibbon, 2019). As well, they will need, to the best of their abilities, to embody this cross-cultural understanding and culturally safe spaces. Current Canadian practitioner and a contributor to the Indigenous-led research on decolonizing psychology practices, Dr. Stryker Calvez (CPA, n.d.) states that:

> "The starting point isn't knowing the issues and how to deal with them, the starting point is knowing yourself. And knowing yourself in relation to Indigenous people and the history that's been here for thousands and thousands of years. That's something people need to find on their own terms."

The Health Professions Act (2022) requires the regulatory body which governs a profession to develop standards of practice that set minimum expectations in the field. The College of Alberta Psychologists (CAP) in a 2021 publication of practice guidelines regarding working with Indigenous populations reminds practitioners of their individual responsibility "to familiarize themselves with the current and historical injustices suffered by Indigenous Peoples prior to providing services, and ensure all professional activities are performed in a culturally sensitive, safe, and competent practice" (p.8). This document clearly states that "Compliance is obligatory. Failure to adhere to practice standards may constitute unprofessional conduct" (CAP, p. 8, 2021). Practice standards are the measure by which psychologists are legally liable.

Some may argue that decolonizing psychology practices only applies to the front-line workers who are providing mental health interventions and support to an Indigenous population. The Canadian Psychology Association (CPA) (2018) recognizes that because the oppression is so pervasive through all the colonial institutions and systems, it is impossible to compartmentalize the adverse impacts (Stranger, 2023), and obliges psychologists to "openly identify themselves as advocates" (p. 6). The resistance that manifests within the field needs to

be flushed to the surface and addressed, otherwise it can continue to manifest within hidden racism and practitioner bias (Roach et al., 2023).

The CPA's 2018 report as well as practice guidelines published in 2021 by the College of Alberta Psychologists clearly articulate the necessity for psychologists to decolonize their individual practices to be able to serve Indigenous clients. As well, in 2020 and 2021 the Canadian Counselling and Psychotherapy Association (CCPA) implemented new Standards of Practice and an updated Code of Ethics with specific and extensive sections on counselling Indigenous communities.

Paulette Regan (2006) helps settler psychologists to position themselves ethically within a colonial context in relation to Indigenous Peoples and then within their professional field of practice. She asks us to consider the amount of research that has been done on Indigenous people in Canada and points to the necessity to turn our research lens towards our own experience when she says, "What is missing is a corresponding research emphasis on our own experience as descendants of Settlers who colonized" (Regan, 2006, p. 35).

Current Indigenous scholars identify both historical and contemporary colonization as the main factor that affects the health and wellbeing of Indigenous Peoples in Canada (Clarke & Bird, 2021; Dupuis-Rossi, 2021; Fellner et al., 2020; First Nations Information and Governance Centre [FNIGC], 2020). This perspective "decentres and resists individualistic pathologizing" (Dupuis-Rossi, 2021, p. 108). Western psychology practices developed in relation to the then modern and Eurocentric conception of an individual psychological self (Cushman, 1990; Vandenborn, 2020), which negates Indigenous cultural and collective identities through isolating and promoting the individual as the genesis of mental health disorders. The individualized approach has brought much harm to Indigenous communities by interpreting standards of wellbeing through a lens that dissects and disconnects people from the source of their wellbeing; their communities, cultures, and connection to the land (Dupuis-Rossi, 2021; Duran, 2019; FNIGC, 2020; Kirmayer et al., 2009; Vandenborn, 2020).

The Western concept of the individualistic self (Bastien, 2016) may be able to provide a pathway into understanding individual responsibility as a practitioner, provided one turns the lens of reflection to oneself, and one's own complex relationship with colonization (Carlson, 2016; Obomsawin 2021; Regan, 2006). Knowing where one is positioned within the story of colonization is essential to the practice of working from a decolonized approach (Carlson, 2016; Ermine, 2007). By exploring within this familiar psychological construct, the individualist self, Western practitioners can relearn a relationship to where they live by facing what has been overwhelming, daunting, and unknown.

Both the CCPA (2021) and the CPA (2018) documents direct practitioners on the ethical necessity to develop critical self-reflection skills in order to decolonize their practices, especially when working with Indigenous populations. Unexamined or unresolved emotions that arise on the job during sessions with Indigenous clients can detract from the supportive focus on the client, or even contribute to aggressions within therapy that are directed towards Indigenous people due to unconscious bias and a lack of knowledge (A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022). Recent literature suggests possible tools to further self-reflection capacities. Clarke and Bird (2021) offer the research methodology of memory work (Bryant & Bryant, 2019) as a tool therapists can use to explore their personal histories in relation to living in a colonial state. Memory work uses a third person narrative approach to write about a memory on a specific theme. The goal is to allow emotions to arise but within an already detached emotional environment that is enhanced through the third-person narration. This approach would allow the practitioner emotional safety through personal detachment from the memory when strong emotions emerge. Doing the emotional processing outside of work with clients, enhances the safety of therapeutic spaces for Indigenous people.

“Conscious forgetting” and “social amnesia” are terms used by Clarke and Bird (2021) to account for a collective resistance to looking at the historical truths of the countries we live in.

By keeping certain truths relegated to the shadows, people can create new realities of their choosing which exclude the lived experiences of others. This practice serves a personal agenda to avoid discomfort, the discomfort of empathizing with others, the discomfort of recognizing power and privilege, and ultimately the discomfort of relinquishing power and privilege (Tuck & Yang, 2012). Buried social realities have contributed to the existence of systemic racism. Memory work can help to work through the layers of history that our nation has repressed and tried to erase through genocidal practices. Facing the truth of the ongoing genocidal practices of the Canadian state is part of the journey to decolonizing our own minds (Tuck & Yang, 2021; Dupuis-Rossi, 2021; Carlson, 2016).

Epistemological differences between Indigenous and Western worldviews have led to the continued individualized focus on treatment and assessment practices that overly rely on quantitative measures to validate treatment outcomes (Regan, 2006; Lindstrom et al., 2016; Mitchell et al., 2018; Wilson, 2008; Duran, 2019). These practices do not leave room for understanding the effects of systemic oppression. More importantly, they place the therapist in the role of front-line colonizer with the goal to "transform distressed and oppressed people into high functioning members of contemporary settler society" (Clarke & Bird, 2021, p.75), further extending the assimilationist policies that the nation of Canada has employed all along to free itself from the "Indian problem."

Strong Indigenous communities have always threatened the establishment and maintenance of the current social order that Canada upholds (Clarke & Bird, 2021; A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022). To establish itself on Indigenous land, the nation state of Canada strategically targeted the deconstruction of Indigenous communities, as evidenced through the early policies targeted and enacted towards Indigenous women and children (Bourgeois, 2015; de Finney, 2017; Marques & Monchalin, 2020; Obomsawin, 2021). Healthy Indigenous communities remain a threat to Canada and the structures of the federal government are still

targeting the heart of Indigenous communities. This is seen in the ongoing removal of Indigenous children from their families and communities (Canadian Council of Child and Youth Advocates, 2015; Grier, 2021; Vandenborn, 2020), systemic birth alerts (Buchner et al., 2022; Van Bewer at al., 2021) and the failure to protect the safety and wellbeing of Indigenous women (Buchner et al., 2022; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019; Van Bewer et al., 2021). Therapeutic practices that support healing through community connections, inclusion, and building safety from systemic oppression may be in conflict with the agenda of the federal government (Dupuis-Rossi, 2021; McGibbon, 2019). As therapists, we encounter institutional paradoxes between the ethical principles of our regulatory bodies, government policies, and the humanity of our clients. These are difficult places to reconcile. As individuals trying to do our best to help our fellow humans, we can become stressed by the monoliths of institutional rhetoric that we are professionally bound to serve (Clarke & Bird, 2021).

Indigenous scholars and Elders deconstruct even contemporary terms such as settler (Ward, 2015), with the insight that the term ‘settler’ does not provide for the reality that many diverse Indigenous nations already settled the land in their own ways before European arrival. Ward states “The word settler is historically and politically sterile” (Carlson, 2016, p. 19). What is missing in the term ‘settler’ is the historical and continued truth and reality of the European invasion in North America. As people of European ancestry, we are occupying lands where our government has been attempting to eradicate the peoples through both covert and direct campaigns (Carlson, 2016; Dupuis-Rossi et al., 2020; Dupuis-Rossi, 2021; McGibbon, 2019; Schmidt, 2019; TRC, 2015) for hundreds of years. We, as non-Indigenous Canadians, are the embodied tool used by colonial forces to accomplish the business of the nation. By considering this position, we can come into a different relationship with the place where we live, we can become sovereign agents in our life and truly consider our life choices.

Embracing and understanding historical positioning is important to face the truth about how Canadian occupiers have come to be here, have come to benefit from the attempted genocide and theft of Indigenous resources and land (Ermine, 2007). From these truths we can move towards understanding the ongoing fallout of the violent policies and practices that continue to be put forward by the Canadian government and how these practices affect Indigenous communities (CPA, 2018; Fellner et al., 2020).

When we work with Indigenous populations, these are complex realities and relationships that need to be integrated and understood as both citizens and practitioners (CPA, 2018; CCPA, 2020; CCPA, 2021; CAP, 2021) as it is impossible to separate ourselves from our history (Haebich, 2011). As individuals within systems, each person therefore participates directly or indirectly in the social cogs of systemic oppression (A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022). Through deep contemplation and reflection this work requires encountering emotions which can be very overwhelming and dysregulating (Regan, 2006; Clarke & Bird, 2021). Individual practitioners need the proper social-emotional support when exploring these deep truths, to move through the pain and discomfort to a place of understanding and insight (Freire, 1970; Kluttz et al., 2019). Psychology is positioned as a field to research and develop resources that can support Canadians who are ready to do this work. More research is required to learn how to develop effective programs that can support individuals through this process (Gebhard, et al., 2022; Regan, 2006).

A recent working group from the Canadian Counselling Psychology conference (Fellner et al., 2020) convened to review the findings of the 2018 CPA report and discuss how these findings show up in their professional work. Of the eight major themes, one of them is specific to individual accountability within the field. This theme discusses anti-Indigenous racism and white privilege in counselling. The participants point out the switch in perspective from studying Indigenous mental health to focusing on white practitioners' mental health and identifying the

ways that the sickness of racism and privilege show up in counselling practices. They cite "covert and overt interpersonal hostility toward Indigenous Peoples in the field, Indigenous issues, and Indigenous students" (p. 647).

This information directs the focus of our individual work towards ourselves as non-Indigenous workers to understand how we may continue to embody harmful worldviews and learn how to transform them. Clarke and Bird (2021) illustrate these important considerations in the following text:

> "We often do not recognize how settler values continue to pervade ways that the profession and system views the individual, community, and healing. The narrow focus on intervention and evidence-based skill reinforces a fragmented view of the client as a set of symptoms to treat. Moreover, this approach constructs the human services professional as a modern-day alchemist expected to harness the forces of scientific knowledge to transform distressed and oppressed people into high functioning members of contemporary settler society without fundamentally altering the unjust power relations that often have ignited the dysfunction in the first place" (p. 75).

As a descendent of settlers who colonized this land, there is much to look at in terms of the unexamined violence in our psychological makeup (Dupuis-Rossi, 2021; Dupuis-Rossi et al., 2020), and how this shows up in expressions of unconscious bias (A. Grier, personal communication, 2023). We need to examine our collective psychological inheritance, and collectively work to transform our understandings of ourselves in relation to each other and to our communal understandings (Carlson, 2016; Clarke & Bird, 2021; Fellner et al., 2020). How does our collective psychological inheritance affect our practices as psychologists? Memory work and reflective practices guided by Indigenous Peoples are ways that we can work towards embodying that betterment (Clarke & Bird, 2021). We may then be able to bring healing and

helping perspectives into the institutions and organizations that we have access to (Canadian Psychological Association, n.d.; Obomsawin, 2021).

Institutional Responsibility

Institutions and ideas are only as strong as the people upholding them. Colonial institutions were developed to further the national agenda of territorial occupation (Carter, 2008; Obomsawin, 2021; Tuck & Yang, 2012). The current colonized perspective is rooted in the contemporary versions of these institutions (Castleden et al., 2022; A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022; McLane et al., 2022). It is important when discussing institutional responsibility, though, to review that institutions are not human-less machines, they are operated by people, and the people are held accountable to written policies. Bringing these policies into alignment with the guiding principles of the profession will support professionals to be better practitioners and keep Indigenous clients safer. It will support practitioners to be clear in who they are and where they stand in relation to the history of Canada. It can help practitioners to work through disconnected emotions to be more fully present in the work they do as human beings.

The general method of how institutions realize their visions and mandates is through policy development and implementation (First Nations Health Authority, n.d.). Many of the policies and principles in place have served the national agenda to dispossess the people of their land through coercive and violent means (Carlson, 2016; Dupuis-Rossi, 2021; Regan, 2006; Truth and Reconciliation Report of Canada, 2015). There needs to be a concerted effort to transform policies within institutions to ensure the prevention of harm and enhance mental health outcomes for Indigenous Peoples and communities (CAP, 2021; Castleden et al., 2022; CPA, 2018; Drost, 2019; McGibbon, 2019). Institutional work has complex intersections that require expert skill and patience to navigate. It is the fundamental responsibility of organizations, to provide safe spaces for Indigenous people and the voices that elevate and substantiate their wellbeing (Castleden et al., 2022; A. Grier, Piikani Nation, Blackfoot Confederacy, lives in

Calgary, Alberta, Canada, personal communication, 2022; HPA, 2022; McLane et al., 2022; United Nations Declaration on the Rights of Indigenous Peoples, 2007).

Educational Institutions

Professional psychologists are required to start their journey into the profession by graduating from accredited university programs (CAP, 2021). Therefore, these institutions have a great responsibility to the profession to educate their students about ethical practices, including the historical relationship of universities towards Indigenous Peoples (CPA, 2018). Fellner et al. (2020) state that “Canadian universities were complicit in land theft, eugenics, forced sterilization, assimilationist education policies, abductive and abusive child welfare policies, and racist practices in assessment and research” (p. 646), and emphasize the academic foundations that were used to interfere with Indigenous communities, including the appropriation and misapplication of Indigenous knowledges (Bear et al., 2022).

Following the TRC (2015) educators have been called to address these issues (CPA, 2018; Pigeon, 2016; Wilbiks, 2021). Academics are beginning to publish articles on both the necessity to strip down the Eurocentric pedagogy and worldview that is expressed through unexamined systemic practices (Clarke & Bird, 2021; Dupuis-Rossi, 2021; Duran, 2019), and to create space for Indigenous Peoples’ voices, practices, and knowledge systems to be valued (Fellner et al., 2020; FNIGC, 2020; Grier, 2014; Pigeon, 2016; Schmidt, 2019).

Psychology professor Joanthan Wilbiks offers up an article (2021) sharing his effort to integrate Indigenous content into a first-year psychology course through the University of New Brunswick. He uses the terminology of Indigenizing education as opposed to decolonizing education to suggest the addition of positive elements as opposed to simply removing negative elements from educational practices. Indigenization is the practice of infusing Indigenous worldviews and ways of being into programs, transforming them through Indigenous pedagogy and practice, whereas decolonization refers to the removal of colonial perspectives and practice (Indigenous Corporate Training, 2017). Some argue that to Indigenize, you must decolonize first

(A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2023; J. Schmidt, Łíídlįį Kų́ę́ First Nation, lives in Vancouver, British Columbia, Canada personal communication, 2022), as sometimes public misconception arises that Indigenizing programs means an Indigenous takeover of programs. These conversations of resistance and pushback often take place absent the presence of Indigenous voices. Non-Indigenous practitioners can draw attention in these situations of the need for educational institutions to further decolonize by learning the full context of Indigenous participation and leadership in post-secondary practice (A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022).

Wilbik's (2021) article is insightful and offers many suggestions on how to structure course content incorporating Indigenous knowledge perspectives. However, this knowledge cannot be substantiated without the inclusion of the Indigenous community. His article offered many ideas, but there is no mention of any Indigenous consultation. This indicates the author either consciously or subconsciously chose not to consult with the local Indigenous community. Wiibik's example reflects an awkward space in our growth as professionals who are trying to learn. The tone of the author's article communicates his genuine care on the subject matter, but failing to include Indigenous voices sends a damaging message to the community that they are being overlooked, pan-Indigenized or that their voices do not matter. It is still imperative that the principle from the social movement of "nothing about us without us" is clearly evident in the work of non-Indigenous scholars when publishing their perspectives on Indigenous practices and ways of knowing (CCPA, 2021; Wilson, 2008; FNIGC, 2020). The movement developed in response to settler led work that did not include Indigenous participation or consultation. Academic work needs to be identified as "Indigenous-led", "shared perspectives" or "settler-led" to identify knowledge and avoid appropriation. (A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022).

Wilbiks (2021) provides an open call for feedback and contributions to his work, however this leaves the heavy lifting of creating ethical relationships up to Indigenous Peoples to do. It would be more appropriate for the scholar to do the legwork of developing relationships within the local Indigenous community. It is our responsibility as non-Indigenous professionals to do the outreach work of finding and connecting with authorized Indigenous knowledge keepers, to authentically embody allyship in relation and to learn the protocols of engagement proximally (Clarke & Bird, 2021; Duran, 2019; A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022; Mitchell et al., 2018; Schmidt, 2019).

Other educators currently working within Canadian post-secondary institutions echo the need for professionals to own their responsibility to further decolonization agendas within their programs. Heather Schmidt (2019), a professor at Cape Breton University, discusses the importance of creating welcoming and safe educational spaces for Indigenous students to encourage enrollment. Post-secondary institutions in Canada that create specific cultural spaces for Indigenous students signal their intention for safe student engagement (A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022). Schmidt also discusses the imperative to educate her non-Indigenous students and faculty on the importance of understanding decolonization and our individual and collective responsibilities in efforts to deconstruct racist ideology. Citing the calls to action (TRC, 2015), she highlights post-secondary responsibility to both increase students' capacity to understand how our distinctive cultures come into relation with each other, as well as integrating Indigenous knowledge in the curriculum (Castleden et al., 2022; Fellner, 2018; Mitchell et al., 2018; TRC, 2015).

Schmidt (2019) points out that some institutions have already committed to decolonizing their programs, while some post-secondary institutions appear frozen in their response to the calls to action. Schmidt (2019) points to lack of knowledge and training for academics and professors, and a hidden fear of getting it wrong. The fear is symptomatic of both a lack of

relationship and the colonial mindset of perfectionism. Indigenous people's fondness of humor and lightheartedness promotes experiential learning with expectations of mistakes along the way. This creates safe and communal spaces for growth and understanding (A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022). Non-Indigenous Canadians have been segregated from Indigenous communities due to decades of national government policy. This social divide contributes to the fear non-Indigenous Canadians have towards Indigenous people due to a lack of familiarity with the culture. Bridging the social divide is a powerful way to apply decolonizing principles. Collaborating with local Indigenous professionals and community authorized knowledge keepers and hiring them as consultants to guide the work in a meaningful and culturally safe manner can be a starting place to build community relationships (Lindstrom et al., 2016; McGibbon, 2019; University of Calgary, 2023).

Due to the social divide, educators may not know how to start to build relationships with community professionals. Educating themselves on whose traditional land they live on, and reaching out to professionals who identify themselves as members of those nations is an effective place to start (Mitchell et al., 2018). For example, if a person lives in Southern Alberta, they could start by learning about the traditional peoples' of that place, the Blackfoot Nations. From there, professionals can more specifically research the Blackfoot communities to find qualified individuals to guide their work. Schmidt (2019) offers that the best way to position oneself in academia is to act as a bridge to knowledge keepers and communities. According to Schmidt (2019), once non-Indigenous professors, practitioners and academics in the field of psychology embody true decolonizing principles, we should be well suited to act as liaisons and bridges for students and supervisees to connect with the Indigenous community and authorized knowledge keepers (Yeo et al., 2019).

Statistics Canada defines Indigenous people as members of First Nation, Métis, and Inuit communities. Indeed, Indigenous peoples have their own distinct ways of embodying their

respective Nation identities. Ansloos et al. (2019) share a startling statistic that out of the 18,000 registered psychologists in Canada in 2018, twelve of them were Indigenous. These scholars call upon Canadian academia to learn how to recruit and retain Indigenous students in psychology through implementing adequate support and culturally relevant material and through decolonizing their faculties. Indigenous people have been operating within their own psychological systems for thousands of years (K. Ayoungman, Siksika Nation, Blackfoot Confederacy, personal communication, 2022; A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022; B. Littlechief, Siksika Nation, Blackfoot Confederacy, personal communication, 2023; J. Schmidt, Dené Nation, personal communication, 2023). The Western study of psychology needs to be needs to be Indigenous-led and contextualized within the systems of Indigenous Nations. Many Western psychological theories were developed by theorists who spent time immersed in Indigenous communities and who appropriated Indigenous intellectual properties. Bear et al. (2022) confront the notion of Maslow appropriating Blackfoot knowledge rather than supporting it (Ravilochan, 2021), Further examples of this appropriation can be found in systems theory (Bateson,1936), and both Jungian (Barton, 2016) and Freudian psychology (Freud, 1919; Rose, 1999). Indigenous students now require access to Indigenous healing knowledge. Through circular knowledge development, Indigenous students need access to inclusive education rooted in their Indigenous knowledge systems. The embodiment and delivery of this knowledge by Indigenous people allows for it to come forward in an ethically safe manner (House of Commons Standing Committee on Indigenous and Northern Affairs, 2022).

Ansloos et al. (2019) further express deep concern for psychology education in Canada and call upon institutions to create training specific for non-Indigenous practitioners in counselling Indigenous Peoples. Leadership at the top levels of Canadian institutions needs to be held accountable to the TRC’s calls to action, for they have the ability to insist on policy changes and implementation of culturally safe education (CPA, 2018; McGibbon, 2019).

Academic leaders who are professionally designated psychologists are further governed by the ethical principle of responsibility to society. Neglecting to respond to the national Calls to Action and the ample literature that informs decolonizing professional psychology training calls attention to the academic institutions who train our professionals. This is demonstrated through the recent CPA and American Psychiatric Association's (APA) statements of harm (American Psychiatric Association, 2021; CAP, 2021; CPA, 2018; Fellner, 2018; McGibbon, 2019; Mitchell et al., 2022; Yeo et al., 2019).

Health Care Providers

A 2019 article by McGibbon that addresses ethical leadership in Canadian health-care systems states there is an "urgent imperative for organization-focused reconciliation." (p. 22) to mitigate the detrimental impacts of health systems in Canada. She notes that policy-based action is required by those in positions of policy development, and that "healthcare leadership must happen with direct, consistent, and sustained input and consultation with Indigenous people" (p. 22). She shares that resistance to decolonization contextualizes "racism and white settler power and privilege" (p.23) This work explores the inner discomforts of decolonizing. It is therefore incumbent on white settler/occupiers to do the necessary work of decolonizing systems that we are privy to. Being aware of how our white privilege gains us access and power in spaces where there are no Indigenous voices present can motivate us to leverage our positionality to bring First Peoples' actual voices to the table (CPA, 2018; McGibbon, 2019; Schmidt, 2019).

There is an overrepresentation of the Indigenous population being serviced by the health system (McLane et al., 2022; Roach et al., 2023). The fastest growing program under the government's National Indigenous Health Benefits (NIHB) program is the mental health portfolio (Government of Canada, 2020-21). This statistic demonstrates that colonial systemic health measures indicate more Indigenous people are sick than in the general public, and the need for health professionals to have Indigenous cultural competencies by embodying decolonizing

principles. Annual increases for mental health support continues as colonization stress impacts Indigenous people's basic health. Almost weekly, stories can be heard of more revelations of the mass graves, and genocidal actions that were implemented through the residential school system. This continued exposure retraumatizes individuals and communities as more Indigenous children who died as a direct result of the IRS are being recovered at mass grave sites across the Canadian settler state.

Intergenerational IRS survivors and their families have often had poor outcomes post-treatment and interventions due to colonial practices. (A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022). These revelations highlight the necessity for intentional action within systemic health care and point out biases of healthcare providers (Sylvestre et al., 2019). As practitioners working within systems that have not yet adopted decolonization strategies, our work must include challenging the systemic and structural processes that continue to promote new expressions of the colonial agenda (CPA, 2018; Grier, 2021; McGibbon, 2019; McLane et al., 2022; Roach et al., 2023). Becoming complacent with these health impacts and inequities of Indigenous communities maintains harmful and unexamined policies and procedures.

Guiding Professional Associations and Regulatory Bodies

In the last four years there have been several publications by the professional associations and regulatory bodies that guide and govern the practice of psychology in Canada. The Canadian Counselling and Psychotherapy Association published revisions to their codes of ethics (2020) and Standards of practice (2021) in 2020 and 2021 that include specific sections on working with Indigenous communities. In 2018, the Canadian Psychological Association, who also produced the code of ethics adopted by provincial regulatory bodies, published an extensive thirty-two-page report that articulates the obligations and responsibilities of Canadian psychologists to further reconciliation in their practice. The College of Alberta Psychologists

published its own guide to working with Indigenous communities (2021) that specified the professional obligation to self-educate regarding colonization.

The revisions outline and highlight ethical approaches to working with Indigenous communities. Revisions include indicators of social relevance to increase responsibilities of non-Indigenous practitioners. Decolonizing the practice requires holding ourselves accountable for our part as non-Indigenous practitioners to not only decolonize our own professional practices, but also the systems that we operate in and to hold ourselves accountable to building a better future society for all Canadians.

The publications echo each other through repeated core standards of practice and ethical considerations worth examining. There are repeated core standards of practice and ethical considerations presented in these publications, as well as unique considerations that are worth examining. In the following section, four main publications will be explored, the revised CCPA Code of Ethics (2020), the revised CCPA Standards of Practice (2021), the Canadian Psychological Association's report (2018) in response to the TRC (2015), and the College of Alberta Psychologists' Practice guidelines for Working with Indigenous Populations and Communities (2021).

Four main themes emerge from the publications: recognition of institutional harm, counsellor awareness of positionality of a practitioner, the myths of pan-Indigeneity, and necessary protocol engagements with recognized cultural authorities specific to the Indigenous nation. When aligned with the concept of truth and reconciliation, the truth can be found in the acknowledgement of the harm, and reconciliation then follows, where practitioners reconcile themselves within historical and contemporary cultural relationships.

Starting with the CCPA Code of Ethics (2020), the updates make clear that counsellors need to understand the full and ongoing impacts of colonization on Indigenous communities. This understanding needs to also extend to our position as an individual within the structure of colonization. Not just to understand where we are, but to deeply reflect on our shared Canadian

history, our previous learning of this history, and how we experience colonial resources, where these resources come from, and at what previous and continuing cost they come to us as Canadian nationals (CCPA, 2020; CCPA, 2021; CPA, 2018; Latimer, 2020).

These considerations have the potential to truly unsettle our identities as Canadian citizens (Regan, 2006). This may be a difficult process, and the reasons for resistance within the field could be explored to develop psychological support programs. Resistance will show up for different reasons in practitioners, and where the resistance is due to implicit bias towards Indigenous Peoples, caution should be taken to ensure public safety measures are in place (McLane et al., 2022). Other resistance may come from feeling scared or overwhelmed and not knowing where to start. The process of realizing the false information we received growing up in Canada needs to be done within emotionally safe and compassionate environments, free of racist beliefs, that can help channel emotional energy towards solution finding and action to avoid becoming stuck within a guilt-ridden narrative (Carlson, 2016; Clarke & Bird, 2021).

The CCPA Code of Ethics (2020) also discusses in great length the importance of becoming properly educated in relation to the unique and diverse Indigenous communities, their cultural protocols, beliefs, and practices. Just like Western psychology practices feel the impacts of pop culture interpretations of its complex concepts, populist treatment of Indigenous knowledge appropriates and flattens the intricately complex understanding of local teachings and the diverse meaning and practices that are specific to individual nations. For example, many people know about the practice of burning sage, but few people have received land-based original teachings from validated knowledge keepers. For this example, the context of using sage changes from nation to nation. The Blackfoot people traditionally do not burn sage as a smudge, they use different plant medicines (A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022). The medicine wheel teachings derived from the Sioux people (A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022), but they are referenced

ubiquitously across North America. This practice has been described as a Westernization of the teachings and pan-indigeneity; for example the medicine wheel graphic was created as a heuristic to help Western minds understand the concept of holism and integrated aspects of self in relation to community and relations with all living beings (K. Ayoungman, Siksika Nation, Blackfoot Confederacy, personal communication, 2022).

Finally, the concept of community authorization is discussed. The CCPA Code of Ethics (2020) emphasizes that therapists need proper guidance from “recognized traditional teachers, Indigenous Elders, and healers” (p. 31). This can be discouraging for some practitioners as there is not always a clear path to finding these individuals and both being willing to dedicate their time to building relationships. Sometimes Elders are not willing to work with therapists who have not embodied enough awareness and understanding of their cultural position and are unwilling to properly respect the process of relationship building in Indigenous communities (FNHA, 2018).

The CCPA Standards of Practice (2021) echo much of what the Code of Ethics articulates. However, the Standards of Practice go into further depth regarding working with Indigenous communities. From the second section titled *Reflection on Self and Personal Cultural Identities*, “Counsellors/therapists must engage with and take steps to understand their own relationship to colonialism.” (p. 91), it is clear that counsellors are required to understand their personal relationship to the history of this land and their relationship with first peoples. This new revision identifies a gap in previous practices. As practitioners begin the work of engaging with this subject matter (McGibbon, 2019; Regan, 2006) to improve relationships with Indigenous Peoples and communities, they can share their own reflective learning with other professionals providing a rich source of information and knowledge for the profession.

This section in the CCPA Standards of Practice (2021) further discusses the necessity of self-reflection and states “while potentially uncomfortable and unsettling, an unflinching examination of one’s own identities” (p.91) in relation to the history of colonization is required.

This statement acknowledges how triggering and emotionally challenging this reflective work can be. As therapists, we are trained to support people to work through “uncomfortable and unsettling” emotional experiences, but are we trained to address our unconscious bias when triggered in relation to racialized issues? (A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022). The deeper ingrained belief patterns that hide unconscious bias can be difficult to recognize. Training in this area needs to be improved (Mitchell et al., 2018). The profession is uniquely positioned to support students and practitioners to explore these potentially overwhelming realities. Further research in understanding the effects of decolonizing our own minds as settler/occupier practitioners could assist the development of current therapeutic approaches.

The CCPA Standards of Practice (2021) are quite specific in addressing pan-Indigenous bias and direct practitioners to inquire with each Indigenous client throughout the informed consent process to understand which cultural or counselling practices the client wants to work within. At this point, practitioners may need to help the client connect with resources beyond the practitioner’s capacity to deliver. The document points out that some cultural knowledge is not available for Western practitioners, so developing respectful relationships with Indigenous knowledge keepers is essential to be able to direct clients to proper cultural resources. Grier emphasizes that not all cultural teachings are available to those outside that culture. Sacred knowledge is different from public cultural knowledge. Practitioners need to understand when they are approaching territory that is not theirs to enter or engage with (A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022).

This idea segues into the area of community authorization when encountering traditional knowledge and teachings. Discussion in this topic area focuses on the line between appropriation of traditional practices, knowledge, values and beliefs and the respectful use of teachings and transferred authority to use the knowledge by the community protocols. The CCPA Standard of Practice (2021) once again directs practitioners back to relationship building

within local Indigenous communities to attain “permission and training” (p. 92) from the appropriate cultural authorities.

The Canadian Psychological Association published its response to the TRC report in 2018. This report most specifically describes the institutional harms inflicted on the Indigenous population by the field of psychology in Canada. The CPA acknowledges its failure to adhere to the guiding ethical principles of the profession. This is an important statement and one that needs to be examined as it guides principled decision making to ensure public confidence with a history of monumental failure to a specific population of people.

The acknowledgement and apology by this association are core examples of adherence to those principles. They have set an ethical standard to aspire to. The response also acknowledges the harms caused by the profession since its inception in Canada. They specifically apologize for not opposing and naming the unjust discriminatory government policies that have oppressed Indigenous communities and acknowledge collusion with these inhumane laws. Importantly, the CPA (2018) also recognizes that they failed to acknowledge the contribution of Indigenous culture and knowledge to the profession.

The CPA report (2018) states that the profession of psychology has an obligation to the Indigenous Peoples of Canada to provide mandatory training on both the impacts of colonial history and on decolonizing research. Training in this area must be considered within the context of post-colonial epistemologies which highlight the bias that Western ways of thought are upheld through epistemological hegemonies (Kowal, et al., 2013; Weasel Head, 2023). The importance of cultural training and allyship are reiterated throughout the document. This report goes into further detail than the other publications regarding principled work in the areas of assessment, treatment, research, education, training, program development, program evaluation and advocacy/social justice. It offers six guiding principles to provide practical direction on how to embody decolonizing principles. They are cultural allyship, humility, collaboration, critical reflection, respect, and social justice.

The College of Alberta Psychologists (CAP) published a practice guideline (2021) titled *Working with Indigenous Populations and Communities: A Guide to Culturally Safe Practice and Humility.* The guideline echoes the themes present within the CCPA publications with specific direction to understand counsellor positionality. It states, “This also requires accountability and acknowledgment of the ongoing adverse impact of colonialism, white supremacy and privilege on Indigenous Peoples” (p. 9) which mirrors the previous mentions of internalized racism, incorrect assumptions, and basic ignorance towards historical inaccuracies that are prevalent in our Canadian culture (Dupuis-Rossi, 2021; Fellner et al., 2020; McGibbon, 2019). The direction here is once again towards acknowledging, unpacking, and understanding the adverse effects of colonialism. The CAP (2021) guidelines also discuss being aware of not operating within a pan-Indigenous lens, and direct practitioners to consistently seek guidance from the proper cultural authorities within local Indigenous communities.

Actions have been identified throughout this document for practitioner implementation while raising questions and discussion around the gaps in competency of our profession. The statement reads “I recognize that many formal education and training programs have not adequately prepared psychologists to provide professional services to Indigenous individuals/communities” (CAP, 2021, p. 10). This statement raises concerns about the equitable application of CAP’s standards and ethics. If the phrase “Indigenous individuals/communities” were removed, the sentence would read that psychologists are not adequately prepared to provide professional services. As the regulatory body tasked with the legal responsibility to ensure professional service for the public’s safety, the published statement may be out of alignment with CAP’s statutory duty as specified through the HPA (2022).

This disclaimer places the responsibility onto individuals’ shoulders and fails to address the regulatory responsibility to ensure adequate preparation for psychologists, at this point. The CAP publication (2021) states that individual practitioners share responsibility “with the organizational structures they work within (e.g., healthcare, education, justice)” (p.9). The

college develops the process to measure applicants for licensure as psychologists, as directed by the HPA (2022). CAP is a self-regulated body composed of professionals who have been licensed by CAP. The statement asking professionals to acknowledge that their colleagues may not be adequately trained is a starting point that recognizes the deficit. CAP needs to go further to implement clear guidelines for professional practice with Indigenous clients. The statement acknowledges that their membership, the people responsible for creating licensure standards, may not have adequate training in this area. This is a gap that needs to be addressed.

More responsibility is required from both educational, healthcare, and regulatory institutions to engage in meaningful consultation with Indigenous communities, to ensure safe practices within the field so both Indigenous and non-Indigenous communities can live up to our shared responsibilities. Those practitioners who occupy influential positions within these institutions will need to initiate this engagement process, while emerging practitioners work to find their way into these systems.

The review of the guiding professional literature shows the institutional gaps that still exist in the field. The current gap between the provincial regulatory college and the national professional association reveals a vulnerability and liability within the profession. The professional association and regulatory publications would have stronger practice standards and clearer ethical guidance if they were aligned. The CCPA (2020; 2021) and CPA (2018) publications are substantial documents that help guide professional practice. They were designed in collaboration with Indigenous Peoples to enhance mental health outcomes for Indigenous clients. These organizations benefit Canadian society through their efforts to build and sustain meaningful relationship outcomes with Indigenous communities.

Social/Cultural Responsibility

Individually we can work on ourselves, professionally we can work within institutions but what about our responsibility and power to affect society through the expression of social and cultural values? The fourth guiding ethical principle of our profession is responsibility to society

(CPA, 2017). Under this principle, CPA's Code of Ethics (2017) directs practitioners to evaluate social structures and policies to ensure they have "just and beneficial purposes" (p. 31). "Psychologists have an ethical responsibility" (p. 31) to change those structures. The Code of Ethics (2017) values mature cultures and cautions practitioners to avoid disrupting the social systems inherent in these cultural structures. Practitioners must exercise caution as to respect sovereign communities and to not interfere with the natural ways of life. Strong Indigenous communities threaten Canada's social order rooted in colonialist agendas (Clarke & Bird, 2021). But according to the governing principles of the profession, psychologists have a duty to protect and preserve strong Indigenous communities. Psychologists have a stronger requirement than other professionals in relation to Indigenous advocacy and social justice.

Clarke and Bird (2021) explore how social amnesia serves to hide the messy parts of colonization; the invasions, the violence, the genocides, and offer the term conscious forgetting to illustrate how people turn away from recognizing Indigenous peoples' histories, cultures, and deep entrenchment in the land. The nation states formed through colonization deploy tactics such as erasure and repression of historical memory to quell any threat to the established social order. This "social amnesia" is evident in Canadian society's ongoing reaction to the revelations of what took place at the Indian Residential Schools (Black, 2023; Obomsawin, 2021) and by the reluctance to recognize the genocidal agenda that continues to benefit the descendants of the violent nation state through the oppression of Indigenous people (Clarke & Bird, 2021; Dupuis-Rossi, 2021). The benefits to the descendants include populating a workforce that targets Indigenous peoples in the sorrow-derived social systems (prisons, children's services, chronic illness and addictions treatment), non-Indigenous foster families receipt of financial compensation to care for Indigenous children removed from their communities; avoiding reparations of land and resources; intentional poverty for Indigenous Peoples and communities that skew their ability to meet basic needs; continued exploitive resource extraction that provides water and electricity at low costs to the settler population while failing to provide clean

drinking water on reserve; and the trafficking of Indigenous girls and women to sexual predators, among others.

Some people see the exploration of decolonization as a political movement and are uncomfortable with centralizing this politic within a classroom or within regulatory bodies (McGibbon, 2019); but to not address the decolonization of professional practices, demonstrates political ideology too. But the choice to not address the need to decolonize professional practices would therefore also be an enactment of political will (Dupuis-Rossi, 2021). The issue concerns every identity in Canada including the historical makeup of the nation state as we know it. By ignoring the calls to action, by failing to address the profession's obligations to itself and society, we become actors in the creation of 'social amnesia' (Clarke & Bird, 2021). This issue is the core of our national ontology and exploring it will unsettle and rattle concepts that uphold hegemonic practices (Regan, 2006). As practitioners we need to be able to open and uphold ethical spaces for all peoples, not just those who neatly fit into the current social order (Clarke & Bird, 2021).

Our identities as individuals operating within a vacuum will be challenged (Clarke & Bird, 2021; Regan, 2006). The concept of the individualistic self that emerged through modern times may begin to transform through other social considerations (Cushman, 1990). Researchers have proposed new theoretical constructs within Western concepts of self-hood. Again, drawing from traditional Indigenous worldviews of the self in relation to all things, the idea of the communal-self challenges the idea of the individual-self in perpetual relation with itself (Vandenborn, 2020). This developing theory illustrates our power in collective organization and how relating to a collective identity can expand our perception of ourselves as individuals becoming more in line with Indigenous worldviews. Academia is redeveloping the practice that has been present all along within Indigenous worldviews. Bringing in Indigenous facilitators to help co-facilitate this process would enhance learning and customize the process specific to

Indigenous populations (A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022).

The literature on emerging theories helps to see the gaps in the historical practices of our profession in relation to Indigenous knowledge held in communities and in relation to its position within society. The power to help people psychologically transform is historically predicated on social belief in the authority and capacity of the healing figure (Frank, 1971). Whereas the healer working with Indigenous clients is predicated within the cultural authorities of the specific nations. Therefore, if the healing figure draws its power from social belief, psychological practitioners have an enormous responsibility to expand their understanding of how practices impact people both individually and collectively. National identity is key to this understanding.

Conclusion

There is a growing body of academic and institutional literature that focuses on the need to enhance mental health outcomes for Indigenous Peoples in Canada. The literature produced collaboratively with Indigenous advisory boards and professional bodies highlight the decolonizing principles that call professionals to action through individual, institutional, and social reform. None of the literature states that the work of decolonization is simple or easy or is meant to be done entirely by Indigenous people carrying the stress of the work. Rather the literature points out the complex interrelated relationships that affect each other. Individual responsibility is nested within the profession's guiding principles. Once practitioners understand decolonizing principles, they become connected to something larger than themselves and understand the concepts of harm upon Indigenous clients. Once they embody this knowledge, they will carry it wherever they go. Dr. Calvez states (2021) in an interview published by the Canadian Psychology Association on their website:

> "What might be more important than humility is commitment. This process of (re)conciliation is going to take an enormous amount of effort and it is going to create

> tensions. Unless you have commitment to see things through to the conclusion of what we are trying to do, to create healing for Indigenous and non-Indigenous people and to the field of psychology, we cannot do that unless people are committed to go through with those intentions."

We have been embodying inherited systemic and individual beliefs that are harmful to Indigenous communities. Through deep self-reflection and education, we can learn new ways of thinking and being in the world that will support healthier relationships. This is why the settler population must be the ones to do the work. It is not an option. As European settler/occupiers, our ancestors were the ones who colonized. As descendants of these settler/occupiers, we are the ones that benefit from the damage that colonialism has done, so we need to be the ones to do the work of decolonizing, to commit to follow through to the desired outcome.

Implications for Counselling Psychology

The literature review reinforced the necessity for practitioners to deeply reflect on their roles in relation to professional competency and institutional responsibility. The literature holds a mirror up for non-Indigenous practitioners and asks them to understand themselves in relation to the historical practice of psychology in Canada. The implications of this review show that failure to do the self-reflexive work that decolonizing and reconciliation calls for, means that our professional practices will continue to harm Indigenous clients (CPA, 2018). We then fail our professional mandate to provide benefit and to do no harm (CPA, 2017). The statutory fiduciary duty to put our clients' best interests above our own means that we need to walk through the discomfort of this self and social analysis.

The following sections will explore through a deeply compassionate lens ways that as non-Indigenous practitioners we can bring the most benefit to our profession. Practitioners who are ready to answer the important calls to "support reconciliation through their work" (Fellner et al., 2020, p. 643), may find supportive ideas to consider and develop. There are many practitioners who are ready and willing to engage with this work, but who may not know where

to start (Fernández et al., 2021; Kluttz et al., 2019; Mitchell et al., 2018; Regan, 2006). It is important to contextualize professionals along a continuum of risk, for there are health professionals who are not willing to face the harm their embodied attitudes have on Indigenous clients. It is important to call those professionals out because racism exists and people with racist attitudes who provide health services to Indigenous Peoples do harm and cost lives within the healthcare system when they animate and embody their racist beliefs in health service environments (Pimental, 2021; Roach et al., 2023; Stranger, 2023).

University of Calgary health care researchers and participating Indigenous communities, Roach et al. (2023), exposed the prevalence of racism towards Indigenous peoples in the Alberta health care system. Their 2023 study indicated that 80% of doctors polled have cold feelings towards Indigenous clients, and 25% of doctors prefer white clients over Indigenous clients. These statistics expose the delta between those practitioners who are ready and willing to decolonize their practices and those practitioners that are being allowed to practice despite harmful racist attitudes. Changes in the field need to focus on supporting those who are willing and ready to face hard realities, alongside ensuring the systems in place protect public safety for all Canadians. The research highlights the racism within the health care system. These attitudes perpetrate the same harms on Indigenous Peoples by maintaining colonial perspectives and practices. Practitioners no longer have the privilege of overlooking their part in colonization as this threshold is upheld to move forward. In Thomas King's words "For once a story is told, it cannot be called back. Once told, it is loose in the world" (2003, p.10).

Now that we know what we must do, we will need to figure out how to implement these changes. The following section will explore ways to implement the findings within policy, practice, and theory. Recommendations for how we can implement the findings will be explored throughout the section. Future areas for research will also be covered, followed by a personal reflection on the material.

Policy

Federal policies that intervene in Indigenous communities' self-determination and sovereign right to self-care perpetuate colonial practices and violate international law (UNDRIP, 2007). The CCPA's Standards of Practice (2021) and Code of Ethics (2020) sections on counselling in Indigenous communities consistently position Indigenous Peoples as the leading experts of their own lives, as well as recognize the expert knowledge that they carry.

The literature review focused on post-secondary, health care, and regulatory institutions that are positioned as change makers in the creation and implementation of health care policy. The exploration revealed systemic gaps and blockages that have prevented implementing decolonizing principles that include not having Indigenous peoples at the decision making tables. Beginning with bringing Indigenous voices to the table will realize authentic reconciliation practices.

Many post-secondary institutions have hired Indigenous consultants to decolonize their programs. Attempts were met with moderate success when only a singular outside source was engaged (G. Weasel Head, member of the Kainai Nation, lives in Calgary, Alberta, Canada, personal communication, 2023). Programs that involve community to community engagement have more success by bringing Indigenous stakeholders into the planning. In Alberta, a pilot program is underway between Siksika's Old Sun Community College and the University of Calgary's nursing program. The program is a collaboration between the two post-secondary institutions to help support Indigenous enrollment and success in entering the field of nursing (University of Calgary, 2023). Policy recommendations would start with developing formal relationships with local Indigenous nations. Following the example of the Siksika Nation, developing specific Nation relationships creates spaces of community developed learning, avoids pan-Indigenous practices and grounds programs in local historical knowledge.

Post-secondary policies could follow the principle of collaboration specified in the CPA report (2018). Collaborative outreach with local Indigenous communities could target the underrepresentation of Indigenous practitioners in the field (Schmidt, 2019). Collaborating with

already established First Nation university programs for guidance, collaboration and consultation could help develop and implement decolonizing and Indigenizing programs.

Internally, schools could work on creating safe community spaces for students, faculty, alumni, and administrative staff who are interested in understanding more about decolonizing. This group would need to ensure continuity year over year, and policy could be written to establish and maintain local Elders as advisory members of the community. Following the principle of cultural allyship (CPA, 2018) my own school, City University of Seattle (located on the traditional territories of the Blackfoot Confederacy), created a shared space to gather to informally discuss principles and ideas related to decolonization. An open invitation was extended to both internal and external community stakeholders. The school facilitators allowed the conversation to emerge spontaneously depending on the issues that people brought up in the space. The dialogue was open and supportive, and much time was allowed for people to sit in reflective silence. The openness created a position for an Indigenous Relations Officer who facilitated this example of direct relationships with Indigenous communities.

More post-secondary institutes must have cluster hires, to avoid an individual bearing the load of institutional changemaking alone (University Affairs, 2019; University of Calgary, n.d.). Cluster hiring practices help to build strong micro communities where individuals can find cultural safety and support each other along the way, making the work of institutional change less overwhelming. As universities need to be proactive in their response to the calls to action (Castleden et al., 2022; CPA, 2018), they could research and implement specific curricula in their programs to educate students on the necessity to engage with the important work of reconciliation.

Universities can seek accreditation with the Canadian Counselling and Psychotherapy Association. The accreditation program is designed:

1. “To promote high standards in the pre-service training of professional counsellors,

2. To assist the administration and faculty of counsellor education programs to assess and improve their objectives, resources, and programs,
3. To promote a continuing review and evaluation of existing counsellor education programs" (CCPA, 2023).

By working with the CCPA's accreditation program, universities are better supported to graduate professionals with higher levels of competence, contributing to safer health care systems.

Regulatory Colleges and Professional Associations

The College of Alberta Psychologists has a University Program Approval Committee (UPAC). This committee can connect with post-secondary institutions to support aligning curricula that reflects the growing awareness and societal shift. By integrating decolonizing principles such as collaboration and cultural allyship into their standard operations, CAP can move the institution towards embodying the ethical principles within education programs, to guide our profession..

A lack of education, training and accredited entry requirements creates more implicit bias in healthcare professionals (McLane et al., 2022). This bias has statistically higher harmful impacts on Indigenous patients, sometimes resulting in fatal outcomes (Pimental, 2021; Stranger, 2023). The mandate of the province's regulatory college is to "ensure the public interest is protected and public safety is maintained." (Government of Alberta, 2023). Indigenous people are a component of the public body.

The study conducted by Roach et al. (2023) exposed racial bias within regulated healthcare professionals in Alberta. CAP could collaborate with the researchers of this study and other recent studies (McLane et al., 2022) to implement more thorough gatekeeping measures designed to identify racial bias and prevent racist practitioners from entering the profession and harming the public.

A team of researchers working with First Nations organizations; The Alberta First Nations Information Governance Centre, Blackfoot Confederacy Tribal Council, Stoney Nakoda

Tsuut'ina Tribal Council, Bigstone Health Commission, Maskwacis Health Services, Paul First Nation Health Services, Yellowhead Tribal Council, and Kee Tas Kee Now Tribal Council are working to create an anti-racism intervention to ensure positive health outcomes for Indigenous Peoples (University of Alberta, 2023). This intervention may be a useful tool for the regulatory body to apply in its admission responsibilities. An anti-racism intervention tool could be developed and customized for other healthcare environments to ensure safe services are available for all.

The College of Alberta Psychologists could also develop their Standards of Practice to include more in-depth guidance for working with the distinct needs of the Indigenous community (2022). Alberta Psychology practitioners who serve on the CAP board can actively advocate and lobby for this implementation, to enhance mental health outcomes for Indigenous clients. The CCPA worked with an Indigenous advisory board to develop their updated Code of Ethics and Standards of Practice. CAP could follow their example and the direction outlined in the CPA (2018) report. An Indigenous-led advisory body must lead this process with local Indigenous authorities, scholars, academics, and practitioners on staff to ensure that the ethical development and delivery of Indigenous cultural training is implemented.

Health Care Providers

In Schmidt's 2019 article, she acknowledges and assumes responsibility for healthcare reform as a Canadian educator, and points to the existing initiatives that have been implemented with success in other countries, as far back as 2004 (Phillips, 2004). In 2013 Canadian researchers also provided specific guidance for psychology departments "to collaborate in long-term partnerships with the local Indigenous community on whose territory" they practice within (Schmidt, 2019, p. 64). A revisitation of this publication and research outcomes 10 years later would be an important exploration. These publications give specific steps and a guiding framework for educational institutions to start updating their curricula and

practices to align with national policy (CPA, 2018; Mitchell et al., 2018). Educating practitioners before entering the health care system is a necessary step that requires change.

Another mandate for systemic health must uphold self-determination efforts of Indigenous people to provide service to their own community. The CCPA is lobbying the federal government to reinstate certified Canadian counsellors (CCC) into the Non-Insured Health Benefits (NIHB) program. Their platform is to increase the availability of mental health service providers for the Indigenous community, and to create space for those members of the Indigenous community who are accredited CCC's to professionally support the mental health needs of their community (House of Commons Standing Committee on Indigenous and Northern Affairs (INAN), 2022).

Removing systemic barriers that prevent Indigenous people to treat their own community is a starting point. As Angela Grier, member of the Piikani Nation, and lead of Indigenous initiatives at the CCPA stated "We are the experts of our own lives. We do not need dictation from Ottawa anymore to do that—we never did" (INAN, 2022, 18:10). When practitioners recognize the inherent power and efficacy of cultural healing methods as defined and authorized by Indigenous communities, they can advocate that mental health resources focus on supporting wellness programs that are designed and delivered by Indigenous communities (CPA, 2018).

Respecting and adhering to Indigenous methodologies while building supportive and collaborative approaches and increasing client access to mental wellness resources is another way practitioners can support access to mental wellness resources for their clients. Practitioners can play a vital role in cultural reconnection for Indigenous clients, through networking and connection with the Indigenous community. As, "It is very important that Indigenous caregivers, physicians, and health professionals look after the community. They are the best people to look after the community" (Idlout, INAN, 2022, 18:10).

The formal health care system is in the midst of change, and they have taken steps to invite traditional Indigenous healers into the healing professions (Alberta Health Services, 2023). More work needs to be done to tip the balance from non-Indigenous practitioners providing care to Indigenous clients towards Indigenous self-determination efforts. These efforts may include Indigenous practitioners and community recognized healers providing care for their own community members. Areas such as incorporating Indigenous knowledge into mental health services and access to traditional knowledge and healing be authorized in recognition of self-determination. It is recommended that areas such as incorporating Indigenous knowledge into mental health services and access to traditional knowledge and healing be authorized in recognition of self-determination. The ongoing practice of cultural appropriation demonstrates attitudes of entitlement to Indigenous culture which is inherently unethical in nature (Ermine, 2007). Ethically, Indigenous Peoples are the most qualified people to deliver health services to their communities. Practitioners in the Western health system need to assist the repositioning of Indigenous peoples as authorities of their own traditional knowledge systems.

Mental health funding should go directly to the Nations to manage and skip the filtration through public health services and Canadian state regulated practitioners. The Indigenous community can then best serve, define, and develop their own health care indicators and processes to best meet the public mental health needs of their own people (FNIGC, 2020). Non-Indigenous practitioners can continue to advocate and support this movement, despite losing access to a large population of clients. This is the heart of ethical cultural competence, knowing what our limitations are as practitioners and advocating for our clients' best interest (CPA, 2017).

While we work towards the goal of elevating traditional healthcare practices, we need to ensure that the services we provide to clients will support them in the best possible way despite our inherent limitations, requiring expert care and quality professionals who "know over and above what your average Canadian knows in order to work with our population and make a

difference” (Grier, INAN, 2022,18:10). This is why building relationships with the Indigenous community in order to consult with appropriate knowledge holders and professional practitioners is important.

Federal policies that intervene in Indigenous communities’ sovereign right to self-care perpetuate colonial practices and violate international law (UNDRIP, 2007). The CCPA’s Standards of Practice and Code of Ethics (2021; 2020) sections on counselling in Indigenous communities consistently position Indigenous Peoples as the leading experts of their own lives, as well as recognize the expert knowledge that they carry. Practitioners can support centring Indigenous voices through holding space for those voices to ensure actual Indigenous people are present during discussions that affect their health outcomes, territories and communities (INAN, 2022).

Practice

The practice of counselling Indigenous Peoples can be enhanced through embodying decolonizing principles, which will increase positive outcomes and decrease harmful consequences for the community. The literature review sees the counsellor as a person who requires continued personal development and exploration specifically through learning about our social positions as professionals in the field of psychology (Castleden et al., 2022; Carlson, 2016; CPA, 2018; Dupuis-Rossi, 2021; Fellner et al., 2020).

By turning the reflective lens inward, we can start to examine ourselves underneath the layers of cultural assumptions. This is difficult work that can yield great rewards. It is a call to adventure through exploring aspects of ourselves that have not yet been known or understood. The literature referenced the need to turn our psychological explorations away from Indigenous populations and inwards to ourselves (Regan, 2006; Dupuis-Rossi, 2021). This indicates that as non-Indigenous practitioners, we carry a specific purpose in the unfolding story of our national development. We need to find the key to unlock the specific knowledge we carry inside.

Indigenous and Western ways of conceptualizing healing and transformation are not centred in the same onto-epistemic realities (Grier, 2014; Fellner et al., 2020; Lindstrom et al., 2016; Little Bear, 2000). The literature attempts to explain the sophistication of Indigenous worldviews through the concept of an interrelated dynamic relationship with the world, but also warns that the capacity of the English language may not be able to adequately communicate the complexity of this version of reality (Schmidt, 2019).

As we work to improve outcomes through our own self-explorations, the Western mindset might be looking for a series of instructions and an arrival point, an outcome that could be quantitatively measured. However, the very nature of decolonizing work is to learn to relate to the world in other ways (Carlson, 2016; Ermine, 2007; Fellner et al., 2020). Understanding relationships is key, as is the idea that relationships to everything are always in a state of flux (A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022); therefore, there is no arrival point. Moving from fixed relationalities to dynamic experiential relationships is destabilizing in nature and in contrast to many Western and colonial approaches.

Psychological support could help practitioners become comfortable with new ways of being and understanding the essential shift in their world (Carlson, 2016; Klein, 1935), to be comfortable in being uncomfortable. Supportive psychology programs could be designed through the principles of collaboration and cultural allyship with Indigenous and non-Indigenous practitioners who are experienced in human transformational processes to research and develop the programs. Psychological support could help practitioners to face the often-overwhelming feelings that arise when learning about decolonization.

A question that arose in this research was if the need to embody decolonizing principles is only relevant to those practitioners working directly with Indigenous populations. The CPA's 2018 report directed practitioners to align themselves with Indigenous Peoples in Indigenous led and recognized allyship in order to "work with and for Indigenous Peoples in Canada" (p.6.)

while occupying Indigenous lands and called upon the discipline of psychology to "embrace familiarity with Indigenous culture" (p. 13), as well as to "stand with Indigenous Peoples, rather than simply knowing about them" (p. 12). Due to the systemic marginalization of Indigenous voices in education, regulation and social institutions, decolonizing practices are necessary for all practitioners to adhere to the fourth guiding principle of responsibility to society.

Fellner et al. (2020) also suggest future considerations may "see the [counselling] field itself supplanted by new Indigenous articulations of practice that promote well-being and mental health" (p.649). This view of counselling practice incorporates a long-term understanding of the work that needs to be done in the field, recognizing it may take generations to realize substantial change. As well, this statement recognizes that fundamental worldviews of power & privilege need to shift through the understanding that Indigenous people already have their own sovereign views and practices of mental health that were utilized before the arrival of newcomers (B. Littlechief, Siksika Nation, Blackfoot Confederacy, personal communication, 2022; 2023), and that political sovereignty is an essential goal in the determination of Indigenous mental health.

Theory

> "When Indigenous knowledge is omitted or ignored in the schools and a Eurocentric foundation is advanced to the exclusion of other knowledges and languages, these are conditions that describe cognitive imperialism" (Battiste, 2019, p.26).

The field of Western psychology needs to reexamine the conceptual origin of its theoretical base. Some concepts at the heart of our Western psychological practices derive from Indigenous ways of knowing, being and relating in the world (Bear et al., 2022). A brief investigation into the historical development of popular theoretical concepts such as Jungian (Barton, 2016), Maslow's Hierarchy (Ravilochan, 2021), Ecopsychology (Schmitt et al., 2021), Psychoanalytic (Freud, 1919; Rose, 1999; Burnham, 2022), and Systems Theory (Bateson, 1936) show the theorists who developed them had immersion experience in Indigenous

communities which affected their worldview and influenced their theories. These are examples where knowledge is taken from Indigenous communities and resold without permission or adequate understanding, permissions or contexts. Parallels between Indigenous thought and various Western psychological theories are often recognized (McVicker, 2014). However, such parallels warrant further investigation in order to repatriate the knowledge to its cultural and contextual origins and work to stop cultural appropriation and cognitive imperialistic traditions. The practice of appropriating Indigenous knowledge, taking it out of context, repackaging it using a Eurocentric foundation and then offering it to the same Indigenous communities in need of healing is unethical and needs to be examined. Such practices perpetuate the colonial agenda, reinforce cognitive imperialism, and work to further marginalize while continuing to disintegrate Indigenous voices and knowledge from mainstream society. Scholars point out that extracting a concept and disconnecting it from its organic knowledge base leads to misapplication, confusion, and harm (Bear et al., 2022).

These theoretical examples direct us to the value of Indigenous knowledge and worldviews, and again demonstrate the Indigenous communities’ ability to best serve the mental health needs of their own people. Barriers in accessing this healing knowledge need to be removed. Mental health services need to be defined and authorized through the inherent internationally recognized rights of sovereign Indigenous self-governance (UNDRIP, 2007). As non-Indigenous practitioners we can facilitate our communities' withdrawal from interfering and interloping in the health of Indigenous Nations. Mental health funding needs to go directly to the Nations to manage.

The late Dr. Jerome Frank wrote about the competitive nature of psychological theories in 1971. He attributed the social structure of America and the drive for financial security as the reason for creating so many different Western theories. He suggested that theorists spent more time distinguishing their theories from their colleagues than understanding the inherent similarities. Frank’s work focuses on common psychotherapeutic theories that attribute age-old

procedures of psychological healing developed from traditional societies. He claims the four essential components to be: (a) an emotionally charged helping relationship with a healer, (b) a culturally accepted and socially recognized safe healing environment, (c) a rationale, conceptual scheme, or mythology for distress, (d) a ritual or ceremony to move through a transformative process.

Frank's theory (1971) considers the dynamics between social and cultural recognition and the counselling environment. His theory recognizes the power of the collective authorization and belief in a healing practice, and points to the need to respect the role of culture in the delivery of mental health services. The application of Indigenous cultural healing practices by Indigenous people will often lead to enhanced mental health outcomes for Indigenous clients (Duran, 2019; Fellner et al., 2020; Grier, 2014).

The literature reviewed provided several examples of wellness theories that have been developed by Indigenous scholars through traditional knowledge and in relation with community: *Indigenous Wholistic Theory* (Absolon, 2010), *Indigenous Focusing Oriented Therapy* (Turcotte & Schiffer, 2014), *Aistimatoom: The Embodiment of Blackfoot Prayer as Wellness* (Grier, 2014) and *Land-based Healing in First Nations Communities* (First Nations Health Authority, n.d.). Due to the history of cultural appropriation, more research is needed to understand how non-Indigenous practitioners can work with Indigenous developed psychology theories in a culturally appropriate manner (CCPA, 2020; 2021; CPA, 2018). Willie Ermine's article *Ethical Spaces* (2007), could help guide practitioners' in understanding how to ethically position themselves through appropriate rules of engagement and respectful cultural positioning, "with each party supported and informed by their own autonomy and their respective political and cultural systems" (p. 201).

Fundamental Next Steps for Research

> "Violence is initiated by those who oppress, who exploit, who fail to recognize others as persons — not by those who are oppressed, exploited, and unrecognized" (Freire, 1970, p. 7).

More research is needed to understand the psychological underpinnings of settler/occupiers (Regan, 2006). The literature indicates that the violence enacted by settlers to occupy Indigenous territories have had harmful impacts on Indigenous emotional, mental, spiritual, physical and evolutionary health (Dupuis-Rossi, 2021; Fellner et al., 2020; FNIGC, 2020; Grier, 2021; INAN, 2022). These stressors are ongoing as evidenced in the intergenerational effects of IRS, and enormous systemic oppression, including poverty states, faced by Indigenous communities to this day (Ansloos et al., 2019; Buchner et al., 2022; Castleden at el., 2022; Dupuis-Rossi, 2021).

Regan (2006) highlights the need for research regarding the psychological experience of settlers. Dupuis-Rossi (2021) also draws attention to the need to explore the unexamined violence of our settler psychological inheritance. This research can provide insights into how the humans within systems operate and continue to perpetuate and participate in these violent political policies in First Nation communities. By understanding the psychological underpinnings of non-Indigenous Peoples' relationship with the Canadian state, it may be possible to create and develop programs that provide practitioners with guidance and insight into how their practices either contribute to the colonial agenda or work towards a better society.

Academics and practitioners have published works which explore the power dynamic between oppressed people and oppressors. These theories could form a basic research framework to further develop. Paulo Freire's widely cited work *The Pedagogy of the Oppressed* (1970) explores the psychology of oppressed and oppressive people and offers a path for liberation from this state of being. His statement that "An act is oppressive only when it prevents people from being more fully human" (Freire, 1970, p. 8) could provide an entry point into understanding the relationship between being human and the violence that is perpetrated

through our colonial psychological inheritance and Western psychological practices. To be human is to strive to accept, care for and stay connected with all of our human faculties, to strengthen our connections with the living world and to privilege no one living being or living process over another. Western psychological practices have privileged and biased cognitive processes while discrediting and precluding human spiritual experience, severing this important consideration from the interpretation of knowledge. Freire (1970) has considered the legacy of violence that characterizes colonization. He says, “This violence, as a process, is perpetuated from generation to generation of oppressors, who become its heirs and are shaped in its climate” (p.9).

Other scholars and practitioners echo these ideas. In a recent article Maxwell Sucharov (2022), references the work of psychoanalyst Melanie Klein (1935), and positions the Canadian settler psyche within her theory of manic reparation. Klein’s theory claims there is a distinction between ‘true reparation’ and ‘manic reparation’. ‘Manic reparation’ is a defence that aims to repair a relationship in such a way that guilt and loss are never experienced. This idea aligns with Tuck and Yang’s (2012) observations on “settler moves to innocence” that are deployed when feelings of guilt are triggered in relation to colonial legacies.

Freire observes a pattern from oppressors who “truly desire to transform the unjust order; but because of their background, they believe that they must be the executors of the transformation” (1970, p. 10). Klein (1935) explains the oppressors need to control is a defence to avoid dealing with feelings of guilt and loss. In this way, she claims oppressors refuse the humanity of others:

> “There can be no true love or esteem for the [Indigenous Peoples] that are being repaired as this would threaten the return of true depressive feelings. Manic reparation can never be completed because if it were complete the [Indigenous Peoples] would again become lovable and esteemed and free from the manic persons omnipotent control and contempt.”

Freire (1970) and Klein (1935) both explore a human need to control others when faced with the reality that they may be complicit in harm towards another. Interestingly, both theorists also focus on the relationship of becoming human, and a genuine love for others. Freire says: “As the oppressors dehumanize others and violate their rights, they themselves also become dehumanized. As the oppressed, fighting to be human, take away the oppressors’ power to dominate and suppress, they restore to the oppressors the humanity they had lost in the exercise of oppression” (1970, p. 8).

While Tuck and Yang (2012) caution against moving out of guilt, there may also be a benefit to moving through guilt, moving from cycles of ‘manic reparation’ to the completion of ‘true reparation’ (Klein, 1935), to heal the trauma and subsequent traumatic responses that contribute to ongoing colonial attitudes and behaviours. Carlson’s (2016) work explored the different motivations that people have for decolonizing their practices and advocates for settlers to commit to the work involved. She examined the difference between Western processes with guilt, which she indicated as often narcissistic and immobilizing, and Indigenous teachings on guilt. She wrote:

> “I contrast this with Matwewinin’s (personal correspondence, October 1, 2010) Anishinaabe/Cree teachings about guilt. Matwewinin shared that his father always taught him that guilt is a sacred teaching: it tells us what not to do. When we have done something wrong and we feel bad, we learn about ourselves and what that feels like so that we will not be like that a second time. He shared, “you get yourself up and continue taking that walk” (p. 44).

The key themes in the scholars’ work (Carlson, 2016; Freire, 1970; Klein, 1935; Tuck & Yang, 2012) centre around the relationship between violence, control, patterns of guilt and shame, becoming human, and love. Klein’s theory (1935) envisions moving out of manic cycles of disingenuous guilt by coming into real relationship with our fellow humans through the process of differentiating our self-identity and through releasing the impulse to control others.

Freire discusses the relationship of oppressed and oppressor in the realization of our humanity. Carlson (2016) points to Indigenous teachings on the purpose of guilt and how it can help to better understand ourselves. She contrasts those teachings against the Western tendency to identify with our feelings where guilt and shame become personality flaws, and people who feel guilt and shame believe they are bad people.

Blackfoot Elder, the late Narcisse Blood offers the understanding of coming into a relationship with our own humanity, of learning how to become human. He said:

“I want to become Niitsitapi…a person..a human. So, for me, becoming that through experience and all the mistakes I’ve made and all the wonderful things I’ve done, all come together to make me who I am…a person who wants to learn, a person who respects myself, so that I can respect you guys” (Storyhive, 2016, 12:02).

Carlson (2016) shares further Indigenous teachings on being human and being in relation with other humans. “That’s one thing I want for [settlers] to know... You are a human being with a heart. Any relationship that’s a true relationship has to also be about love. Not just about responsibility [...]. Dawnis Kennedy (personal communication, April 9, 2016)” (Carlson, 2016, p. 51). While Tuck and Yang’s (2012) work focuses on current Western patterns of guilt and avoidance and calls for greater settler responsibility to decolonization work, Carlson supports moving beyond responsibility as a prime motivator to decolonize, instead she advocates for “responsibility, accountability, reciprocity, spirit, and love” (p. 12).

The relationship between living in the world as a human being with a heart, and the enactment of violence through colonial policies and institutional regulations could be a place to start researching. A framework that incorporates concepts developed with and by Indigenous Peoples, and the scholars: Klein, Freire, and Carlson, could be a starting place to explore the praxis of decolonizing psychology practices. The relationality between violence, control, guilt, love, and the importance of understanding and exploring what it means to be fully human could guide research that focuses on the violent psychological inheritance of settler practitioners.

Some other areas to study could be common emotions that keep settlers from exploring their positions of power and control. Due to the historical social segregation of Indigenous and non-Indigenous communities many non-Indigenous people have a real fear towards Indigenous people simply due to a lack of personal contact and meaningful relationships. Historic and contemporary propaganda campaigns which sought to depict Indigenous people as fearsome and dangerous have also contributed to a culture of fear about Indigenous communities such as the residential school propaganda “kill the Indian, save the child” (A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022). The fear non-Indigenous Canadians have towards Indigenous populations could also be related to an unexplored fear of realizing that we have no entitlement to this land, to being here, or a fear of giving up a monopoly of control over our lives, which is a component of unconscious bias (FitzGerald & Hurst, 2017; Krusz et al., 2020).

Practitioners may be at different points along a continuum of readiness to face this issue. Some people may be ready to do the work of decolonizing, but unsure where to start, or apprehensive about the process. Other people may not be willing to do the work and may be embodying real racist attitudes towards Indigenous people (McLane et al., 2022; Roach et al., 2023). It is important to recognize that different approaches are needed to support people who are willing and ready to do the work versus people who are not ready to release racist worldviews. Our ethical and professional mandate requires that we address unprofessional practitioner conduct (HPA, 2022) as manifested in these racist embodiments, as it is our duty to ensure the public’s safety (CPA, 2017).

As well, when people start to learn the truth about Canadian history and current systemic practices, they often feel overwhelmed by a sense of shame that they are somehow implicated in these practices because of their racial identities (Tuck & Yang, 2012; Carlson, 2016; Castleden et al., 2022). The feelings of shame can shut down further examinations, and though the CCPA’s Standards of Practice (2021) call for an “unflinching examination of one’s own

identities” (p.91), our physiological systems have their own reflexive reaction to shame that may shut them down and render them unable to stop further processing (Porges, 2011). At other times strong resistance may show up in practitioners due to cognitive imperialism, an ingrained adherence to Western societal values. It can be triggered in situations where people are presented with information that they did not know before and are thrown off balance (Battiste, 2019; A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022). When reflexive responses reject well documented realities (TRC, 2015), the truth of Canadian history can be hard to absorb.

The experience of feeling powerless may accompany the feelings of shame that arise during the exploration process. People may become overwhelmed with feeling that there is nothing they can do to affect meaningful change in society. This is where research could deepen an understanding of how to hold the space of powerlessness, without “moving to innocence” to alleviate the powerlessness. People may need to become comfortable in feeling powerless without attempting to resolve those feelings through disingenuous, or meaningless social action. This is where it will be critical to be in partnership with Indigenous stakeholders, to take direction from Indigenous communities on what is appropriate social action, and the work they would like non-Indigenous people to focus on (CCPA 2020; 2021; CPA, 2018; A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada, personal communication, 2022).

We are all affected by the ongoing legacy of colonialism. As practitioners, regardless of our racial identities and social backgrounds, many of us come to the profession carrying our own unresolved traumas. Research could focus on developing training programs for practitioners to support a deeper integration of their self-location in relation to Indigenous Peoples. Programs could support addressing practitioners’ fear, shame, and powerlessness through a trauma-informed lens led by Indigenous peoples (Pihama et al., 2017). These programs could be developed by Indigenous scholars and community recognized Elders and

knowledge holders. Funding could go directly to Indigenous professionals and researchers to structure, develop and implement them.

More research is required in this area to understand our violent psychological inheritances. The profession needs to support practitioners to safely and effectively reflect on how this shows up in their daily interactions in society. We need to figure out how to support people to work through overwhelming feelings of fear and shame to transform their capacity to relate in healthy ways with Indigenous communities and people.

Recommendations for Applied Clinical Practice

The CPA (2018) report offers guidance on how to enhance mental health outcomes for Indigenous clients through our professional practice. By integrating all the necessary steps to begin to personally decolonize their own practices, practitioners can show up in a new way for Indigenous clients. There are several recommendations to do this work under authorized Indigenous guidance. Without proper guidance from the Indigenous community or Indigenous-led practices, counsellors can continue to perpetuate harm by relying on their own authority to decide when they have sufficiently decolonized their practices to safely work with Indigenous populations (Wendt et al., 2015). Therefore, it becomes necessary to consult with the appropriate resources, as per current practice standards (CCPA, 2021).

The national professional counselling association, the CCPA, has provided in depth guidelines and expectations for professional ethical practice in Canada (2020;2021). However, the provincial regulatory body in the province of Alberta (CAP) is still working to incorporate the same level of guidance that the CPA (2018) and the CCPA (2020;2021) have advanced to the field. While this professional guidance is being codified, a vulnerability manifests within the counselling environment. A lack of clear and consistent ethical guidance compromises the integrity of counselling practices, as it is hard for counsellors to be sure how to proceed in a principled manner. Consultation with Elders, professional Indigenous psychologists, Indigenous allied mental health workers, and Indigenous communities is essential to practicing our

profession within the scope of our competence (CPA, 2018). The regulatory guidelines are still coming into unison between national and provincial professional expectations which can create confusion for the practitioner.

Psychologists need to start with a rigorous exploration of their own identities and understanding of their history in relation to Canada (CCPA; 2021; CPA, 2018), to bring a reconciled perspective and embodiment of change into the counselling room. Outcomes must focus on moving through and processing the uncomfortable and painful emotions that arise during this historical exploration (Klein, 1935). Counsellors need to have the genuine ability to provide validation to Indigenous people's lived experiences surrounding the harms of colonization on their communities, without the practitioners' unprocessed guilt or pain showing up in the counselling room (Dupuis-Rossi, 2021; Fellner et al., 2020; Tuck & Yang, 2012). They need to be able to speak to the harms that colonization has had on Indigenous communities without directing the energy of a counselling session towards their own unprocessed guilt and pain. Once practitioners understand these basics, they can use the powerful tool of psychoeducation to validate clients on how colonization can impact their psychological well-being (Fellner et al., 2020). Indigenous clients need to be supported to process this information in their own unique way (Duran, 2019; FNIGC, 2020).

Non-Indigenous practitioners, Evarista Onitiri and Lailyne Suplinas, who are currently working in Alberta have provided the following insights in how they consciously work to enhance mental health outcomes for Indigenous clients through decolonizing principles (Onitiri, personal communication, 2023; Supilinas, personal communication, 2023). They have stated the importance of making intentional choices to decorate counselling spaces with the work of local Indigenous artists, and to celebrate Indigenous cultural practices wherever possible through the material environment. Many Indigenous service agencies either have a specific space to smudge or allow the practice throughout the building. Bringing in these cultural elements helps to create a feeling of safety and acceptance in the counselling environment.

They have shared the importance of reinforcing the client as the expert in their lives, of spending a lot of time addressing the power differential in the counselling room and collaboratively working to balance the dynamic to centre and support the client as the expert in their lives. They practice through the understanding of how intergenerational trauma has affected their clients' lives and speak to the resilience in each individual.

These practitioners shared how they navigate the health systems to advocate for their clients' unique needs that may not be first recognized in existing health care policies. They look for creative solutions that meet the clients' needs while finding ways to satisfy the institutional bottom line, meaning that they recognize the state of the healthcare system and work gently to bridge cultural gaps in service provision.

They go the extra mile, ensuring there is always food at group gatherings, and are willing to meet the client where they are at, even providing counselling services in a client's residence when transportation challenges present barriers to access services. These actions continuously value and centre the client's voice and appreciate the realities faced by many Indigenous clients. These practices consider the unique needs of the community and work to enhance mental health outcomes for Indigenous clients.

Regan's (2006) recommendation to research the unexamined violence of our settler psychological inheritance needs to be further explored to understand how to apply this concept in clinical practice. The unexamined violence may explain the intense reactivity of some practitioners when they encounter Indigenous issues in the classroom and in practice (Dupuis, 2021; Fellner et al., 2020; Castleden et al., 2022). Without the rigorous internal exploration of where they are positioned within colonized structures, practitioners are at risk to react aggressively from internalized bias enacting harm on Indigenous clients. Developments of the anti-racist intervention tool (McLane et al., 2022) and enhanced admission screening tools should be followed and kept in mind as a possible tool for applied clinical practice.

There are many examples of how this bias can show up in counselling practices. The local practitioners shared an example of unconscious assumptions people make regarding Indigenous individuals. They had a client who was denied service through a provider that required 3 months sobriety before they would qualify for service. Their client had been sober for a year but was denied service because the provider assumed they were not sober.

Further, it is critical that practitioners develop real and genuine relationships with the local Indigenous community they serve. Indigenous professionals work tirelessly with the settler population to help build competencies for service work in their communities (INAN, 2022). We need to work harder to bridge the gap. We need to do outreach to the Indigenous communities, recognizing through the decolonizing principle of humility (CPA, 2018) that we do not have the competencies to work with the Indigenous Peoples (CAP, 2021). Practitioners need to be a part of the community, not separate from it (Carlson, 2016; Freire, 1970). We need to do our own work to bridge the social gap that colonization has created.

Reflexive Self-Statement

> “We are all learners. We must become critical learners and healers within a wounded space” (Battiste, 2005).

This paper was hard to write. The topic is emotionally activating and intense. I have experienced many strong emotions while processing literature and discussing these ideas with others. My intention was to write a paper that invites non-Indigenous practitioners to explore decolonizing principles, as well as to reinforce the necessity of the profession to act in accordance with our legal and ethical requirements. Some of the feedback I received along the way asked me to consider a softer tone. I struggle with this advice as I believe softening the reality of the present situation to make it more approachable to those who feel tentative about change disrespects the reality that so many people live each day, and does not adequately communicate the necessity for change now. As well, the softer tone has not brought change. Without entering into the heart of the pain and holding space there, change is unlikely to

happen. The false version of history will be maintained because the real version is not soft, it was enacted through violence and is perpetrated through violence. Softening one's voice to oppressive realities embodies the violence of self-disconnection from truth. This is tough material to go through. I got lost all the time. There is literally no road map to finding a way through it. I got sidetracked with anger, rage, sadness, frustration, and loneliness. I advocate for expert emotional support to process the entirety of what the profession is calling practitioners to do (CPA, 2018; Wendt et al., 2015).

We are in a bind. As professionals, we no longer have a choice to ignore the Calls to Action (2015). The legislative structure of our professional regulation requires us to address this issue, otherwise we become complicit in the social harm. That is not the version of the practitioner I want to become. These are hard truths to process. We need to have the capacity to process them as professional psychologists. We have to be able to hold space for those tough emotions to emerge for both our clients and ourselves. It is the cost of entry into the profession.

Having researched this topic for over a year, I have worked hard to process the truths I discovered. I have had to create an internal capacity to hold a space of discomfort, of not knowing, of not being in control, of grace and acceptance. For me that experience is worth the price of admission. I have not encountered another area of study that has taught me so much about myself, has motivated me to relate to anger differently, has required compassion for myself and all people, and that has required me to trust in myself and in a benevolent force in this world. I have been inspired by the human capacity of resilience. I have witnessed communities overcome overwhelming odds and maintain their humanity while modeling gentleness and humility, and including and welcoming all people in their journey. I have met the most beautiful people, and I have learned so much.

Shawn Wilson says (2008), "If research hasn't changed you as a person, then you haven't done it right" (p. 135). Through the process of writing this paper, my values and goals

have changed. I have deeply considered the idea of privilege and what that means to me. I came to understand privilege as a sense of innate unquestioned security. Knowledge Keeper, Lea Bill, member of Pelican Lake Cree Nation, (2020) shared with me that for First Nation peoples, their sense of security comes from their connection with the land and with their community.

I would like to reorient my security to that model. I would like to share my life through protecting and nurturing my community, through contributing to the security of the whole and not just my own. I would like to build a connection to the land through the people who ARE the land and have been in relationship with the living world for tens of thousands of years. I gain an enormous sense of security from understanding there are nations of people alive today who have never lost their ancestral connections, even though it is being threatened. I want to dedicate my resources to uplifting the community I am continuing to develop connections to. I want to learn to step into the world and not “take a dejected step” back from creation.

I have personally gained much benefit through studying this topic. I have met many people and developed meaningful friendships. I have learned that even white privilege has limitations. I thought I could take that position and leverage it for all the power it has. I thought I could force change to happen. I learned the hard way that is not possible. When I forced situations, I ended up hurting people. I put my friends in environments that were not safe for them, and I did not recognize that until it was too late. I pushed relationships on my agenda, through my own manic need to make change happen. I felt powerful.

This has taught me that I have lots to learn, and I recognize that I will not change overnight. The reality is that I am a product of my society, and I have lots of room to grow into the embodiment of the principles I aspire to. None of this is going to happen overnight. It is a long game and needs a multigenerational approach. I believe we must do the work to nurture the possibility of a better world. I know it begins with an embodiment of a new worldview, which reminds me of learning how to draw as an adult. I always thought people were born with the

ability to draw, but I discovered people can be taught revised systems of visual understanding that shift our perception to see perspective, form, light and shadow.

I have had the enormous privilege of working under a local Blackfoot scholar and psychologist, Angela Grier. Her support and guidance have meant the world to me. There have been some awfully lonely moments and tough emotions to process. Just knowing that I could reach out to her and that she would meet me with compassion and understanding has gotten me through some dark moments. She has expertly reminded me over and over again that "*you're not that powerful*". Humbling advice when I have lost my way.

Angela has a magical way of introducing ideas from a novel perspective, often opening entire new ways of seeing the world. I have looked forward to our meetings. She always opens her door and greets me with laughter and encouragement. I wish there were ten Angelas for every person who feels alone in their struggle. Maybe one day there will be. I dedicate this work to all of her relatives yet to come and pray that the way may be easier for them, that they will all receive the support they need, and that they will continue to laugh and to lead the world in love.

Conclusion

The literature and its implications to the field of psychology indicate that working through decolonizing principles is a mandatory practice (CPA, 2018). Decolonizing practices can be done through learning how colonization has impacted and continues to impact the health and well-being of Indigenous Peoples, and by doing the legwork to develop real connections with the Indigenous communities they serve (CCPA, 2020; 2021). Individual practitioners can do this work by being accountable, by committing to extensive research and self-reflection on their position as a person and psychological practitioner within Canadian history.

There is ample research available that speaks on the topic of decolonizing practices specific to the Canadian context. The effort needs to continue through building and connecting communities of like-minded people working towards the same goal. The amount of literature with diverse authorship indicates there are growing numbers of people across Canada who are

committed to the process of decolonization. How the communities of Indigenous and non-Indigenous people come together to support First Nation communities and peoples could be further explored.

The Elders have said "We are now living in the age of reconciliation. You will ask yourself in twenty years how you participated in this change" (A. Grier, Piikani Nation, Blackfoot Confederacy, lives in Calgary, Alberta, Canada). Many research questions emerged through the study. How does the violent psychological inheritance of settler/occupiers show up in policy enactment and development, in curriculum delivery, in the delivery of health services specifically through psychology practices, in Canada? How can the profession support people to safely and effectively reflect on how this inheritance may show up in their daily interactions with society? How can people work through overwhelming feelings of fear and shame to transform their capacity to relate in healthy ways with Indigenous communities and people? What training is needed to help therapists work through the "uncomfortable and unsettling" emotions that arise when their unconscious bias is triggered in relation to racialized issues? What relationship exists between the epistemological assumptions of Western theories and the culture surrounding psychology practices in Canada? Where is accountability to fix the gap in the system?

There is much work to do. The profession's guides have indicated that it needs to be done. Out of 18,000 licensed psychologists in Canada, the twelve registered Indigenous psychologists (CPA, 2018) could not possibly do the work of implementing these changes. It is clear that not only do we need to decolonize our own minds and practices, but we need to put our efforts towards social change. This can be done by taking steps and actions within the institutions where we work. It can be done by centering real Indigenous voices within our communities, and by working to connect our communities together in good ways.

One of the most powerful acts of decolonization is to learn how to love self in fully human, authentic and beautiful ways in order to love Indigenous Peoples; to love Indigenous babies and Indigenous children, to love Indigenous families, to love whole communities of

Indigenous Peoples, and to love ourselves continuously so that we can continue to learn how to love better. After all, “You are a human being with a heart. Any relationship that’s a true relationship has to also be about love. Not just about responsibility” (Dawnis Kennedy as cited in Carlson, 2016).

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