Integrating mainstream counselling approaches with First Nations healing practices for First Nations clients healing from sexual abuse

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Introduction

The purpose of the research practicum was to create a healing manual that integrates First Nations healing practices with western therapeutic approaches. The healing suggestions in the integrated model can help First Nations clients overcome the psychological, emotional, physical and spiritual impacts of sexual abuse. The research consisted of an extensive literature review from peer reviewed journal articles authored by Indigenous and western therapists that specialize in healing from sexual abuse and historical trauma.

The research contributing to the manual was also completed in part to recognize the Calls to Action by the Truth and Reconciliation report (2015). Specifically, this report is based on the “recognition and utilization of various aboriginal healing practices” and makes “available a knowledgeable Elder to fulfill the requests of aboriginal clients” (Truth and Reconciliation, 2015, p163) Guidance and consultation from a traditional practitioner, elder and knowledge keeper is included in this research which provided insight into the various healing ceremonies that are a part of the First Nations spiritual healing and traditional ways of knowing. In addition, this manual includes consultation and experiential work with an art therapist. Art therapy and expressive arts provided significant insight and healing. Expressive methods were particularly helpful and meaningful in working with First Nations clients.

This research practicum is primarily focused on the healing practices of the Nakota/Dakota/Lakota traditional practitioner and elder residing on the Ocean Man First Nation on Treaty 4 Territory in the province of Saskatchewan. The First Nations healing practices suggested in this guide that were integrated with western therapeutic
approaches in this research can also be used by different tribal territories or combined with the traditional healing ceremonies of other First Nations communities.

**Summary**

Sexual abuse impacts an individual in the emotional, psychological, physical and spiritual aspects of their life. The integration of First Nations healing practices with western therapies is to promote and enhance the healing process for First Nations clients healing from the impacts of sexual abuse. A manual was created as part of this project to aid the therapist in working with First Nations clients who have been impacted by sexual abuse. It is suggested that, through the use of this manual healing can begin and cycles of sexual abuse can be interrupted and broken. First Nations clients tend to not continue with western-style counselling as they believe that the counsellor does not understand their world view, and many do not return to counselling after the first visit. The manual was developed to provide cultural education to not only the therapist but also to First Nations clients who have been removed from their culture and wish to better understand traditional practices and who are also willing to participate in healing ceremonies.

Traditional healing ceremonies include all aspects of the individual and bringing about a balance in their life. Spirituality is the central focus of indigenous healing in contrast to the western therapies. Integrating western cognitive behavioural therapy and indigenous spirituality can bring about a healing process with First Nations clients and their families. The medicine wheel teaches harmony among the four quadrants of the physical, emotional, mental and spiritual; and cognitive behavioural therapy provides specific tools to change thought and heal negative emotions which bring about a positive perspective on how they see the world and encourage them to try new behaviours.
The manual that was developed as part of this research project is presented in four separate parts and includes educational information sheets for the services provider and client. The four parts of the guide are:

1. Understanding sexual assault and the impacts it has on the victim
2. Therapeutic approaches to sexual assault
3. Understanding First Nation worldviews
4. Combining western therapies with traditional healing practices

It is the opinion of this writer that, through use of the manual which was based on my research, healing can begin for many First Nations people and bring about change for the individual, their families, and eventually for the community. The attached journal article discusses the process and outcomes of this research practicum.
Abstract

This article is based on a research practicum that integrated traditional First Nations healing practices and western-style therapies to provide a guide to healing from sexual abuse for First Nations clients. Residential schools and the sixties scoop eras have subjected generations of indigenous children to physical, emotional, psychological and spiritual abuse. First Nations people tend not to use the mental health services provided by the mainstream culture, and out of those who do, approximately 50% stop going after the first session (Twigg & Hengen, 2009). McCabe (2008) stated that indigenous clients leave counselling disappointed, because they feel that the western therapist did not understand them. The clients were seeking healing which interconnects all the aspects of the individual. The research informing this article was also completed in part to recognize the Calls to Action by the Truth and Reconciliation report (2015) which includes the recognition of the value of aboriginal healing practices and using them in the treatment of aboriginal patients. Having a knowledgeable Elder available to fulfill the requests of indigenous clients is also included in the calls to action. Hartman and Gone (2012) stated that relearning and participating in traditional and cultural First Nations ways was an essential part of healing. With the integration of healing approaches, it is possible to work towards healing from sexual abuse and interrupt the cycles of abuse.

Key words; trauma, cultural, traditional, spiritual, healing
Introduction

Healing from sexual abuse is a difficult task for any individual, regardless of age, gender, race or religion. The emotional, psychological, physical and spiritual impact of sexual abuse often leaves the victim isolated from their families, peers and community. Healing from sexual abuse is a long process. Mental health services within the Treaty 4 territory often lack cultural understanding and cultural components in treating sexual abuse in First Nation clients. First Nations clients can benefit from having access to an Elder, one that understands the need for confidentiality and who can aid in the healing process. Menzies, Bodner and Harper (2010) state that an Elder can provide the clients with informal counselling and can share his or her own stories of trauma and what they learned from these experiences. They go on to say that it is through the Elder’s story telling that teaching of resilience takes place which encourages the client and their families.

The research contributions to this article was completed within Treaty 4 territory with the support and guidance from a traditional Elder/practitioner and knowledge keeper who reside on the Ocean Man First Nations in Saskatchewan. Although many of the healing ceremonies mentioned in the article are significant to this particular territory, there are many different healing ceremonies that are significant to the traditional territories of aboriginal people in Canada which can be utilized in the healing process. The process of using traditional approaches alongside western approaches would be the same.
Historical overview

The assimilation policies of the *Indian Act of 1867* removed children from their homes and families, placing them in residential schools and in the child welfare system (Royal Commission of Aboriginal peoples, 1996). The resulting impact of these assimilation policies has left many communities, families and individuals with stress related mental health problems which may include substance abuse, suicide, family violence, unresolved grief and sexual abuse (Menzies, 2010). Aboriginal children were removed from their safe nurturing environments and were placed in residential schools where they were vulnerable to sexual predators. Sexual abuse impacts the emotional, psychological, physical, and spiritual levels of First Nation individuals, families and communities. Residential schools often amounted to a system of institutionalized child neglect, compounded by the behavior of specific individuals who used their authority and the isolation of the schools to physically, and sexually abuse the children in their care (Truth and Reconciliation Commission of Canada, 2015).

Sexual abuse continues to impact First Nations families and communities and for healing to begin there must be a break or interruption in the cycle of abuse. Waldram (2008) concluded in his work for the Aboriginal healing foundation, that when there is no break in the cycle of abuse, that abuse will be continuously passed down from generation to generation and that children will learn that sexual abuse is normal and inflict the same abuse onto others. Bopp and Bopp (1997) state that it is important to understand that child sexual abuse is not a phenomenon of the indigenous communities alone, it is a phenomenon of the human family, it happens in all communities, to all families, in all races, cultures, ethnic, and religious backgrounds. The lack of mental health services that
are specific to sexual abuse for aboriginal clients has hindered the healing process for many First Nations individuals and their families. Many indigenous communities have not developed effective policies and procedures for dealing with sexual abuse in their communities. Moreover, community mental health workers may not have the adequate resources in dealing with the psychological impacts of sexual abuse (Collin-Vezina, Dion & Trocme, 2009).

**Methodology**

This research is based on an extensive literature review of peer reviewed journals as well as experiential learning with a traditional Elder/practitioner, cultural knowledge keeper and an art therapist. During this research there were several meetings with a traditional practitioner/Elder and a traditional knowledge keeper. The traditional practitioner/Elder and knowledge keeper offered significant guidance in this project by providing examples of healing ceremonies and the subsequent impact it has had on individuals seeking healing. Under the guidance and instructions of the traditional Elder and knowledge keeper information shared also included experiential learning pieces such as participating in a sundance, a sweat lodge and various traditional healing ceremonies that help individuals heal in the physical, emotional and spiritual aspects of their life. Some of the traditional healing ceremonies included in the Healing guide involved bringing together an entire family network. Healing ceremonies are often identified as, the *yuwipi* (a ceremony that creates the connection to the spirit world for healing), *coming of age ceremony* (can be recognized as a rite to passage ceremony) and *the sweat lodge ceremony* (this specific ceremony makes the connection to both the land and the spirit world). The work with the traditional healer and knowledge keeper provided insight
into the healing path that is helpful to many First Nation families who have been impacted by sexual abuse.

Art therapy was also included in this research as this is one healing modality that can be utilized in trauma therapy. For Indigenous people, creative arts and healing are interconnected because these approaches to healing encompass the physical, emotional, intellectual and spiritual world (Archibald, Dewar, Reid, & Stevens, 2012). A certified art therapist had facilitated learning sessions for this research to provide an understanding in the expression of emotions through art. The meetings with the art therapist consisted of instruction and education of helpful techniques used to aid clients in their healing, as well as experiential sessions which included music and painting with various colors of paints which encouraged the expression of emotions through music and the fluid movements with the paints.

**Healing from sexual abuse**

The term “healing” from sexual abuse rather than “coping” with sexual abuse is often used because it encompasses positive growth that surpasses their pre-trauma functioning levels (Burke Draucker, Martsolf, Roller, Knapik, & Warner Stidham, 2011). Healing must occur on the mental, emotional, physical and spiritual levels for the individual and family who have been impacted by sexual abuse (Bopp & Bopp, 1997). Indigenous cultures contain many strategies to help those who have been traumatized and sharing this traditional knowledge with service providers will assist in the understanding of how to incorporate cultural strategies in their practises (Linklater, 2014). Introducing traditional healing practices to the First Nations clients and their families provides a sense
of identity and a feeling of belonging as many have become disconnected from their traditional lands, language and beliefs.

Trauma focused cognitive behavior therapy (TF-CBT) is designed to reduce the negative emotional and behavioural responses and correct maladaptive beliefs and attributions related to the abusive experience (Cohen, Deblinger, & Mannarino, 2004). Trauma focused cognitive behavior therapy is a short term therapeutic approach that takes about 8 to 16 sessions and is aimed at helping the client and their families feel more at ease with the traumatic event (Herbert & Daignault, 2014). Subia-Bigfoot and Schmidt (2010) state that TF-CBT is complementary to the indigenous world view of healing and helping as it works with the mental, physical, emotional and spiritual aspects of an individual. Utilizing the main tenets of TF-CBT and the spiritual healing practices of First Nations traditions can enhance the healing process for First Nation clients and their families.

The traditional practitioner/Elder and knowledge keeper consulted on this guide stated that:

“In order for one to begin to heal they must first open themselves up to the creator and if they aren’t ready to receive the help, it will slow their process in healing or they will be unable to move forward.” (Personal communication with elder on the Ocean Man First Nation, October 2017)

The meaning behind this statement is that the client must be willing to accept teachings and instructions from the traditional practitioner/elder that would help them heal.

In order for one to understand the integration process one must first understand the concept of the medicine wheel as this is the foundation for many of the traditional
teachings. The traditional practitioner/Elder and knowledge keeper consulted in the research advised that utilizing the medicine wheel teachings is a good place to start, as it can help the client find balance and harmony within themselves.

**Medicine wheel concept**

The medicine wheel consists of four quadrants which include the physical, mental, emotional and spiritual aspects of a human being. Poonwassie and Charter (2001) stated that the medicine wheel philosophy includes all stages of human development from birth to death and rebirth. Understanding the medicine wheel is a crucial starting point for counsellors and those seeking healing (Poonwassie & Charter, 2001). Mussell (2005) defines the medicine wheel as a symbol used to represent the dynamic system of mind, body, emotions and spirit and the needs related to each of these aspects which must be met for development of human potential.

Utilizing the medicine wheel in therapy helps indigenous clients to visualize the areas where they are in need of strengthening. Sexual abuse impacts the victims on the mental, emotional and spiritual levels, and the medicine wheel can set the foundation for healing. Wellness of the mind, body, spirit and natural environment is an expression of the proper balance and harmony in the relationship of all things (Portman & Garrett, 2006). Dapice (2006) suggests that when individuals need help in the mental wellness area it is due to a lack of teaching Elders and experiential learning. This means that indigenous clients could benefit from working with a traditional elder. Twigg and Hengen (2009) state that the emotional quadrant includes the array of human feelings, such as love, belonging, fear, and joy. The spiritual quadrant is essential to the healing
process because it helps clients reconnect with their culture and the spiritual practices bring about a sense of pride, belonging and healing (Dapice, 2006).

**The role of the elder**

Menzies, Bodnar and Harper (2010) posit that the Elder is a connection to the spiritual world which can support both the clients and the counsellor in his or her role. Moreover, the Elder provides teachings and healing through storytelling. For example, if the client and family are requesting smudging or healing prayers the Elder may be able to fulfill their request or provide them with the information of a healer in their area. Marsh, Coholic, Cote-Meek, and Najavits, (2015) state that the Elder’s role is also to focus on the positive identity of everyone in the circle and to help develop the connection to the spiritual world through their teachings. Menzies, Bodnar and Harper (2010) tell us that the very presence of the Elder is significant, as the Elders carry with them tradition, spirituality, and pride in the First Nations way of life.

**Spiritual healing practices**

Spirituality is the central focus in indigenous therapies which is relevant when healing from trauma (Reeves & Stewart, 2014). The role of spiritual and cultural teachings is the core foundation of First Nation’s healing and traditions which is in contrast the western psychotherapy models that rarely touch on the spiritual aspects when counselling indigenous clients (Menzies, Bodnar and Harper, 2010). The opportunity of spiritual growth provided to the client also offers a path of clarity that facilitates a connection for the individual with nature and a great universal spirit. Moreover, the points of connection between the individual and self, the community and nature, support
the person in surviving and thriving physically, emotionally and spiritually in a hostile environment, whether ancient or current (Hunter & Sawyer, 2006).

Traditional First Nation people believe life is a gift from the creator and they must keep the life force balanced and live in a way that is respectful to themselves, others and the environment. Knowledge of healing and medicine is passed on orally from one generation to the next, this means that direct experience with healers and traditional healing is one of the most important factors in being able to grasp the nature of traditional healing (Robbins & Dewar, 2011). The traditional practitioner/Elder often uses medicine to help with the healing process. Portman and Garrett (2006) describe medicine as physical remedies such as herbs, teas or instructions to help themselves to heal physical ailments. Hunter and Sawyer (2006) concluded in their work with Native American children that when culture and spiritual practices were introduced to the children, the children had expressed a feeling of security, improved self esteem and a sense of belonging.

Indigenous holistic theory is ecological, cyclical and relational and the medicine wheel, four directions, and circles have been used as an effective means for developing healing strategies (Absolon, 2010). The need to seek traditional healing is embedded in a cultural paradigm of cure seeking, and the appeal for traditional healing is based on the holistic nature of traditional approaches to restore harmony and balance within the individual (Moodley, Sutherland, & Oulanova, 2008). The connection to the land is also part of the healing. Land is more than just a physical location; Wilson (2003) reminds us that land to the First Nation people is an intricate relationship between the physical and
spiritual. First Nations clients will find healing and balance within the various lodges of the traditional way of life.

**Integration of approaches**

*Figure 1 Medicine wheel and Cognitive behaviour therapy*

Culturally skilled counsellors need to have good knowledge of their own worldviews and have specific knowledge of the cultural groups they work with (Sue, 1998). First Nation people tend not to use the mental health services provided by the mainstream culture, and out of those who do, approximately 50% stop going after the first session (Twigg & Hengen, 2009). Wendt and Gone (2011) suggest that the reason for many First Nation people dropping out of therapy is due to the lack of understanding of culture by the non-indigenous mental health counsellor. Integrating mainstream counselling approaches with traditional First Nations healing practices is helpful when working with First Nations clients. As already stated, the First Nation’s world view of healing includes the emotional, mental, spiritual and physical aspects of an individual.

Cognitive behavioural therapy approaches are particularly beneficial in providing specific tools to change thought, heal negative emotions, understand things from different viewpoints and to try new behaviours (Nabigon & Wenger-Nabigon, 2012). Duran,
Firehammer and Gonzales (2008) state that many Native American tribes subscribe to what western mental health professionals call cognitive behavioural techniques that encourage them to watch how their thoughts affect their behaviour. In contrast to cognitive behavior therapy, the medicine wheel teaches balance and growth in all aspects of life and traditional teachings that can bring about change in all aspects of the individual’s life. The medicine wheel philosophy of life is important to the inner dialogue of people because it identifies and describes parts of the human make-up that shows how thoughts, feelings, behaviour and spiritual aspects of a person are connected (McCabe, 2008).

Stevenson (1999) defines the healing path as the process that the individual takes to get well and work on issues that interfere with personal growth. According to Moodley, Sutherland and Oulanova (2008) the healing powers of traditional healers are characterized by their ability to communicate with, and learn from the ancestors and spirits. They go on to say that accessing traditional healing alongside counselling may provide the client with holistic care that addresses the needs of the body, as well as the mind.

First Nations clients can benefit from participation in various healing ceremonies. The sweat ceremony is particularly beneficial because it will provide a connection to the land, themselves, and the creator. Moreover, the sweat lodge ceremony is a holistic experience that improves the emotional, physical, cognitive and spiritual well being, (Wilson, 2003). The First Nations clients who have received counselling for sexual abuse through the sexual assault counselling program and had participated in sweats and healing ceremonies have shown progression in their healing process. The sweat
especially has helped them to release the stresses that accompanied their weekly session in the counselling program.

**Psychoeducation**

Psychoeducation helps the client understand their pain and the impact sexual abuse has had on different aspects of their life. Mitchell and Maracle (2005) state that psychoeducation needs to attend to the four main aspects of healing that covers the stress response on the mind, body, emotions and spirit. Educating clients on the historical impacts of colonization and the assimilation policies helps clients to understand the intergenerational cycles of abuse and trauma (Duran, 2006). The role of Elder would be to reconnect the First Nations clients and their families to their culture by teaching the basics of smudging and prayers. Linklater (2014) stated that by connecting individuals and families to cultural and ceremonial resources they are often provided with spiritual grounding, which can help the client for the duration of the sessions. For many First Nations individuals who have been living out of their community and have a disconnection or distance from their traditional ways, they often find that they have a desire to relearn their traditional ways especially after a painful or traumatic experience (Hartmann & Gone, 2012). The counsellor can also take this time to educate the parents on healthy child sexual development and understanding child emotional reactions to sexual abuse.

**Identification of emotions**

The cumulative impact of trauma experienced by both children and their parents as a result of residential schools continues to affect the generations of people for years after. If one was deprived of love as a child, they will not have the ability to show it to
their children (Menzies 2007). Bloom (2003) found that children who grew up in violent homes and were punished when they expressed anger or happiness learned not to show any emotions, which is damaging to their mental and physical health and wellbeing. To help the clients to understand and to express their emotions, both adult survivors and children will have to learn to identify and name their emotions. Emotions provide individuals with invaluable information about themselves, their environment and their relationship with the environment (Zeman, Cassano, Perry-Parrish, & Stegall, 2006). Tremblay, Gokiert, Georgis, Edwards, and Skrypnek (2013) found that it was crucial for First Nation children to focus on feelings of love for themselves and others and engage in successful social relationships. They go on to say that children who experienced and expressed positive emotions were better able to relate to others and to develop pride in themselves and their culture.

The traditional practitioner and knowledge keeper that I consulted with in this research suggested that a family can benefit from a ceremony that will bring the family together and heal. The family ceremony would include the parents, children and significant members of the extended family. The ceremony proceeds with prayers, smudging, singing and each family member would have their time to speak without interruption. The knowledge keeper added that in order for an individual to fully heal from the impact of sexual abuse that the family must also work towards a healthy balanced life together.

**Coping skills**

When a child or adult is traumatized, their mind and body provide ways of adapting to the situation, which allows them to live in a somewhat normal way
(Channsonneauve, 2005). Ullman, Peter-Hengene and Relyea (2014) describe negative coping strategies as cognitive and behavioural tactics that alleviate stress without actually addressing the source of the stress itself. Coping with trauma may include negative behaviours such as addictions, self harming behaviours, family violence and emotional outbursts. The clients must be willing to learn new positive healthy coping strategies.

The traditional Elder or practitioner can help the clients with traumatic memories. The practitioner consulted in this research suggested that parents and children can learn to smudge together each day, and especially when they are feeling the physical responses to a traumatic memory. Smudging involves the burning of cedar, sweet grass, sage or tobacco, and the symbolic washing or healing of the body, mind and spirit (Wilson, 2003).

**Gradual exposure/trauma narrative**

When speaking about the trauma story, the narrative is intended to reduce distress and resolve maladaptive cognitions and feelings associated with the trauma related memories (Ramirez de Arellano et al., 2014). Information is passed on through story telling in many traditional First Nation cultures. McCabe (2008) stated that traditional Aboriginal healing is based on the telling of a story. He goes on to say that the narrative of one’s experience and understanding is connected to the inner dialogue of the mind, body, emotions and spirit. The client’s trauma narrative could be considered a story that needs to be shared, and the client can learn about their strengths from hearing their own survival story. The process of recovery is a painful one and to heal, survivors must open old wounds, remember and reconstruct the past, resolve the accompanying painful emotions and reconnect to their internal world and the world around them (Bloom, 2003).
When the First Nations client is ready to share their story openly with their family, the Elder can facilitate a healing circle to help the client and family heal from the impacts of the sexual abuse.

The role of the Elder will be to bring the client and family together in a healing circle, giving each member of the family a chance to talk about what had happened and how they can help one another. The healing circle emphasizes spiritual elements that encourage open and honest encounters. This circle not only encourages a spiritual connection but also a physical and psychological link within the group (Heilbron & Guttman, 2000). During the healing circle the Elder often has smudge burning and prayers are said for everyone before, during and at the end of the circle, the smudge encourages healing and provides a sense of safety.

**Cognitive processing and parent training**

It has been found that traditional healers can help clients overcome their fear of change and can help them clarify their vision for the future and strengthen their motivation (Quinn, 2007). Eidell Wasserman (2005) suggested that parents and caregivers should not be afraid to talk about the trauma with their child. If the child wants to talk, use language the child understands, provide a predictable pattern for the day and be nurturing and comforting towards the child. (Wasserman, 2005). Deblinger, Steer, and Lippmann (1999) concluded in their two year follow up study with children and parents that coaching and educating parents on how to reduce their child’s abuse-related fears created an improvement in the parent-child communication and increased positive interactions when dealing with their child’s stress response behaviours. Art therapy can help the families and individuals heal from the trauma of sexual abuse. If the client and
their family members are unable to put words to their feelings and thoughts, art therapy can help them tell their story through images and colors.

**Art therapy**

Pifalo (2007) found that children and adults who have experienced sexual trauma were best able to narrate their story through the use of art as it had the ability to create a distance from powerful emotions when processing a traumatic experience. Art therapy provides opportunities for residential school survivors to share their painful past through art projects that include poetry, songs, photo visuals, and art exhibits (Truth and Reconciliation Commission, 2015). The art therapist works with the individual to help them understand the impact that the trauma has had on them through the use of drawings and other visual representations. It is suggested that the therapist mainly works with paints as the fluidity helps clients move freely. The client is provided with an opportunity to choose which colors and size of brushes they would like to work with. There are various colors of paints and the client picks and chooses the colors they would like to use as well as the different sizes of paint brushes. Painting, beading and storytelling have a healing aspect and these have been a part of First Nations culture for generations.

Archibald and Dewar (2010) conclude that indigenous people who have been disconnected from their traditions can reconnect through traditional creative arts which can also play a pivotal role in healing. They go on to say that clients had a sense of belonging at the rediscovery of their cultural roots, feeling cultural pride and learning about the impacts of residential school.
Counselling implications

The healing practices that are presented in this research are focused on the individuals who have a low level of acculturation. Because traditional practices differ from territory to territory, the focus of this research was for the First Nations peoples in the Treaty 4 territory, particularly for helping the individuals who identify as Dakota and Nakota. The traditional practitioner that was consulted in the research originates from the Cheyenne Lakota territory in the Southwestern United States. He provided guidance that is best suited for those that are willing to seek out his help. Healing, in the framework of First Nation spirituality is a process that incorporates many things, it is both complex and simple (McCabe, 2008).

The level of acculturation among those who identify as either being Dakota or Nakota is minimal in the area of Treaty 4 therefore the suggestions from this research practicum will be helpful in the healing process of the client. It is also important to know that there is a small portion of First Nations people who live within the area and do not identify with their traditional ways. Reeves and Stewart (2014) remind us that not all First Nation clients chose to follow spiritual teachings in the contemporary colonial context. Their level of acculturation and willingness to reconnect with their traditions needs to be identified in the initial assessment interview. The suggestions and model from this research is not only presented as suggestions to help clients heal from sexual abuse but also provides culturally sensitive information and suggestions for counsellors and service providers who are working with First Nations clients healing from the impacts of sexual abuse.
Conclusion

Traditional First Nations ceremonies help many individuals overcome the emotional, physical and spiritual stresses which inhibit emotional growth and wellbeing. Whereas, trauma focused cognitive behavior therapy focuses on the way one feels, thinks and behaves and includes the process of learning new skills to cope with the traumatic memories. The primary focus of the integration process is to overcome the barriers that are preventing personal growth for Indigenous people and bring about a positive change in behaviours. The first step in the integration approach is to identify the client’s level of acculturation and understanding and use that as a starting point for a traditional healing approach. Many of the healing practices used by First Nations people include circles of ceremony, healing lodges and prayers. Smudging, prayers, healing circles and sweats are the first steps towards healing and prepare the clients and their families mentally, emotionally and spiritually for the various intensive healing ceremonies. Much like the traditional healing circles, trauma focused cognitive behaviour therapy includes the family in subsequent sessions. Individual and family healing can have a ripple effect in that what they learn from the sessions can be shared within their extended circles and eventually the community.
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