

**Decolonizing Counselling for Indigenous Women Through
the Principles of Feminist Therapy**

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To clarify, my use of the term ‘Indigenous’; includes First Nations, Inuit and Metis peoples in Canada. I use the antiquated term “Indian” in the context of the term “Indian School” and “Indian Agents” only so as to be clear. I would also like to acknowledge that the writing of this essay takes place on the unceded territory of the Anishnabek, Huron-Wendat, Haudenosaunee (Iroquois), Ojibway/Chippewa peoples.

Feminist psychology emerged from the second wave of feminism in the 1960s as an alternative for women seeking counselling free of patriarchal influences of the mental health profession at that time (Brown, 2018). The psychological theories of the time posed limitations for women, and professionals began to question how structures of oppression were present in their treatment of clients (Enns, 2018). The emergence of feminist psychology meant that mental health theories that primarily focused on the individual evolved into approaches that examined the influences on mental health created by interpersonal, economic, social and institutional power (Enns, 2018). Feminist psychology uses an intersectional lens to understand the client's location in society based on race, age, ability, sexual orientation and class. Brown (2018) states that feminist therapy embraces the notion that the greatest wisdom can come forth from marginalized people who have been silenced. Indigenous women in Canada are women who have been silenced and are marginalized.

Colonization in this country has created a legacy of trauma spanning generations. This legacy continues to impact Indigenous people who face racism and marginalization today. Bubar (2013) identifies the outcome of colonization as historical trauma and transgenerational trauma stemming from the loss of land, language, culture, self-determination and rights that lead to guilt, anger, despair, substance use and depression. In 2015 the Canadian government released a report from the Truth and Reconciliation Commission of Canada (TRC). The report took seven years to

complete, and its contents documented the abuse in Indian Residential Schools, the continued impact of the abuse and recommendations for reconciliation (Fellner et al., 2020). One outcome of the report has been that organizations such as the Canadian Psychological Association (CPA) call into question practices within the profession that perpetuate the abuses by supporting Eurocentric modes of treatment and pathology (Fellner et al., 2020). Following the TRC report, CPA and the Psychology Foundation of Canada (PFC) worked collaboratively on their own report, which illuminated the lack of culturally appropriate research, training, and practice in work with Indigenous people in current training for psychologists (Fellner et al., 2020). Feminist therapy acknowledges those who are oppressed and provides a basis for counselling Indigenous women when used in combination with the CPA and PFC recommendations. The counsellor's awareness of colonial constructs as a counsellor is essential and allows for principles of feminist therapy to be applied in creating a framework of decolonized therapy for Indigenous women.

For a therapist to begin using feminist therapy to create a framework of decolonization, it is essential to understand the effects of colonization on Indigenous women. There are many books and resources available and courses that can be taken for non-Indigenous people to gain knowledge. According to the 2016 Canadian census, approximately 1.67 million or roughly 4.9% of the population, self-identify as Indigenous (Government of Canada, 2020). From the outset of European contact with Indigenous people, their traditional ways of living became interrupted. Eurocentric ideals were often forced on Canada's Indigenous people in the areas of lifestyle, traditions, spiritual practices, and childrearing practices, to name a few. Indigenous ways of being were further infringed upon through laws and policies such as treaties whereby land was stolen from Indigenous people, and they were relocated to reserve land. Often reserve land could not sustain their traditional ways of life.

Two notable government institutions created specifically for Indigenous people were the Indian Residential Schools and Indian hospitals. Indigenous families were forced to send their children to Indian Residential Schools, where children were assimilated by removing their culture (Million, 2013). Their hair was cut, they were not allowed to speak their language, and physical and sexual abuse were common. The church ran residential schools; thus, Indigenous children's spiritual practices and beliefs were replaced with Christianity. The Residential schools were highlighted in the TRC report; however, Indian Hospitals hold a legacy filled with racism, genocide and abuse that were not mentioned. Posca (2020) states that the Indian hospitals highlight the impact of colonialism and were used to eradicate and marginalize Indigenous people. Women's experiences in the hospitals included experimentation of medical devices, forced sterilization, abuse and death (Posca, 2020). Stigma in healthcare was also created and contributed to racism by over-reporting illnesses in Indigenous communities and minimizing illnesses in non-Indigenous communities, notably tuberculosis (Posca, 2020). The abuse of women in Indian hospitals served to force conformity to colonial ways, acted as biological genocide and operated to remove self-determination concerning health from Indigenous communities. Colonized institutions were an attempt to eliminate traditional ways of knowing, healing and wisdom. For many Indigenous women, this meant a loss of power in their communities and created a mistrust of white people in positions of power, such as white men and white women working with them.

In the 1960s, the “60s Scoop” began and is still happening today. Indigenous children were removed from their homes and fostered or adopted by white or non-Indigenous families. This resulted in further loss of culture, language and identity and served to compound racism and marginalization, which are part of the trauma legacy that spans generations. Indigenous women

as a collective hold the experience of being mothers whose children were taken to residential schools or placed in non-Indigenous foster care; they themselves were students at residential schools and were being scooped or raised by women who had these experiences. Few Indigenous families are left untouched by these experiences. Additionally, the experiences of social workers acting on behalf of Indian agents to take Indigenous children to residential schools or apprehend them as part of the 60s Scoop has created a mistrust of white people in the helping fields (Hart, 2009).

Bubar (2013) states that the domination of colonial laws and policy created hierarchy, which led to gender dominance and heteropatriarchy. The Indian Act was created in 1876, it began the patrilineal definition of who was considered Indian, and over time through amendments, Indigenous women's rights were reduced (Gunn, 2014). Before the Indian Act, women were active in decision-making within their communities. Yet, after implementation, they were excluded from band council, could not inherit property and lost their status if they chose to marry outside of her band or live off-reserve (Gunn, 2014). The gender dominance that emerged from colonization has implications in increasing violence toward Indigenous women within their communities (Bubar, 2013). Palmeter (2016) asserts that the violence against Indigenous women reaches beyond their community; although these women make up only 2 percent of Canada's population, they represent 16 percent of murdered and missing women. The percentages of missing and murdered Indigenous women represent as high as 55 percent in Saskatchewan and 49 percent in Manitoba of missing and murdered women (Palmeter, 2016). These statistics make apparent the racial violence Indigenous women experience as a result of being made "other" by colonization.

The TRC report of 2015 was created after the 2006 lawsuit brought forth against the Canadian Government for its Residential Schools. In the document, the Government acknowledges the genocide of Indigenous people by physical genocide, cultural genocide and biological genocide. Physical genocide is defined as killing members of a particular group. Cultural genocide is defined as destroying the group's ability to function as a group. Biological genocide is defined as destroying the group's reproductive capacity (TRC, 2015). The Canadian government admitted that fraud, coercion, and theft were often involved in establishing treaties pertaining to Indigenous land and the relocation of Indigenous people to remote and barren land. The relocation of Indigenous people allowed European settlers to claim prime agricultural land or land rich in resources. Indigenous communities which relied on hunting, gathering, agriculture and fishing on their traditional lands were faced with very little means to survive after relocation to reserve land. According to the TRC (2015), Indian Residential Schools attempted to assimilate Indigenous people into Canadian Euro-culture completely.

According to the TRC (2015), reconciliation between Indigenous and non-Indigenous people in Canada means maintaining a mutually respectful relationship that acknowledges the pain caused, including atonement and action toward change for the future. The report document contains nearly two hundred pages of recommendations. Some of the areas to be addressed in creating reconciliation are child welfare, education, language and culture, health and justice. The report calls for professional training in Indigenous cultural competency for public servants and apologies and reconciliation from the Roman Catholic Church. The creation of The National Centre for Truth and Reconciliation (NCTR) was recommended, and it is curated online by the University of Manitoba, honouring the children of Indian residential schools lost and those yet to be found (NCTR, 2021).

In response to the TRC report, the CPA and the PFC held a working group at the Canadian Counselling Psychology Conference in 2018 to discuss the report and ways counselling psychologists could better serve Indigenous communities (Fellner et al., 2020). The CPA and Indigenous community leaders created a task force report; however, Fellner et al. (2020) state that beyond the TRC report on Residential schools, it is crucial to acknowledge the problematic history of psychology and Indigenous people. The task force used the CPA code of ethics to examine where the field of psychology had failed Indigenous people. The four areas that follow were identified as breaching ethics: respect for the rights and dignity of persons and people, responsible caring, integrity in relationships, and responsibility to society (Fellner et al., 2020). In addition, the working group suggested ways to serve Indigenous communities in culturally appropriate ways. Eight themes recommended were education, relationships with community, traditional and community knowledge, colonial violence of institutions and professions, anti-Indigenous racism and whiteness in counselling, Indigenous approaches to counselling approaches to change in counselling psychology and ethics (Fellner et al., 2020). It is recommended that counselling psychologists familiarize themselves with the contents of the task force document and, in addition, acknowledge the field of psychology as being rooted in the dominant colonial narratives that served to oppress Indigenous people.

Non-Indigenous therapists need to examine their worldview and assess their personal location to understand how it interacts with the worldview and location of Indigenous clients. Examining personal beliefs and philosophies create self-awareness and can aid in avoiding imposing personal beliefs on the client. Assessing personal location also serves therapists in understanding how their class, gender, race, ability and sexual orientation may inform their worldview and affect interactions with clients. Fellner (2018) states that exploring self-location

within a colonial context with an understanding of its relationship to historical events, legacies of those events, and ongoing colonization is a therapist's responsibility. Fellner (as cited in Simpson, 2000) states that the following seven principles are often shared among Indigenous groups as formulating their worldview:

- 1) Knowledge is connected, holistic, cyclic and depends upon relationships and connections with living and non-living beings and entities
- 2) There are many truths, which are dependent on individual experiences
- 3) Everything is alive
- 4) All things are equal
- 5) The land is sacred
- 6) The relationship between people and the spiritual world is important
- 7) Human beings are the least important in the world (p. 183)

As a therapist, conceptualizing these principles as a basis for understanding views that are not founded on Eurocentric values can profoundly impact relationships with Indigenous clients.

Obtaining proficiency in cultural competency is built on the concepts of valuing cultural diversity, capacity for cultural self-assessment, awareness of the dynamics that affect cultural interactions and acquiring cultural knowledge to adapt service to reflect the client (Srivastava, 2007). Brascoupe and Waters (2009) point out that there are advantages and disadvantages to being a non-Indigenous person working in Indigenous communities; however, working in a culturally competent way can contribute to a culturally safe therapeutic relationship that is healing both the client and therapist. Understanding colonization and its effects on Indigenous populations are necessary to work in a culturally competent way. It is also vital to understand a basis of Indigenous cultural knowledge while acknowledging that each community can be unique

in its traditions and beliefs. This will help to avoid essentializing Indigenous people's experiences and ways of life.

Tuck and Yang (2012) caution that frameworks of decolonization often fail to acknowledge the struggles or the contributions of Indigenous people rendering. This failure to acknowledge Indigenous people serves to reduce decolonization to a metaphor and does not serve the purpose of repatriation of Indigenous life and land (Tuck & Yang, 2012). From this viewpoint, decolonization to improve society and schools fails the purpose of a decolonizing framework because they are not centred on Indigenous identity but on society's identity. In feminist therapy, a decolonizing framework must therefore centre on removing the colonial influences and Eurocentrism from therapy. Lu and Yuen's (2012) experience as non-Indigenous facilitators conducting programs and research in Indigenous spaces utilized a feminist and decolonizing framework through creative arts as part of a holistic model to connect culture and identity. They point out that a decolonizing framework of practices aids in identifying and deconstructing the impacts of colonization and discrimination so that Indigenous people can have agency in their healing journey.

Fellner (2018) conveys that therapy sessions can be considered ceremony due to the sacred relationship between counsellor and client due to the healing that occurs. Lu and Yuen (2012) prepared the sacred relational space for clients by ensuring that smudge was available should a client wish to use it before or following sessions. Ceremony is considered to be that which creates a connection; in therapy, a connection and relationship are built between client and therapist. The integration of art, storytelling, drumming and song as means of expression for the client provides a link to their traditional ways. Lu and Yuen (2012) propose providing beads, feathers and leather, and Western art supplies such as paint, clay, and pastels for creative

expression. It is important to be mindful that each community holds different traditions; some communities do not participate in ceremony, yet the therapeutic relationship can still be valued as a sacred connection between client and counsellor.

Enns (2018) outlines the three primary characteristics or themes of feminist therapy as (a) diversity and intersectionality, (b) the personal is political and (c) egalitarian values. These three core values are often expanded upon to include additional themes such as applying an integrated analysis of oppression, valuing women's perspectives are valued and reframing pathology. When applying these principles to counselling Indigenous women, using the three core values plus the three additional themes provides a broader basis to encompass and hone in on the utility of feminist therapy to achieve the overarching goal of feminist therapy; empowerment. According to Enns (2018), Feminist therapy can be considered an integrative approach; therefore, using diverse techniques, theories, and social justice principles allows its application to be adaptive and fluid in meeting the client's needs. By practicing in this way, a feminist therapist can work within a decolonizing framework.

The personal is political is the primary principle of feminist therapy. According to Holmes et al. (2021), the psychological issues of women are rooted in the values of a patriarchal and gendered society that in a political, social, cultural, and economic context disempowers and marginalizes them. Enns (2018) uses the example of women of colour who experience the imposition of government agendas on their reproductive rights and economic realities when options available to white middle-class women are not available to them. The example of women of colour is relevant to the experiences of Indigenous women. Without access to clean water, health care, education, childcare and employment opportunities, their personal experience is one of marginalization by government policies that fail to ensure basic needs are met. McDowell and

Hernandez (2010) discuss a lack of diversity in academia which has led to attempts to correct but have only served to increase visual diversity. Visual diversity does not support the need for departments to be more equitable and support culture; this is an example of political agendas that do not support Indigenous people. As a feminist therapist working in a decolonizing framework, consciousness-raising in clients can occur with the acknowledgement that the source of the client's problems may be the result of colonization.

Personal and social identities are interdependent; one principle of feminist therapy asserts that clients are best understood by the context of their socio-cultural environments (Worell & Remer, 2003). Social locations are the intersections that can include race, age, ability, class, sexual orientation and ethnicity. Feminist therapists engage with clients to identify how these social locations affect them in society. Stewart (2019) encourages counsellors to consider that each Indigenous community interacts with their culture and Western culture differently. Indigenous women are often faced with various intersections that marginalize them in society; discrimination can be experienced on multiple levels, such as being a woman, Indigenous, and experiencing poverty (Shahram et al., 2017). Exploring social identities may vary depending on experiences as an Indigenous person on-reserve, urban or rural (Stewart, 2019). Often Indigenous people experience their life as having a foot in each of two worlds, Indigenous and colonized. As social identities are explored and analyzed, Stewart (2019) suggests using helping styles common in Indigenous culture rather than theories or approaches to avoid practices that further oppress.

Reframing pathology or redefining definitions of mental health are often part of the first principle of feminist psychology; the personal is political. However, Corey (2011) sets it apart as the third principle of feminist therapy. Reframing pathology as a separate principle has value

when working with Indigenous people. When working in a culturally competent way, it is important to consider Indigenous beliefs and views regarding mental health are broadly different from Western diagnosis and pathologization. Shahram et al. (2017) argue that Indigenous women are forced to conform when Indigenous health knowledge is not valued. When Indigenous women are forced to conform, colonization and lack of self-determination are enforced to disempower women and further marginalize them. Fellner (2018) states that *mental health* is a colonial concept rather than the Indigenous spirit-heart-body-mind holistic view of wellness. Feminist therapists utilizing a decolonizing framework recognize the importance of cultural competency as a means of understanding the client's definition of wellness and applying that definition to bring about empowerment.

Hill and Ballou (1998) indicate the fourth principle of Feminist therapy as the feminist therapists' use of integrated analysis of oppression. Colonization in Canada served to oppress Indigenous women in ways beyond gender oppression. Colonial symbols and institutions are predominant in society and create a constant reminder for Indigenous women that they are other. Bubar (2013) cites Smiths' theoretical framework of colonization and its' historical erasure of Indigenous experience through policy and law and examines gender and sexual violence as an outcome of policy and colonization. Policy created shifts in power away from Indigenous women, resulting in increases in violent experiences by both Indigenous and non-Indigenous women. Martin-Hill (2009) points to abuse and mistreatment in hospitals toward Indigenous women that has created a mistrust of the healthcare system for Indigenous women. Palmeter (2016) discusses the Missing and Murdered Indigenous Women in Canada and the abuse by police officers or mishandling of cases that creates mistrust in law enforcement for Indigenous women. Craig (2016) argues that sexual assaults go unreported due to a lack of faith in the

criminal justice system. The rituals of civility, rituals of script, rituals of the physical space and colonial symbols perpetuate hierarchy based on class and gender (Craig, 2016). The fear created, and mistrust due to oppressive practices in some healthcare and justice systems creates silence for Indigenous women. A feminist therapist using a decolonizing framework recognizes the oppression of Indigenous women by acknowledging oppression can aid in Indigenous women breaking their silence, allowing their voices and stories to be heard.

The fifth principle of feminist therapy is *creating an egalitarian relationship*. Worell and Remmer (2003) define the relationship between clients and counsellors as equality, not placing the therapist as the expert and the client as unwell. Several strategies can be used to alleviate the power differential between client and therapist, such as self-disclosure, therapist awareness of their personal location and worldview, understanding and exploring the location and worldview of the client, and making the therapeutic process a collaborative one. Assisting clients to understand the process of therapy and collaboratively create goals help balance power. Hart (2009) connects colonization to Indigenous knowledge by three means; exclusion or absence of Indigenous knowledge, marginalization by placing Indigenous knowledge at the periphery and appropriation of Indigenous knowledge by failing to give recognition to sources of Indigenous knowledge. As part of creating an egalitarian relationship, it is essential to consider the relationship between colonization and Indigenous knowledge, thus encouraging the client to share their Indigenous knowledge. Fellner (2018) states that honouring the sacredness of healing aids in reducing the power differential between the client and counsellor. Following a decolonizing framework, a feminist therapist seeks an egalitarian relationship to empower and support the client's use of Indigenous knowledge as part of their healing process.

The sixth principle of feminist therapy is *women's perspectives are valued*, woman as her own expert. Lu and Yuen (2012) facilitated an art therapy project with Indigenous women. The women created a body map that told the story of their healing journey. The project successfully positioned the women as their own experts and valued their perspectives on each healing journey as being unique. Integrating their cultural traditions into the therapeutic process serves as a model for engaging clients to embrace cultural traditions as part of their healing. Posca (2020) positions Indigenous women as her own expert by encouraging Indigenous women to tell their stories to help non-Indigenous people to understand the impacts of marginalization and colonial legacy trauma. Stewart (2019) reminds us that to impose non-Indigenous practices only serves to oppress Indigenous people further. A feminist therapist using a decolonizing framework empowers the client by positioning them as their own expert and encouraging the integration of traditional knowledge, ceremony and traditional ways into the therapeutic process.

As part of the reconciliation process between Indigenous and non-Indigenous people in Canada, the therapeutic relationship using feminist therapy principles can aid in building mutually respectful relationships that acknowledge the legacy of trauma and create action toward change for the future. Applying the principles of feminist therapy with an understanding of how each principle can be related to the experiences of Indigenous women, a decolonizing framework can be created. Learning and engaging with Indigenous women and their stories and being well informed of colonial history in Canada as well as ongoing racism and marginalization can position a therapist as an ally. Supporting Indigenous women to break their silence, tell their stories and be heard can serve to empower, create change and restore Indigenous self-determination. Since agency and power are significant issues in the lives of Indigenous people, conducting therapy that affirms power and agency for the client is integral to healing (Stewart,

2019). The legacy of trauma created by colonization continues to harm women, their families and communities. Encouraging Indigenous women to embrace traditional ways to aid in their healing can positively impact future generations. Posca (2020) suggests Indigenous feminism can draw on elements of Indigenous culture and serves as a form of activism to end gender-based violence. To make this a reality, decolonizing practices in therapy and non-Indigenous allies are needed. Learning decolonizing practice and engaging in reconciliation is ongoing and is a commitment that is necessary as a non-Indigenous therapist.

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