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**Psychologists’ Association of Alberta**

**Introducing Psychology’s response to the Truth and Reconciliation Commission Report - Part 4**

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This is article four in a series by members of the Social Justice, Equity and Diversity Community of Practice (on PAA Collaborate) reflecting on Psychology*’*s Response to the Truth and Reconciliation Commission of Canada*’*s Report(2018).

The first article (2021 Sept, p.15) acknowledged our unethical conduct towards Indigenous Peoples, past and present. The second article (2022 June, p. 19) summarized six guiding principles for the practice of psychology in general, as outlined in the report. The third article (2022 Sept, p. 5) focused on key recommendations for education and training in the profession of psychology and the barriers for Indigenous students.

This fourth article will explore recommendations for Assessment, Treatment, Program Development, and Evaluation.

**Assessment**

Psychologists provide a variety of assessments, including psychoeducational, forensic, and neuropsychological assessments. Historically, psychological assessments conducted with Indigenous patients have been biased towards increased child apprehension, ongoing incarceration, involuntary sterilization, and an overrepresentation of Indigenous students with lower IQ scores and diagnosed disabilities. These negative outcomes are due to psychologists using Western assessment practices and measures that do not consider or incorporate Indigenous definitions of health, the patient’s family and community, or concrete contextualized descriptions of the patient’s behaviour and experiences within their home and community. Consequently, Indigenous patients and their families are often fearful of formal assessments and diagnostic labels, as these have been used to justify possibly harmful interventions.

Psychologists who conduct assessments with Indigenous patients have an ethical obligation to provide individualized, collaborative, culturally relevant, and meaningful assessments that empower the patients and their families to access resources based on a practical contextual description of the patient, rather than an abstract categorization, such as a diagnostic label. This means that psychologists should also advocate to encourage test publishers, researchers, and clinicians to create culturally relevant tests. Psychologists also need to work with government agencies to encourage policy that would allow for more contextualized descriptions of a patient’s experience rather than solely relying on descriptions of pathology and diagnostic labels to gain access to services and resources. Overall, psychological assessments should be useful to the patient and fit the need of the individual or group being assessed.

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

The CPA’s response to the TRC report (2018) put forth several recommendations in acknowledgment that traditional Western approaches to therapy and the therapeutic relationship may unknowingly perpetuate the harms of colonization. The following key points were identified:

The CPA task force strongly encouraged psychologists to focus on supporting healing wisdom and knowledge already present in Indigenous communities, supporting that knowledge and being well-versed in the particular culture of the individual/community. Approaches should focus on moving away from therapeutic ideologies that are ego-centric towards eco-centric/holistic approaches including land-based interventions. As part of this move towards eco-centric approaches, clinicians should be prepared to work with the entire family unit, and to incorporate and recognize the importance of land-based interventions and their value in supporting reconnection with cultural and individual identity. Holistic approaches should incorporate the spiritual, emotional, mental, and physical elements not only of the individual, but of their family and community as well (Absolon, 2010).

Culturally appropriate treatment methods need to acknowledge that Indigenous patients may have different ways of knowing. For example, the emotional and spiritual experience of Indigenous patients and communities may be viewed from a spiritual lens, such as an individual’s spirit being lost or another spirit entering the individual, as opposed to labeling the individual’s experience as psychopathology and providing a diagnosis such as psychosis. Psychologists should work to incorporate and validate these ways of knowing by recognizing the importance of the medicine wheel and collectivist approaches to Indigenous mental health and healing. Traditional healing may include approaches such as healing circles. The traditional use of the healing circle often includes family members (immediate and extended), Elders and community members, and emphasizes the role of interconnectedness for Indigenous patients, calling into question the usefulness and appropriateness of only engaging in counselling in a one-to-one format (Poonwassie & Charter, 2001).

**Program Development**

According to the *Psychology’s Response to the Truth and Reconciliation Commission of Canada’s Report* (2018), there are critical considerations for psychologists who hope to develop mental health programs for Indigenous community members. First and foremost, any programs developed for Indigenous Peoples must be embarked upon **in partnership** with Indigenous communities! There must be a commitment to ensuring that a Western and colonial lens is not the guiding paradigm. A strength-based acknowledgement of the identity and culture of the specific Indigenous community the program is being developed for is necessary to ensure it is appropriate for the community and culture.

Many mental health programs are uncoordinated and leave gaps for vulnerable individuals to try to navigate on their own. A recommendation that all program developers would benefit from following is having a coordinator to minimize gaps. Regarding programs for Indigenous Peoples, the best case would be a local coordinator (in both urban and rural settings) who can navigate the programs and services, connect with key members of the community, and ensure all services are culturally appropriate. Finally, an important advocacy role for psychologists in program development, and/or in changing existing programs to better meet the needs of the community, can be to communicate and advocate with funders. For example, psychologists can explain different ways of evaluating efficacy, the value of having programs developed from the ground up within communities, and the importance of including multiple opportunities for receiving feedback from the community. One example of a successful program that meets this criteria is the Aboriginal Headstart Program: <https://www.rielinstitute.com/aboriginal-headstart>

**Program Evaluation**

An example of a possibly well-intentioned but ultimately harmful colonial, Westernized model of programming is one where a person or organization enters an Indigenous Community in “a patronizing position of being the bearer of knowledge in relation to a group or community that is currently in a state of crisis and is eager for a solution” (p.29, CPA, 2018). In these situations, Indigenous communities risk being dis-empowered, and having their choice and influence to create and modify the program explicitly or implicitly removed. Psychologists have an important role in education and advocacy to help mitigate the power differential between funders, service providers, and Indigenous communities, and to ensure that Indigenous methods of program development and evaluation are included and valued. Examples include encouraging the use of culturally sound methodology and terminology, building trusting relationships, prioritizing the needs and goals identified by the community, and gathering qualitative data through interviewing, visiting with Elders and other community members, talking circles, and one-to-one conversations. The CPA also recommends further advocacy within the field of psychology for the integration, acceptance, and use of Indigenous paradigms and a variety of different methods of program evaluation, to ensure that we are truly measuring what is working, what is not working, and what the people in the community have experienced. (CPA, 2018).

References

Absolon, K. (2010). Indigenous wholistic theory: A knowledge set for practice. *First Peoples Child & Family Review, 5*(2), 74-87.

Poonwassie, A., & Charter, A. (2001). An Aboriginal worldview of helping: Empowering approaches. *Canadian Journal of Counselling, 35*(1), 63-73.

*Psychology’s Response to the Truth and Reconciliation Commission of Canada’s Report* (2018). <https://cpa.ca/docs/File/Task_Forces/TRC%20Task%20Force%20Report_FINAL.pdf>