

The Chisasibi Land Based Healing Program

Introduction

The Cree Nation of Eeyou Istchee (James Bay in northern Quebec) was the first, and is still the only, Aboriginal nation in Canada to take full control of health and social services on a regional scale subsequent to the signing of the James Bay and Northern Quebec Agreement (JBNQA) in 1975. Today, the Cree receive health and social services through a community-responsive system marked by complex bureaucratic and fiscal arrangements between the federal, provincial and Cree jurisdictions. In 2005, the Cree Board of Health and Social Services of James Bay (CBHSSJB) began a process of integrating Indigenous approaches to health and wellness by creating local Miyupimaatsiun Committees in order to engage community members in the management and delivery of health and social services.

The Cree Nation of Chisasibi is one of the ten Cree communities in Eeyou Istchee. Chisasibi has been working towards implementing Eeyou (Cree) healing and knowledge in the delivery and management of health and social services as a local initiative in response to the 5 Year Implementation Plan of the Cree Board of Health and Social Services James Bay (CBHSSJB). Among some of the activities undertaken, Chisasibi has been working towards implementing a Land-based Healing Program delivered on the traditional hunting territory of the community.

Chisasibi Miyupimaatsiun Committee: Local engagement in service delivery

The Chisasibi Miyupimaatsiun Committee, established in 2009 pursuant to BY-LAW NO. 2009-001, has been the main supporter and program developer for the Land-based Healing Program. Its mandate is to review “all matters referred to the Committee by the Council relating to community health and social issues. The primary function of the Committee is to assist the Council in implementing effective policies and strategies to promote the health and social welfare of the residents of Chisasibi.” The Miyupimaatsiun Committee is currently composed of local institutional representatives (School, Youth Council, CBHSSJB representative), at least one Elder and other community members appointed by the band council. In essence, the Committee serves as an interface between community members, the band council, and the CBHSSJB. Their mandate can nonetheless vary, depending on the community context.

Since 2009, the Chisasibi Miyupimaatsiun Committee has focused on mobilizing community participation in defining a local vision and principles for integrated health and social services. This orientation has led to two community-wide symposiums that aimed to create a space for dialog between community members and local services providers to:

- determine community needs and priorities in terms of health and wellness,
- suggest how the gap in service provision can be bridged, and

- establish guidelines for the development of a long-term vision for a local wellness plan (The Chisasibi Wellness Strategy).

As a result of these meeting the following aspects of the Chisasibi Wellness Strategy have been adopted:

Vision: Enhancing wellbeing for healthy Self, healthy Families, healthy Community and healthy Nation

Mission:

- Mobilize community participation health and social service programming and increase the appropriation of service delivery by community members in a way that directly responds to local needs and long-term vision of care and wellbeing.
- Develop and implement effective policies and strategies to promote the health and social welfare of the residents of Chisasibi.
- Promote closer collaboration and joint activities with relevant agencies and entities in the Community of Chisasibi.

Guiding principles:

- *Holistic approach* – address the physical, mental, spiritual, emotional, economic, environmental and cultural wellbeing of the individuals, families and communities
- *Eeyou knowledge* – guided by Eeyou language, culture and spirituality
- *Meaningful engagement* – create respectful and open dialogue with community members and increase their input in health and social service matters affecting their community

Process for Meaningful Engagement

Two Roundtables on Eeyou healing were held in the winter of 2012. The community response has been very positive and the assessment of Eeyou counselling services provided up to now has shown that community members deem Eeyou healing methods as a complementary dimension to an integrated model of wellbeing and living a good life.

Results: The Committee was mandated by the participants to expand Eeyou healing programming in Chisasibi and establish a structured process for implementing Eeyou healing in service provision in order to diversify services to respond to a variety of needs. The Committee’s close collaboration with the newly established Nishiiyuu Miyupimaatisiun Department (formerly known as Cree Helping Methods - CBHSSJB) has led to the development of the present Land-Based Healing Program as a culturally-based approach to service delivery.

The Chisasibi Land-Based Healing Program

The Land-Based Healing Program is the first formal and structured land-based program developed and implemented in the Cree Nation. Its uniqueness rests in the fact that Eeyou methods and teachings form the core principles of the program to promote personal, family and community wellness from a perspective rooted in the Cree way of life.

The model recognizes the healing power of nature and the ‘return to the land’ as a way of connecting individuals to Cree culture and language; promote intergenerational knowledge transfer; and offer a safe space in which individuals can share personal experiences and detoxify (when necessary).

As knowledge holders, Elders are the core component of this program and are involved at every step of the program (prevention, intervention and postvention). Overall they deliver and guide this culturally-appropriate model of healing by teaching Cree bush skills and values embedded in them in the Cree language. The Program recognizes that substance abuse is never an isolated physical addiction or disease, thus the program aims to address the trauma that underlies an individual’s particular behavior. As such, the program focuses on treatment that promotes personal responsibility and rational behavior. Harm reduction is thus understood as helping clients move from self-harm to a level of functioning that promotes holistic wellness, which may or may not include total abstinence. Although the Program is available to all community members irrespective of age, gender, sexual orientation, religious affiliation or spiritual practice, so far it has provided services for young community members (male) that were either self-referred or referred by the courts (not necessarily as a sentence, but as a diversion option). The choice of the participants has therefore been organic, responding to the most pressing needs at a given time, as well as respectful of the participant’s choice to partake in the program.

Program Successes

✚ Since 2012, there have been 8 intakes (land-based trips) with 25 clients completing the program, including 3 clients that participated in three intakes (repeats). As mentioned above, even though the Program is open to any and all community members, so far the participants have been generally young men referred by the Chisasibi Justice Committee, thus it has functioned as a justice diversion measure. Because the courts require a formal program guide so that sentences can take in account available services in the community, the Chisasibi Miyupimaatisiun Committee has worked in collaboration with the Nishiiyuu Miyupimaatisiun Department and the CBHSSJB to develop a manual. In addition, the protocols developed in the manual provide consistency and transparency in the Program and its adoption at the community and regional level.

☒ Development of the manual formally sets out the Program characteristics, which include:

- **Connection to the land and culture** as expressed by Chisasibi elders and cultural resources being an integral part of health care and treatment;
- **Harm reduction** as a treatment goal is understood as helping clients move from self-harm to a level of functioning that promotes holistic wellness, which may or may not include total abstinence. The program only requires that each client agrees to reachable treatment goals such as: moderating, decreasing or abstaining from alcohol and drugs; improve relationships with family and/or friends; secure or maintain a current employment; complete the land-based program; and attend at least a monthly support meeting (for as long as they deem necessary). Each participant is encouraged to define his/her treatment goals as is relevant to his/her circumstance;
- **Pre-departure orientation** session in which the Elder / healer and/or Program Coordinator explain the following:
 - The goal and procedure of the program
 - Camp rules and personal items to bring
 - Daily activity schedule
 - Sign consent forms and agreement regarding program ethics
 - Consent for Healing
 - Permission to use photographs/video/audio
 - Safety rules within the framework of activities scheduled (including contingency plan)
- **Case management** for referral/intake process, for intervention, and aftercare with other local service providers to assure continuum of care and the best possible outcome for the client.
- **Continuous service planning** assures interventions are contextualized to the individual's life in the community, thus interventions maximize the client's resilience though building capacity to lead a healthy life for the long-term. This includes structured aftercare services and building collaborations with local services providers
- **Quality assurance** includes a modification and feedback mechanism is built in, both to allow adaptation and modification while in the bush, as well as long-term monitoring, including weekly staff meetings and client assessment meetings. Intake forms are designed to collect baseline data on all participants for the purpose of devising a social determinant of health profile for the clientele.

☒ Staffing

- **Elder and Elder Assistant** - Design treatment plan/individual wellness plan in collaboration with healer; holistic counselling and express their traditional knowledge; teach the spiritual and the sacred aspect of hunting fishing, trapping and gathering; give spiritual guidance; how we are governed by the rule of the land - Natural law, Nature law and Spiritual laws;

- **Program coordinator** - Oversees the organization of the program in consultation with elder/healer; identify & retain employees; identify & retain equipment and supplies; assume transportation and other logistical needs; plan daily activities;
- **Camp helpers (usually 3)** – provide daily camp services such as cooking, cleaning, provision and other assistance as requested by the team. It is important to note that the Program promotes personal and collective responsibility from the part of the participants whom are expected to take part in the overall upkeep of the main camp, cook for themselves at least breakfast and lunch, and clean their own cabin.

✚ A final major achievement for us was securing external funding from Health Canada to develop a multidisciplinary intervention team in Chisasibi. The planning processes as well as other culturally relevant activities undertaken in Chisasibi between 2010 and 2014 were made possible by the CBHSSJB Community Initiatives Fund, which ended in 2014. The Miyupimaatisiun Committee nevertheless believed that the programming developed over the past five years responded to the community needs and closed some of the gaps in service provision in terms of health and wellness. We therefore submitted a proposal for a Mental Wellness Team program with Health Canada in September 2013. The proposal was accepted and in November we received confirmation that Chisasibi secured \$250,000 over the next three years (2013-2016). The first instalment of the funding envelope served to begin training for Community Addictions Workers in collaboration with Nechi Institute (an Aboriginal organization that teaches culturally safe intervention methods). It has also allowed the community to establish a full-time administrative team that is now greatly facilitating the Committee's work and strengthening institutional collaboration.

Gap Analysis: Issues and resolutions

We would like to stress that the challenges presented below are interrelated and need to be addressed concurrently in order to ensure consistency for both the participants and the overall implementation of the Program.

1. One of the main challenges that we have encountered is the **available resources within the Program team**. As mentioned above the team consist of the Elder or cultural resource person and an Elder assistant, the program coordinator which is also the Chisasibi Mental Wellness Coordinator, and three camp helpers. Ideally the team would also include at least a Traditional Healer and an Addictions Counselor. Unfortunately, given the limited funds available we were not able to engage these resources. Nevertheless, the recent MWT funding has allowed us to initiate training of local resources. Below we outline the ideal team that we believe that would be able to ensure a holistic continuum of care for the participants and their families, including increased demand for interventions and aftercare services.

Staff	Role	How meets client needs	Additional needs
Elder (currently on staff)	Design treatment plan/individual wellness plan in collaboration with healer/Elder assistant	Holistic counselling Express their traditional knowledge; Teach the spiritual and the sacred aspect of hunting fishing, trapping and gathering; Give spiritual guidance; how we are governed by the rule of the land- Natural law, Nature law and Spiritual laws	Traditional healer (at least one but preferably two) to conduct culturally relevant counselling and ceremonies
Elder Assistant (currently on staff)	Provides assistance to the elder regarding cultural components of the treatment	Holistic counselling Express their traditional knowledge; Teach the spiritual and the sacred aspect of hunting fishing, trapping and gathering; Give spiritual guidance; how we are governed by the rule of the land- Natural law, Nature law and Spiritual laws	
Program Coordinator (currently on staff)	Oversees the organization of the program in consultation with elder/healer; Identifies & retains employees; Identifies and implements staff training and skills upgrading;	Participates in initial intake/referral process Oversees and participates in case conferencing Participates in treatment and aftercare planning and coordination	Shared support services (from referring agencies and other community service providers) Office space and equipment Aftercare programming and self-care materials and services

	Oversees case conferencing and liaises with referring agencies		
Camp helpers (3) (currently on staff)	Provide daily camp services	Cooking, cleaning, provision and other assistance as requested by the team	Transportation services Training Orientation Camp supplies
Office Staff (1) (currently on staff)	Provide administrative assistance and overall logistical support	Maintain communication with participants and their families Main communication and administrative support with referring agencies Maintain client files & other administrative support (forms, surveys, etc)	Office staff (2 total) The office administrator currently manages: Land-based program; Miyupimaatisiun Committee documentation and the Chisasibi Mental Wellness Team administrative needs.
Case manager	Maintains an active caseload providing interventions as needed and within area of expertise and limits of credentials; Maintains client and program records Consults and cooperates with community systems to facilitate linkage, referral, crisis management, advocacy, and follow up with the focus on	Undertakes intake/referral for clients Oversees case conferencing and continuous service planning (aftercare included) Works with the client on a day-to-day basis to implement the team determined Treatment Plan Delivers group counselling Provides crisis management for clients Undertakes exit interviews and client	Case manager (not currently on staff nor access to one from other local services providers)

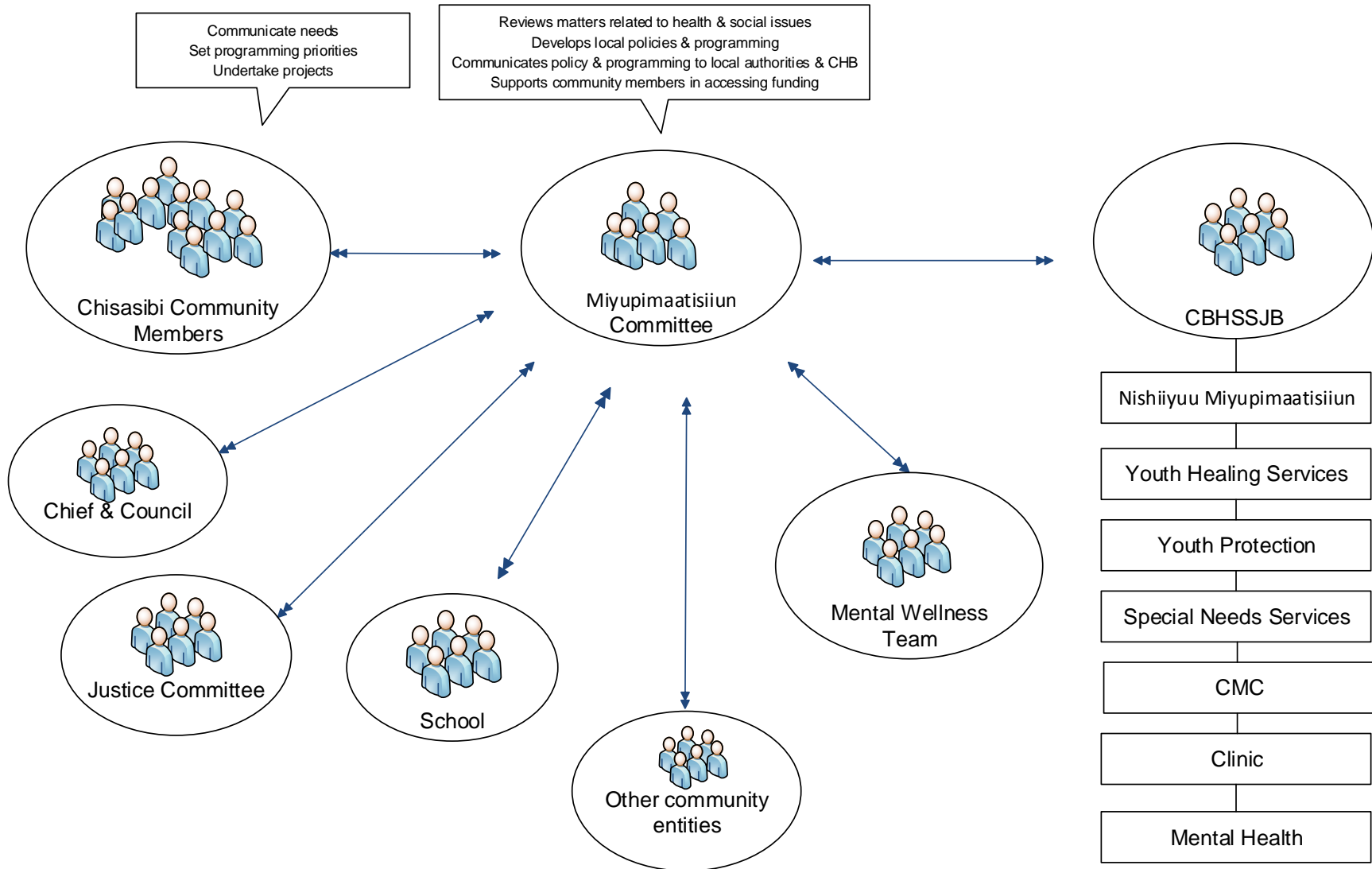
	attaining treatment goals	satisfaction surveys Undertakes statistical profile for clients and program assessment	
Addictions/Mental Health Counsellors	Provides drug and alcohol/mental health counselling and support to participants and their families Provide community education and support	Assist individuals to identify their need for treatment programs Individual and group counselling Aftercare and referral services	Counsellors (4) (not currently on staff nor access to one from other local services providers)
Outreach/Aftercare family support workers, community health worker, community wellness worker	Develop, coordinate and implement the delivery of specific services within the community; Liaise with other social services agencies and health care providers involved with clients; Maintain program statistics for purposes of evaluation and research		Outreach/Aftercare (4) family support workers, community health worker, community wellness worker

2. Training and skill development is a related challenge that we have been recently focusing on. The Community Addictions Counsellor training will continue in the fall of 2014 and we are hopeful that by the beginning of 2015 at least four (4) counsellors will be available either on a part-time or, ideally, full-time basis. These resources are not only key to an effective intervention in the bush but also as part of the community aftercare programming and an effective case conferencing process. Additionally, training in risk mitigation for the current team, such as ASIST and Mental Health First Aid, would greatly insure the safety and better manage potential or developing mental health problems of the participants.

3. Aftercare has also been a major challenge given the limited resources in the community. We believe that an aftercare plan is paramount and pivotal to individual healing and recovering, which, from the perspective of the elders, is a life-long process. Research has shown that success of recovery and life-long healing require aftercare supports especially for clients struggling with addictions (which is also the case for our Land-based program clientele) which once stable they have to attend to other emergent issues, including underlying trauma, depression, anxiety, and grief (AHF, 2006; Mushquash et al., 2014). The case studies evaluated by Mushquash et al., have shown that once a treatment program is established in the community staff becomes overwhelmed with increasing demands for services that can range from counseling and life-skills coaching to educational and employment upgrading. Similar to our experiences, these case studies have also demonstrated that even when communities are looking to expanding treatment and aftercare, they struggle with both access to qualified specialist staff and flexible multi-year financial resources. For example, although our Program manual includes exit survey forms as well as intake client referral forms we have not been able to compile a socio-demographic profile of the participants, nor to properly monitor their progress once they return in the community. This has been partly due to the lack of team resources as well as little cooperation from referring agencies.

4. To address this challenge we have been focusing on developing a more **formal and coordinated cooperation with local service providers**. Advocating and fostering local and regional partnerships is a core component of the Program team, nevertheless sustaining engagement with local health managers is a time-consuming task that necessitates support from leadership. Political and health administrative supports would ensure that community-approved traditional health practices and resource people are integrated within the local health care delivery system in a seamless and effective way. The symposiums and roundtables that we have initiated have helped define a wellness vision for the community. Nevertheless, program consistence and a continuum of care depend on an understanding of the long-term nature of healing and less so on the ability to respond to community and individual crisis. Close collaboration and support from service providers and managers is imperative to a successful implementation of culturally safe services. Our efforts have led to establishing a local collaboration structure (see figure below) that will remain flexible to account for various evolutive changes and arising needs of the community.

Miyupimaatsiun Committee's Role & Community Relationship



4.1. Role of community in the Program

As previously described, the community has played an important role in identifying community needs in health and social services. Continuous engagement in setting the Land-based program priorities has been less successful, although we have begun to use social media (such as a [wellness website](#) and a Facebook page) as a way of engaging interested community members. As more individuals participate in the program we hope to engage more proactively with their immediate and extended families. Already we have been able to recruit other community members (5) in the Community Addition Counsellor training and received recommendations from the community to expand the Program and develop a women-only healing services. Ultimately we aim to reach local cultural and other resources to support the Land-based Program and strengthen aftercare in the community. On a final note, community engagement would strengthen understanding of the healing process itself as a long-term aspect of wellness and increase family participation in aftercare.

4.2 Role of Chief and Council in the Program

Engaging the community also depends on local leadership. So far, the Chief and Council has facilitated the financial management and reporting of the Mental Wellness Funds and prior to receiving these funds, the CBHSSJB Community Initiatives Fund. Nevertheless, we believe that leadership support needs to include the validation of the Program through formal resolutions and facilitating collaboration with existing programs, such as Brighter Futures and NAADAP (Chisasibi Band manages the NAADAP program). By harmonizing various programs and increasing coordination and collaboration, resources can be more effectively used and duplication of services can be avoided. Ultimately, leadership support can assure effective service provision that best serves the needs and aspirations of community members.

4.3 Role of Chisasibi Justice Committee in the Program

The Chisasibi Justice Committee is a fairly new entity that was created in 2012 with a broad mandate to developing restorative and culturally pertinent approaches to community justice. They have closely collaborated with us in referring participants to the Land-based program, specifically individuals charged with less violent crimes and other non-violent offences. Through this collaboration the Land-based program is deemed as an effective diversion and restorative justice measure in the community that is culturally safe and provides alternatives to conflict resolution and mediation, as well as successful reintegration of offenders.

4.4 Role of education in the Program

Two perspectives can be discussed with respect to the role of education in the program. First, the teachings received while in the bush reconnect participants with the land and cultural traditions practiced by generations of Cree. The spiritual and the sacred aspects of hunting fishing, trapping and gathering promote a positive cultural identity and ensure intergenerational transfer of knowledge.

Participants learn Cree values related to building and maintaining positive relationships with the self, family, community, and the ecosystem. Among those, teachings related to respect, love, forgiveness and positive mental state are thought. Second, as a future objective of the program we hope to develop an educational curriculum and relevant accreditation for GED equivalency. Research has shown that improving educational outcomes for participants while in a culturally safe service setting can decrease reoffending, improve reintegration, and strengthen employment opportunities. In other words, as a component of improved social determinants of health, increasing educational outcomes improves the overall quality of life for individuals (NAHO, 2009).

4.5 Role of social services in the Program

Social services in the community play an important role in the effectiveness of care of the Land-based program from intake/referral to aftercare. Social service providers in the community are familiar with the participants' history of health and other aspects of wellbeing. They are usually among the first responders in instances of crisis and also participate actively in monitoring. Social services referrals constitute approximately 30% of caseloads for the Program (this is an approximation as we have not been able to maintain an effective participant profile). We expect that clients referred by social services have an intake form completed by their worker as well as a medical exam up to date. Due to a very high caseload (sometimes 200 case/files per social worker) social workers have very limited time in engaging directly and continuously with the Program. As mentioned earlier, aftercare is extremely limited in the community.

4.6 In kind services and volunteers in the Program

As a recently established Program that operates at 500km from the community access to volunteers onsite is nonexistent as transportation costs are prohibitive. Nevertheless, the members of the Miyupimaatisiin Committee (who are operating on a volunteer basis) have been actively involved with the Program, either by supporting the work through resolutions, lobbying the Chief and Council for support, or by offering recommendations for improvements. The CBHSSJB Nishiiyuu Miyupimaatisiin Department has provided in kind services by: assuming the costs of the services provided by the Programming and research associate for the development of the Program manual and the Community Wellness Strategy; collaborating with the Assistant to the Executive Director of the CBHSSJB to oversee the integration of the Land-based program into the regional service provision (the Program is now a pilot project in the Cree Nation); assuming some of the direct costs of the staff that delivers the program on the land; and by inviting the Program team to make regional and national presentations. As mentioned earlier that Chisasibi Justice Committee members (also on voluntary basis) have provided recommendations to the Program as well as some financial support. Finally, the Cree Trappers Association has covered some of the costs of necessary materials, as well as funds for the Elders involved.

Outcomes of culture-based programming

The Land-based Healing Program manual now serves as a model for other Cree communities in Eeyou Istchee and the Chisasibi program is the first bush healing pilot program to operate in the Cree traditional territory. A 30 minute documentary was also produced and released earlier in 2014, and was presented at the *Healing Together with Land and Culture: Gathering of Wisdom Conference* in Whitehorse and at the *National Native Addictions Partnership Foundation (NNAPF) national conference Honouring Our Strengths (HOS2014)*. It is now [available online](#). These two conferences helped the Miyupimaatisiun Committee validate the process undertaken in Chisasibi and its relevance for other Aboriginal communities in Canada.

The experience of developing the Land-Based Healing Program has shown us that culture-based programming or culturally safe services are key to building a positive cultural identity and sense of belonging which are the foundation for self-esteem and healthy life choices. Most important for us is to open up opportunities to creating safe and trustful spaces for sharing, as well as building relationships of trust between participants and between them and Program staff. Such spaces and relationships help participants become comfortable and begin to share their challenges and aspirations, as well as being inspired and empowered to make good life-choices and dedicate to their healing journey. Intergenerational transfer of knowledge, Cree values and way of life constitute a foundation from which participants can draw strength and develop a positive cultural identity. From an individual perspective, participants gain a better understanding of emotions and trauma that in many instances have historical roots in colonial policy and residential school experiences of family members. As such, a better understanding of interpersonal relationships can be cultivated and participants learn that each individual has a personal history that is a result of choices made. Ultimately, participants develop strategies to cope or life-skills and continue the healing journey once they return in the community. These in turn help participants to improve family and personal relationships based on love and forgiveness.

Looking forward

Our experiences have shown that a successful implementation rests on a variety of factors. First, an inclusive and respectful dialogue between community members, service providers and management is essential because it creates the appropriate conditions for defining a collective vision of care and wellbeing. Second, mediating institutions, such as the Miyupimaatisiun Committees, ensure that community needs and worldviews are incorporated into the development of health and social policy and programming. Third, the success of local initiatives depends on their integration into regional institutional and financial arrangements as well as into the broader policy context. Fourth, even though the institutionalization of Indigenous healing is still a matter of debate within Aboriginal nations, a structured approach with validated ethical and cultural protocols is central to building trust in the healing practice itself and to strengthen individual relationships between community members and healers.

Finally, in order to be successful, local initiatives need a dedicated group of individuals whose particular skills and knowledge can facilitate an equitable dialogue, initiate collective reflection, and maintain transparent and respectful communication. In our case, building local partnerships with various institutions is key to a successful implementation of culturally safe services. We have faced various challenges that require a concerted community effort. Among those, we have identified a greater cooperation from the part of referring agencies, especially in terms of record keeping and participant profiles/statistics. Given the lack of aftercare services in the community we have initiated additional training for Community Addictions Workers. Ideally the Chisasibi Mental Wellness Team would have an in-house social worker and traditional counsellors in addition to the Team coordinator, the elder and the camp helpers. A case manager will be hired to facilitate coordination with referring agencies. It is also imperative that health managers (whether local or regional) as well as local leadership support and validate local initiatives such as the one described here. Gaining a better understanding about the long-term nature of healing can go a long way in securing financial and human capital necessary to develop effective services for community members.

Sources

Adelson, N. 2000. *'Being Alive Well': Health and Politics of Cree Well-Being*. Toronto: University of Toronto Press.

Cree Nation of Chisasibi (CNC). 2009. BY-LAW NO. 2009-001 Respecting the Establishment of the Miyupimaatisiun Committee, a Committee on Health and Social Issues.

Chisasibi Miyupimaatisiun Committee (CMC). 2010. *Chisasibi Symposium on Health and Social Issues*, Final Report.

Chisasibi Miyupimaatisiun Committee (CMC). 2012. *Roundtable on Eeyou Healing*, Final Report, February 7-9, 2012.

Martin-Hill, D. 2003. *Traditional Medicine in Contemporary Contexts: Protecting and Respecting Indigenous Knowledge and Medicine*. Ottawa: National Aboriginal Health Organization. Retrieved January 20, 2012, from http://www.naho.ca/documents/naho/english/pdf/research_tradition.pdf

Mushquash, C., Hill M.E., Minore B., Graham K., Kruse A., and N. Poirier. *"Being Strong Again" An Evaluation of Prescription Drug Abuse Programs In Northern Ontario First Nations*. Centre for Rural and Northern Health Research, Lakehead University.

National Aboriginal Health Organization (NAHO). 2009. Cultural Safety: Exploring the Applicability of the Concept of Cultural Safety to Aboriginal Health and Community Wellness. Retrieved March 2014, from http://www.naho.ca/jah/english/jah05_02/V5_I2_Cultural_01.pdf

National Aboriginal Health Organization (NAHO). 2008. *An Overview Of Traditional Knowledge And Medicine And Public Health In Canada*. Retrieved January 20, 2012, from <http://www.naho.ca/documents/naho/publications/tkOverviewPublicHealth.pdf>

Torrie, J., Bobet, E., Kishchuk, N. & Webster, A. 2005. *The Evolution of Health Status and Health Determinants in the Cree Region (Eeyou Istchee): Eastmain-1-A Powerhouse and Rupert Diversion Sectoral Report*. Volume II: Detailed Analysis. Chisasibi: Cree Board of Health and Social Services of James Bay. Retrieved March 12, 2012, from <http://www.gcc.ca/pdf/QUE000000012.pdf>

Waldram, J.B. (Ed). 2008. *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice*. Ottawa: National Network for Aboriginal Mental Health Research and Aboriginal Healing Foundation. Retrieved January 20, 2012, from <http://www.ahf.ca/downloads/aboriginal-healing-in-canada.pdf>