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Using the Seven Sacred Teachings to Improve Services for Aboriginal Mothers Experiencing Drug and Alcohol Misuse Problems and Involvement with Child Welfare

Cyndy Baskin, Bela McPherson, and Carol Strike

Introduction

Many pregnant and/or parenting Aboriginal women experience profound and intersecting histories of violence, sexual and physical abuse, mental health challenges, incarceration, poor socio-economic standing, involvement with the child welfare system, stigma, racism, and struggles with identity (BCCEWH 2010; Bombay, Matheson, and Anisman 2009; Chansonneuve 2008; de Leeuw, Greenwood, and Cameron 2010; Elizabeth Fry 2010; Horejsi, Heavy Runner Craig, and Pablo 1992; Niccols, Dell, and Clarke 2010; NWAC 2007; Ordolis 2007; Pacey 2009; Salmon 2007; Smith et al. 2006; Shepard, O'Neill, and Guenette 2006). Their relationships with health and social services are often punctuated by experiences of racism and oppression. Knowledge specific to the experiences, treatment needs, outcomes, and/or prevalence of Aboriginal women who are maternal substance users is lacking (Niccols, Dell, and Clarke 2010; Rutman et al. 2005; Salmon 2010). Only a handful of studies examine Aboriginal women's experiences of substance use, mothering, and interactions with drug and alcohol treatment and child welfare (see Niccols, Dell, and Clarke 2010; Niccols et al. 2010; Rutman, Strega, and Dominelli 2001; Rutman et al. 2005; Rutman, Callahan, and Swift 2007; Salmon 2007, 2010). Culturally specific programs designed to eliminate these experiences and promote Aboriginal culture are believed to be essential to the healing of Aboriginal women who struggle with maternal substance use (Chansonneuve 2008; NWAC 2007; Rutman et al. 2005). However, programs integrating these components are all too often absent.

The goal of our project was to examine the relationships Aboriginal women with drug and alcohol misuse problems have with drug and alcohol treatment counsellors and child welfare workers, and to examine how collaboration might be promoted. A team of counsellors, workers, mothers, and researchers worked together to design and conduct the research project and answer three questions:

1. What is the nature of the relationship between pregnant and/or parenting Aboriginal women in Toronto with substance use problems, drug treatment counsellors and child-welfare workers?
2. How are the spiritual, physical, emotional, and mental aspects of life affected (and recognized, if at all) during involvement with child welfare agencies and drug treatment agencies?
3. How can the relationships between pregnant and/or parenting Aboriginal women with substance use problems, drug treatment counsellors, and child welfare workers be improved?

For this project, we adopted an anti-colonial framework to acknowledge and privilege an understanding of the lives of mothers in direct reference to the historical legacy and ongoing effects of colonialism on Aboriginal peoples' lives (Benoit, Carroll, and Chaudhry 2003; Chansonneuve 2008; de Leeuw, Greenwood, and Cameron 2010; Horejsi, Heavy Runner Craig, and Pablo 1992; Ordolis 2007; Shepard, O'Neill, and Guenette 2006; Thibodeau and Peigan 2007). This framework promotes and celebrates Aboriginal peoples' oral traditions as frames of references within the project. To promote Aboriginal traditions, we used storytelling circles and the medicine wheel directly. For our project, our elder, JoAnn Kakekayash, provided a medicine wheel consistent with her teachings. The medicine wheel, a symbol of holistic healing, embodies the four elements of whole health: spiritual, mental, physical, and emotional (Graveline 1998; Hart 2002; Lavallee 2007, 2009; Morrisseau 1998; Sakamoto, Chin, and Baskin 2010). Throughout the project, we observed the principles of the ownership, control, access, and possession (OCAP) framework wherein all team members agreed to work collaboratively amongst themselves and with the community for the benefit of the community.

Methods

We invited mothers, counsellors, and workers to tell us about their experiences. Group techniques such as storytelling circles and focus group discussions were used to collect information. We invited mothers experiencing drug and alcohol problems and with child welfare involvement to attend one of five storytelling circles. Nine agencies assisted in the recruitment of Aboriginal mothers for the project, including: Centre for Addiction and Mental Health (CAMH) (Aboriginal Services); Jean Tweed Centre; Toronto Council Fire; Anishnawbe Health Toronto; South Riverdale Community Health Centre; New Heights Community Centre; Aboriginal Head Start; The Meeting Place; and the Scarborough Storefront.

Our elder, JoAnn Kakekayash, opened each circle traditionally with a prayer and relevant teaching. Women were asked to discuss their experiences, attitudes, opinions, and recommendations using open-ended questions and the medicine wheel as a structure. A four-by-four-foot artistic rendition of the medicine wheel from our elder was used to help women structure what they wanted to say.

At the completion of each circle, a traditional closing was facilitated by our elder. The women were provided with a feast, an honorarium, and compensation for child care.

As well, we conducted four focus groups with service providers: one with substance use treatment workers; one with child protection workers; another with both service providers together; and finally, a fourth focus group was conducted with members of the research team, who also work with Aboriginal women with Children's Aid Society (CAS) involvement and addictions issues. Four agencies assisted in the recruitment of substance use counsellors and child welfare workers, including: CAMH, Jean Tweed Centre, Native Child and Family Services Toronto, and Metro Toronto Children's Aid Society.

We recorded all of the storytelling circles and focus group discussions, which were later transcribed. To ensure the confidentiality of the participants, only a few members of our team had access to the stories. These members are not counsellors or workers. Other team members, including those working for child welfare agencies and substance use treatment programs only had access to excerpts and never knew who participated or what particular people said.

To understand the stories we were told, we were guided by the Seven Sacred Teachings of wisdom, respect, humility, love, honesty, bravery, and truth to examine and explain factors (e.g., personal, interpersonal, and institutional) that influence how mothers, counsellors, and workers understand and interact with each other. For the project overall, and in relation to the analyses in particular, we discussed the challenges of representing the cultural complexity of the Aboriginal population in Toronto. In light of these challenges, we decided to focus on the teachings from our elder and the Anishinaabe land on which we conducted our project. We read, discussed, and condensed the transcripts to understand the key ideas that participants spoke about. We selected the Seven Sacred Teachings as the analytic structure for our findings because women used this language (e.g., love, respect, courage) during the circles to describe their feelings and experiences. Below, we provide a brief description of each teaching and the related findings of our project.

For the storytelling circles, thirty-eight mothers who self-identified as Aboriginal (e.g., First Nations, Inuit, or Métis) and in the last five years had involvement with a child protection agency and an addiction treatment facility in Toronto attended one of five circles. As well, eleven drug and alcohol and twelve child welfare workers who had worked with an Aboriginal pregnant or parenting woman, in Toronto, in the last five years attended one of four focus group discussions.

Over the course of the project, the community was represented by Aboriginal women from the following agencies: Jean Tweed Centre; CAMH; Noojimawin Health Authority; Toronto Public Health; Aboriginal Legal Services; Council Fire; Native Child and Family Services of Toronto; Native Women's Resource Centre; Métis Nation of Ontario; and Ryerson University. We looked to our elder, JoAnn Kakekayash, to ensure that our practices and outcomes were consistent

with OCAP principles. The data are owned by the team and can only be used as determined by the team and as agreed to by our elder. However, as indicated above, not all team members had access to the raw data given ethics board requirements to protect the confidentiality of the participants. The team approved the final analyses of the data upon which this manuscript is based.

Findings: What Did We Learn?

The Seven Sacred Teachings

1. A Practice of Wisdom

The first Sacred Teaching, wisdom, is the practice of balance in all things; the exercise of inner vision; and the ability to see how all things fit together. Wisdom is also being able to understand and look at situations with an open-minded lens and understand that there are many ways of knowing and doing, which allows us to reach goals differently but effectively (JoAnn Kakekayash, personal communication, 2009).

This latter teaching of wisdom is particularly relevant to the relationships between Aboriginal mothers, child welfare workers, and substance abuse treatment counsellors. As will be seen throughout this paper, there are many ways to care for children, solve problems, and support families while meeting the needs of everyone involved.

A major topic that arose throughout our research project was the barriers blocking Aboriginal mothers from participating in residential substance abuse treatment programs. The most serious barrier was the lack of available care and support for their children should the mothers go into treatment. Not everyone has a family member, friend, or community support person who can take care of their children for a month. This may leave some mothers in the unacceptable situation of having to place their children in the care of the state while they access help for themselves. Because of the fear of where their children will live, how they will be treated, and whether or not they will get them back, most mothers make the difficult choice not to go into treatment. Such fear on the part of Aboriginal mothers is justified given the history of the harm done by child welfare agencies and that there are more children in care today than there were in the residential school system (Blackstock and Trocmé 2005; de Leeuw, Greenwood, and Cameron 2010; Salmon 2010).

As will also be clear from the findings of our project highlighted in this paper, Aboriginal mothers have realistic, concrete solutions that allowed them to overcome most of the barriers that they identified. The following quote from one of the mother participants was supported by all of the mothers, as well as many of the workers and counsellors, who participated in our project:

I think that the City of Toronto really needs a family treatment centre. I had the opportunity to go into a treatment centre in the

States a number of years ago that addressed the whole person, but also the whole family, because the disease of addiction affects everyone in the family. It touches the lives of everyone that we love and I think we really need to have a place where our children could come in with us so that we don't have to worry about where they are.

Even when a mother has made the difficult decision that it is best for her child to leave her care, whether to attend treatment or for other reasons, and she has a family member who can care for her children, the process of screening homes for her child to go to can be problematic. One child welfare worker told us how a racist system may make it impossible for some families to have kinship care (having a family member take care of children) as an option. This worker shared:

If a woman says "I want my children to go to my brother," so then child welfare has this big screening process. You know, get the brother's criminal check, get the brother's this, get the brother's that. When we look at Native populations and the racist criminal justice system and who might have a criminal justice record... "oh well, he has a criminal record, then he can't take the children." So then the children are removed from their family. That's not acceptable to me. I think we need to go a bit further and really work that through. Because he has a criminal record doesn't mean he can't parent, right?

In keeping with the Sacred Teaching of wisdom, the participants offered four recommendations:

- Assist mothers in understanding the effects of their substance abuse upon their children
- Support child welfare in understanding addictions
- Connect mothers to the Aboriginal community in ways that help them feel they belong
- Create family treatment centres

The first recommendation is to help mothers understand the effects of their substance abuse upon their children. The findings from this project revealed that mothers who are struggling with addictions are often not in a psychological or emotional space to see and understand how their children may be negatively affected by their substance abuse. Once mothers are in a healing process to address their substance abuse and the reasons for it, they are able to comprehend how this has affected their parenting. The participants suggested that if mothers could be helped to understand these effects earlier, without judgment and with the required supports to access treatment, they might be more likely to directly deal with their challenges.

As an accompaniment to the above suggestion on knowledge, all participants, including workers and counsellors, provided the recommendation that child welfare workers need to be supported in understanding addictions. Workers explained that they learn about how substance abuse affects children—likely because their mandate is to protect children—but that they do not typically learn about how workers' actions can psychologically, emotionally, physically, and spiritually take control of and effect mothers.

Another recommendation that stood out in the project was the need to connect mothers to Toronto's Aboriginal community in ways that help them feel they belong. The literature points to the fact that isolation and a sense of not belonging are often triggers for substance abuse (Crowe-Salazar 2009; NWAC 2007; Smith et al. 2006; Weaver 2007). Mothers seek a connection to the community that they are a part of, but they may not have access to their community for a variety of reasons. Perhaps they are new to Toronto and no one has connected them to agencies or people, or perhaps they have been rejected during their experiences with individuals and agencies, particularly those who support the belief that Aboriginal peoples should not use alcohol or drugs.

Finally, as discussed earlier, a major recommendation is to create a family treatment centre for Aboriginal families within the city of Toronto.

2. A Practice of Love

Love, the second Sacred Teaching, means treating people with special care and kindness. Love also is a teaching for Aboriginal communities, as all of us have a responsibility to include, embrace, and care for all children and families, whether we are biologically related to them or not (JoAnn Kakekayash, personal communication, 2009).

The mothers who participated in this research project desperately want child protection workers to understand that loving their children and using substances are not exclusive of each other. With deep emotion, one mother spoke for all of them when she said:

My child means more to me than any breath of air that I take in my own self, in my own system, and for people to ask me that question made me sick. It made me think am I really out for the drugs more than my kid...It wasn't like that.

As they did during the discussion of wisdom, many mothers emphasized the need for a family treatment centre in Toronto when discussing love. As one mother eloquently explained:

Because the disease of addiction affects everyone in our family, it touches the lives of everyone that we love...I think that we really need to have a place...where our children could come in with us so that we don't have to worry about where they are.

A reflective and concerned child welfare worker supported what the mother above stated by sharing a similar perspective:

Every time I have to bring a child into care or apprehension, I think to myself, what is the lesser evil, because a child, no matter what, loves their parent...I bring a child into care and create trauma because they're traumatized. You traumatize a child by taking them into care and you place them into a home and you're not sure how that child is going to be treated.

All of the recommendations that emerged under love focused on the care of children, showing how important they are to the mothers who participated in our research. They include:

- Commit to caring for children, as children belong in our communities
- Support extended families to care for children
- Ensure that women, while in substance use treatment, can maintain contact with their children

The first recommendation emphasized that since Aboriginal children belong in our communities, families need to be supported in caring for their children. Mothers, workers, and counsellors all agreed that there are family and community members who are willing to care for children, but they need additional financial resources to, for example, purchase bedroom furniture, provide food and other necessities, and secure child-care services if they are working outside the home.

Family and community members may also need other types of support, such as emotional support, when they care for children who are separated from their mothers. These caregivers may have their own children to care for, in addition to responsibilities such as work and community involvement. They may need to offer emotional support to upset or traumatized children, liaise with schools, take children to various appointments, and take them to visit their mothers. Clearly, support and care for the caregivers is a must for Aboriginal communities to be equipped to follow through on these recommendations.

The other noteworthy recommendation, put forward mostly by the mothers who participated in our project, regards contact with their children while they are in treatment. Although family healing centres are preferred, mothers asked for compassion when these are not available. They asked to be able to have contact, particularly visits, with their children while accessing residential or day programming. This recommendation, emphasized throughout our findings, is critical to the Sacred Teaching of love. In so many cases, when mothers are striving to heal from the power of addiction, they are doing so because they want to be better parents. This difficult journey needs to be accompanied by the physical reminders of their reasons for undertaking it—their love for their children. Of course, such contact is just as important for children as it is for mothers.

3. A Practice of Respect

The Sacred Teaching of respect is the third teaching our elder described. This teaching means showing honour to someone or something; considering the well-being of everything; and treating everything with deference or courtesy. Respect means to honour all parts of creation (JoAnn Kakekayash, personal communication, 2009).

The women who participated in our research project shared with us the importance of respect, as this is something that is not often given to them as mothers struggling with substance abuse and as Aboriginal women. Yet actively developing supportive, collaborative relationships led to respect, as seen from the following mother's story:

I wasn't allowed to leave the hospital until Native [Child and] Family Services [of Toronto] came and that was fine. I spoke with the woman from there. She's a very nice woman, about my age, and I told her, "You know, I've been clean and sober and I'm ready to take care of my [child]. This is what I want and you know I have major family support. I have community members that are very supportive of me having this baby and have faith in me and I have faith in myself." I went on to explain and explain to her and she said "Okay, I believe you," and I am really grateful that she believed me because I have been doing good ever since.

We heard many examples of how disrespect hinders the collaborative process and makes it difficult for positive relationships to be developed among mothers, workers, and counsellors. One of the mothers reflected on how, even though she, as a parent, is expected to be accountable and responsible for her behaviours, those in child welfare are not. She said:

[CAS] don't ever take back [their words] when they're wrong. They don't tell you they're wrong or they don't apologize, but they expect you to do all this...you're wrong [and you have to own up to this], well, they should too.

Sometimes respecting a mother is about understanding the systemic oppression perpetuated towards Aboriginal people. According to one counsellor in our project:

I just think First Nation people's histories are not understood. [T]he incredible amount of...forced separation, the effect of residential schools, and all of that, and how that's affected parenting over the generations and so programming that particularly addresses this is also so incredibly valuable, of value for healing and finding your place.

Understanding both the oppression of Aboriginal people and their ways of healing are crucial to the work of both child protection and substance abuse treatment. As one worker shared with us:

The challenge is being able to sit at the table and come to a common understanding or goal with the family, because we can't have a discussion without the family's presence. It doesn't work that way.

Two significant recommendations came out of the discussions on the teaching of respect:

- Acknowledge the primary role of family and the kinship network
- Respect the complexity of the healing journey and the context from which women begin and travel along this journey

The first recommendation is for all involved to acknowledge the primary role of the family and kinship network. It is the extended family and the community that needs to care for our children; in this setting, they can be nurtured and cared for if the necessary resources are provided, and will grow up to know who they are as Aboriginal peoples. This is the right and responsibility of Aboriginal families and communities.

The second recommendation asks that workers, counsellors, and policy-makers respect the complexity of the healing journey for mothers. Healing from trauma, abuse, and substance misuse is usually not a linear, short-term process (Rutman, Callahan, and Swift 2007). Rather, it tends to include many ups and downs, often several attempts, and has no time limit. If a woman's journey begins with her child being apprehended by child welfare, it is often the case that she will go into a depression, or feel like there is no point in being well since she does not have her child. These thoughts and feelings are likely to lead to further substance abuse, rather than less, as she attempts to cope with the hurt, shame, and guilt she is experiencing. This process takes time for those who are able to climb out of their despair; for those who do, the healing journey then begins with all those ups and downs and takes an unpredictable amount of time. Meanwhile, the child welfare legislation clock is rapidly ticking towards the time when the child will become a Crown ward (CFSA 2010); the hands of workers, counsellors, and anyone else involved are tied, as this time limit will not be altered.

It is critical for workers, counsellors, and the agencies they are part of to respect the realities of mothers' healing journeys. This recommendation is also strongly suggested for policy-makers, as those who deliver the services are directed by policies.

4. A Practice of Courage

This Sacred Teaching states that courage is personal bravery in the face of fear. It is doing what needs to be done even when it is difficult or frightening. Courage is needed to try new things and face new situations, and to pick up oneself after a mistake and try again. Sometimes courage means recognizing a danger and standing firm. There is also courage at the community level, when we take responsibility for our community members, such as Aboriginal when child welfare agencies take on a child protection mandate (JoAnn Kakekayash, personal communication, 2009).

It took a great deal of courage for the women who participated in our project to come to the circles and talk about their often painful experiences struggling with substance abuse, believing they had failed their children, living with past and sometimes current abuse, and taking responsibility for actions that hurt others. When it comes to one's children, it also takes a phenomenal amount of courage for mothers to make the ultimate sacrifice, as we learned from the following quote:

I don't think my son's going to be drug addicted or in prison because he's not that person anymore. But he's not my son anymore either and, you know, I cried for two years straight over this. I've had to come to a lot of places and say to myself, you were unselfish to give him up in the first place, because the hardest thing I ever did was to admit that I couldn't help my son. The hardest thing I ever did was to hand my son over to another woman who could do a better job than me.

It is often fear that prevents women from coming forward when they need help (BCCEWH 2010; Boyd 2007; Maiter, Palmer, and Manji 2006; Rutman et al. 2005; Weaver 2007). As explained by several mothers who participated in this project, poor relationships with child welfare workers, including being made to feel small and worthless, hampers the ability to work collaboratively and towards a common goal—a healthy mother and children.

Several child protection workers acknowledged that their reporting responsibilities can create a great deal of fear for mothers, and may be at odds with their goal of developing a trusting relationship with them. According to one:

Getting involved at the beginning, hopefully that's when a trusting relationship can develop, a trusting relationship where that woman can really talk to that child welfare worker—or do they feel like they have to hide things? I get myself very frightened about all the things we have to report. And then knowing that the backlash of all of that is that women don't talk about it. We put them in positions where they have to go underground. So if your partner is beating you up, and you say something about that, then guess what?

However, a counsellor noted that when this fear is removed and all three parties—women, workers, and counsellors—are working towards the same goal, amazing things can happen:

When you do get a good child welfare worker, or if the woman is ready to take a look at, perhaps, some of the mistakes that she's made, and the worker isn't judgmental, but supportive, I've seen amazing things happen to the woman, [like a] sense of self-esteem, in terms of her sense of hopefulness to have a healthier family, perhaps, down the road.

For child welfare workers, removing a child from a home or an infant from its mother soon after birth is emotionally draining. Entering a home or proceeding to a hospital to remove a child requires courage. It takes courage to make the decision to do so and to complete the act. In many situations, workers are doing what they need to do for the Aboriginal community; for example, if a worker has no choice but to remove a child from her/his mother, they will try to keep that child in the community.

The following are recommendations under the teaching of courage:

- Recognize the courage it takes for mothers to take steps to get help
- Acknowledge the courage it takes for mothers to parent again
- Encourage child welfare counsellors and treatment workers to examine their practices, and to evolve to meet the needs of mothers and families

Many of the participants in our project recommended that child welfare workers and substance abuse counsellors acknowledge, in every way possible, the courage it takes for mothers to ask for help. Here we see how a difference in values plays out in practice. Within Aboriginal world views, the value of interdependence is emphasized, meaning that giving and receiving help is the norm; the common attitude is, "I will help you because I can. When I need help, and I will, you will help me because you can." However, in mainstream Western society, where individualism is valued, asking for help may be viewed as a weakness that carries stigma. Unfortunately, due to the effects of colonization, many Aboriginal women have internalized Western values regarding asking for help.

This situation is further complicated by the fear surrounding asking for help, as has been previously mentioned. In order for mothers to be courageous enough to seek out help, they need to be reassured that they will indeed receive help, and that they will not be punished by having their children taken into care.

A second recommendation that emerged in connection to this teaching is acknowledgment of the courage it takes for mothers to parent again, whether that results from the return of their child from the care of the child welfare system, or because they have another child. Mothers are often fearful that they will make the same mistakes, that child welfare will intervene in their families again,

or that they will not be able to follow through on their intentions. These legitimate fears need to be recognized and addressed by those involved in child welfare and substance abuse treatment through ongoing support when needed.

The final recommendation is that child welfare counsellors and treatment workers examine their practices and invest in evolving to meet the changing needs of mothers and families. This recommendation applies to servicing all families, but is particularly relevant to working with Aboriginal peoples. As both the literature (BCCEWH 2010; Blackstock and Trocmé 2005; Bombay, Matheson, and Anisman 2009; Chansonneuve 2008; de Leeuw, Greenwood, and Cameron 2010; Elizabeth Fry 2010; Horejsi, Heavy Runner Craig, and Pablo 1992; Niccols, Dell, and Clarke 2010; NWAC 2007; Ordolis 2007; Pacey 2009; Salmon 2007; Shepard, O'Neill, and Guenette 2006; Smith et al. 2006) and the findings from this research project show, service providers need to be educated about the history of colonization and its continuing effects on Aboriginal peoples; structural racism within the helping professions; and Aboriginal world views, particularly regarding children and families and the diversity of these families. It takes courage for helping professionals to acknowledge that they do not know everything, to be open to having their knowledge and practices examined, and to be willing to update such practices from time to time. Like everything else in life, change is a constant, and staying current is crucial to meeting the evolving needs of mothers and their families.

5. A Practice of Honesty

The fifth Sacred Teaching, honesty, is about being sincere, open, and trustworthy (JoAnn Kakekayash, personal communication, 2009). All three groups that participated in this project emphasized transparency, clear communication, and honesty as the principles for successful working relationships. This belief is supported by the literature (CAMH 2005; Chansonneuve 2008; Crowe-Salazar 2009; Weaver 2007).

A common feeling amongst many of the mothers in the research project was distrust of child welfare workers who refer them to many programs that they were required to complete in order to have their children returned to them. The women were concerned that at the beginning of their involvement with child welfare, they would be told that they needed to participate in certain programs; however, upon completion of these programs, workers would tell them they had to participate in further programs. As one mother stated: "I've been working really hard at getting my son back and they [child welfare workers] just keep throwing something else at me." Another agreed, adding: "I've done everything and it's like every time I'm supposed to get them [my children] back, they add something else."

Some of the mothers had experienced this more than once, and they had no understanding of why this was so. This lack of explanation led to a lack of trust in the motives of the workers, as it appeared to the mothers that they had fulfilled all the requirements for having their children returned to them.

Some of these mothers believe that by being sent to program after program, child welfare was undermining them. They said, for example, child welfare was “trying to make me flip out;” “they want me to mess up;” “I don’t feel they’re there to help me;” and “they make [me] feel small.” Such confusion and frustration was also emphasized by a mother who stated: “[Child welfare] told me that I’m not allowed to tell my kids that they’re coming home. Well, if they’re coming home, why can’t I tell them?”

It is a lack of honesty, transparency, or clarity that breeds such confusion and frustration, as mothers do not understand why they are being told to go from one program to another and another. Involving mothers in all the necessary steps to communicate information between child welfare workers and substance abuse counsellors was also seen as part of being transparent and honest by the research participants.

Findings under the teaching of honesty also emphasized the need for transparency and clarity on the part of workers and counsellors, especially around their respective roles with the mothers and children they work with. As explained by one counsellor:

I think what that means is being able to come together physically. To be able to educate one another around, “I’m a substance abuse counsellor, this is what I do. This is what my mandate is,” and then hear from you, “What is yours?” Look at, okay, “So where can we come together here?” So that each other knows what the other’s responsible for and to know about how sometimes hands are tied you know, this is the law, and so on.

Three major recommendations emerged out of the findings on the teaching of honesty:

- Develop and articulate a clear plan between child welfare workers, program staff, and mothers from the beginning of contact
- Create safety, so mothers can be honest about their lives, circumstances, and mistakes
- Recognize that child welfare is adversarial in its set-up, and work towards changing this

A strong recommendation that came out of this research project was for workers, program staff, and mothers to develop and articulate a clear plan from the beginning of contact regarding how, under what conditions, and when children will be returned to their mothers. Everyone involved must clearly understand and agree to the plan. The plan must be relevant to the challenges each mother is facing, be helpful (from her perspective), and be realistic (not overwhelming her with too much to do, and setting her up for failure). The plan must be followed by all involved and cannot change unless there is provision for this stated in the plan.

The mothers in this project also recommend that as much safety as possible be created, so they can be honest to workers and counsellors about their lifestyle and the mistakes they may make. When a mother is struggling, she needs to be able to say so, without fearing that her children will be taken from her, and to get the support she needs so that the situation does not worsen.

A broader structural recommendation that emerged out of the project in relation to the teaching of honesty is that we must recognize that the set-up of child welfare is adversarial in nature and work towards changing this. There are alternatives to court proceedings, child apprehensions, and foster care. There are many ways to interpret “in the best interest of the child.” It may not be useful to frame child welfare with the child as the “client,” rather than the family.

This is an area in which Aboriginal knowledges have begun to make valuable contributions to child welfare, as seen through the adoption of kinship care and family group conferencing by some Children’s Aid Societies (Baskin, in press). In addition to these examples, which encourage collaboration, it may be that Aboriginal knowledges have much more to contribute. Going beyond this recommendation, it is also significant to note that there is a need for a child and family services act specifically for Aboriginal peoples.

6. A Practice of Humility

Humility, the sixth Sacred Teaching, asks us to place the needs of others first, and to avoid criticizing others. It directs us to serve and help others. To be humble is to admit and learn from mistakes. Humility is a process of learning and improving the self (JoAnn Kakekayash, personal communication, 2009).

The mothers involved in our project described humility as a process—sometimes forced and dramatic as they experienced crises and learned painful lessons, and at other times learned through their own effort and engagement. Treatment counsellors spoke with humility about how much they could achieve or how much they needed to learn to be able to better serve the women they work with. Child welfare workers spoke about their need to serve children and to create a system with a broader perspective.

To be humble is to be able to acknowledge the need for help from others. Many mothers said they did not ask for help because they feared losing their children to child welfare. Many women reported a long history of involvement with child welfare, both as parents, and earlier, as children. Prior experiences led women to fear and hide from child welfare. However, some mothers reached a point where asking for help was the path they needed to follow. The following remark came from a woman who sought assistance from child welfare when she perceived she was in need:

Sometimes things get hard and I’ve called Native [Child and] Family Services of Toronto...I feel like a big kid that I still need their help, which is kind of true. I’m just glad

that they're non-judgmental and, you know, they understand my history... I used to feel bad about asking for help and I always did things by myself, and I would never reach out for help and that didn't work. It just made things worse, so I'm glad that I'm smart enough, I guess, to reach out for help and for my own well-being.

Most mothers who came to our circles talked about their involvement with child welfare when they were children. Descriptions of intergenerational apprehensions were common. Accounts of moving from foster family to foster family, and feeling that foster care did not provide the love or support they needed were also common. Implicit in these stories was a belief that the system had failed them as children, and their current involvement with child welfare was no better. Across the circles, women spoke about the need for a child welfare system designed to address its historical failings, and remodelled to incorporate Aboriginal knowledges or world views. A child welfare supervisor provided an example of how this can be achieved in practice:

The worker at the agency didn't want to be as inclusive as she could be. Was she respectful of the matriarchal decisions that were being made at the time? She was trying to work with them in just a strictly by-the-book child welfare mode, not recognizing that they wanted the family matriarchs to make the decision in regards to this child...And basically all they did was the same thing we do in homes. The child went to the auntie's home and she watched the mother awhile to make sure things were going okay and she recognized that this mother was not parenting the children. She talked to her a lot more rudely than I would have! Now the matriarchs will get together and make the decision. I got back to the worker and spoke to her about, "Maybe you need to understand the family is trying to take care of this matter. There's three different people in three different areas. They're on the phone and they're discussing it."

Three recommendations emerged from the findings on the teaching of humility:

- Willingness to consider and address how to improve the substance abuse treatment system and the child welfare system for the benefit of women, children, and families
- Support consensus in decision-making with everyone involved
- Support processes of reflection on the part of child welfare and treatment

A structural recommendation that arose out of the findings of this project was for workers, counsellors, and other stakeholders to be willing to consider how to improve the substance abuse treatment and child welfare systems in ways that will

benefit women and their families. Humility is needed to address this recommendation, as it requires individuals to admit that these systems require improvement. This also fits with the previously mentioned recommendation (under the teaching of honesty) that stressed the need for an Aboriginal child and family services act.

Another recommendation in this section was to support decision-making through consensus, which would include everyone involved with the family. Consensus, which is the traditional form of decision-making for many Aboriginal nations (Baskin 2011) takes time, but builds relationships and inclusiveness. It shows how everyone's opinions are valued and considered, rather than only those put forth by the members who hold power in the group. It is believed that, if people take the necessary time and truly listen to one another, they will reach an agreement that satisfies everyone.

A third recommendation was that workers and counsellors engage in processes of reflection, meaning that they engage in processes of self-evaluation or self-analysis, on their own and under supervision (Yip 2006). Reflection usually focuses on the service provider's response to the service user; their thoughts and feelings about the interaction; and possibility of transference and counter-transference. However, focusing on self-reflexivity would likely be more helpful, given the work of child welfare and substance abuse treatment. Reflexivity goes beyond reflection as it is an exploration of self in relation to practice (Wehbi 2011). Reflexivity suggests that workers and counsellors ask themselves questions connected to who they are in relation to the community they are working with. Such questions may include: Am I an insider or an outsider here? Am I owning my privilege? How do aspects of my social location, such as race, gender, and age affect my work with Aboriginal mothers and their families? How did I come in to this work in the first place? Through reflexivity, workers and counsellors can explore how they are situated in relation to Aboriginal mothers and how this affects their practice with them.

7. A Practice of Truth

The seventh Sacred Teaching, truth, is about coming to know, and trying to understand, the previous six teachings. Truth focuses on how we practice—or put into action—wisdom, love, respect, bravery, honesty, and humility. Truth also encompasses the overarching picture as we try to understand both the past and the present (JoAnn Kakekayash, personal communication, 2009). Coming to one's truth is perhaps best explained by the Aboriginal mother who stated:

I just celebrated five years [of being free from alcohol and drugs]. Did it on my own. It was my children that made me quit.

In these few sentences, this mother expressed how she knows and understands the first six Sacred Teachings, and how she is putting them into action, as she is no longer involved with substance abuse. Interestingly, it was neither child welfare nor substance abuse treatment that led her to the practice of truth—it was her children.

Treatment counsellors were able to come to some truths of their own during their participation in this research project. They identified how problematic the “one-size-fits-all” notion of dealing with substance abuse challenges is. As one counsellor remarked, “We’re always trying to make her [Aboriginal women] fit into existing...programs. [When this does not work for her] then we say ‘Oh, she’s not ready yet.’ But really, she’s just not ready for our idea of a program.”

A former child welfare worker, who is now in the area of substance abuse treatment, raised the following concern:

We’re looking at who’s the client, and I find therein lies one of the biggest issues for all of us. This one sees the woman as the client; this one sees the child as the client. But isn’t that creating the silos that we’re saying that we don’t think are helpful? The client, if you want to call them that, is the family. And why aren’t all agencies looking at the family as the unit that they’re trying to assist?

Four recommendations emerged from the findings on the teaching of truth:

- Rather than making decisions individually, have child welfare workers and treatment counsellors work more collaboratively and in consultation with each other
- Involve Aboriginal mothers in the development and evaluation of programs and services within child welfare and substance abuse treatment
- Ground the entire process of developing policies and practices in the recognition that we are helping families and communities, rather than only individuals, to heal
- Integrate an anti-colonial and anti-oppressive framework into policies and practice

As with the other teachings, in this section came the recommendation that workers and counsellors work more collaboratively and in consultation with each other, rather than individually making decisions regarding mothers. Participants believed that if workers and counsellors formulated plans together, and included mothers in these discussions, such plans would complement one another, which would make them much more likely to work.

Since it is Aboriginal mothers and their children that are affected by child welfare and substance abuse treatment programs and services, a second recommendation from our findings was that mothers be meaningfully involved in the development and evaluation of these programs and services. Since the overall purpose of these services is to improve the well-being of mothers and children and, hopefully, to keep them together or reunite them as a family, following the teachings of truth would mean listening to what mothers want and need in terms of programs and services, rather than only what workers and counsellors think they need.

A third recommendation, which flows out of the one above, is to ground the entire process of policy and practice development in the idea that we are committed to the work of helping families and communities, rather than individuals, to heal. This recommendation follows the Aboriginal value of interconnectedness, whereby the individual is connected to the family, which is connected to the community (Baskin 2003; Battiste and Youngblood-Henderson 2000; Bopp et al. 1984; Cajete 1994; Couture 1991; Fitznor 1998; Lowe 1982; Shilling 2002). All three affect one another—when one is harmed, so are the others, and when healing begins with one, it positively affects the others.

The final recommendation under the teaching of truth is to integrate an anti-colonial and anti-oppressive framework into policies and practices in the areas of child welfare and substance abuse treatment. An anti-colonial framework focuses on how colonization has affected Indigenous peoples; the relationships that exist amongst colonized peoples; the relationships between colonized peoples and settler populations; and resistance to colonization and its current effects (Ashcroft 2001; Bhabha 1994; Deloria Jr. 1969; Fanon 1963, 1967; Said 1978, 1993; Spivak 1999). This way of understanding history and its present-day effects upon Aboriginal peoples is critical, so that challenges such as substance abuse are not individualized. All people in Canada must learn this history so that we can move into a future that is just for everyone. An anti-oppressive framework is congruent with anti-colonialism in that it views society as characterized by a range of social divisions, such as race, gender, age, class disability, and sexual orientation, that create inequality, discrimination, and oppression (Absolon and Herbert 1997; Baskin 2003; Bishop 1994; Dalrymple and Burke 1995; Mullaly 2002; Thompson 1998). Thus, an anti-oppressive framework guides policies and practices that do not blame the victim; makes the structures in society, which favour some populations over others, visible; and takes into consideration the multiple identities and oppressions that people carry. These frameworks offer the hope of social justice, not only for Aboriginal mothers and their families, but for all marginalized peoples.

Final Remarks

Our recommendations are consistent with the work of others who note the importance of collaborative interactions between workers, counsellors, and women. These recommendations include integrated treatment planning; clearly communicating the limits and breadth of service delivery expectations between professionals; increased alcohol and drug education for child protection workers; and working within a woman-centred framework, rather than from the current dichotomous paradigms in which the child welfare system is in opposition to substance use treatment (CAMH 2005; Carter 2002; Chansonneuve 2008; Rutman et al. 2005; Weaver 2007). Our findings and those of others show how the use of threats and intimidation, and judgmental, uncaring, critical, and insincere attitudes are counterproductive to healing (Maiter et al. 2006; Rutman et al. 2005). On the

other hand, productive helping relationships are characterized by judicious use of power, non-judgmental attitudes, and support when relapses are disclosed (de Boer and Coady 2007), and are genuine, empathetic, and accepting (Maiter, Palmer, and Manji 2006). As noted by Horejsi and colleagues (1992), our findings also point to the importance of workers developing a better understanding of the historical relationship of Aboriginal peoples and child welfare authorities, and understanding the loss of trust in self, family, community, and government, in those labelled as “outsiders” (Thibodeau and Peigan 2007).

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Chi-Miigwetch

All My Relations

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