

The Application of Two-Eyed Seeing Decolonizing Methodology in Qualitative and Quantitative Research for the Treatment of Intergenerational Trauma and Substance Use Disorders

Teresa Naseba Marsh¹, Sheila Cote-Meek², Pamela Toulouse³,
Lisa M. Najavits⁴, and Nancy L. Young¹

Abstract

In this article, the authors describe the research process undertaken to incorporate Two-Eyed Seeing Indigenous decolonizing methodology into the treatment of intergenerational trauma and substance use disorders in Aboriginal peoples living in Northern Ontario, Canada, using the Seeking Safety model. Using both qualitative and quantitative methods, the authors systematically discuss the research methodology with the hope to inspire other health researchers who are attempting to incorporate diverse methodological principles pertinent to Indigenous populations.

Keywords

PTSD, substance use disorders, intergenerational trauma, Two-Eyed Seeing, Seeking Safety, traditional healing practices, decolonizing methodologies, Indigenous worldviews, sharing circles, Elders

This article explores the methodological process used while conducting research with a group of Aboriginal men and women in a mid-sized city in Northeastern Ontario. The purpose of the study was to explore whether or not incorporating Aboriginal traditional healing practices into Najavits' (2002a) Seeking Safety treatment model was a feasible, suitable, and beneficial approach for Aboriginal women and men suffering from intergenerational trauma and substance use disorders. Two-Eyed Seeing Indigenous decolonizing methodology was utilized to honor the strengths of both Aboriginal and Western knowledge, research techniques, knowledge translation, and program development (Iwama, Marshall, Marshall, & Bartlett, 2009). In this article, the term Aboriginal refers to First Nations (status and nonstatus Indians), Métis, and Inuit people as referenced in the Canadian Constitution. The term Aboriginal is used as a way to respect and acknowledge their shared values, historical residential school experiences, and contemporary struggles in the aftermath of colonization and oppression. The word Indigenous will also be used interchangeably with Aboriginal. The preceding term is often most recognizable within international contexts.

This research project was born out of the identified needs and challenges that exist in the current health status of

Aboriginal peoples as well as the lack of traditional and culturally sensitive treatment models available for the treatment of intergenerational trauma and addiction (Braveheart, 2003; Macaulay, 2009; Nabigon, 2006; Waldram, Herring & Young, 2006). It is well known that Aboriginal peoples are the most disadvantaged group in Canada. Aboriginal peoples in Canada have generally poorer physical and mental health; are less likely to complete primary, secondary, and tertiary education; and do not have the same employment opportunities as non-Aboriginal Canadians (Aboriginal Healing Foundation, 2007; Hart, 2010; Kirmayer, Tait, & Simpson, 2009). Furthermore, Aboriginal peoples are affected by high rates of suicide,

¹ School of Rural and Northern Health, Laurentian University, Ontario, Canada

² Academic & Indigenous Programs, Laurentian University, Ontario, Canada

³ School of Education, Laurentian University, Ontario, Canada

⁴ Harvard Medical School, Boston University, Boston, MA, USA

Corresponding Author:

Teresa Naseba Marsh, School of Rural and Northern Health, Laurentian University, Ontario, Canada.

Email: thunzi@me.com



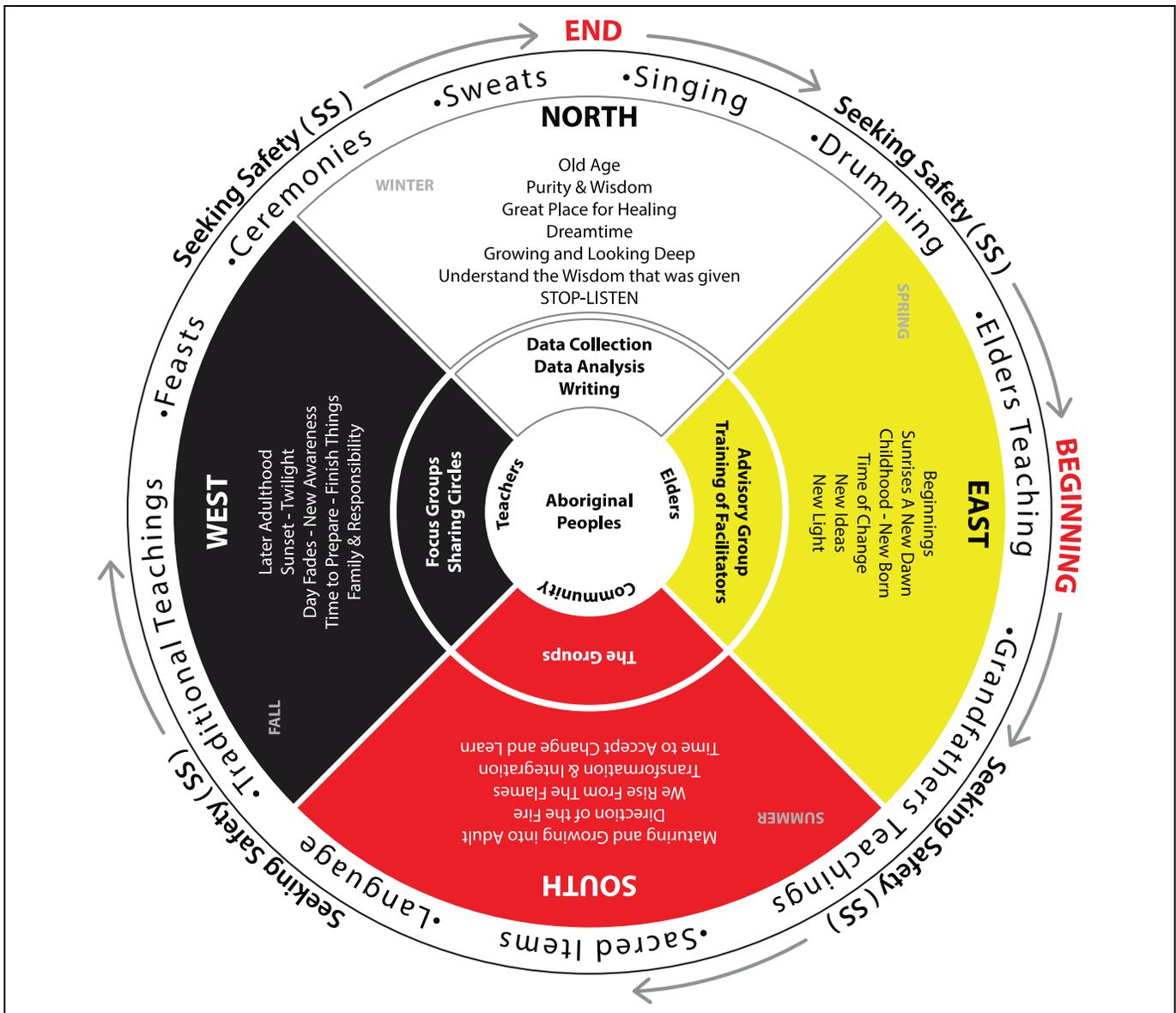


Figure 1. The research process illustrated through the medicine wheel.

homicide, substance use disorders, accidental deaths, community/domestic violence, child abuse/neglect, poverty, as well as other complex social problems. Most, if not all, of these issues have been attributed to the impact of ongoing colonization (Waldram, 2006). These factors have strongly contributed to the multigenerational grief and loss associated with intergenerational trauma (Brant Castellano, 2004; L. T. Smith, 1999; Waldram, 2006; Wilson, 2008).

Despite the high rate of issues related to mental health and substance use disorders, Duran (2006) and others (Martin-Hill, 2003; Smylie et al., 2011) have noted substantial treatment drop-out rates and a general underutilization of services for mental health and substance use disorders by Aboriginal peoples. This has been attributed to the fact that many treatment programs for mental health and substance use disorders lack an understanding of the cultural needs of Aboriginal peoples (R. Bishop, 1999,

2003; Martin-Hill, 2003). Steward (2008) pointed out that the reason contemporary issues exist for Aboriginal peoples with intergenerational trauma and substance use disorders is because Western treatments and conventional psychology have failed to understand holistic Indigenous wellness, spirituality, and traditional healing methods (Cote & Schissel, 2008; Evans-Campbell, 2008; Poonwassie, 2005; Steward, 2008). Therefore, it is necessary to investigate more relevant treatment that incorporates Indigenous ways of knowing and approaches to healing.

Background

Historically, Aboriginal peoples in Canada have been treated unethically in the research process. For example, Canadian Aboriginal peoples have not been provided with clear information about research projects that concerned them, have been

excluded from the research process, and have been forced to participate in research projects by government agents and academics (Brant Castellano, 2004). Prior to the colonization and oppression of Aboriginal peoples, they were sovereign independent nations who conducted their own research. They had established traditional systems of solving conflicts and rectifying issues. These methods of investigation and problem solving involved everyone in the community and were specifically guided by Elders (Battiste, 2000; Crazy Bull, 1997; Kovach, 2005; L. T. Smith, 1999; Waldram, 1997).

According to Brant Castellano (2004), Aboriginal research is:

Research that touches the life and well-being of Aboriginal peoples. It may involve Aboriginal peoples and their communities directly. It may assemble data that describes or claims to describe Aboriginal peoples and their heritage. Or, it may affect the human or natural environment in which Aboriginal peoples live. (p. 99)

When Aboriginal leaders, Elders, and researchers began a much needed critical discourse about proper research protocols with Aboriginal peoples, they identified the need for research guidelines (inclusive of ethics) to guide non-Aboriginal scholars when conducting research with Indigenous peoples (Brant Castellano, 2004; L. T. Smith, 1999). For example, in Canada, there are guidelines that have been prepared by the Ethics Office of the Canadian Institutes of Health Research (CIHR), in conjunction with its Institute of Aboriginal Peoples' Health, to assist researchers and institutions in conducting ethical and culturally competent research pertaining to Aboriginal peoples. The intent of these guidelines is to promote health through research that is in keeping with Aboriginal values and traditions. The guidelines also assist in developing research partnerships that facilitate and encourage culturally competent research processes that are beneficial to Aboriginal communities (CIHR, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2010). Many Indigenous researchers are now actively working to ensure Indigenous research is not only respectful and culturally sensitive but also based in approaches and processes that reflect Indigenous cultures (Brant Castellano, 2004; Kovach, 2009; L. T. Smith, 1999; P. Smith, 2009; Steinhauer, 2001; Wilson, 2008).

Currently, various organizations, universities, colleges, and some governmental agencies are actively transforming Aboriginal research into a positive instrument of reciprocal knowledge dissemination. In this way, Aboriginal research should represent Aboriginal peoples' strength, resilience, wisdom, and understanding of the world (Brant Castellano, 2004; Wilson, 2001; Waldram, 2006). This change has been a powerful and positive step toward the establishment of principles and guidelines for academics, universities, governmental institutions, partners in research, and communities doing research with Aboriginal peoples (Bishop & Glynn, 2003; Brant Castellano, 2004; CIHR, Natural Sciences and Engineering Research

Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2010; Wilson, 2008).

Exploring Two-Eyed Seeing Indigenous Decolonizing Methodology

All research is embedded with elements of power and control, and some Indigenous researchers have taken the position to interrogate these practices (Duran, 2006; Liamputting, 2010; L. T. Smith, 1999; G. H. Smith, 2000). The decolonization of research has become one of the most discussed issues in Indigenous research, particularly among those scholars and teachers who have stated that the inclusion of Indigenous research methodologies is critical to confronting particular epistemologies in the academic and research world (Bishop, 2003; Cote-Meek, 2010; Gone, 2004; Kovach, 2009; L. T. Smith, 1999; Wilson, 2008). Decolonization is a process where Indigenous peoples, whose communities were severely affected by colonial expansion, genocide, and cultural assimilation, recover their power by reclaiming their Indigeneity (Hart, 2010; Kovach, 2005; Wilson, 2008). The process of decolonization requires critically evaluated methodologies as well as ethically and culturally acceptable approaches to the study of issues involving Indigenous peoples (L. T. Smith, 1999).

Decolonization is further described as Indigenous peoples embracing an understanding of the history of colonization and rediscovering their ancestral traditions and cultural values (Duran, 2006; Hart, 2010; Wilson, 2008). Furthermore, decolonization has been described as a healing journey that may involve grief, anger, rage, growth, empowerment, coupled with the realization that bondage still exists today (Liamputting, 2010; L. T. Smith, 1999; Wilson, 2008). In this process, there is a commitment to Indigenous peoples and their right to self-determination, not only from an economic or political viewpoint but also with respect to research (Abdullah & Stringer, 1999; Bombay, Matheson, & Anisman, 2009; Crazy Bull, 1997; Duran, 2006; L. T. Smith, 1999; Wilson, 2008).

Another goal of decolonizing research is to break free from the Western paradigm of research that is often more focused on the discovery and interpretation of facts. From an Indigenous perspective, the research process is also inclusive of the peoples' views, feelings, and experiences with nature, culture, and spirit (Porsanger, 2004; L. T. Smith, 1999; Wilson, 2008).

Indigenous research approaches and the development of Indigenous methodologies guide the research agenda. For example, the Alaskan Yupiaq scholar George Kanaqluk has shown in his studies that Westernized theoretical, ready-to-use methods must be reconsidered and reworked in Indigenous research. According to Kanaqluk, the researcher should not start from a theoretical perspective but rather from Indigenous ethical protocols to develop methods that will respectfully represent the Indigenous population (Duran, 2006; Grieves, 2009; Liamputting, 2010).

The search for a respectful research paradigm for this project led to the Two-Eyed Seeing Indigenous decolonizing methodology which provides an inclusive philosophical, theoretical,

and methodological approach. Two-Eyed Seeing is the blending of Aboriginal and Western research methods, knowledge translation, and program development (C. Bartlett, Marshall, & Marshall, 2012; Bartlett, 2009; Iwama et al., 2009). Two-Eyed Seeing recognizes Indigenous knowledge as a distinct epistemological system that can exist side by side with mainstream (Western) science (Bartlett, 2009; C. Bartlett et al., 2012; Iwama et al., 2009). The application of the concept of Two-Eyed Seeing advocates for inclusion, trust, respect, collaboration, understanding, and acceptance of the strengths that reside in both Western and Aboriginal worldviews (Iwama et al., 2009). Two-Eyed Seeing encourages Aboriginal peoples, health-care providers, and researchers to develop a relationship of mutual cultural respect, wherein the benefits of both worldviews are acknowledged as beneficial in the healing processes (Bartlett, 2009; C. Bartlett et al., 2012; Iwama et al., 2009).

Applying Two-Eyed Seeing to research methodology requires a keen understanding of Indigenous epistemologies, which embody the cosmologies, values, cultural beliefs, and relationships that can vary from one community to another. In most Indigenous epistemologies, knowledge is acquired through revelation, such as dreams, visions, and intuition, and passed down by Elders and knowledge keepers through teachings. Knowledge is also regarded as spiritual, which is understood as coming from the spirit world and ancestors. This spiritual knowledge cannot be observed by physical means; therefore, it cannot be measured or quantified (Hart, 2010; Linklater, 2010).

The ideas emanating from the Two-Eyed Seeing approach resonated with the first author's background and experience as an Indigenous woman from Cape Town, South Africa. She grew up with both Indigenous and Western influences and was taught first hand by her parents, grandparents, and ancestors that Indigenous knowledge has been passed down through generations. Furthermore, they taught her how to respect, embrace, and understand the different worldviews of the people of South Africa. Her Elders and research committee also emphasized that decolonizing was the act of getting rid of colonization by an oppressing nation, and she interpreted this as the possibility to empower, liberate, and respect ourselves and others.

The Application of Two-Eyed Seeing Indigenous Decolonizing Approach

Situating oneself as a researcher is important, particularly within an Indigenous research framework (Absolon & Willett, 2004; Baskin, 2005; Restoule, 2004). Situating oneself provides an opportunity for the researcher to demonstrate that they are committed to open and honest communication, inclusion, community connectedness, and respect. It demonstrates that the researcher encourages authenticity in relationships at all levels. Situating ourselves also helps to define the worldview from which we speak. Within most Indigenous communities, researchers identify themselves at the beginning of the research: who we are, where we are from, and who our ancestors are (Lavallée, 2007, 2008). This transparency helps to

establish trust (Absolon & Willett, 2004). As the first author was Indigenous but not from Aboriginal ancestry, the guidance, teachings, and wisdom from Elders, the Aboriginal advisory group, and Aboriginal committee members was important to further support this process. They encouraged transparency, the integration of their knowledge, morals, and beliefs into this research; through respectfully situating themselves within the Ojibway, Algonquin, and Cree Nations of Canada.

The methodology of situating oneself is framed by the insider/outsider debate. When conducting research with Aboriginal peoples, one must have an applied awareness of being an outsider within the community. Critiques of insider/outsider roles originated with African American scholars in the early 1960s and lead to the emergence of what Robert Merton described as the insider doctrine (Innes, 2009). This is defined as members of a particular group researching their own group (Innes, 2009). The insider/outsider debates create awareness about the differences in cultural values, research processes, and protocols required when doing research with Aboriginal peoples. It raises complex questions and issues, for example, a cultural insider could also be an outsider in some Aboriginal communities. Aboriginal Elders teach that even though a cultural insider may have an easier time connecting with Aboriginal communities, the responsibility of the cultural insider is much greater because he or she is familiar with the culture and required protocols (Brant Castellano, 2004; Crazy Bull, 1997; Hill, 2009). The outsider in the Aboriginal context is also bound by principles of cooperation and respect as well as additional protocols that must be observed. For example, most Aboriginal communities expect any outside researcher to be accompanied by a community member or helper. The helper can provide the outsider with guidance regarding the cultural beliefs, values, and protocols. The helper's role is also to ensure that these practices are observed and respected by the researcher.

The insider/outsider debate has also created discussion regarding Aboriginal involvement in research that pertains to Aboriginal communities. Importantly, the community or Aboriginal persons engaged in the project need to be involved from the design phase of the research through to implementation (Brant Castellano, 2004; Crazy Bull, 1997; Hill, 2009). This ensures that traditional cultural protocols are followed from inception to completion of the project.

The first author identified with the study participants. Although not from the Indigenous Nations in Canada, she recognized that she comes from a similar history of colonization and oppression, which includes the loss of land, language, and culture. She grew up in South Africa and the generations before her suffered multiple losses. Thus, she explicitly states that her own life experiences, bias, and personal views will influence the findings. Her bias stems from personal experience with colonization and oppression and the similarities she shares with Aboriginal peoples. Furthermore, her experiences with apartheid, poverty, poor living, and health conditions have placed her in a position of understanding Aboriginal peoples in their suffering.

Throughout the research, strategies were implemented to enrich the research process as well as the credibility of the findings. These six distinct strategies will be further discussed and include (a) consultation and working with Elders, (b) the development of ethical relationships, (c) the establishment of an Aboriginal advisory group with community members, (d) training of the Sharing Circle facilitators, (e) settings and demographics of participants, and (f) conducting Seeking Safety Sharing Circles.

Consultation and Working With the Elders

Since precolonial times, Elders have been the gatekeepers of Indigenous wisdom, knowledge, and history. Elders traditionally hold crucial roles in supporting both formal and informal education in Aboriginal communities. They impart tradition, knowledge, culture, values, and lessons using orality and role modeling traditional practices (B. J. Bishop, Higgins, Casella, & Contos, 2002; Menzies, Bodnar, & Harper, 2010). For research to be based on Aboriginal knowledge, Elders must be involved (Lavallée, 2008). An elder is someone who is considered exceptionally wise in the ways of their culture and teachings (AHF, 2005). They are recognized for their wisdom, their stability, their humor, and their ability to know what is appropriate in a particular situation. Elders are the carriers of knowledge in both physical and spiritual realities, have been educated through the oral tradition, and carry credentials that are recognizable in Aboriginal society. The insights of the Elders were especially critical to the research in relation to ethics and proper protocols (Brant Castellano, 2004).

Two Elders, Frank and Julie Ozawagosh of Atikameksheng Anishnawbek (Whitefish Lake First Nation), guided the traditional and spiritual healing practices of this research. Elders Julie and Frank Ozawagosh are recognized as spiritual people and are regularly approached by members of their community for healing. They provided guidance in this research project step by step and made sure that all pertinent traditional protocols were followed. They modeled what it meant to be respectful and honest and were vital in ensuring that this research with Aboriginal peoples was conducted appropriately. They also had many other roles in this research project that included advisors, guides, committee members, and teachers of the traditional knowledge in the Seeking Safety Sharing Circles. They performed Sweat lodge ceremonies for the participants and the first author in a lodge situated on their land. The Elders recommended that the blended approach be depicted through the lens of the Medicine Wheel in order to authenticate the Two-Eyed-Seeing and the Indigenous decolonizing methodology (see Figure 1).

Development of an Ethical Relationship

Within a Two-Eyed Seeing Indigenous decolonizing methodology, doing research with Aboriginal peoples is based on relational accountability. Relational accountability implies that all parts of the research process are related, from inspiration to

expiration. In the Aboriginal worldview, knowledge and the knowers or learners are intimately connected, meaning that they are connected to everything and everyone around them, casually referred to as “all our relations, be it air, water, rocks, trees, animals, insects, humans, and so forth” (Steinhauer, 2002, p. 72). Therefore, relational accountability suggests that while you are conducting research, the researcher is not only responsible for nurturing and maintaining relationships, he or she is also responsible for everything and everyone that is connected to the research process.

Inspired by the concept of relational accountability, this process was initiated at the beginning of the research. First, a number of Aboriginal scholars were consulted to provide insight into community protocols of carrying out Aboriginal research in this geographical area. Second, several Elders were consulted once a week for 1 year at Atikameksheng Anishnawbek (Whitefish Lake First Nation) with the goal of learning more about the communities. On the advice provided by the Elders, an Aboriginal advisory group was established to help guide the research process with the appropriate teachings and protocols. Third, for 90 min each week, the first author volunteered to teach yoga at the N'Swakamok Native Friendship Centre and Rockhaven Recovery Home for Men in Sudbury. This was foundational to her commitment to relational accountability to the participants and provided her with a respectful space to get to know them. Finally, one Aboriginal supervisor and one Aboriginal committee member were chosen to provide advice and guidance on the Aboriginal content of the research.

Tobacco was offered as a gift to all research participants as a gesture of respect and gratitude, which are suggested as culturally appropriate practices. The Elders and members of the Aboriginal advisory group recommended that these traditions be followed and respected.

The institutionalized part of this study also required that the research plan undergo an ethical review by the Laurentian University Research Ethics Board. This research was in keeping with the CIHR (2011) *Guidelines for Research Involving Aboriginal People* and the *Tri-Council Policy Statement for Ethical Conduct for Research Involving Humans* (CIHR, 2011). The ethics committee called a meeting with the first author and asked about the offering of gifts. It was explained that gifting was an integral part of Aboriginal traditional methods and this satisfied their inquiry (Menzies et al., 2010). Furthermore, the ethics committee asked questions about the involvement of Elders. It was adequately explained that the Elders are the knowledge keepers of Aboriginal communities and that their presence in this project was an integral part of bringing Aboriginal traditional healing methods into the treatment of intergenerational trauma and addiction. Soon after this meeting, the project was approved.

Establishment of an Advisory Group With Community Members

As a non-Aboriginal woman joining the community as an outsider, the first author was not an expert in Aboriginal ethics,

rights, principles, and protocols. The research supervisors, the Elders, and community members provided invaluable guidance regarding the ethics, rights, and protocols lived daily by Aboriginal peoples. In addition, an Aboriginal advisory group was established to ensure that the research adhered to the rights, protocols, and principles that are integral to Aboriginal communities. The first author met with the advisory group and her supervisor on a monthly basis and consulted with them regarding the research process. Part of the discussions included the two research sites, the recruitment process, and the use of appropriate language.

This research generated knowledge that could affect the health and well-being of Aboriginal peoples, and therefore the advisory group was pivotal in maintaining this critical focus. Members of the advisory group consisted of two Elders from Atikameksheng Anishnawbek (Whitefish Lake First Nation), an Aboriginal physician and specialist in addiction medicine from the Northern Ontario School of Medicine, an Aboriginal PhD researcher from Laurentian University, an Aboriginal translation worker from N'Swakamok Native Friendship Centre, an Aboriginal translation worker and healing and wellness worker from N'Swakamok Native Friendship Centre, and an elder and community healer from Shkagamik-Kwe Health Centre.

The Aboriginal advisory group provided support and helped guide every process. They became the sounding board and consultation voice to further enhance cultural sensitivity and Aboriginal traditional healing methods. Their involvement increased the authenticity of this research process through their demonstration of the importance of respect for individuals and community. They explained that researchers both seek and hold knowledge of a community. Moreover, they provided guidance regarding the principles of reciprocity, responsibility and nonintrusive observation. The Aboriginal advisory group explained that researchers should be present without interfering with the individual and community processes. Many teachings were about deep listening and hearing with more than the ears. This meant that one should carefully listen and pay attention to how the heart and sense of being are emotionally and spiritually moved. This advisory committee was pivotal to the research as members were called on regularly for guidance and advice.

Training of the Sharing Circle Facilitators

With the help and guidance of the Elders and Aboriginal community members, the facilitators were recruited by the first author. The Elders advised that the facilitators as well as two undergraduate social work students should be Indigenous with experience of working with this population. All facilitators had previous experience working with individuals who have experienced trauma and suffer from substance use disorders. Most of the facilitators had an excellent understanding and knowledge of Aboriginal traditional healing practices. Facilitators understood that they were expected to utilize an Indigenous decolonizing methodology and teach cultural practices. The first author trained all the facilitators over a period of 6 days, 8 hr per day. The training consisted of didactic, experiential,

and small group learning, with video capturing practice sessions. The training included the implementation of the Seeking Safety model, inclusive of traditional healing methods. Much time was spent on facilitation of group discussion and Sharing Circles.

Practice sessions were set up to encourage the facilitators to explore their strengths and weaknesses in facilitation. With respect to Two-Eyed Seeing, the training was done in a way that included Aboriginal traditional methods. For example, sometimes the content on intergenerational trauma brought up past painful experiences. All facilitators were encouraged to burn Sacred medicines and to place it at the feet of the participant to offer strength. The facilitators understood and valued the ritual of burning Sacred medicines as essential to this approach. During every session, Elders were invited into the circle to bring teachings and guidance. Discourse on group methods, group processes, therapeutic use of self, and expectations were practiced during these sessions.

A unique outcome of facilitator training was the formation of a community built upon trust, laughter, and feasting. These are respectfully consistent with the Aboriginal cultures in this area. While the study took place during September, October, and December 2013, ongoing biweekly supervision was provided to the facilitators. One-on-one consultations were also available on an ad hoc basis. This was a very powerful learning time for the facilitators and the first author, as the Seeking Safety content informed them in ways that supported Indigenous ways and teachings.

Setting and Demographics of Participants

The Elders, community members, and the advisory group recommended that this research should take place in an urban Aboriginal community and not on a First Nation. They explained that most of the clients who needed this Seeking Safety Sharing Circle intervention had left their communities. This was due in part to perceived shame and guilt about continuing to use substances while seeking help. The Elders identified that many people on reserves believed in the abstinence model, yet many clients needed information on how to stop using drugs and alcohol. Furthermore, they encouraged an urban location because most of the substance use treatment agencies, mental health programs, and Friendship centers are located in these settings.

All 24 of the participants in this research project lived off-reserve. The female Sharing Circles took place at the N'Swakamok Native Friendship Centre located in Sudbury, Ontario. This center assists Aboriginal peoples by providing program activities that serve the social, cultural, and recreational needs of the urban Aboriginal community. The men's Sharing Circle took place at the Rockhaven Recovery Home for Men, which was located in the same city. This home delivers a recovery program that empowers Aboriginal and non-Aboriginal men to develop a personal program of recovery from substance use disorders. About 40% of the men Rockhaven serves are of Aboriginal ancestry. Most of the participants in this research were of Ojibway, Cree, and Métis heritage. They ranged in

age from 24 to 68 with an average age of 35. The Sharing Circles were cofacilitated by two students and two Aboriginal health-care workers. The facilitators and the students worked and volunteered at the N'Swakamok Native Friendship Centre and the Rockhaven Recovery Home for Men. The facilitators organized and facilitated these Sharing Circles twice a week for 13 weeks. Each weekly Sharing Circle was 2 hr long.

Conducting the Seeking Safety Sharing Circles

To ensure that the Seeking Safety model included both Aboriginal and Western knowledges, the first author incorporated various culturally specific and culturally sensitive practices into the program. This retains fidelity to the Seeking Safety model in that, per the developer Najavits, the model is inherently flexible and clinicians are encouraged to use language, examples, and practices relevant to their population. She refers to this as an adaptation within the model, which is respectful of fidelity to it, in contrast to adaptation outside the model, which involves changing essential elements or adding material that is at odds with the model. The developer is the fourth author on this article and was consulted on the use of the cultural practices described here. The model has also been used successfully among many other minority populations, including African Americans, Hispanics, Asian Americans, as well as translated into numerous languages with implementation in various countries (Najavits, 2002a, 2007, 2009; Najavits & Hein, 2013).

Seeking safety can be conducted in group or individual modality. In the current project, it was offered in group modality to benefit from the positive convergence with Sharing Circles, which are familiar and comforting for some Aboriginal peoples in Canada, and reflective of the traditions of the area (Restoule, 2004). In Aboriginal culture, Sharing Circles are used as part of ceremony and as a way of healing (Stevenson, 1999). All participants in the Sharing Circle, including the facilitator, are viewed as equal, and information, spirituality, and emotionality are shared. As such, they have been increasingly used by Indigenous researchers. The protocols included ceremonial openings and closings, offering of tobacco to participants, having an elder present at each session, offering participants Sweat Lodge ceremonies, opening the Circles with drumming, Sacred songs, and smudging. Over a period of 3 months, two Sharing Circles were carried out each week. The number of participants who attended varied. During the 25 Sharing Circles, an average of 9 participants out of the 12 registered participants attended. The Circles were scheduled at a time agreed upon by the facilitators and participants during the recruitment process. Beverages and a light snack were offered during every Circle.

The facilitators offered tobacco bundles to participants, which had been prepared ahead of time. The facilitators took time to explain the respectful rules for the Sharing Circles. The first author remained mainly in the background but was always present to help and support. Since the first author interviewed all the participants, they welcomed her presence and at times

would invite her into the Circle to give a teaching. During the Sharing Circles, the participants talked about themselves, their families, and their challenges with trauma and substance use. Participants were not expected to share detailed stories about the trauma. Rather, discussions focused on the unique problems that result from struggling with internalized oppression and substance use.

The Seeking Safety treatment model in the Sharing Circles included topics such as when substances control you, dealing with anger, setting boundaries in relationships, and taking good care of yourself. The facilitators also used traditional healing methods, such as storytelling, inviting the presence of Elders, smudging, drumming, Sweats, bringing of sacred bundles to the Circle, teachings about the history of the Aboriginal peoples, and the seven Grandfather teachings. Participants were told that they did not have to participate in anything with which they were not comfortable. For example, some of the participants initially preferred to remain quiet and just observe until they felt more comfortable to talk and share. The facilitators respected this and let the participants know that this was acceptable.

The presence of an elder in the Sharing Circles was an important healing practice in utilizing a Two-Eyed Seeing Indigenous decolonizing methodology. Aboriginal peoples have long recognized the role of the elder as integral in the healing process. Elders' skills, knowledge, and their ability to help individuals restore balance in their lives have earned them significant roles within Aboriginal communities (Menzies et al., 2010). The elder's presence in the Sharing Circles was reflexive and culturally adaptive. They taught about Two-Eyed Seeing, while also focusing on the positive identity of each person in the Circle and helping to develop a connection to the spiritual world through their teachings.

Furthermore, Elders, facilitators, and participants introduced their Sacred items and Sacred bundles during the Sharing Circles. A Sacred bundle can consist of one or many items. It can be a tobacco or Sacred medicine pouch worn around the neck, or it can be items such as a Sacred pipe or rattle that the spirits have given to a person to carry for the people. The Sacred bundle is considered a very precious possession, which represents a person's spiritual life and may be placed in the centre of the Circle (Hart, 2010; Menzies, 2010). All the participants were invited to bring their bundles.

The Seeking Safety program consists of up to 25 treatment topics that aim to teach participants a variety of skills. The majority of topics address the cognitive, behavioral, interpersonal, and case management needs of persons with substance use and posttraumatic stress disorder (PTSD) (Najavits, 2002a).

To adhere to Two-Eyed Seeing and cultural sensitivity, the material was conveyed verbally. The facilitators encouraged language that respected the participants' cultural values and beliefs. For example, the session on boundaries was explained through the role of the Seven Grandfather Teachings. These are a set of teachings that discuss human conduct with an emphasis on wisdom, love, honesty, respect, bravery, humility, and truth (Benton-Banai, 1988).

In the Seeking Safety program, a holistic and philosophical quote is used to start each session. The use of smudging and drumming with singing was used to open up the Sharing Circles. Smudging is a sacred act that is recognized by many Aboriginal peoples as respecting the Great Spirit and the ancestors. Sacred medicines such as sweet grass, sage, cedar, and tobacco were always used during the Sharing Circles. Drumming was used in the Circles to represent the heartbeat of the Nation and the pulse of the universe. Some songs are honour songs and were sung to honour the Creator, the ancestors, and particular individuals. These songs can have a profound healing effect on participants (Menzies et al., 2010).

Sweat lodge ceremonies were available to the group and these provided a powerful way to bring forth a Two-Eyed Seeing Indigenous decolonizing methodology. The Sweat ceremonies helped repair the damage done to the spirits of the participants, inclusive of their minds and their bodies. During the Sweat ceremonies, the Elders gave teachings about Aboriginal traditional healing and its restorative power. Participants were also invited to share their stories and experiences. Three Sweats were offered for both male and female groups over the period of 3 months. Not all participants were able to attend the ceremonies; on average, eight participants were present. All the facilitators, including the first author attended the ceremonies.

The Seeking Safety program ends each session with a checkout activity where clients can give feedback about their experiences, report on what they liked or disliked, identify community resources that they may use, and discuss how they will continue their healing (Najavits, 2009). In addition to this, a Grandfather Teaching, Aboriginal insights, smudging, and/or prayers were offered. Seeking Safety uses grounding and centering techniques in the group sessions. The utilized techniques help traumatized individuals connect to the present, calm the nervous system, and help with difficult memories. In Sharing Circles, grounding and centering are important parts of the healing process. During the ceremonies, the Elders and facilitators encouraged participants to connect with Mother Earth and her elements. They taught participants to be aware of their feet connected to the Mother Earth, to feel Mother Earth's support, and to honour this feeling of connection. Moreover, during the grounding, participants were encouraged to sing a Sacred song, drum, or burn a Sacred medicine. Sometimes this was accompanied by a teaching from the elder about how energy or Sacred medicine in the Circle can bring forth comfort and healing.

In conclusion, as food is an integral part of the teachings, a traditional feast was held at the onset of the Sharing circles and at the end of the program. A traditional feast symbolizes and celebrates the harvest from the field and forest. This is a way of recognizing the spirits and Creator and giving thanks. It also symbolizes renewing the earth by prayers, chants, and dances (Kovach, 2009; Lavallée, 2007, 2008). The feasts were held as a way of honouring the healing, research, and teachings.

Data Collection

Choice of Outcome Tools: Qualitative and Quantitative

The Two-Eyed Seeing Indigenous decolonizing approach was interwoven through the selection of tools and during the data collection phase. Numerous discussions were had with the advisory group, Elders, and the research committee about appropriate quantitative and qualitative methods. The instruments were presented and teachings were provided about how to make this process culturally safe. The following data collection methods were applied over a period of seven months as a respectful means to include participants' viewpoints and experiences.

Initial 90-min meetings were conducted with the participants in their place and time of choice. During these meetings, participants received information about Seeking Safety, traditional healing, Sharing Circles, the process, and the program details. They had lots of time to ask questions and tell their stories. During this period, participants shared many painful stories about trauma and the impact of the substances on their lives. Many of the women were highly emotional as they reported losing their families to the Children's Aid Society. As part of these meetings, the following was administered: Addiction Severity Index Lite (ASI-Lite), Trauma Symptom Checklist-40 (TSC-40), the Historical Loss Scale, and Historical Losses Associated Symptom Scale.

Further to this, at these meetings, participants completed questions related to their age, gender, level of education, occupation, marital status, and tribal affiliation. Participants were also asked questions about the types of schools they attended, the types of communities they had lived in, who raised them during their childhood, and the number of siblings in their family. They were asked a few questions about their identification with traditional Aboriginal culture. Most of the participants stated that no one ever asked them these types of questions and that they never realized how much these losses affected them. Participants were touched and expressed that they wanted to heal and claim back their identities. Most participants became excited about the program and could not wait for it to begin.

The Seeking Safety Sharing Circles followed these initial meetings. At the end of every Seeking Safety Sharing Circle, the participants completed an end-of-session questionnaire. These end-of-session questionnaires were designed to capture the immediate reaction of participants to the content and traditional healing techniques in each session. These data were then analyzed for common themes and emerging trends. At the end of the 25 Seeking Safety Sharing Circles, a 90-min Sharing Circle was held with all participants (one for each gender Circle, within 2 weeks of the last Sharing Circle). Gender division was maintained throughout the intervention, as requested by the Elders and Aboriginal advisory group. They indicated that the hallmark of this treatment was safety and healing, therefore both men and women would feel safer this way. During these Sharing Circles, participants were asked to talk about their

experience (see Appendix A). Individual sessions with all the participants and facilitators in an end-of-program, semistructured individual interview were also conducted. These lasted about 75 min (see Appendices B and C).

During the 25 Sharing Circles and at the completion of the program, the participants were advised about aftercare. They were all encouraged to return to their referring treatment agencies and to continue to apply the strategies and knowledge they received. They were encouraged to use the resource list that they received at the beginning of the project. Participants were also encouraged to continue their relationship with the Elders. During the final feast, all participants received a certificate of completion, a book about healing from trauma, and a medicine wheel. Participants were excited about their growth and the insights that they had experienced in these Sharing Circles.

Qualitative and Quantitative Data Analysis

Grounded in the Two-Eyed Seeing Indigenous decolonizing approach and Aboriginal research ethics/protocols are transparency and member checking. Therefore, the discussions from the Sharing Circles and the semistructured interviews were transcribed verbatim, using pseudonyms to maintain participant confidentiality. The Elders, Aboriginal advisory group, and research committee provided input into the cultural components of the data to gain more accurate meaning to the analysis. Feedback from participants was essential to Two-Eyed Seeing Indigenous decolonizing methodology, thus all participants received a copy of their transcript and were encouraged to make additions and deletions.

The results of the baseline questionnaire were analyzed using frequency data from all participants ($n = 24$). Participant retention was addressed by the number of sessions attended (10 sessions). The postintervention number of participants was 16 ($n = 16$). The treatment outcomes were defined as change in current (i.e., past 30 days) PTSD trauma symptoms severity (measured by the composite score of the TSC) and drug and alcohol problems (measured by the ASI-Lite) from the level pertaining to 1 month prior to treatment. As a general data analysis approach for the third set of outcomes listed above, bivariate comparisons were performed using a paired sample *t*-test. The paired sample *t*-test was used to identify the difference in mean change in a continuous variable (composite TSC or ASI-Lite score) within a group using paired data, such as pretreatment and posttreatment data of a single group. SPSS® statistical software Version 20 was used to assist in the analysis of the data (SPSS, 2007).

A qualitative thematic analysis was performed using the text of each pregroup individual interview, the Sharing Circles, and the facilitator interviews. Thematic analysis is a search for themes that emerge as important to the description of the phenomenon (Daly, Kellehear, & Gliksman, 1997). A thematic analysis allowed for a broad exploration and analysis of the impact of the Seeking Safety Sharing Circles and traditional healing methods. The process was extensive and included an interpretative analysis of the underlying meanings. This is further analyzed by

means of the iterative process of understanding (Boyatzis, 1998; Daly et al., 1997; Miles & Huberman, 1994).

Interpretation of the text was a dialectic undertaking, shifting from understanding to explanation, and from explanation to comprehension. For example, when the themes that emerged were discussed with the Elders, they immediately saw that the data could be depicted in medicine wheel conceptual model. The process involved the identification of themes through “careful reading and re-reading of the data” (Rice & Ezzy, 1999, p. 258). There was a form of pattern recognition within the data, where emerging themes became the categories for analysis. A coding process was employed to categorize the transcribed data to reveal common themes. The interpretation process began with reading the text several times to gain an understanding of the entire interview. It was critical to continually reflect upon the voices of the participants. Next, member statements that corresponded to a specific theme were identified and transformed into meaningful units, then coded into themes and subthemes (Boyatzis, 1998; Daly et al., 1997; Denzin & Lincoln, 2005; Miles & Huberman, 1994).

Having used the standard way to analyze the qualitative data, the first author was reassured by the input of the Elders, the Aboriginal advisory group and the research supervisors that the process adhered to an Indigenous research framework. For example, once all the themes were written out and placed on sheets of paper in a large room, the Elders, some Aboriginal advisory group members, and the research supervisors had a look at how the themes emerged. During this time, discussions took place regarding the knowledge that was gathered through the voices of the participants. It was also during this time that the Elders recognized how the themes connected to the medicine wheel. The Elders recommended that the results be depicted through the lens of the medicine wheel, so that the Two-Eyed-Seeing Indigenous decolonizing methodology can be visually authenticated.

Conclusion

The utilization of Two-Eyed Seeing Indigenous decolonizing methodologies encourages authenticity in our relations, both personal and in the research process (Bartlett, 2009; C. Bartlett et al., 2012). This methodology suggests that knowledge is relational, shared with creation, and deeply rooted in everything (Wilson, 2001). Researchers are not only part of the creation of knowledge but also part of the transformation that takes place during the research process. The principles—such as the open and honest communication, inclusion, community connectedness, and the involvement of the Elders, the Aboriginal advisory group, and the research committee—enhanced respect and encouraged equality in relationships. Throughout the entire research process, the Elders, the Aboriginal advisory group, the research committee, community members, stakeholders, and participants provided valuable input into the Indigenous research process. This support network helped the first author in the multiple roles she held as researcher, clinician, woman, supervisor, mentor, and student doing research with

Aboriginal peoples. Such self-reflection and openness are an integral requirement in the Indigenous research (Kovach, 2009).

Restoule (2004) described Indigenous research methods as incorporating experiential learning where participants are fully engaged. This research project was a challenging, powerful, and revealing journey of growth and discovery. As a student, the first author learned many transformative lessons through utilizing a Two-Eyed Seeing Indigenous decolonizing research framework and methodology. As an Indigenous researcher and professional, she also became a respectful cocreator of wisdom, understanding, and healing that may benefit others. Lavallée (2009) stated that researchers experience growth and personal transformation from the research undertaken, and in keeping with this, the first author saw her involvement in this process as a privilege and honor.

In conclusion, this research highlights the ways in which Indigenous knowledge and Western knowledge can coexist. The research methodologies emerging from these communities and the helping/health practices demonstrate how Two-Eyed Seeing Indigenous decolonizing research can occur. We must always remember and respect the strength and resiliency of the Aboriginal peoples. Our hope is that this research will further inspire trauma and substance use treatment facilities (and society) to become more compassionate and understanding toward these Nations.

Appendix A

Posttreatment Sharing Circles Question Guide

What did you find most helpful about the *Seeking Safety* group topics?
 Least helpful?
 What aspects of the traditional healing approaches did you find most helpful?
 Least helpful?
 Is there anything in the sharing circles that impacted you in a positive way?
 In a negative way?
 What do you remember most about the sharing circles?
 How can you apply and use the knowledge and skills gained in your day-to-day life?
 Can you describe any changes that you experienced within yourself during the sharing circles?
 Is there anything in the sharing circles that can be done differently in the future?
 Would you recommend this treatment to others?
 Is there anything else that you would like to tell me about your experience in the group?

Appendix B

Posttreatment Semistructured Interviews With the Facilitators

What did you find most helpful about the *Seeking Safety* group topics?

Least helpful?

What aspects of the traditional healing approaches did you find most helpful?

Least helpful?

Is there anything in the sharing circles that impacted you in a positive way?

Negative way?

Please describe any changes that you experienced in yourself during the sharing circles

In your opinion, was the training received in facilitating the sharing circles adequate?

Is there anything that can be done differently in the training sessions?

What did you find most helpful about the supervision sessions?

Least helpful?

Is there anything that can be done differently about the sharing circles in the future?

Would you recommend this treatment to other communities and agencies?

Is there anything else that you would like to tell me about?

Appendix C

End of Treatment Individual Semistructured Interview With Participants

The following questions will guide the end of treatment interviews with the participants.

What did you find most helpful about the *Seeking Safety* group topics?

Least helpful?

What aspects of the traditional healing approaches did you find most helpful?

Least helpful?

Is there anything in the sharing circles that impacted you in a positive way?

In a negative way?

What do you remember most about the sharing circles?
 How can you apply and use the knowledge and skills gained in your day-to-day life?

Can you describe any changes that you experienced within yourself during the sharing circles?

Is there anything in the sharing circles that can be done differently in the future?

Would you recommend this treatment to others?

Is there anything else that you would like to tell me about your experience in the group?

Appendix D

Sweat Lodge Protocol

Participant will be offered three sweats during the Seeking Safety sharing circles and this will be optional.

These are the teachings that my Elder, Julie Ozawagosh related to me about the sweat lodge:

Even people who are experienced with sweats, and attending a ceremony led by a properly trained and authorized ceremonial leader, could suddenly experience problems due to underlying health issues. It is recommended that people only attend lodges with authorized, traditional spiritual leaders. Julie is an authorized, traditional spiritual leader and conducted hundreds of sweats with the help of Elder Frank Ozawagosh who is also an authorized, traditional spiritual leader.

There have been reports of lodge-related deaths resulting from overexposure to heat, dehydration, smoke inhalation, or improper lodge construction leading to suffocation. Elder Julie talked to me about these physical risks and assured me that her helpers are trained and well aware of risks and that they take precautions to avoid these kinds of accidents by:

The use of proper rocks (never river rocks).

The lodge where the participants will receive the sweats was built with great care, and with respect for the environment and for the materials being used. This lodge is dome shaped and circular and built low to the ground. Rocks are heated up in a fire outside the lodge, then brought into the center of the lodge with a shovel and placed in a dug pit.

It gets very hot in the sweat lodge. The rocks are glowing red and the steam is at least the boiling point of water. Elder Julie teaches that some medical conditions do not agree with heat. Therefore all the participants will receive a teaching from the elder before they participate in a sweat. If participants never experienced a sweat before they will be fully informed about the risks and they will be given an option to attend voluntarily. They will also be taught to leave the lodge if they experience severe discomfort.

Participants are informed about what clothing to wear. Usually they wear simple garment such as shorts or a loose dress.

For support of the participant's two persons will remain outside the sweat lodge to protect the ceremony, assist the participants, and aid lodge etiquette.

The two facilitators and myself will be present at all the sweats and will give additional support where needed. I have attended many sweats with Elder Julie and she is extremely clear and honest with her teachings to all that attend. She is highly trained and respected in her community as a very responsible, knowledgeable, and reliable person.

Participants will not spend more than one and a half hours in the sweat lodge.

Participants are informed in the information letter about the sweats and they must give their consent.

In case of any emergency, a staff member will escort the participant to the emergency room. The ride from the Atikameksheng Anishnawbek (Whitefish Lake) reserve is about 25min.

Participants will be taken to the sweat lodge with transport organized by me and will be brought back to the agency, if they have a ride. If not, they will be taken to their home.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

References

- Abdullah, J., & Stringer, E. (1999). Indigenous knowledge, indigenous learning, indigenous research. In L. Semali & J. L. Kincheloe (Eds.), *What is indigenous knowledge? Voices from the Academy* (pp. 205–222). New York, NY: Falmer Press.
- Aboriginal Healing Foundation. (2005). *Reclaiming connections: Understanding residential school trauma among Aboriginal people*. Ottawa, Canada: Author.
- Aboriginal Healing Foundation. (2007). *Addictive behaviours among Aboriginal people in Canada*. Ottawa, Canada: Deborah Chansonneuve.
- Absolon, K. E., & Willett, C. (2004). Aboriginal research: Berry picking and hunting in the 21st century. *First Peoples Child & Family Review, 1*, 5–17.
- Bartlett, C. (2009). *Introduction to integrative science and two-eyed seeing. Pedagogical practices: Re-thinking the worlds of teaching*. Presentation from a conference conducted on teacher education at Simon Fraser University, Surrey, British Columbia, Canada.
- Bartlett, C., Marshall, M., & Marshall, A. (2012). Two-eyed seeing and other lessons learned within a co-learning journey of bringing together indigenous and mainstream knowledges and ways of knowing. *Journal of Environmental Studies and Sciences, 2*, 331–340. doi:10.1007/s13412-012-0086-8
- Bartlett, C. M. (2009). Mother earth, grandfather sun. *Green Teacher, 86*, 29–32.
- Baskin, C. (2005). *Circles of inclusion: Aboriginal world views in social work education* (Publication No. AAT NR27745). Doctoral dissertation, University of Toronto, Canada. Retrieved June 2, 2008, from Dissertations & Theses: Full Text database
- Battiste, M. (Ed.). (2000). *Reclaiming indigenous voice and vision*. Vancouver, Canada: UBC Press.
- Benton-Banai, E. (1988). *The mishomis book: The voice of the Ojibway*. St. Paul, MN: Red School House.
- Bishop, R. (1999). *Kaupapa Maori research: An Indigenous approach to creating knowledge*. Paper read at Maori and Psychology: Research and Practice Conference, Hamilton, New Zealand.

- Bishop, R., & Glynn, T. (2003). *Culture counts: Changing power relations in education*. New York, NY: Zed Books.
- Bishop, B. J., Higgins, D., Casella, F., & Contos, N. (2002). Reflections on practice: Ethics, race, and worldviews. *Journal of Community Psychology, 30*, 611–621.
- Bombay, A., Matheson, K., & Anisman, H. (2009). Intergenerational trauma: Convergence of multiple processes among first nations peoples in Canada. *Journal of Aboriginal Health, 5*, 6–47.
- Boyatzis, R. (1998). *Thematic analysis and code development: Transforming qualitative information*. Thousand Oaks: Sage.
- Brant Castellano, M. (2004). Ethics of aboriginal research. *Journal of Aboriginal Health, 1*, 98–114. Retrieved August 14, 2011, from www.naho.ca/english/pdf/journal_p98-114.pdf
- Brave Heart, M. Y. H. (2003). The historical trauma response among natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs, 35*, 7–13. doi:10.1080/02791072.2003.10399988
- Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada. (2010, December). *Tri-council policy statement: Ethical conduct for research involving humans*. Retrieved from http://www.pre.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf
- Canadian Institutes of Health Research. (2011). *Guidelines for research involving Aboriginal people*. Retrieved from <http://www.cihr-irsc.gc.ca/e/29134.html>
- Cote, H., & Schissel, W. (2008). Damaged children and broken spirits: A residential school survivor story. In C. Brooks & B. Schissel (Eds.), *Marginality & condemnation: An introduction to critical criminology* (2nd ed., pp. 220–237). Black Point, NS: Fernwood.
- Cote-Meek, S. (2010). *Exploring the impact of ongoing colonial violence on aboriginal students in the postsecondary classroom* (Unpublished doctoral dissertation). Graduate Department of Sociology and Equity Studies in Education Ontario Institute for Studies in Education University of Toronto, Ontario, Canada.
- Crazy Bull, C. (1997). Advice for the non-native researcher. *Tribal College Journal of American Indian Higher Education, 9*, 24.
- Daly, J., Kellehear, A., & Gliksman, M. (1997). *The public health researcher: A methodological approach*. Melbourne, Australia: Oxford University Press.
- Denzin, N., & Lincoln, Y. (2005). *The Sage handbook of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage.
- Duran, E. (2006). *Healing the soul wound: Counseling with American Indians and other native peoples*. New York, NY: Teacher's College.
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaskan communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence, 23*, 316–338.
- Grievess, V. (2009). *Aboriginal spirituality: Aboriginal philosophy, the basis of Aboriginal social and emotional wellbeing*. Retrieved from <https://www.lowitja.org.au/sites/default/files/docs/DP9-Aboriginal-Spirituality.pdf>
- Hart, M. A. (2010). Indigenous worldviews, knowledge, and research: The development of an indigenous research paradigm. *Journal of indigenous Voices in Social Work, 1*, 1–16.
- Hill, D. M. (2009). Traditional medicine and restoration of wellness strategies. *Journal of Aboriginal Health, 5*, 26–42. Retrieved from http://www.naho.ca/jah/english/jah05_01/V5_I1_Restoration_02.pdf
- Innes, R. A. (2009). “Wait a second. Who are you anyways?”: The insider/outsider debate and American Indian studies. *The American Indian Quarterly, 33*, 440–461.
- Iwama, M., Marshall, A., Marshall, M., & Bartlett, C. (2009). Two-eyed seeing and the language of healing in community-based research. *Canadian Journal of Native Education, 32*, 3–23.
- Kirmayer, L. J., Tait, C. L., & Simpson, C. (2009). The mental health of aboriginal peoples in Canada: Transformations of identity and community. In L. J. Kirmayer & G. G. Valaskakis (Eds.), *Healing traditions: The mental health of Aboriginal peoples in Canada* (pp. 3–35). Vancouver, Canada: University of British Columbia.
- Kovach, M. (2005). Emerging from the margins: Indigenous methodologies. In L. Brown & S. Strega (Eds.), *Research as resistance: Critical, indigenous, & anti-oppressive approaches* (pp. 19–36). Toronto: Canadian Scholars' Press.
- Kovach, M. (2009). *Indigenous methodologies: Characteristics, conversations, and contexts*. Toronto, Canada: University of Toronto Press.
- Lavallée, L. (2007). *Threads of connection: Addressing historic trauma of indigenous people through cultural recreational programming* (Doctoral dissertation, Publication No. AAT NR28105). University of Toronto, Canada. Retrieved January 2, 2011, from Dissertations & Theses: Full Text database
- Lavallée, L. (2008). Balancing the medicine wheel through physical activity. *Journal of Aboriginal Health, 4*(1), 64–71.
- Liamputtong, P. (2010). Cross-cultural research and qualitative inquiry. *Turkish Online Journal of Qualitative Inquiry, 1*(1), 16–29.
- Linklater, R. (2010). Decolonizing our spirits: Cultural knowledge and indigenous healing. In S. Marcos (Ed.), *Women and indigenous religions* (pp. 217–232). Santa Barbara, CA: Praeger.
- Macaulay, A. C. (2009). Improving aboriginal health: How can health care professionals contribute? *Canadian Family Physician, 55*, 334–336. Retrieved from <http://www.cfp.ca/content/55/4/334.full>
- Martin-Hill, D. (2003). *Traditional medicine in contemporary contexts: Protecting and respecting indigenous knowledge and medicine*. Ottawa, Canada: National Aboriginal Health Organization.
- Menzies, P., Bodnar, A., & Harper, V. (2010). The role of the elder within a mainstream addiction and mental health hospital: Developing an integrated model. *Native Social Work Journal, 7*, 87–107.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Thousand Oaks, CA: Sage.
- Nabigon, H. (2006). *The hollow tree: Fighting addiction with traditional native healing*. Kingston, Canada: McGill Queen's University Press.
- Najavits, L. M. (2002a). *Seeking Safety: A treatment manual for PTSD and substance abuse*. New York, NY: Guilford.
- Najavits, L. M. (2007). *Seeking Safety: An evidence-based model for trauma/PTSD and substance use disorder*. In K. Witkiewitz & G. A. Marlatt (Eds.), *Therapist's guide to evidence-based relapse prevention* (pp. 141–167). San Diego, CA: Elsevier.

- Najavits, L. M. (2009). *Seeking Safety: An implementation guide*. In A. Rubin & D. W. Springer (Eds.), *The clinician's guide to evidence-based practice* (p. 409). Hoboken, NJ: Wiley.
- Najavits, L. M., & Hein, D. (2013). Helping vulnerable populations: A comprehensive review of the treatment outcome literature on substance use disorder and PTSD. *Journal of Clinical Psychology: In Session, 69*, 433–479.
- Poonwassie, A., & Charter, A. (2005). Aboriginal worldview of healing: Inclusion, blending, and bridging. In R. Moodley & W. West (Eds.), *Integrating traditional healing practices into counseling and psychotherapy* (pp. 15–25). Thousand Oaks, CA: Sage.
- Porsanger, J. (2004). *An essay about Indigenous methodology*. Retrieved from <http://uit.no/getfile.php?PageId=977&FileId=188>
- Restoule, J. P. (2004). *Male aboriginal identity formation in urban areas: A focus on process and context* (Doctoral dissertation, Publication No. AAT NQ94516). Retrieved from Dissertations & Theses: Full Text Database
- Rice, P., & Ezzy, D. (1999). *Qualitative research methods: A health focus*. Melbourne, Australia: Oxford University Press.
- Smith, G. H. (2000). Maori education: Revolution and transformative action. *Canadian Journal of Native Education, 24*, 57–72.
- Smith, L. T. (1999). *Decolonizing methodologies: Research and Indigenous peoples*. London, England: Zed Books.
- Smith, P. (2009). *American Indian and Alaska natives traditional healing practice in the Indian health service*. Indian Health Summit, Denver. Retrieved from http://conferences.thehillgroup.com/healthsummit/Documents/Day2_
- Smylie, J., Firestone, F., Cochran, L., Prince, C., Maracle, S., Morley, M., . . . McPherson, B. (2011). *Our Health Counts: Urban Aboriginal*.
- SPSS. (2007). *SPSS version 15 for Windows*. Chicago, IL: SPSS Inc.
- Steinhauer, P. (2001). Situating myself in research. *Canadian Journal of Native Education, 25*, 183–187.
- Steinhauer, E. (2002). Thoughts on indigenous research methodology. *Canadian Journal of Native Education, 26*, 69–81.
- Stevenson, J. (1999). The circle of healing. *Native Social Work Journal, 2*, 8–21.
- Stewart, S. L. (2008). Promoting indigenous mental health: Cultural perspectives on healing from native counsellors in Canada. *International Journal of Health Promotion & Education, 46*, 12–19.
- Waldram, J. B. (1997). *The way of the pipe: Aboriginal spirituality and symbolic healing in Canadian prisons*. Peterborough, Canada: Broadview Press.
- Waldram, J. B., Herring, D. A., & Young, T. K. (2006). *Aboriginal health in Canada: Historical, cultural, and epidemiological perspectives* (2nd ed.). Toronto, Canada: University of Toronto Press.
- Wilson, S. (2001). What is an Indigenous research methodology? *Canadian Journal of Native Education, 25*, 175–179.
- Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Winnipeg, MB: Fernwood.