



April 2016

Indigenous Healing and Seeking Safety: A Blended Implementation Project for Intergenerational Trauma and Substance Use Disorders

Teresa Naseba Marsh

Laurentian University, thunzi@me.com

Sheila Cote-Meek

Laurentian University of Sudbury, scotemeek@laurentian.ca

Nancy L. Young

Laurentian University, NYoung@laurentian.ca

Lisa M. Najavits

Boston University, najavits@bu.edu

Pamela Toulouse

Laurentian University, PToulouse@laurentian.ca

Recommended Citation

Marsh, T. N. , Cote-Meek, S. , Young, N. L. , Najavits, L. M. , Toulouse, P. (2016). Indigenous Healing and Seeking Safety: A Blended Implementation Project for Intergenerational Trauma and Substance Use Disorders. *The International Indigenous Policy Journal*, 7(2).

DOI: 10.18584/iipj.2016.7.2.3

Indigenous Healing and Seeking Safety: A Blended Implementation Project for Intergenerational Trauma and Substance Use Disorders

Abstract

Background: As with many Indigenous groups around the world, Aboriginal communities in Canada face significant challenges with trauma and substance use disorders (SUD). Treatment for intergenerational trauma (IGT) and SUD is challenging due to the complexity of both disorders. There is strong evidence that strengthening cultural identity, incorporating traditional healing practices, encouraging community integration, and inviting political empowerment can enhance and improve mental health and substance use disorders in Aboriginal populations.

Methods: The purpose of this study was to explore whether the blending of Indigenous traditional healing practices and the Western treatment model Seeking Safety, which is used to treat post-traumatic stress disorder (PTSD) and SUD, resulted in a reduction of IGT symptoms and SUD. Twelve Aboriginal men and 12 Aboriginal women were recruited into this study—all of whom resided in Northern Ontario and self-identified as having experienced IGT and SUD. The Indigenous Healing and Seeking Safety (IHSS) group (conducted as sharing circles) were offered twice a week over 13 weeks. Data was collected via semi-structured interviews as well as an end-of-treatment focus group. A qualitative thematic analysis was performed to depict themes.

Results: Out of the 24 Aboriginal people who entered the program, nine women and eight men completed the program. Analysis from the qualitative thematic data identified four core themes. Furthermore, the sharing circles and the presence of Elders and Aboriginal helpers increased the benefits of the blended approach.

Conclusion: Evidence from this qualitative study suggests that it could be beneficial to incorporate Indigenous traditional healing practices into Seeking Safety to enhance the health and well-being of Aboriginal people with IGT and SUD. This implementation project, if replicated, has the potential to enhance the health and well-being of Aboriginal peoples. The use of blended implementation can be an important option for clinicians and health-care professionals when working with Aboriginal populations. Only the qualitative results will be discussed in this article; quantitative results will be published separately.

Keywords

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

Creative Commons License



This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 4.0 License](https://creativecommons.org/licenses/by-nc-nd/4.0/).

Indigenous Healing and Seeking Safety: A Blended Implementation Project for Intergenerational Trauma and Substance Use Disorders

Many Indigenous researchers, traditional healers, and Elders agree that interventions that treat intergenerational trauma (IGT) and substance use disorders (SUD) in Aboriginal peoples should involve cultural interventions (Brave Heart, 1998; Duran, 2006; Hill, 2009; McCormick, 2009; Menzies, 2014; Nabigon, 2006; Waldram, 2008). This approach is critical in facilitating healing and fostering positive identity for Aboriginal peoples (Gone, 2009; Hill, 2009; Kovach, 2009; Mehl-Madrona, 2009). In this article, the term Aboriginal refers to First Nations (Status and non-Status Indians), Métis, and Inuit peoples, as consistent with the Canadian Constitution's legal definition. The word Indigenous will be used interchangeably with Aboriginal, as it is the most identifiable within international contexts.

Indigenous peoples currently face challenges such as substance use and high rates of mental illness, which are directly related to social determinants of health (SDOH) (Atleo, 2011; Brascoupé & Waters, 2009; Menzies, 2014). These SDOH include, for example, poverty, unemployment, poor education, poor nutrition, poor housing, and unclean water (Atleo, 2011). In *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*, the World Health Organization's (WHO, 2008) Commission on Social Determinants of Health highlights that social justice is a matter of life and death because social injustice affects the way that people live, their chance of developing illness, and their risk of premature death (WHO, 2008).

It is imperative that healthcare professionals, universities, medical schools, hospitals, clinics, schools, Aboriginal organizations, and communities advocate for changes in policy to address these substantial disparities between Indigenous and non-Indigenous peoples (Abdullah & Stringer, 1999; Armitage, 1995; Atleo, 2011; Cornell, 2006; Fast, 2010). Disparities between Indigenous and non-Indigenous peoples are well documented. According to the United Nations' *Human Development Report*, Aboriginal peoples in Canada currently rank 48th out of 174 countries in terms of their overall development, and 71st for education. In contrast, the rest of Canada ranks in the top five (UN, 2006). Furthermore, the Community Well-Being (CWB) gap between First Nations and non-Aboriginal communities is substantial: In 2011, the average CWB score for First Nations communities was 20 points lower than the average score for non-Aboriginal communities. This gap is the same size as it was in 1981 (Aboriginal Affairs and Northern Development Canada [AANDC], 2015), which indicates that there has been no progress in improving the well-being of First Nations communities in more than two decades. In addition to these more commonly used measures of well-being, Aboriginal peoples in Canada are currently struggling with very high rates of suicide and substance use disorders (Assembly of First Nations [AFN], 2007; Kirmayer, 1994). For example, the 2010 Regional Health Survey (RHS) identified that almost two thirds of First Nations adults who drink meet the criteria for heavy drinking, with First Nations males appearing at higher risk of engaging in heavy drinking (and related harms) when compared to females. Since heavy drinking is associated with a range of harmful effects—including a variety of health conditions and traumatic injury, for example—it is clear that greater efforts to encourage moderate drinking among First Nations adults who choose to consume alcohol are necessary, as are abstinence programs for those who have already developed alcohol dependence (First Nations Information Governance Centre [FNIGC], 2012).

This study was created in response to the difficulties that exist in the current health status of Aboriginal peoples, and the lack of treatment models that address IGT and substance use disorders. Throughout the research process, we utilized an Indigenous decolonizing approach. Decolonization is a process whereby Indigenous peoples reclaim that which was lost or degraded as a result of colonialism through Indigenous traditional healing, rituals, and ceremony. In other words, the effects of colonial expansion, genocide, and cultural assimilation are mitigated through the reclamation of 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 (Smith, 1999). This study seeks to address the question: Can the integration of Indigenous traditional healing practices into Najavits' (2002a) Seeking Safety model produce a feasible, suitable, and beneficial group treatment for IGT and SUD in Aboriginal women and men? A qualitative Indigenous decolonizing methodology was used during this project (Marsh, Coholic, Cote-Meek, & Najavits, 2015a; Najavits, 2002a). In sum, the purpose of this study was to explore whether the blending of Indigenous traditional healing practices and a Western treatment model, Seeking Safety, could feasibly address both trauma and addiction.

Literature Review

Challenges of SUD among Aboriginal Peoples

Many Aboriginal leaders and communities in Canada are at present strongly concerned about the increase in substance use and the spread of HIV and hepatitis C virus among young Aboriginal people (Spittal et al., 2007). For example, the Cedar Project (2003 - 2007), a prospective cohort study involving Aboriginal people in Vancouver and Prince George, British Columbia, found that injection drug use accounts for the majority (70% - 80%) of hepatitis C infections in Aboriginal people under the age of 24 in Canada. In addition, the same study found that over half (59%) of HIV infections among Aboriginal peoples are also caused from injection drug use (Spittal et al., 2007).

Many Aboriginal communities agree that SUDs are a health challenge with which they continue to struggle (Kirmayer, Trait, & Simpson, 2009; Maté, 2009; Menzies, 2014; Waldram, 2008). According to the results of the *First Nations and Inuit Regional Health Survey*, the majority of survey respondents saw no improvement in the reduction of SUDs despite numerous efforts (Svenson & LaFontaine, 1999). For example, according to a report from Health Canada (2005), in First Nation communities, 73% of community members considered alcohol a problem in their communities, and 59% considered drug use to be a problem. Moreover, 1 in 5 Aboriginal youth reported having used solvents; of these, 1 in 3 were under the age of 15, and over half had started using solvents before the age of 11. Furthermore, these SUDs also co-existed with behavioural addictions such as gambling, compulsive eating, shopping, and sex (Chansonneuve, 2007; Chrisjohn & Young, 1997; Corrado & Cohen, 2003; Linklater, 2010). According to Whitbeck, Adams, Hoyt, & Chen, (2004), Aboriginal and non-Aboriginal scholars agree that the high rate of substance use, suicide, and self-harm are related to the impact of residential school abuse and resultant IGT among Aboriginal peoples (Duran, 2006; Evans-Campbell, 2008; Gone, 2008; Kirmayer et al., 2009; Waldram, 1997; Wesley-Esquimaux & Smolewski, 2004). Furthermore, behaviour disturbances associated with IGT (e.g., PTSD, depression, anxiety disorders, self-harm, suicide, and SUDs) are coping mechanisms prevalent among Aboriginal peoples (Bombay, Matheson, & Anisman, 2009). In this study, we use the term IGT rather than post-traumatic stress disorder (PTSD); Brave

Heart (2003) stated that although PTSD is adequate to describe the depth and effects of cumulative trauma, it has limitations in that PTSD does not address the transmission of trauma from generation to generation.

Historical and Intergenerational Trauma

The term “historical trauma,” also referred to as cumulative trauma (Brave Heart, 1998), soul wound (Duran, 2006), and IGT (Oliver, 2003; Whitbeck et al., 2004), originated from research into the experiences of Holocaust survivors and their families (Danieli, 1989; Erikson 1963; Fogelman 1991; van der Kolk, 1987). IGT refers to the cumulative emotional and psychological harm experienced throughout an individual’s lifespan and through subsequent generations (Brave Heart & DeBruyn, 1995; Gagné, 1998). Brave Heart and DeBruyn (1995), Gagné (1998), and Menzies (2014) agree that IGT occurs when the impact and damaging effects of traumatic experiences are left untreated in one generation. The term was identified to have significance for Aboriginal populations when Brave Heart (1998) applied the concept of IGT in her study of the Lakota people, concluding that most participants in the study displayed symptoms related to trauma such as depression and anxiety. Brave Heart (1998) agreed with other researchers that trauma experienced by more than one generation becomes internalized within families and the community more broadly (Brave Heart, 1998). Further research has shown that many Aboriginal people suffer IGT as a result of more than 400 years of systematic marginalization (Abdullah & Stringer, 1999; Armitage, 1995; Couture, 2000). It is well understood that at the core of Aboriginal family and community issues in Canada—including multiple mental health challenges, suicide, and SUDs—is the impact of colonization generally and, in particular, the impact of experiences at residential schools (Chansonneuve, 2007; Fontaine, 2010; Menzies, 2014).

Inspired by the work of Judith Herman (1997), Wesley-Esquimaux and Smolewski (2004) introduced a new model for trauma transmission and healing. They suggested that the presence of complex or endemic post-traumatic stress disorder (PTSD) in Aboriginal cultures originated as a direct result of historic trauma transmission (HTT). They described their model of trauma transmission as follows:

The trauma memories are passed to next generations through different channels, including biological (in hereditary predispositions to post-traumatic stress disorder), cultural (through story-telling, culturally sanctioned behaviours), social (through inadequate parenting, lateral violence, acting out of abuse), and psychological (through memory processes) channels. (p. 76)

Haskell and Randall (2009) claimed that Wesley-Esquimaux and Smolewski’s finding is very significant because it “delineates a connection between the use of alcohol as a form of coping or numbing feelings by people attempting to deal with overwhelming current and/or historical traumas” (p. 71).

Indigenous Healing Practices that Treat IGT and SUD

According to existing literature, the key to healing from IGT lies in reclaiming one’s identity (Gone, 2008; Kirmayer et al., 2009; Smith, 1999; Waldram, 1997). In this context, reclaiming Aboriginal identity means recovering traditional values, beliefs, philosophies, ideologies, and approaches, and adapting them to contemporary needs (Menzies, 2014; Proulx & Perrault, 2000). This reclamation process encompasses both individual and collective identity, and can be sought by way of traditional healing methods. To encourage the reclamation of identity, Aboriginal Health Access Centres and

Friendship Centres were established across Canada, and they worked to revive traditional healing practices through the teachings of Elders and traditional healers. They also offered physical, emotional, mental, and spiritual support to Aboriginal peoples, as well as support for education and learning Indigenous languages (Blum, 2005; Couture, 2000). These efforts have been employed to encourage resiliency (the capacity of an individual or culture to cope successfully in the face of significant adversity or risk), which many Aboriginal communities (both rural and urban) agree is crucial to developing a central strategy to reclaim Aboriginal identity (Frideres & Gadacz, 2008; Norris, 2000).

In a recent study that reviewed the literature on the use of interventions to treat SUDs in Indigenous populations, Rowan et al. (2014) found 19 studies in the United States (58%) and Canada (42%) that integrated both Western and Indigenous culture-based services in both residential and outpatient programs. The authors reported that the results showed benefits in all areas of wellness, as well as a reduction in substance use by 74% of the studies (Rowan et al., 2014). In response to this Aboriginal identity renaissance, many health-care professionals have moved toward more holistic, culturally sensitive approaches to care. In addition, many health-care professionals have endeavoured to blend mainstream health-care practices with traditional Aboriginal healing practices (Martin-Hill, 2003; Poonwassie & Charter, 2005; Rojas & Stublely, 2014).

The Two-Eyed Seeing Approach

The blending of Indigenous and Western research methods, knowledge translation, and program development is a concept called Two-Eyed Seeing (Iwama, Marshall, Marshall, & Bartlett, 2009). Two-Eyed Seeing recognizes Indigenous knowledge as a distinct and whole knowledge system that exists side-by-side with mainstream (Western) science (Iwama et al., 2009). In a recent literature review, Rowan et al. (2014) agreed with other researchers' claims (Duran, 2006; Hill, 2009; Kovach, 2009; Menzies, 2014) that the utilization of the Two-Eyed Seeing approach in treatment and research was useful for supporting healing in Indigenous communities. The search for a respectful research paradigm for this project led to the selection of a Two-Eyed Seeing approach because it is an example of the application of an Indigenous decolonizing lens to contemporary research. Therefore, Two-Eyed Seeing provided valuable guidance in the blending of Seeking Safety with Indigenous healing practices (Iwama et al., 2009).

The application of the concept of Two-Eyed Seeing incorporates and encourages inclusion, humility, honesty, trust, respect, collaboration, understanding, and acceptance of the strengths that reside in both Western and Indigenous worldviews (Iwama et al., 2009). Two-Eyed Seeing encourages Indigenous 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; Bartlett, Marshall, & Marshall, 2012; Iwama et al., 2009). Two-Eyed Seeing has been integrated into some forms of research and clinical practice and appears to be well suited to SUD treatment for Aboriginal adults. It is important to note that a thorough review of the literature did not identify any examples of the integration of Indigenous traditional healing practices and mainstream treatments for substance use and IGT, indicating a critical gap in both practice and research. As such, this research sought to explore the potential of such an approach in the treatment of IGT and SUD in an Aboriginal population.

The Effectiveness of the Mainstream Seeking Safety Model

The mainstream intervention chosen for this research was the Seeking Safety model, which has been found to be effective in a variety of settings (Najavits & Hien, 2013). The perspective of Seeking Safety is convergent with Indigenous traditional methods and, because of the content and delivery method of Seeking Safety, the program complements traditional teachings such as holism, relational connection, spirituality, cultural presence, honesty, and respect (Gone, 2008; Lavallée, 2009; Menzies, 2014). Specifically, this model was chosen because it offered an individually empowering approach to the treatment of trauma and SUD (Najavits, 2002a).

The Seeking Safety program is a well-researched, psycho-educational individual or group counselling intervention that targets the unique problems that result from substance use and post-traumatic stress disorder (PTSD). The model has been translated into numerous languages with implementation internationally (Najavits, 2002a, 2007, 2009; Najavits, & Hein, 2013) and, in addition, has been used successfully among many minority populations, including African-Americans, Hispanics, and Asian Americans, as well as with women and men in prison, adolescents, and men returning from combat (Najavits, 2009). Gatz and colleagues (2007) reported that adult women who participated in Seeking Safety (in the context of additional substance use disorder and mental health services) demonstrated a greater reduction of their PTSD symptoms as well as improved coping skills compared to women who participated in traditional residential treatment programs for substance use. Similarly, Hien, Cohen, Miele, Litt, and Capstick (2004) compared the effectiveness of Seeking Safety and relapse prevention with non-standardized community care treatment for 107 urban, low-income, treatment-seeking women. They noted that participants' substance use and PTSD symptoms improved in Seeking Safety and relapse prevention, but not in the community care treatment. In their review of the literature on treatment studies for co-morbid substance use disorder and PTSD, Najavits and Hien (2013) showed positive outcomes on multiple domains, and found that the Seeking Safety program was the only treatment outperforming the control condition on both PTSD and substance use disorder (Najavits & Hien, 2013).

Indigenous research frameworks, methodologies, and approaches were applied throughout the entirety of this project. These included:

- The application of Two-Eyed Seeing;
- Consultation and collaboration with Elders;
- The establishment of an Aboriginal advisory group;
- The incorporation of Indigenous traditional healing practices (Marsh, Coholic, et. al., 2015).

This article explored the use of the Seeking Safety treatment model in combination with Indigenous healing practices. This implementation project was co-created with Aboriginal Elders, who also collaborated on the development of the medicine wheel (See Figure 1).

Research Title: Exploring How Traditional Healing Methods and a Western Treatment Model “Seeking Safety” Can Co-exist in Assisting Aboriginal Peoples Heal from Trauma and Addiction

Qualitative Data Depicted in the Medicine Wheel

PARTICIPANTS
n = 9 FEMALES
n = 8 MALES

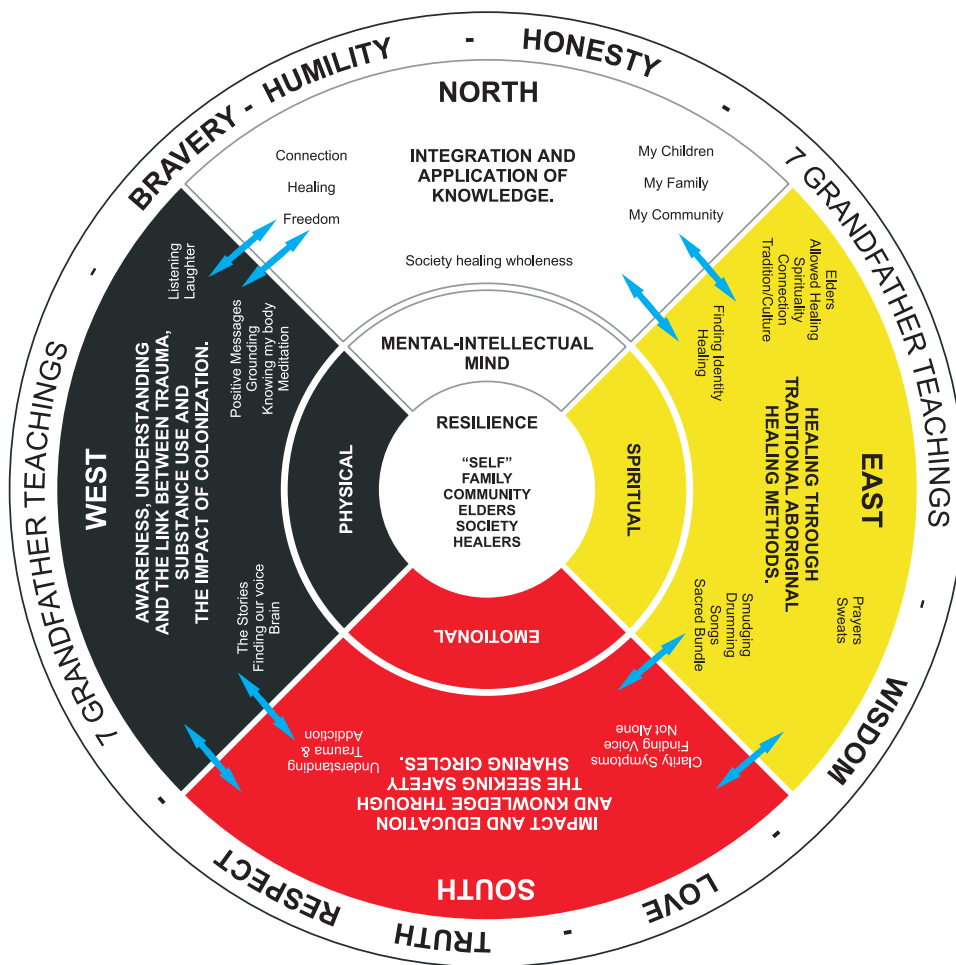


Figure 1. Participant Medicine Wheel. Adapted from Vickers (1992-1993).

Various Aboriginal, culturally-based methods were used during the application process and during the traditional ceremonies. These ceremonies included:

- Sweat lodge ceremonies: a cultural practice performed in a heated, dome-shaped shelter that uses heat and steam to cleanse toxins from the mind, body, and spirit;
- Smudging: the burning of sacred herbs in a small bowl to purify people and places;
- Drumming: the use of ceremonial drums and songs as a way to connect with the Creator and spirit;
- Sharing circles: a healing method in which all participants, including the Elders, are viewed as equal and information, spirituality, and emotionality are shared;
- Sacred bundle: a very precious possession that represents a person's spiritual life;
- Traditional healers, who use a wide range of activities for the promotion of psychological and spiritual healing, such as herbal medicines; and
- Elder teachings (Marsh et al., 2015a, 2015b; Menzies, Bodner, & Harper, 2010; Robbins & Dewar, 2011).

An Elder is someone who is considered exceptionally wise in the ways of their culture and teachings (Aboriginal Healing Foundation, 2005). They are recognized for their wisdom, their stability, their humour, 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. A traditional healer may not necessarily have all of these qualities, but their role in Aboriginal society is to help people back towards health and wellness by the use of sacred plants, medicine, prayers, and ceremony. (Duran, 2006; Nabigon, 2006; Mehl-Madrona, 2009; Menzies, 2014).

Methods

The process of decolonization requires ethically and culturally acceptable approaches to the study of issues involving Indigenous peoples (Menzies et al., 2010; Smith, 1999; Wilson, 2008). 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). It is a healing journey that involves painful emotions such as grief, anger, rage, depression, shame, and guilt (Liamputtong, 2010; Smith, 1999; Wilson, 2008). To be consistent with a decolonization approach, it is important to honour cultural informants and knowledge. Since this study incorporated Aboriginal traditional healing practices, the Elders, an Aboriginal advisory group, and Aboriginal scholars and clinicians (also called cultural informants) were consulted throughout the entire research process.

Four facilitators and two post-secondary students were selected to lead the Seeking Safety groups, which for our purposes were called sharing circles. The Elders advised that these individuals should be Indigenous and have experience working with Aboriginal peoples. All four facilitators had previous

experience working with women and men who have experienced trauma and SUDs. As a competent practitioner in the Western Seeking Safety model, the first author trained the facilitators in group facilitation and the delivery of the sharing circles. The training lasted for one week, comprised of 8 hours per day, and consisted of didactical, experiential, small-group learning, and practice sessions. The training was video recorded so that facilitators could critically reflect on their techniques. Furthermore, the training included discourse on group methods, group processes, therapeutic use of self, and expectations.

Participants

Participants were recruited by counsellors and health-care workers from the following locations: N'Swakamok Native Friendship Centre, Iris Addiction Recovery for Women, Salvation Army Addiction Treatment Centre, Waters of Change Counselling Centre, Rockhaven Recovery Home for Men, Shkagamik-Kwe Health Centre, and Ontario Addiction Treatment Centres (OATC) Sudbury. In addition, participants were also recruited via workers on reserves in the surrounding area of Sudbury, Ontario. Referrals were sent to the first author, who then held appointments with prospective participants.

A convenience sampling approach was used to recruit 24 participants (12 women and 12 men) who self-identified as Aboriginal. All participants were willing to accept a method of treatment that incorporated Aboriginal traditional healing practices. In addition, all participants resided off reserve in Northern Ontario and were between the ages of 24 and 68 years (with an average age of 35 years). Of the 24 participants, 16 identified as Ojibway, two as Cree, and six as Métis. Furthermore, all participants self-reported that they struggled with IGT and substance use (either actively using or not), that they had no active psychosis, no acute withdrawal, and no current suicidality or homicidality. As well, some participants (5 men and 7 women) reported substance use in the past 30 days. The cultural informants deemed self-reporting culturally appropriate for identifying substance use and trauma symptoms. The Laurentian University Research Ethics Board approved this study in May 2013. Written informed consent was obtained from all participants.

The Application of Sharing Circles

The Seeking Safety model can be conducted as a group or individual treatment method. For the purposes of this project, it was offered as a group treatment. This choice was made deliberately to allow the sessions to be offered via sharing circles, a practice that is well known among Aboriginal peoples in Canada and is generally considered to be comforting. In Northern Ontario, sharing circles are often used in Aboriginal communities as part of ceremonies and as a way of healing (Restoule, 2004; Stevenson, 1999). 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, behavioural, interpersonal, and case management needs of persons with substance use and post-traumatic stress disorder (PTSD) (Najavits, 2002a). Also, 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.” All of these topics were coupled with assisting participants in coming to understand the symptoms that plague them and offering them tools to manage those symptoms—as well as helping them to stay safe and to take good care of themselves (Najavits, 2002a).

In accordance with the recommendations of the Elders who guided this study, the sharing circles were offered separately for male and female participants. The Elders advised that gender division was important to ensure that participants felt comfortable and safe during the sharing circle sessions. The men's sharing circles ($n = 12$) took place at the Rockhaven Recovery Home for Men, located in Sudbury, Ontario. Rockhaven delivers services that empower Aboriginal and non-Aboriginal men to develop a personal program of recovery from SUDs. Forty percent of the men served by Rockhaven are of Aboriginal ancestry (Patricia Delyea, personal conversation, April 15, 2013). The female sharing circles ($n = 12$) were held at the N'Swakamok Native Friendship Centre, also in Sudbury, Ontario. The N'Swakamok Native Friendship Centre assists Aboriginal peoples by providing programs that serve the social, cultural, and recreational needs of the urban Aboriginal community. Each sharing circle was co-facilitated by two Aboriginal health-care workers and one student (hereafter called facilitators). These facilitators organized and led sharing circles twice a week for 13 weeks. Each weekly sharing circle lasted two hours.

The facilitators, while covering the Seeking Safety topics (e.g., when substances control you, dealing with anger, setting boundaries in relationships, and taking good care of yourself), used the culturally relevant method of storytelling. They incorporated teachings about the history of Aboriginal peoples, as well as the Seven Grandfather teachings that discuss human conduct with an emphasis on wisdom, love, honesty, respect, bravery, humility, and truth (Benton-Banai, 1988). One Elder was also present at most sessions to help participants develop a connection to the spiritual world through traditional teachings (Menziez et al., 2010). The Elders taught about Two-Eyed Seeing while also focusing on the positive identity of each person in the circle. Two of the facilitators were also traditional healers at the Friendship Centre. Therefore, their presence as both facilitators and healers was powerful in the sharing circles. Their skills included abilities to promote psychological and spiritual healing and complement the Elders' teachings.

To encourage a holistic view of mental health and substance use (which includes connection to community), many Indigenous protocols were incorporated into the sharing circles. Each sharing circle was opened and closed with smudging, ceremonial drumming, and singing. Tobacco, an herb recognized in Aboriginal culture for its healing powers, was prepared in bundles in advance of the sharing circles, and it was offered to each participant for their protection and healing. Participants were also invited to participate in sweat lodge ceremonies.

Data Collection

The first step in the data collection process was the initial meetings with the 24 participants, each of which lasted approximately 90 minutes. In these meetings, participants were briefed about the sharing circles, specifically regarding the process and how the program would be offered. Participants were given information about the duration of the program, the methods that would be used, and their role in the treatment. It was important in terms of respect that participants knew what to expect throughout their involvement in this research process.

In the second step of the data collection process, all 24 participants were given an end-of-session Seeking Safety questionnaire to complete, which had to be completed each time they attended a sharing circle. This questionnaire was designed as part of the Seeking Safety program (Najavits, 2002a) to capture the

immediate and specific reaction of participants to the Seeking Safety content of the program (Najavits, 2002a).

The third step of data collection involved conducting end-of-treatment sharing circles for each group—that is, the nine women and eight men who completed the program. This qualitative data was specifically collected via a 90-minute end-of-treatment sharing circle with participants. One end-of-treatment sharing circle was held for each of the two treatment groups, and both of the sharing circles were held within two weeks of the group's last treatment-related sharing circle (see Appendix A for the question guide).

As the fourth step of the data collection process, 75-minute semi-structured interviews were conducted with each of the 17 participants who completed the program. These semi-structured interviews were also carried out with each of the four facilitators (see Appendix B).

Data Analysis

All discussions from the end-of-treatment sharing circles and the semi-structured interviews were audiotaped and transcribed verbatim using pseudonyms to maintain participant confidentiality. After transcription, a qualitative thematic analysis was initiated to examine the data. This method was selected to be consistent with cultural data analysis models that require significant involvement and interpretation from the researcher (Bernard & Ryan, 1998; Denzin & Lincoln, 2005). First, the texts were read and re-read to identify and describe implicit and explicit ideas within the data (Creswell, 2009). Next, codes were developed to represent the identified themes and link the raw data as summary markers. Code frequencies and code occurrences were then compared and the emerging relationships between the codes were graphically displayed. Finally, four emerging themes were identified (Bernard & Ryan, 1998; Creswell, 2009) (see Figure 1). These themes were shared with the 17 participants, and they all confirmed that the depiction of their experiences during the implementation of the project were accurate.

During data analysis, the Elders who guided this research process explored the four core themes and confirmed that these themes connected with the teachings and four quadrants of the medicine wheel. The Elders recommended that the results be depicted through the lens of the medicine wheel in order to authenticate the project's use of Two-Eyed-Seeing specifically and an Indigenous decolonizing methodology generally (J. Ozawagosh & F. Ozawagosh, personal conversation, January 5, 2014).

Results

The following four core themes were identified:

- a. Healing through traditional Indigenous methods;
- b. Impact, education, and knowledge through the Seeking Safety sharing circles;
- c. Awareness, understanding, and the link between trauma, substance use, and the impact of colonization; and

d. Integration and application of knowledge.

The participants will be identified as male or female participant 1, 2, or 3—and so forth (P1, P2, P3).

Healing Through Traditional Indigenous Methods

In this section, we describe how the traditional Indigenous healing methods impacted the participants. The sharing circles and the presence of Elders, Aboriginal facilitators, sacred bundles, sacred teachings, sacred medicines, and ceremonies strengthened the experience of participants, and most reported that the inclusion of traditional healing approaches and the presence of Elders were helpful to them. Seven of the participants explained that they had lost their traditions by growing up off reserve, or that their families did not follow the traditional way. P4 of the female group noted,

It was really good to be brought back to my own traditional ways; I have never attended an addiction program that included my cultural beliefs and values; I could see how it helped all of the women.

Similarly, P16 of the male group reported that,

All the ceremonies helped me so much; it really grounded me when I felt scared; I could see how the spiritual and the presence of Creator was bringing the healing to others that really struggled.

Many of the participants reported similar experiences during the sharing circles. Several participants said that all Aboriginal programs should include traditional practices because they facilitated culturally meaningful healing. P13 male explained,

I loved it when the Elders came [and brought all the sacred teachings and healing]; I wanted them to come to every session; the Elders facilitated the healing power of the smudging, drumming songs and the sacred Bundle; the Elders brought the spirituality to the circle; the Elders gave everyone and me in the circle that connection [with the sacred medicine].

Participants also remarked on the benefit of the sweat lodge ceremonies. Most who attended the sweat ceremony claimed that they felt the healing happening in their bodies and minds. For example, one participant said:

As I was sitting with the Elders in the sweat ceremony, I could see my addiction and trauma pains melt away in the heat; the ceremony brought healing for us all and it is so powerful; I have not attended a sweat ceremony in many years. [P19 male]

Similarly, P2 female said,

I really liked it when the facilitators brought in the traditional ways; they were so good to us and never judged us, even when we told them we used.

As the participants talked about their experiences with traditional healing practices, many of the participants said “Miigwetch” (which means “thank you” in Ojibway) to the facilitators and the Elders

for respecting their traditions and bringing them to the treatment program. Also, most of the participants praised the fact that the treatment was offered in sharing circles. P8 female said,

It was good to come and sit in the circle every week; the circle is the way we do ceremony and I felt safe knowing I am in ceremony.

All the participants affirmed that the Elders and facilitators helped them to heal and rediscover their identities. For example, in the female group, the facilitators decided to invite the women to take turns setting up the sacred bundle. This aspect of the treatment was highly praised by the female participants. P1 stated,

I felt so honoured when I was asked by the facilitators to set up the sacred bundle and medicine; I felt valued, trusted, and respected, as I was never asked to do this before.

Additionally, several of the participants, both male and female, commented on the power of the singing and drumming. P15 male reported,

Whenever I heard the song and drum, my pain would go away, my fear would leave my body; it was so powerful.

Many of the participants shared their feelings about the loss of their land and tradition. These conversations emerged during the initial intake sessions and during the completion of the historical loss questionnaires. As P15 male stated,

Nobody ever asked me this question about how I felt about losing my land; I did not even know that I thought about it so often; my grandfather took me hunting when I was a boy, and I feel that happiness now, in these circles with the Elders.

Likewise, P4 female shared:

I love the bush; when I am in the bush I feel strong and whole; when I feel sad, I go to the bush.

Many Indigenous peoples realized that loss of identity caused many problems, such as sadness and low self-esteem, leading to self-harm with alcohol and substances. Today, many find healing as they become rooted in their cultural communities (Brave Heart, 1998; Duran, 2006; Kovach, 2009; Menzies, 2014). This was reported and expressed in the qualitative data by both the men and the women. They found this connection and sense of self and belonging through participating in the sharing circles, smudging, drumming, sacred bundles, presence and teachings of the Elders and facilitators as well as in each other through their stories and sharing. As many of the participants reported,

Sitting in these sharing circles, looking at the sacred items, and listening to the drum and the words of the Elders makes me so happy, I felt so strong and connected to my culture. [P21 male]

Words like these came through over and over in the transcripts. The connection and healing was evident and present week after week.

Impact, Education, and Knowledge Through the Seeking Safety Sharing Circles

In this section, we discuss how the Seeking Safety information and the presence of the facilitators enhanced understanding and brought healing for participants. Most of the participants identified that the information in the Seeking Safety handouts was written in a way that they could understand. They also reported that the language was clear, sensitive, positive, and supportive. The participants thanked the facilitators for working through all of the topics in such a systematic and gentle way, and described the facilitators as caring, compassionate, and kind. Several of the participants revealed that they now understand the role that their symptoms play in their lives, and how trauma and addiction affect them daily. As some participants noted,

At this point in the program, I have been able to relate my experiences on PTSD and honouring myself through the culture and the support of people. [P12 female]

Today was a real eye opening experience realizing how substance abuse is connected to [my] trauma. [P12 female]

It was such an eye opener to realize that all these symptoms I've had all my life are a normal result of my childhood trauma. [P3 female]

I am very thankful. [Several participants]

Furthermore, participants began to articulate how the growing knowledge of their symptoms empowered them. For example, most participants expressed how the sharing circles, handouts, and content brought a deeper understanding about the pain and suffering caused by trauma and substance use. P7 female stated:

I finally found my voice; I can be safe doing my healing work and I need not be re-traumatized; my workers understand that my addiction and trauma must be treated at the same time; I now know how to ask for help; I realized in this circle that I was never alone and I have all the resources that I need; I now understand how that addiction and trauma work together.

Most participants appreciated the binder of Seeking Safety materials that they received, which included all the Seeking Safety topics and highlighted the benefit of being able to go back to the material at any time. The information about safety in the circle was taught through safe coping skills, a safe coping sheet, a safety plan, and a report of safe and unsafe behaviours at each session. Most of the participants said that these topics helped them to feel safe in the sharing circle and that they could begin to apply this safety in their daily lives. For example, P15 male explained:

I really like this Seeking Safety stuff; it's so easy to understand it; I leave the binder on my coffee table and I see how my 17 year-old son reads the handouts; it's so good for my children to know that I am healing.

Many participants reflected on how powerful it was to understand how they brought substances into their lives to help them deal with the pain and suffering of trauma and abuse. They stated that this new

knowledge helped them to feel strong again, and to feel confident that they could heal and get better. Others reflected on how difficult it was to hear some of the topics. P2 male reflected,

If only I knew this then, I could have been better already, because I hurt myself so much over the years.

The facilitators always reminded the participants that they have to be in the present moment and to give thanks for the knowledge that they are receiving now. Some participants reported that sitting in the circles was hard sometimes, but that they were always there for each other and they bonded, connected, and became like a family.

Chansonneuve (2007) explained that some residential school survivors express their grief as lateral violence directed toward family and community members; thereby creating intergenerational cycles of abuse that resemble many of the experiences at the residential schools (Chansonneuve, 2007; McCormick, 2009). A tangible example of lateral violence is evident in the fact that half of the women involved in this research had lost custody of their children who were then placed in the care of the Children's Aid Society (CAS). They expressed how painful, shameful, and emotional it was for them to have lost their children because of their substance use, and they began to make the connection between their continued use of substances and the pain of missing their children—the substances help them to numb themselves to this pain. P5 female stated:

I feel a pain deep here in my heart when I think of my babies; it is not right what they did; the residential school is just still here and now it's called CAS; I feel sometimes like just dying, but then I drink to stop the pain.

Five of the women regained custody of their children during the second and third months of the program. When the women reported this in the sharing circle, it was a powerful moment that was empowering for all the women in the circle. For example, when the first woman regained custody of her two daughters, she shared the news in the sharing circle and encouraged the other women who lost their children not to give up. This became an inspiration for the other women to embrace the program and their healing journeys. During this time, the Elder gave the women a teaching about taking good care of their children and encouraged the women not to give up hope.

Most of the participants appreciated the fact that the facilitators handled substance use relapses compassionately. Participants knew that they could come back to the circle and be honest about their use without judgment. This was extremely transformative for both the men and the women, who felt that the supportive nature of the facilitators helped them to heal. For example, one participant stated,

The facilitators, oh man they're awesome; you can't say a bad thing about them, it's unreal; they helped us all; they never judged the ones that used; they always just welcome them back, man; they helped P18 quite a bit too because he had lots of problems. [P1 male]

Participants also reported that they had received much wisdom from the Seeking Safety topics. For example, one participant said,

I experienced more peace; I am more peaceful, more joyful; That's how much this program affected me; Just by hearing those others, with their problems, growing up and their childhood traumas, helped me a lot; and every one of those sessions I attended changed me somewhat; And after the sessions, it's like a new you coming out of those sessions; that's how much it affected me. [P7 female]

This sentiment was echoed by some of the other participants as well. Frequently mentioned topics that were identified as particularly helpful to participants included honesty, red and green flags, integrating the split self (a condition in which a person experiences different parts of herself—for example the angry self or harsh self), and coping with triggers. Furthermore, most of the participants reported feeling safe, cared for, and empowered. Both male and female sharing circle participants reported how powerful it was to share their stories with others who had similar experiences. P8 female shared,

I am not alone; I am not the only one going through this; Seeking Safety taught me that I started to use alcohol because of my trauma and that I can heal from both [the trauma and the addiction concurrently].

Most of the participants reflected on things that they internalized through learning about the Seeking Safety topics, including morals, values, culture, and language. For example, P17 male stated,

This program is amazing; I want to share it with my family because now I understand why I was so hard on myself and why I hurt my family; this is good stuff.

Others shared the connections they made regarding why and how they had feelings of shame, guilt, pain, and disconnection, and why they hated themselves. P2 female noted,

Seeking Safety language is so soft and gentle, and it helped me to forgive myself for things I did in the past.

Many stated that the topic on commitment gave them knowledge about taking responsibility. Most participants reported that the language used in the Seeking Safety model was similar to the Seven Grandfathers teachings because it focused on respect, honesty, love, and compassion for self and others.

Awareness, Understanding, and the Link Between Substance Use, Trauma, and the Impact of Colonization

In this section, we clarify and discuss how understanding the link between IGT and SUDs brought relief and healing to all the participants. This theme emerged very powerfully in both male and female sharing circles, as well as during the semi-structured interviews. Most of the participants stated that even though all the Seeking Safety topics were different, each of the sessions and topics helped them to understand trauma, the impact of colonization, SUDs, and their interrelatedness. Participants expressed their learning and understanding through “a-ha” moments, and they remained in awe of this new knowledge and understanding as they began to realize that they could control their self-destructive behaviours.

Both male and female participants began to understand their trauma and substance use as they began to identify when they needed to self-medicate with substances (triggers). They could feel their dependence

during the times they craved substances. They also learned that they experienced physical changes in the body during these times and, because of this new insight into their behaviours and physical reactions, they learned to put words to their feelings. For example, P4 female stated,

I feel that same [wanting to drink when I am sad] feeling and hurt and I know exactly what you [the other participants] mean, because it [the cravings when I am sad] happens to me all the time.

This statement suggests that P4 developed a better understanding about how her sadness makes her to feel the need to remove it by using substances.

Participants reported that when they began to understand the information and connection between substance use and their trauma, they could make healthier decisions in their lives. In both male and female sharing circles, the teachings about safety, self-care, and acknowledgment of their trauma and their use of substances had a profound impact on their day-to-day lives. These teachings were reported in almost every circle through the participants' statements. An illustrative example of this comes from P18 male, who explained,

When I completed that historical loss scale, I realized that I never thought about these losses in this way; yet now that I am asked about it, I realized that it had a profound effect on me and my family; I understand now why I get so very angry, because we are still living it [the historical trauma]; we live it every day.

Likewise, P17 male also shared the impact of these realizations:

I can see now why it is so important for me to have compassion for my trauma and addiction; I witnessed how my parents used alcohol and how they hurt themselves; both my parents went to residential schools and they never talked about it; they only drank, and hurt us and themselves and they died when I was a boy.

Stories like the ones above often emerged during the circles. During the sharing of such a painful story, the facilitators would burn sacred medicine and place it at the feet of the speaking participant to help with her or his self-regulation of the pain. The presence and the teachings from the Elders assisted with bringing clarity and awareness to the participants, and the knowledge and teachings also connected the participants to their traditions and spirit.

Integration and Application of Knowledge

In this section, we explore how traditional healing and Seeking Safety simultaneously brought healing for participants dealing with both IGT and SUDs. When participants were asked about their experiences in the sharing circles, both men and women discussed the traditional healing elements and the Seeking Safety topics. These elements included smudging, drumming, teachings by the Elders, the Seven Grandfather teachings, and the sweat lodge ceremonies. Participants discussed how the Seeking Safety topics informed them about trauma and the use of substances. They further stated that they could use this new knowledge to continue their healing. For example, P11 female explained,

I realized that I was healing and that I can heal; as I heal, my children will heal also; as my children heal, my family will also heal; as my family heals, so will my community.

Other participants said,

When I was in the circle, I was held [feeling safe and supported] by all the ceremonies, the sacred medicine, the teachings by the Elders, and the love of the facilitators. [P10 female]

Other aspects that I found helpful were that we were given tools to help us in our recovery; we were given topics that helped us with self-care; I thought that was important, as many people suffer with trauma and only know to cope using substances; the topics that were covered not only shed light on our illness, but also gave us tools to cope with it. [P10 female]

These types of statements continued throughout the transcripts and were also present in the end-of-session questionnaires.

The words and stories of the participants provided a clear indication of the impact of sharing circles. Many of the participants reported that they felt they could connect with their identity through ceremony and understanding trauma, their symptoms, and their behaviours. This acknowledgement from the participants of the impact of integrated implementation is supported by the work of McCormick (2005), who confirmed that “one of the roles of therapy for traditional Aboriginal society has been to reaffirm cultural values” (p. 298). Therefore, the integration of Indigenous traditional healing practices and the Seeking Safety model encouraged participants to consider different core components of the healing process than would typically be available.

Discussion

This study set out to identify whether or not Indigenous traditional healing practices, blended with the Seeking Safety treatment model, would be a feasible, suitable, and beneficial group implementation project for addressing and dealing with IGT and SUDs in Aboriginal women and men. This study found that blended implementation project profoundly affected the symptoms and behaviours related to IGT and addiction in the participants, particularly for the 17 completers.

Integration of the Core Themes into the Medicine Wheel

Brave Heart (1998) Duran (2006), Hill (2009), Marsh et al. (2015a) and Menzies (2014) agree that restoring Indigenous traditional healing practices and knowledge is a pathway to both empowerment and health for Aboriginal peoples and communities. However, to achieve this goal, the traditional knowledge once practiced in Aboriginal societies also needs to be restored. In addition, traditional knowledge must be included in intervention measures aimed at substance use, trauma, and the epidemics facing Aboriginal peoples (Marsh et al., 2015).

The proposed descriptive framework of this study brought together the following four core themes:

- a. Healing through traditional Indigenous healing methods;
- b. Impact, education, and knowledge through sharing circles;

- c. Awareness, understanding, and the links between trauma, substance use, and the impact of colonization; and
- d. Integration and application of knowledge.

The medicine wheel was used as a visual tool to conceptualize the integrative process and the Two-Eyed Seeing approach, and Figure 1 illustrates how the components of the medicine wheel and the sharing circles influenced the participants' learning, healing, and growth. This medicine wheel was adapted from an article by J. R. Vickers (1992-1993) and, in addition, the framework is based on the work of Duran (2006), Martin-Hill (2003), Nabigon (2006), and Nabigon, Hagey, Webster, and McKay (1999). There are many interpretations of the medicine wheel; however, for this research, an outer circle was added to depict the Seven Grandfather teachings that contributed to the participants' learning, guidance, and growth throughout this implementation project.

The Medicine Wheel and the First Quadrant

The color yellow is in the East. It represents spring and the spiritual aspect of the mind. The Elders have taught that the spring in the Medicine Wheel represents beginnings, sunrise, and a new dawn, children, change, new ideas, and a new light (Menziez, 2014; Menziez et al., 2010; Nabigon, 2006; Nabigon et al., 1999). This quadrant depicts the core theme of healing through Indigenous traditional practices. The evidence supporting this statement comes from the voices of the participants themselves who concluded that the following aspects, listed below, supported their healing during the program:

- The teachings from the Elders and participants,
- The healing power of drumming,
- Smudging,
- Sweat lodge ceremonies,
- The sacred bundle, and
- The sacred medicines.

Many participants discussed feeling a sense of freedom in themselves and feeling connected with others in the circle. Some talked about the healing that took place during the sharing circles. For example, Participant 15 male stated,

It was nice to see that all the spiritual stuff was incorporated, because growing up I never had that type of experience [with the traditional practices]; I enjoyed the Elders coming and teaching us; [the Elder's] body language was warm; she would sing and pray and I felt moved by the spirituality of it.

This sense of freedom is often discussed by trauma survivors (Duran & Duran, 1995; Herman, 1997). It is understood that trauma or PTSD takes away one's connection to self, others, and the world. The

activated nervous system is often experienced and described by survivors as a felt sense of living in a prison. When people finally begin to heal, this sense of safety and freedom returns (Haskell & Randall, 2009; Herman, 1997; Marsh, 2010).

Duran (2006) wrote that Indigenous spirituality is closely linked with culture, connection to land, and ways of living in Indigenous communities (Duran & Duran, 1995; Duran, 2006). Loss of land, culture, and spirituality, as well as the effects of colonization and oppression negatively influenced the well being, strength, and courage of Aboriginal peoples. It is therefore critical to reclaim culture, employ traditional methods, and integrate spirituality in order to promote community empowerment and healing (Brascoupé & Waters, 2009; Brave Heart, 1998; Crazy Bull, 1997).

The Medicine Wheel and the Second Quadrant

The color red, in the South, represents summer and the emotional mind. The Elders taught that the South in the medicine wheel represents maturing and growing into adulthood. It also reflects the direction of the fire, rising from the flames, transformation and integration, and a time to accept change and to learn (Menzies et al., 2010; 2003; Nabigon, 2006; Nabigon et al., 1999). This quadrant depicts the core theme of the impact of education and knowledge through the sharing circles. The new, self-identified coping skills that emerged from the participants included finding their voices, getting clarity about the role of their symptoms, knowing that they are not alone, and understanding trauma and substance use. As one participant said,

What I found most helpful was the grounding; I never knew anything about that; I would always think that it was real [the flashbacks]; it felt real to me; but then we got these tools from Seeking Safety; now I ground myself and tell myself it is not real [the flashbacks and nightmares]; that's what I found most helpful. [P8 female]

Another stated,

The most rewarding thing in the sharing circle was being able to witness the changes in the women, from when they came the first time through the doors and when they left, their facial expressions, their body language; just seeing the transformation in them was so healing. [P12 female]

Some of these types of participant responses are discussed in the literature on group psychotherapy. For example, Yalom and Leszez (2005) have written about the power of shared testimonies of traumatized individuals. They specifically refer to the moment when two people compassionately respond to the needs of the other. They agree with other scholars that trauma destroys a person's faith, decency, courage, and connection. The power of group sharing or sharing circles resulted in a reawakening of the feeling of connection with others through relationships that were the result of altruism by others in the group (Brave Heart, 2003; Drake, 2003; Duran, 2006; Herman, 2006; Marsh, 2010; Yalom & Leszez, 2005). Yalom and Leszez (2005) also stated that individuals in groups mirror the actions of others and, in so doing, the survivor recognizes and claims a lost part of himself or herself. In that moment, the survivor begins to re-join the human community (Marsh, 2010; Yalom & Leszez, 2005). Many traumatized individuals lose their sense of connection to other people, and often move into isolation.

Therefore, communal connection, as was displayed in the sharing circles, was reported to be highly effective for the participants' healing (Marsh, 2010).

The Medicine Wheel and the Third Quadrant

The color black is in the West. It represents autumn and the physical body. Elders taught that the West in the medicine wheel represents later adulthood, sunset and twilight, new awareness, time to prepare and finish things, and family and responsibility (Menzies, 2014; Menzies et al., 2010; Nabigon et al., 1999; Nabigon, 2006). The third quadrant represents the core themes of awareness, understanding, and the link between substance use, trauma, and the impact of colonization. Participants in this study reflected upon healing stories, listening, laughter, and understanding the connection of body and mind.

I liked the topics where we worked with emotion, especially anger, because in my journey, I got myself into trouble because I did not know how to express myself; I did not know there were other feelings under the anger and I learned that in the Circles. [P24 male]

There was no hysterical screaming or yelling or vomiting or any of that violent stuff in this program, just gentle release of tears; I really loved that; so I have been able to use some of the stuff I learned in the groups; I have been able to be with my emotions and check in during the day. [P24 male]

All the themes reflected in the quotations from the participants refer to elements that contributed to learning, growth, insight, and healing. Furthermore, the blue arrows facing in both directions show the power of integration and connection to self, others, and their identities. The arrows also illustrate how well the learning and teaching were integrated by participants, demonstrating the concept of the Two-Eyed Seeing decolonizing approach. Western and Indigenous traditional healing practices are joined together in respect and acceptance in the sharing circles (Bartlett, 2005; Bartlett et al., 2012).

The Medicine Wheel and the Fourth Quadrant

The fourth quadrant is white and represents the North, winter, and the mental and intellectual mind. The Elders taught that the North in the medicine wheel represents purity and wisdom, healing, dreamtime, growing and reflection, understanding wisdom, and listening (Menzies, 2014; Menzies et al., 2010; Nabigon et al., 1999; Nabigon, 2006). This quadrant depicted the core theme of integration and application of knowledge. The themes that emerged via the quotations from the participants included connections to their children, the land, their cultures, and the Elders. For example, as these participants reported,

We looked forward to seeing each other each week; we were worried about others, when they did not make it to the circle; we would say a prayer, like we became connected like a family. [P10 female]

"I liked everything in the circles; we became like a family, we were always thinking about the other person [the no-shows]; to be dedicated two times a week for three months was a big thing, but we came, we made it and it was good. [P15 male]

The women were all very helpful, being open to each other, trusting each other, and talking about their souls, because I can relate to a lot of these stories of theirs; I know now that I am not alone. [P8 female]

I did not know that I was so affected by the loss of my land; I knew about the loss of my culture and now I see that I really miss being on the land and the Elders taught about this [connection to the land and culture]. [P15 male]

Traumatized people often lose their senses of the meaning of life, perceive that they are hopeless, and experience periods of time in which they feel de-humanized. Some authors refer to this condition as a spiritual crisis or soul wound (Duran & Duran, 2006). This disconnection has an even greater effect on their senses of community and belonging, moving them further into feelings of isolation, shame, guilt, and self-blame (Drake, 2003; Duran & Duran, 1995; Herman, 1997; Marsh, 2010). While participants often reported these emotions and feelings in the beginning of their involvement with this study, their symptoms lessened as the treatment progressed. Furthermore, it is well documented that connection to land, the physical environment, cultural practices, and spirituality enhance community well-being (Colomeda & Wenzel, 2005; Duran, 2006; Kirmayer, Simpson, & Cargo, 2003; Menzies, 2014; Thatcher, 2004). The loss of land, culture, and language through colonization left many communities in turmoil with no strategies to enhance their healing (Brave Heart-Jordan & DeBruyn, 1995; Duran, 2006; Gone, 2009; Smith, 1999; Waldram, 2008; Warry, 2008). These connections and powerful moments of seeing and connecting came through very clearly in all four themes.

The Medicine Wheel and the Center Circle

Finally, the center circle honours the resiliency of Aboriginal people (including the participants and facilitators). It represents how well they are doing in spite of all of the losses they have endured. The Elders and the Aboriginal advisory group placed the self, family, community, Elders, and healers at the center to represent that anything is possible when people are connected and united. Although Seeking Safety was originally developed to address the concurrent treatment needs of clients with both PTSD and SUD (Najavits, 2002a), it had never been combined with Indigenous traditional healing practices. It is important to note that the Diagnostic and Statistical Manual-V (DSM-V) criteria for PTSD were not used here as this study focused on symptoms of IGT (American Psychiatric Association, 2014). The reduction of these debilitating symptoms after the sharing circles implementation, as reported by the participants, was remarkable. Most of the participants repeatedly described how powerful it was to experience a program that integrated both the teachings of Seeking Safety and traditional Indigenous healing practices. Participants indicated that the Seeking Safety information helped them understand their behaviours with substances, while the traditional healing practices helped them to connect with their inner spiritual selves. The traditional practices also helped them to restore their connections to their identities, their families, communities, their cultures, and the Elders. The participants stated that the presence of the Elders and the caring and supportive facilitators further enhanced their positive, healing experiences.

The Indigenous Healing and Seeking Safety Implementation Project (IHSS)

Over the three-month implementation period, 17 participants completed the Indigenous Healing and Seeking Safety (IHSS) implementation project. Participant retention was addressed by the number of sessions they attended (10). Seven participants did not complete the program. Participants with more severe problems related to drugs as detected by the ASI-Lite composite scale were more likely not to complete the program (Marsh et. al., in press). At the end of the implementation project, all 17 participants showed significant improvements in reported substance use and IGT symptoms. Many experienced relief from their symptoms, which included feeling less angry, being able to self-regulate negative emotions and behaviours, and being aware of and attending to difficult emotions. All of these changes were experienced during the ceremonies, singing, drumming, the teachings of Elders, and sharing circles. In a recent study, Patitz (2011) examined the efficacy of Seeking Safety by analyzing the historical records of 23 women who had completed the Seeking Safety program. The study found a reduction in the severity of trauma symptoms following Seeking Safety treatment, and reported similar results to those reported in this article. At the completion of the implementation project, all of the eight male participants who completed the study were by their own report substance free, as were six of the nine women. The three women who did not succeed in staying clean had mild slips back to using alcohol and opiates. However, they reported being back on track after these brief relapses.

A study by Lowe, Liang, Riggs, and Henson (2012) found that culturally based interventions with Native American adolescents were significantly more effective at reducing substance use and related problems than non-culturally based interventions. In a recent randomized controlled trial, Hien et al. (2015) tested the benefits of combining Seeking Safety with sertraline, a frontline medication for PTSD shown also to affect drinking outcomes. Both groups demonstrated significant improvements in PTSD symptoms (Hein et al., 2015).

A profound outcome of this implementation project was that five women regained custody of their children. This took place within the third month for some and, for others, toward the end of the implementation project. To date, these five women are substance free and fully engaged parents. While these women were in the program, the first author of this study wrote letters to CAS to explain how the loss of their children impinged on their healing. The first author also explained the impact of IGT on the women's well-being, and how well they were doing in the sharing circles. During the early data collection period, six female participants shared many painful stories about trauma and the impact of substances on their lives and their children. These six women were highly emotional as they reported losing their families to CAS. Furthermore, the women reported how they had numbed themselves with substances to ease the pain of missing their children. Indeed, this outcome speaks to the success of sharing circles implementation project, as these women reported that the Two-Eyed Seeing approach for IGT and SUD helped them to understand their pain and dependence. With the understanding of why they were using substances, coupled with support and healing ceremonies, they were on a journey of healing.

The teachings and healing that occurred in the sweat lodge significantly added to the healing power of the blended implementation project. Sweat lodge ceremonies represent returning to the womb of Mother Earth. In these ceremonies, participants were encouraged to release the pain of the past and present and claim back the Spirit. Through the presence of the Elders, the Creator, and the Ancestors, healing was reported at a deep level by all of the participants.

The hallmark of Seeking Safety is to encourage safety and self-care so that a space can be created for healing from both IGT and SUD (Najavits, 2007). All of the core content in the sharing circles was delivered to promote knowledge and understanding so that the cause of participants' problems could be addressed. The sharing circles came from the same premise. It was implemented to encourage participants to heal from internalized oppression, which was causing participants to self-harm (Gone, 2009; Hill, 2009; Kovach, 2009; Najavits & Hein, 2013; Patitz, 2011).

During their time in the program, participants experienced growing support from their families, friends, and community members. As the reputation of this research and implementation project spread in the Aboriginal communities and treatment agencies, the authors were not surprised when Health Sciences North, the regional hospital in Sudbury, Ontario, started a Seeking Safety sharing circle in their healing lodge. The Iris Addiction Recovery for Women Centre and the N'Swakamok Native Friendship Centre followed suit. Currently, six other agencies in Sudbury are in the planning stages of implementing the sharing circles as an ongoing element of their treatment programs.

Limitations

Participants perceived that Seeking Safety was enhanced with traditional teachings and methods. However, this study did not have a control condition for Seeking Safety alone (without the traditional teachings and methods), and thus there is no way to draw conclusions about the relative impact of using these traditional methods. Various other projects affirm the positive impact of incorporating traditional healing methods, but those projects also did not have a control condition. Thus, further research is needed to evaluate the empirical impact of studies with and without such methods. In a recent study, Oulanova and Moodley (2010) found that integrative efforts of mental health professionals in their practice proved extremely helpful for clients. Kirmayer and colleagues (2003) have further affirmed the value of offering such access to traditional ways of healing, stating, "recuperating these traditions reconnects contemporary Aboriginal peoples to their historical traditions and mobilizes rituals and practices that may promote community solidarity. More broadly, the recovery of tradition itself may be viewed as healing" (p. 16).

The representativeness of participants in this study is of potential concern. For example, the sample population was small and confined to two specific agencies in Northern Ontario. A future study with a larger sample size and a recruitment strategy designed to generate a more broadly representative sample may increase the generalizability of these findings. Another limitation is that the experiences and views of the participants may not be representative of Aboriginal people elsewhere across different regions or provinces.

In addition, the data on substance use, mental health, and IGT was self-reported. Therefore, variables such as lifetime diagnosis of a mental disability or disorder may be imprecise. In addition, there is a possibility that participants may under-report experiences and behaviours that are too painful to recall, or are absent from memory. However, in spite of the limitations, the key strengths to this study continue to be:

- The authenticity and cultural sensitivity of the Indigenous decolonizing methodology and the Two-Eyed Seeing approach;

- The academic rigor of the project due to the inclusion of Elders, community informants, an Aboriginal advisory group, an Indigenous supervisor, and an Aboriginal committee member;
- The voices of Indigenous peoples through the qualitative research approach;
- The historical lens used throughout the project; and
- The presence of Indigenous facilitators and students in sharing circles.

Conclusion

This study provided the perspectives of Aboriginal peoples in Sudbury, Ontario, who reported devastating symptoms of IGT, substance abuse, and loss of culture that signify continuing trauma. Aboriginal peoples continue to struggle with the compounding impacts of IGT, colonization, the stolen generations,¹ racism, discrimination, and cultural dislocation (Brave Heart, 1998; Marsh et al., 2015a; Menzies, 2014). A dynamic, multilevel approach is necessary to address historical trauma among Indigenous peoples at the individual, family, organizational, community, and policy levels (Spittal et al., 2007). In addition, collaboration with traditional helpers and Elders is integral to improving mental health care for Indigenous peoples (Duran, 2006; Hill, 2009; Mehl-Madrona, 2009; Menzies, 2014). In discussing the role of traditional practices in Aboriginal health in Canada, Waldram, Herring, and Young (1995) stated, “at the heart of the matter is the need for increasing dialogue between healers and physicians, including the possibility of collaboration” (p. 247). The key to success for healing could come from changes in policy for the treatment of IGT and substance use in Aboriginal peoples. Furthermore, through their resilience and hope, Aboriginal communities have proven that healing is possible, but it requires an understanding of the decades of struggle.

This article has presented qualitative findings that indicate the strong and positive impact of Seeking Safety when combined with traditional healing methods. Future research is encouraged to replicate this work in other Aboriginal populations to add evidence to the benefits of such an approach (Gone, 2009; Hill, 2009; Kovach, 2009; Mehl-Madrona, 2009; Menzies et al., 2010). In addition, future studies could focus on the importance of collaboration between mainstream and Indigenous healers.

¹ Children were forcibly removed from Indigenous Australians as young as possible for the purpose of assimilation and suppression of their Aboriginal culture (Read, 2002).

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 Affairs and Northern Development Canada (AANDC). (2015). *The Community Well-Being Index: Well-being in First Nations communities, 1981-2011*. Ottawa: Her Majesty the Queen in Right of Canada, represented by the Minister of Aboriginal Affairs and Northern Development.
- Aboriginal Healing Foundation. (2005). *Reclaiming connections: Understanding residential school trauma among Aboriginal people*. Ottawa: Aboriginal Healing Foundation.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- Armitage, A. (1995). *Comparing the policy of Aboriginal assimilation*. Vancouver, B.C.: University of British Columbia Press.
- Assembly of First Nations (2007). *First Nations Regional Longitudinal Health Survey: Results for adults, youth and children living in First Nations communities* (RHS) (2002/2003). Ottawa, ON: Author.
- Atleo, S. (2011). *It's our time: A call to action on education*. Ottawa: Assembly of First Nations.
- Bartlett, C. (2005). Knowledge inclusivity: "Two-Eyed Seeing" for science for the 21st century. *Proceedings of the Workshop on Learning Communities as a Tool for Resource Management* (pp. 70-76). Retrieved from <http://www.integrativescience.ca/uploads/articles/2005November-Bartlett-text-Integrative-Science-Two-Eyed-Seeing-Aboriginal-learning-communities.pdf>
- Bartlett, C. (2009, February). *Introduction to integrative science and Two-Eyed Seeing. Pedagogical practices: Re-thinking the worlds of teaching*. Paper presented at a conference on teacher education at Simon Fraser University, Surrey, B.C.
- 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](https://doi.org/10.1007/s13412-012-0086-8)
- Benton-Banai, E. (1988). *The mishomis book: The voice of the Ojibway*. St. Paul, MN: Red School House.
- Bernard, H. R., & Ryan, G. (1998). Text analysis: Qualitative and quantitative methods. In H. R. Bernard (Ed.), *Handbook of methods in cultural anthropology* (pp. 595-645). Walnut Creek, CA: AltaMira Press.

- Blum, R. (2005). *Ghost brothers*. Montreal, QC: McGill-Queen's University Press.
- Bombay, A., Matheson, K., & Anisman, H. (2009). Intergenerational trauma: Convergence of multiple processes among First Nations peoples in Canada. *Journal of Aboriginal Health*, 5(3), 6–47.
- Brascoupé, S., & Waters, C. (2009). Cultural safety: Exploring the applicability of the concept of cultural safety to Aboriginal health and community wellness. *Journal of Aboriginal Health*, 5(2), 6–41.
- Brave Heart, M. Y. H. (1998). The return to the sacred path: Healing the historical trauma and historical unresolved grief response among the Lakota through a psychoeducational group intervention. *Smith College Studies in Social Work*, 68, 287–305. doi:[10.1080/00377319809517532](https://doi.org/10.1080/00377319809517532)
- 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(1), 7–13. doi:[10.1080/02791072.2003.10399988](https://doi.org/10.1080/02791072.2003.10399988)
- Brave Heart-Jordan, M. Y. H., & DeBruyn, L. (1995). So she may walk in balance: Integrating the impact of historical trauma in the treatment of Native American Indian women. In J. Adelman & G. Enguidanos (Eds.), *Racism in the lives of women: Testimony theory and guides to anti-racist practice* (pp. 345–368). New York, NY: Haworth.
- Chansonneuve, D. (2007). *Addictive behaviours among Aboriginal people in Canada*. Ottawa, ON: Aboriginal Healing Foundation.
- Chrisjohn, R., & Young, S. (1997). *The circle game: Shadows and substance in the Indian Residential School experience in Canada*. Penticton, B.C.: Theytus Books.
- Colomeda, L. A., & Wenzel, E. R. (2005). Medicine keepers: Issues in Indigenous health. *Critical Public Health*, 10(2), 243-256. doi:[10.1080/713658247](https://doi.org/10.1080/713658247)
- Cornell, S. (2006). Indigenous peoples, poverty and self-determination in Australia, New Zealand, Canada and the United States. Retrieved from the Indigenous Governance Database: http://nnidatabase.org/db/attachments/text/JOPNAs/2006_CORNELL_JOPNA_indigenouspeoples.pdf
- Corrado, R. R., & Cohen, I. M. (2003). *Mental health profiles for a sample of British Columbia's Aboriginal survivors of the Canadian residential school system*. Ottawa, ON: Aboriginal Healing Foundation.
- Couture, J. (2000). Native studies and the academy. In G. J. Dei, B. L. Hall, & D. Goldin Rosenberg (Eds.), *Indigenous knowledges in global contexts: Multiple readings of our world* (pp. 157-167). Toronto, ON: University of Toronto Press.
- Crazy Bull, C. (1997). Advice for the non-Native researcher. *Tribal College Journal of American Indian Higher Education*, 9(24), 26-39.

- Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Danieli, Y. (1989). Mourning in survivors and children of survivors of the Nazi Holocaust: The role of group and community modalities. In D. R. Dietrich & P. C. Shabad (Eds.), *The problem of loss and mourning: Psychoanalytic perspectives* (pp. 427-457). Madison, Conn: International Universities Press.
- Denzin, N., & Lincoln, Y. (2005). *The Sage handbook of qualitative research*. (3rd ed.). Thousand Oaks, CA: Sage.
- Drake, A. (2003). *Healing of the soul: Shamanism and psyche*. New York, N.Y.: Busca, Inc.
- Duran, E. (2006). *Healing the soul wound: Counseling with American Indians and other Native peoples*. New York, N.Y.: Teacher's College.
- Duran, E., & Duran, B. (1995). *Native American postcolonial psychology*. Albany, N.Y.: State University of New York.
- Erikson, E. (1963). *Childhood and society* (Rev. ed.). New York, N.Y.: W.W. Norton.
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multi-level framework for exploring impacts on individuals, families and communities. *Journal of Interpersonal Violence, 23*, 316–338. doi:[10.1177/0886260507312290](https://doi.org/10.1177/0886260507312290)
- Fast, E., & Collin-Vezina, D. (2010). Historical trauma, race-based trauma and resilience of Indigenous peoples: A literature review. *First Peoples Child and Family Review, 5*(1), 126-136.
- First Nations Information Governance Centre (FNIGC). (2012). *First Nations Regional Health Survey (RHS) 2008/10: National report on adults, youth and children living in First Nations communities*. Ottawa: Author.
- Fogelman, E. (1991). Mourning without graves. In A. Medvene (Ed.), *Storms and rainbows: The many faces of death* (pp. 25-43). Washington, D.C.: Lewis Press.
- Fontaine, T. (2010). *Broken circle: The dark legacy of Indian Residential Schools: A memoir*. Victoria, B.C.: Heritage House.
- Frideres, J., & Gadacz, R. (2008). *Aboriginal peoples in Canada*. Toronto, ON: Pearson Prentice Hall Education.
- Gagné, M. (1998). The role of dependency and colonialism in generating trauma in First Nations citizens. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 355-372). New York, N.Y.: Plenum Press. doi:[10.1007/978-1-4757-5567-1_23](https://doi.org/10.1007/978-1-4757-5567-1_23)
- Gatz, M., Brown, V., Henniggan, K., Rechberger, E., O'Keefe, M., Rose, T., & Bjelajac, P. (2007). Effectiveness of an integrated, trauma-informed approach to treating women with co-occurring

- disorders and histories of trauma. *Journal of Community Psychology*, 35(7), 863-878.
doi:[10.1002/jcop.20186](https://doi.org/10.1002/jcop.20186)
- Gone, J. P. (2008). The Pisimweyapiy Counselling Centre: Paving the red road to wellness in Northern Manitoba. In J. B. Waldram (Ed.), *Aboriginal healing in Canada: Studies in therapeutic meaning and practice* (pp. 131-204). Ottawa, ON: Aboriginal Healing Foundation.
- Gone, J. P. (2009). A community-based treatment for Native American historical trauma: Prospects for evidence-based practice. *Journal of Consulting and Clinical Psychology*, 77, 751–762.
doi:[10.1037/a0015390](https://doi.org/10.1037/a0015390)
- 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), 1–16.
- Haskell, L., & Randall, M. (2009). Disrupted attachments: A social context trauma framework and the lives of Aboriginal people in Canada. *Journal of Aboriginal Health*, 5(3), 48–99.
- Health Canada. (2005). *A statistical profile on the health of First Nations in Canada for the year 2000*. Ottawa: First Nations and Inuit Health Branch, Health Canada. Retrieved from www.hc-sc.gc.ca/fniah-spnia/pubs/aborig-autoch/stats_profil-eng.php
- Herman, J. A. (1997). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. New York, N.Y.: Basic Books.
- Herman, J. L. (2006). My life and work. In C. R. Figley (Ed.), *Mapping the trauma and its wake: Autobiographical essays by pioneer trauma scholars* (pp. 77-83). New York, N.Y.: Routledge.
- Hien, D. A., Cohen, L. R., Miele, G. M., Litt, L. C., & Capstick, C. (2004). Promising empirically supported treatments for women with comorbid PTSD and substance use disorders. *American Journal of Psychiatry*, 161, 1426–1432. doi:[10.1176/appi.ajp.161.8.1426](https://doi.org/10.1176/appi.ajp.161.8.1426)
- Hien, D. A., Levin, F. R., Ruglass, L. M., López-Castro, T., Papini, S., Hu, M.C., Cohen, L. R., & Herron, A. (2015). Combining Seeking Safety with sertraline for PTSD and alcohol use disorders: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 83(2), 359-69.
doi:[10.1037/a0038719](https://doi.org/10.1037/a0038719)
- Hill, D. M. (2009). Traditional medicine and restoration of wellness strategies. *Journal of Aboriginal Health*, 5(1), 26–42. Retrieved from http://www.naho.ca/jah/english/jah05_01/V5_I1_Restoration_02.pdf
- 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. (1994). Suicide among Canadian Aboriginal peoples. *Transcultural Psychiatry*, 31, 3-58.
doi:[10.1177/136346159403100101](https://doi.org/10.1177/136346159403100101)

- Kirmayer, L., Simpson, C., & Cargo, M. (2003). Healing traditions: Culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry*, *11*(1), 15–23. doi:[10.1046/j.1038-5282.2003.02010.x](https://doi.org/10.1046/j.1038-5282.2003.02010.x)
- 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, B.C.: University of British Columbia.
- Kovach, M. (2009). *Indigenous methodologies: Characteristics, conversations, and contexts*. Toronto, Canada: University of Toronto.
- Lavallée, L. (2009). 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.
- Lowe, J., Liang, H., Riggs, C., & Henson, J. (2012). Community partnership to affect substance abuse among Native American adolescents. *American Journal of Drug Alcohol Abuse*, *38*, 450–455. doi:[10.3109/00952990.2012.694534](https://doi.org/10.3109/00952990.2012.694534)
- Marsh, T. N. (2010). *Enlightenment is letting go! Healing from trauma, addiction, and multiple loss*. Bloomington, IN: Authorhouse.
- Marsh, T.N., Coholic, D., Cote-Meek, S., & Najavits, L. M., (2015a). Blending Aboriginal and Western healing methods to treat intergenerational trauma with substance use disorder in Aboriginal peoples who live in northeastern Ontario Canada. *Harm Reduction Journal*, *12*(1), 1-12. doi:[10.1186/s12954-015-0046-1](https://doi.org/10.1186/s12954-015-0046-1)
- Marsh, T. N., Young, N. L., Cote-Meek, S., Najavits, L. M., & Toulouse, P. (2015b). The application of Two-Eyed Seeing decolonizing methodology in qualitative and quantitative research for the treatment of intergenerational trauma and substance use disorders. *International Journal of Qualitative Methods*, *14*(4), 1-13. doi:[10.1177/1609406915618046](https://doi.org/10.1177/1609406915618046)
- Marsh, T. N., Young, N. L., Cote-Meek, S., Najavits, L. M., & Toulouse, P. (in press). Indigenous Healing and Seeking Safety: A blended implementation project for intergenerational trauma and substance use disorders. *Journal of Addiction Research & Therapy*.
- Maté, G. (2009). *In the realm of hungry ghosts: Close encounters with addictions*. Toronto, ON: Vintage Canada.
- Martin-Hill, D. (2003). *Traditional medicine in contemporary contexts: Protecting and respecting Indigenous knowledge and medicine*. Ottawa, ON: National Aboriginal Health Organization.

- McCormick, R. (2005). The healing path: What can counselors learn from Aboriginal people about how to heal? In R. Moodley & W. West (Eds.), *Integrating traditional healing practices into counseling and psychotherapy* (pp. 293–304). Thousand Oaks, CA: Sage. doi:[10.4135/9781452231648.n25](https://doi.org/10.4135/9781452231648.n25)
- McCormick, R. (2009). Aboriginal approaches to counselling. In L. J. Kirmayer & G. G. Valaskakis (Eds.), *Healing traditions: The mental health of Aboriginal peoples in Canada* (pp. 337–354). Vancouver, B.C.: University of British Columbia Press.
- Mehl-Madrona, L. (2009). What traditional Indigenous Elders say about cross-cultural mental health training. *Explore*, 5(1), 20-29. doi:[10.1016/j.explore.2008.10.003](https://doi.org/10.1016/j.explore.2008.10.003)
- Menzies, P. (2014). Intergenerational trauma. In P. Menzies & L. Lavallée (Eds.), *Aboriginal people with addiction and mental health issues: What health, social service and justice workers need to know* (pp. 61-72). Toronto, ON: CAMH Publications.
- Menzies, P., Bodnar, A., & Harper, V. (2010). The role of the Elder within a mainstream addiction and mental health hospital: Developing an integrated paradigm. *Native Social Work Journal*, 7, 87-107.
- Nabigon, H. (2006). *The hollow tree: Fighting addiction with traditional Native healing*. Kingston, ON: McGill Queen's University Press.
- Nabigon, H., Hagey, R., Webster, S., & MacKay, R. (1999). The learning circle as a research method: The trickster and windigo in research. *Native Social Work Journal*, 2(1), 113–137.
- Najavits, L. M. (2002a). *Seeking Safety: A treatment manual for PTSD and substance abuse*. New York, N.Y.: Guilford.
- Najavits, L. M. (2002b). Seeking Safety: Therapy for trauma and substance abuse. *Corrections Today*, 64, 136–140.
- 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. doi:[10.1016/B978-012369429-4/50037-9](https://doi.org/10.1016/B978-012369429-4/50037-9)
- Najavits, L. M. (2009). Seeking Safety: An implementation guide. In A. Rubin & D. W. Springer (Eds.), *The clinician's guide to evidence-based practice* (pp. 311-347). Hoboken, N.J.: 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(5), 433–479. doi:[10.1002/jclp.21980](https://doi.org/10.1002/jclp.21980)
- Norris, M. J. (2000). Aboriginal peoples in Canada: Demographic and linguistic perspectives. In D. Long & O. Dickason (Eds.), *Visions of the heart: Canadian Aboriginal issues* (pp. 167-236) Toronto, ON: Harcourt.

- Oliver, J. E. (1993). Intergenerational transmission of child abuse: Rates, research, and clinical implications. *American Journal of Psychiatry*, *150*, 1315-1324. doi:[10.1176/ajp.150.9.1315](https://doi.org/10.1176/ajp.150.9.1315)
- Oulanova, O., & Moodley, R. (2010). Navigating two worlds: Experiences of counsellors who integrate Aboriginal traditional healing practices. *Canadian Journal of Psychotherapy*, *44*(4), 346–362.
- Patitz, B. J. (2011). *An outcome study of Seeking Safety: A treatment program for co-occurring substance abuse and trauma* (Doctoral dissertation). Retrieved from Proquest database. (Ascension No. 904149593).
- 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. doi:[10.4135/9781452231648.n2](https://doi.org/10.4135/9781452231648.n2)
- Proulx, J., & Perrault, S. (2000). *No place for violence: Canadian Aboriginal alternatives*. Toronto: Fernwood Publishing Company.
- Read, P. (2002). Clio or Janus? Historians and the Stolen Generations. *Australian Historical Studies*, *33*(118), 54-57.
- Restoule, J. P., (2004). Male Aboriginal identity formation in urban areas: A focus on process and context (Doctoral dissertation). Retrieved from Dissertations & Theses: Full Text Database. (Publication No. AAT NQ94516).
- Robbins J. A., & Dewar, J. (2011). Traditional Indigenous approaches to healing and the modern welfare of traditional knowledge, spirituality and lands: A critical reflection on practices and policies taken from the Canadian Indigenous example. *International Indigenous Policy Journal*, *2*(4), 2. doi:[10.18584/iipj.2011.2.4.2](https://doi.org/10.18584/iipj.2011.2.4.2)
- Rojas, M., & Stublely, T. (2014). Integrating mainstream mental health approaches and traditional healing practices: A literature review. *Advances in Social Sciences Research Journal*, *1*(1), 22–43.
- Rowan, M., Poole, N., Shea, B., Gone, J. P., Mykota, D., Farag, M., Hopkins, C.... & Dell, C. (2014). Cultural interventions to treat addictions in Indigenous populations: Findings from a scoping study. *Substance Abuse Treatment, Prevention, and Policy*, *9*(34), 1-26. doi:[10.1186/1747-597x-9-34](https://doi.org/10.1186/1747-597x-9-34)
- Smith, L. T. (1999). *Decolonizing methodologies: Research and Indigenous peoples*. London: Zed Books.
- Spittal, P. M., Craib, K. J. P., Teegee, M., Baylis, C., Christian, W. M., Moniruzzaman, A. K. M., & Schechter, M. T. (2007). The Cedar Project: Prevalence and correlates of HIV infection among young Aboriginal people who use drugs in two Canadian cities. *International Journal of Circumpolar Health*, *66*(3), 226-40. doi:[10.3402/ijch.v66i3.18259](https://doi.org/10.3402/ijch.v66i3.18259)
- Stevenson, J. (1999). The circle of healing. *Native Social Work Journal*, *2*, 8–21.

- Svenson, K. A., & LaFontaine, C. (1999). The search for wellness. In *First Nations and Inuit Regional Health Survey: National report*. St. Regis, Quebec, Akwesasne Mohawk Territory: First Nations and Inuit Regional Health Survey National Steering Committee.
- Thatcher, R. (2004). *Fighting firewater fictions: Moving beyond the disease model of alcoholism in First Nations*. Toronto, ON: University of Toronto Press.
- United Nations (2006). *Consideration of reports submitted by states parties under Articles 16 and 17 of the Covenant*. Geneva: United Nations Committee on Economic, Social and Cultural Rights, Economic and Social Council.
- van der Kolk, B. (1987). *Psychological trauma*. Washington, DC: American Psychiatric Press.
- Vickers, J. R. (1992-1993). Medicine wheels: A mystery in stone. *Alberta Past*, 8(3), 6-7.
- Waldram, J. B. (1997). *The way of the pipe: Aboriginal spirituality and symbolic healing in Canadian prisons*. Peterborough, ON: Broadview Press.
- Waldram, J. B. (2008). The models and metaphors of healing: Introduction. In J. B. Waldram (Ed.), *Aboriginal healing in Canada, studies in therapeutic meaning and practice* (pp. 1-8). Ottawa: Aboriginal Healing Foundation.
- Waldram, J. B., Herring, A. D., & Young, T. K. (1995). *Aboriginal health in Canada: Historical, cultural, and epidemiological perspectives*. Toronto, ON: University of Toronto Press.
- Warry, W. (2008). *Ending denial: Understanding Aboriginal issues*. Toronto, ON: University of Toronto Press.
- Wesley-Esquimaux, C. C., & Smolewski, M. (2004). *Historic trauma and Aboriginal healing*. Ottawa, ON: Aboriginal Healing Foundation.
- Whitbeck, L. B., Adams, G. W., Hoyt, D. R., & Chen, X. (2004). Conceptualizing and measuring historical trauma among American Indian people. *American Journal of Community Psychology*, 33(3-4), 119–130. doi:[10.1023/B:AJCP.0000027000.77357.31](https://doi.org/10.1023/B:AJCP.0000027000.77357.31)
- Whitbeck, L. B., Yu, M., Johnson, K. D., Hoyt, D. R., & Walls, M. L. (2008). Diagnostic prevalence rates from early to mid-adolescence among Indigenous adolescents: First results from a longitudinal study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(8), 890–900. doi:[10.1097/CHI.0b013e3181799609](https://doi.org/10.1097/CHI.0b013e3181799609)
- Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Winnipeg, MB: Fernwood Publishing.
- World Health Organization (2008). *Final report—Closing the gap in a generation: Health equity through action on the social determinants of health*. Retrieved from www.who.int/social_determinants/final_report/en/

Yalom, I., & Leszcz, M. (2005). *The theory and practice of group psychotherapy*. New York, N.Y.: Basic Books.

Appendix A

Post-Treatment Sharing Circles Question Guide for Participants

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

Appendix B

End of Treatment Individual Semi-Structured Interview with Participants and Facilitators

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