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Lodge



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Association of Canada  
L'Association des  
femmes autochtones  
du Canada

## HEALING THE HEALERS PROGRAM

Mental health, culture, and emotional supports to respond to, and heal from, ongoing impacts of residential school

### NATIVE WOMEN'S ASSOCIATION OF CANADA

A report on the development and implementation of a workshop supporting Grandmothers, Elders, Elder Helpers, and other Community Support Workers who work on frontlines of service delivery (at Native Women's Association of Canada [NWAC] and otherwise) for Indigenous women, girls, Two-Spirit, transgender, and gender-diverse people—particularly, those experiencing direct and intergenerational trauma resulting from Indian Residential Schools, Federal Indian Day Schools, and ongoing crises of Missing and Murdered Indigenous Women, Girls (MMIWG) and Gender-Diverse People.



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## THE RESILIENCY LODGE MODEL

In direct response to the MMIWG National Inquiry's Calls for Justice, NWAC's Resiliency Lodge model was developed based on Elder and community-level consultation with Indigenous Elders and communities. NWAC consulted with representatives of the Houses of Indigenous and Afro-American Women (CAMIs) in Mexico to consider international best practices from a model already in operation for over 30 years.

The development of NWAC's pilot Resiliency Lodge began in 2019 in purchasing a 2.5-acre wooded property with an existing 9,000 square foot building in Chelsea, Quebec, to host the first Indigenous Women's Resiliency Lodge in Canada.

At the Chelsea Resiliency Lodge, both in-person and virtual components are available. In-person components of the programming allows for Indigenous women and gender-diverse people to visit as individuals or in small groups of up to ten. Guests are guided in Traditional practices, including ceremony, medicinal baths, and hydrotherapy, healing through artistic expression, and talking circles on the land by our Elders and the Elder Helpers. A healthy, organic menu has been implemented to ensure guests' wellbeing. All guests have access to social navigation services.

The virtual Resiliency Lodge model has also been proven a necessary and important resource for Indigenous women, Two-Spirit, and gender-diverse people. The virtual Resiliency Lodge model first emerged in response to the COVID-19 pandemic and the need for remote access to Elders and Traditional Teachings. NWAC began this process by establishing a 1-800-Elder-Support phone line. The first Elder to run the support line, Elder Roberta, received 4,521 calls and texts between April 2020 and June 2021. NWAC has since hired additional Elders to offer one on one support and hold group healing sessions, as well as to provide support on the workshops.

Another aspect of the Resiliency Lodge's virtual component are the online workshop offerings. In virtual classrooms, each class ranges between 15 and 100 participants, where Indigenous women and gender-diverse people can gather to learn a new skill and connect. Art workshop offerings include beading, ribbon skirt making, oil canvas painting, colouring, and journaling. What began as arts-based workshop offerings in the fall of 2020, has since grown into a nationwide program offering a wide range of programs.



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Virtual Resiliency Lodge programming has been a resounding success. By April 2021—only months after the initial launch of the workshops—we found that our online workshops were so popular that spaces were being booked within 10 minutes of a new class being announced. While we continue to increase the capacity of our online workshop offerings, we continue to see them in incredibly high demand. Between launching our first workshop in September 2020, to December 2021, we have had over 10,000 Indigenous women, girls, Two-Spirit, transgender, and gender-diverse registrants for our online workshops.

Earlier this year, NWAC began the development of a second Resiliency Lodge on Wabanaki Territory (New Brunswick). While similar to the Chelsea model, the Wabanaki Resiliency Lodge specializes in land-based and agricultural activities. A specialized group of Elders, with Knowledge Keepers in agriculture and permaculture, developed this region-specific, Wabanaki model. On 16-acres of land, this rural and land-based healing program allows for large-scale Traditional ceremonies, communal activities, and hands-on land-based cultural teachings and healings. Operations for the Wabanaki Resiliency Lodge have started virtually and will be in operation for in-person programming in the Spring of 2022.

## NWAC'S SOCIAL AND ECONOMIC INNOVATION CENTRE

To expand our capacity to provide support to Indigenous women and gender-diverse people, NWAC has built a Social and Economic Innovation Centre (SEIC) in Hull, Quebec, to house NWAC's national headquarters. This location also offers a dedicated, cultural space for Indigenous women and gender-diverse people. The SEIC, which is set to open in early 2022, is a 45,000 square foot social, cultural, and economic development hub that will provide increased capacity to deliver training and programming.

NWAC has already developed training for employers, service delivery providers, police, government, and other stakeholders. The SEIC will offer a robust artisan training program, as well as a chef's apprenticeship program in the building's professional-grade, commercial kitchen, both of which are already in development. Along with the Resiliency Lodge, the SEIC provides a unique and central location to deliver these specialized training programs for community support services.





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NWAC is a national Indigenous organization representing and defending the rights of Indigenous women, girls, Two-Spirit, transgender, and gender diverse people in Canada, inclusive of First Nations (on and off-reserve, and non-status), Métis, and Inuit. An aggregate of Indigenous women's organizations from across the country, NWAC was founded on the collective goal to enhance, promote, and foster social, economic, cultural and political well-being of Indigenous women in their respective communities and Canadian societies. With 45 years of programming experience—particularly in the area of violence against women—NWAC has developed a direct service delivery model with in-person and virtual components through our Resiliency Lodge model.





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## EXECUTIVE SUMMARY

The purpose of this workshop was to create a space for Indigenous Traditional Healers<sup>1</sup> who offer Traditional Healing services to Indigenous women, girls, Two-Spirit, transgender, and gender-diverse people on their journey to heal scars left by Indian Residential Schools (IRS), Day Schools, the '60s Scoop, and the ongoing crisis of Missing and Murdered Indigenous Women, Girls, and Gender-diverse people (MMIWG). Indigenous Knowledge informs us that when healers guide others on their journey, they give a piece of themselves, and eventually, they will need their own healing.

Built on research activities at the Resiliency Lodge, through Native Women's Association of Canada (NWAC), the Heal the Healer Workshop provided opportunity for Traditional Healers to gather for an evolved discussion on colonization. The workshop explored eugenics in past and present in Canada, answering the question, "why us?" while learning about empathy fatigue in the workplace and how to prevent, and alleviate, its effects through self-care. Importantly, this two-hour virtual workshop stands apart from the others because Indigenous self-care practices were incorporated into the program. This meant showing up was an act of self-care. Community members who participated in the craft—painting their own medicine box—participated in a form of meditation for the duration of the workshop. Listening to the Grandmother tell her story was another act of spiritual healing. Workshop participants were given a self-care package valued at CAD\$80, which contained supplies needed to participate in the craft component of the workshop as well as items that encouraged participants to try new forms of self-care. The workshop also included digital, e-poster packages with PDFs, created by the team to guide community members through self-care practices such as mindful meditations, gratitude journaling, and Indigenous self-care.

This workshop supports Traditional Healers on their healing journey providing education on Indigenous genocide in Canada, empathy fatigue, and self-care—while also providing opportunities to participate in self-care. The workshop encouraged the exploration of new self-care practices. We hosted the Heal the Healers workshop twice, reaching 64 Traditional Healers.

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<sup>1</sup> Traditional Healers within this document encompasses: Grandmothers, Elders, Elder Helpers, medicine women, and other forms of Indigenous Healers. This status was self-declared by the participants, but was not recorded.



## BACKGROUND

As our service delivery capacity continues to grow, NWAC has identified a need for increased support and healing services for our support workers, Elders, and Elder helpers, to assist them in delivering Resiliency Lodge programming. To determine what NWAC needs to provide for community support workers and Traditional Healers, NWAC held community consultations with Grandmothers, Elders, Elder helpers, and Traditional Healers. This workshop provided support to Traditional Healers who work on the frontlines of service delivery (at NWAC and otherwise) who show up for Indigenous women, girls, and gender-diverse people—particularly those experiencing direct and intergenerational trauma (IT) resulting from Indian Residential Schools, Federal Indian Day Schools, and ongoing crises of MMIWG.

Between February 2 and 10, 2022, 41 digital documents were reviewed. Indigenous research and journal articles were prioritized; however, Western health, professional journals, and mental health articles were also reviewed. Indigenous Ways of Knowing were also included via documents regarding Indigenous health practices and sacred medicines collected from Indigenous Grandmothers. The following key search terms were used on Google Scholar and Scopus: "Indigenous healing," "healing intergenerational trauma," "mental healthcare provider's needs," "Indigenous health practices," and "Indigenous self-care."

Indigenous Traditional Healers use well-established practices and teachings to support individuals, and communities, to work toward self-actualization, self-development, and self-knowledge, to promote overall spiritual, emotional, mental, and physical well-being (Goforth, n.d.). These practices and teachings have been, and continue to be, disrupted by direct and IT, resulting from Indian Residential Schools, Federal Indian Day Schools, MMIWG crises, and colonization. Traditional Healers facilitate Indigenous ceremonies and practices to promote healing through mutual support, learning, teaching and listening (Goforth, n.d.). Indigenous persons recognize a healer will become wounded and require their own healing over time due to their work in the community. Healers who aid trauma survivors are more prone to empathy fatigue and Secondary Traumatic Stress (Stebnicki, 2007). Experiencing empathy fatigue hinders counsellors' opportunities for personal growth, professional development, and overall spiritual, emotional, mental, and physical wellbeing (Stebnicki, 2007).





Indigenous healing practices in Canada have been shown to be more successful in improving Indigenous holistic wellness, with more efficient long-term wellness than Western approaches (First Nations Health Authority, n.d.). Indigenous health care incorporates spirituality and the physical, mental, and emotional components found within Western concepts of health. For the Anishinabek, this is presented using the medicine wheel, which is a boundless tool for processing and realizing health (Aboriginal Healing Foundation, 2005). Further, Indigenous Traditional Healing places importance on healing the self before others. Many Indigenous communities have taken responsibility to incorporate these attitudes toward health, healing, and self-care into their communities by restoring Traditional Healing practices, creating policies, health programming, and hosting self-care retreats multiple times a year for Elders, Traditional Healers, and community support workers (First Nations Health Authority, n.d.). Indigenous Traditional medicines, especially the pan-Indigenous four sacred medicines—semah, cedar, sage, and sweetgrass—play a significant role in Indigenous health, wellness and spirituality.



Traditional Healers have stated, “Spirituality is an important part of health and cannot be achieved through Western medicine. Individuals are connected spiritually to the Creator and Mother Earth through their medicines, which helps maintain health,” (Wilson, 2003). For example: Smudging, which involves burning sacred medicines, is the symbolic washing





or healing of the body, mind, and spirit. These sacred medicines connect Indigenous people to the land, often being picked and dried by hand. Land-based healing programs are used as supportive interventions for a range of mental health outcomes, including addictions treatment and complex trauma recovery (Redvers, n.d.). Practitioners observed that people who participated in land-based programming displayed improved health and social well-being in self-esteem, physical fitness, interpersonal relationships, feelings of positive health, positive behavioural changes, a connection to cultural identity, and Traditional language skills (Redvers, n.d.).

In Traditional Indigenous Teachings, it is said that each time you heal someone, you give away a piece of yourself and at some point you will require your own healing (Stebnicki, 2007). It is also recorded that Traditional Healers supporting trauma survivors are more prone to compassion stress-type reactions from expressing empathy toward others' pain and suffering (Stebnicki, 2007). Traditional Healers acquire Secondary Traumatic Stress and can experience empathy fatigue, which negatively affects their health, well-being, and reduces their capacity to help others. This is often marked by decreased personal growth, career growth, and decreased overall physical, mental, emotional, and spiritual health (Stebnicki, 2007). Their state of being in empathy fatigue has a significant impact on the healer's livelihood, but it may also harm people seeking healing guidance due to the Healers' reduced capacity to empathize and guide clients.



## METHODOLOGIES GUIDING FRAMEWORKS

Intergenerational trauma (IT) is the compounding of unresolved, and unhealed, trauma impacting current and future generations of Indigenous people. Settler-colonialist violence, including Residential Schools, Federal Indian Day Schools, and the ongoing crises of Missing and Murdered Indigenous girls, women, Two-Spirit, transgender, and gender diverse people, continues to cause gender-based violence and mental health crises. In Canada, "Indigenous women, trans individuals, and 2SLGBTQIA+ people disproportionately suffer rape, disappearance, and death," and these statistics are commonly devoid of their intergenerational context (Million, 2020, p. 413). IT is passed through generations, amplifying experiences and risks of poverty, crime, gender-based violence (Mack and Na'puti, 2019), addiction, generational breakdown (Hoffart and Jones 2018; Ziwa Yu et al. 2019), family violence, parental neglect, and toxic family dynamics (Parsloe and Campbell 2021) among women, Two-Spirit, transgender, and gender diverse people. IT affects the entire self (Manitowabi and Shawande, 2011), requiring holistic healing encompassing spiritual, mental, emotional, and physical healing (Aboriginal Healing Foundation 2005; McKendrick et al., 2017). Indigenous communities and scholars highlight a need to prioritize Indigenous teachings, ceremonies, and tools in healing processes. This can include incorporating the Medicine Wheel (Hill, 2014), sacred medicines (Redvers and Blondin, 2021), the land (Ward et al., 2022), connections between multiple generations (Rowe et al., 2022; Ontario Federation of Indigenous Friendship Circles, 2019, p.8), empowering, "Individual self-knowledge and self-care skills," (Fletcher and Denham 2008), and involving local leadership (McKendrick et al., 2017).

"Indigenous approaches to research are as complex and multiple as Indigenous peoples themselves," (Miller et al., 2014, p.179); therefore, this research project was dedicated to Indigenous and decolonizing methods incorporating holistic, culturally safe, and intersectional thinking. Providing decolonizing methodologies meant we, "Must recognize



Indigenous Peoples as the authors of important theories about the world we all live in," (Arvin, Tuck, and Morril, 2013, p.21). Indigenous cultural Traditions, Ways of Knowing, and Knowledge Sharing must be central to creating programs supporting Indigenous Peoples. Studies evaluating similarly created programs have demonstrated effectiveness of the Two-Eyed Seeing/Etuaptmumk approach, as well as the Three-Pillar Healing Approach developed by the Aboriginal Healing Foundation. The guiding theoretical and methodological framework is thus grounded in intersectionality, FPIC, Two-Eyed Seeing/Etuaptmumk, and the Three-Pillar Approach.

### FREE-PRIOR, INFORMED CONSENT

As per the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) guidance, this project strived to include a free, prior informed consent (FPIC) model. FPIC is a process that centres on self-determination among Indigenous Peoples, providing them with the space to, "Give or withhold consent to a project that may affect them or their territories," or, "Conduct their own independent and collective discussions and decision-making," in an environment that is culturally safe. Additionally, Indigenous Peoples can, "Discuss in their own language, and in a culturally appropriate way, on matters affecting their rights, lands, natural resources, territories, livelihoods, Knowledge, social fabric, Traditions, governance systems, and culture or heritage (tangible and intangible)," (Food and Agriculture Organization of the United Nations, 2016, p. 13). The Heal the Healers workshop did not require Research Ethics Board approval; however, the research team provided a consent information letter for all participants when conducting research and as well as when delivering the workshop training program. This was done based on the sensitive nature of the questions and topics covered, and the possible emotional labour of sharing experiences.





## INTERSECTIONALITY

An Intersectional approach was taken in program development. Originally coined in 1991, Kimberlé Crenshaw now defines intersectionality as, "A lens, a prism, for seeing how various forms of inequality often operate together and exacerbate each other," highlighting that, "what's often missing is how some people are subject to all of these, and the experience is not just the sum of its parts," (Crenshaw, quoted in Steinmetz, 2018). Intersectional thinking recognizes unique, lived experiences of each Indigenous person, noting perspectives based on gender, economic status, geographic location etc. For Audre Lord (2007), "There is no such thing as a single-issue struggle because we do not live single-issue lives," (p. 138). Using intersectionality allows for an exploration of heteropatriarchy and settler colonialism, contributing to a strong correlation between race-based, and gender-based, violence (Tuck, Yang, and Morril, 2013). This can manifest in ways such as unhealthy family and parenting practices, including abuse and neglect among Indigenous women, Two-Spirit, transgender, and gender-diverse people (Parsloe & Campbell, 2021). Acknowledging how each individual and generation is influenced by gender-based violence, mental health crises, experiences of past traumas, and intergenerational traumas reinforces culture-based healing by creating one-on-one, individualized healing plans based on unique needs (Aboriginal Healing Foundation, 2005).

## TWO-EYED SEEING/ETUAPTUMUK

The Two-Eyed Seeing/Etuaptmumk approach integrates Western methodologies and Traditional Healing in a program-based setting (McKendrick et al., 2017; Waldram et al., 2018; Wright et al., 2019). It was developed by Mi'kmaq Elders and acted as an, "Overarching guiding principle for our collaborative work and has been picked up by diverse others across Canada," (Bartlett et al., 2012, p.332). This project combined key elements of this methodology, including: The inclusion of Grandmothers and Knowledge Keepers, integrating Indigenous Ways of Knowing in research design, research topics and the research team, being open to change, dedication to spiritual wellness of communities, and emphasized decolonizing approaches (Wright et al., 2019).

### Two Eyed Seeing







## THREE-PILLARS OF HEALING

The Aboriginal Healing Foundation (2006) created the three pillars of healing to provide a framework to support inclusive, and culturally informed, healing. This program integrated essential tools and Indigenous wellness values, including integrating Indigenous values, promoting personal and cultural safety, and encouraging the capacity to heal with support from Indigenous Grandmothers, Knowledge-Keepers, and people to inform the process. Part One of this program is dedicated to reclaiming history by teaching eugenics, assimilation, settler-colonialism, genocide, the Residential School System, Federal Indian Day Schools, and MMIWG. Cultural interventions include demonstrating importance of incorporating Indigenous Traditions such as language and medicine in the healing process. Based on Sharing Circles, the integration of Tradition was a key and desired element. Before conducting any research, or other activities, the foundational philosophical outlooks were mindfully chosen to guide this project.

## METHODS

### RECRUITMENT

Researchers recruited NWAC Elders, Knowledge Keepers, and Resiliency Lodge staff through, "Word-of-mouth," while Indigenous women, Two-Spirit, transgender, and gender-diverse people were invited through a poster on NWAC's Facebook page (Meta Platforms Inc., Menlo Park, California, United States). To be included in Sharing Circles, community members had to be over 18 years of age and self-identify as an Indigenous woman, Two-Spirit, transgender, or gender-diverse Traditional Healer. Participants were able to identify what day they preferred to participate. The recruitment process took less than a day. Participants who attended Sharing Circles received a gift valued at CAD\$20 for participating in the event. Sharing Circle questions were sent to participants several days prior to the session to allow for thoughtful involvement. Participants were also provided with a consent information form before the Sharing Circles began. No formal approval from an Ethics Board was required for this research, as per ISC; however, NWAC remains dedicated to acknowledging participation in Sharing Circles may be challenging due to the nature of the research topic. NWAC seeks to better the programs provided to the community and wants all who participate to feel safe, comfortable, and free to share their experiences and thoughts without judgement.



## SHARING CIRCLES

Sharing Circles are storytelling spaces that foster a safe, inclusive, and non-judgmental environment to share personal or community experiences (Archibald, 2008; Wright et al., 2016; Lavallée, 2009; Lavallée and Poole, 2010). Through Sharing Circles, researchers conducted qualitative research and collected culturally relevant data for this study. Facilitators led each



Sharing Circle over Zoom Video Communications (San Jose, California, United States). Facilitators introduced research questions to guide participants through a discussion related to healing. Two observers from the research team were present during Sharing Circles, as well as notetakers to transcribe conversation, as researchers did not record audio or video to ensure anonymity and participant comfort. During the study, three Sharing Circles were conducted: Resiliency Lodge Grandmothers and staff (n=eight), and program participants (n=28;28). Each Sharing Circle lasted approximately 120 minutes (two hours) and included prayers led by a Grandmother at the start and end of each session. As a result of the literature review and informal consultations with Knowledge Keepers, questions posed to participants were:

1. What elements of being an Elder, Elder Helper, community support worker, or Traditional Healer leads to the practice of healing personally?
2. How do Elders, Elder Helpers, community support workers, and Traditional Healers engage in practices to heal personally?



3. What Traditional Teachings, ceremonies, practices, or modern supports will help Elders, Elder Helpers, community support workers, and Traditional Healers heal from traumas Indigenous women, girls, and gender diverse people share with them? Especially those experiences dealing with intergenerational trauma resulting from Residential Schools, Federal Indian Day Schools, and Missing and Murdered Indigenous Women, Two-Spirit, and gender-diverse people?
4. What are the best methods to facilitate healing and support for Elders, Elder Helpers, community support workers, and Traditional Healers?

A complete list of questions posed during Sharing Circles can be found in the Appendix.

## ANALYSIS

Thematic analysis (TA) is a flexible and adaptive way of organizing and coding data into categories or themes (Maguire, et al.). When reviewing data, TA is a helpful tool to recognize patterns and provide insight into general trends. TA was used in this research project to determine key themes and needs of participants in focus groups to see what Elders, Grandmothers, and Traditional Healers require to ensure their wellbeing and self-care. TA allowed the research team to identify themes based on previous literature, studies, and data collected from the focus group. Transcripts from the Sharing Circles were reviewed and compared with findings in literature.

## RESULTS

**Using TA, the research team determined three key themes:**

1. Needs and desires for Traditional forms of self-care and wellness practices
2. The need to prioritize and encourage time for self-care and wellness, and
3. How self-care and wellbeing are collaborative.



Using TA, the research team determined three key themes: 1) Needs and desires for Traditional forms of self-care and wellness practices, 2) The need to prioritize and encourage time for self-care and wellness, and, 3) How self-care and wellbeing are collaborative.

1. **Needs and desires for Traditional forms of self-care and wellness practices.**

Within the focus groups, Elders, Grandmothers, and Healers discussed the importance of using tradition in their self-care and wellness by using Traditional Medicines, such as cedar. Examples of how to incorporate Traditional Medicine include: Taking a cedar bath, soaking your feet in cedar water, and using cedar water to wash your face. One participant said wearing a dress she made from caribou hide was, "Healing. They take what is heavy, and I can let it go." Others spoke about using the land, and connection to the land, as a part of wellness and self-care. Another said participant agreed, saying it was possible to put negative energy into the land.

One participant said you could, "Put it [trauma] all back into the land, and your inside will be okay."

2. **The need to prioritize and encourage time for self-care and wellness.**

While many participants demonstrated knowledge of Traditional Methods for providing self-care and wellbeing, Elders, Grandmothers, and Healers also mentioned the need to set boundaries. Identifying self-care and boundaries was a common theme, alongside the need to remind yourself of your strength. One participant said it is important to, "Remind yourself: You are a warrior." Others shared their belief in the strength of women. One participant said you must, "Find your own recipe," for wellness, incorporating spiritual, emotional, physical, and mental health together.

A participant affirmed this by saying you need to, "Honour yourself," and, "Know when you need self-care."

3. **How self-care and wellbeing are collaborative.** Just as participants mentioned the need to create strong boundaries and engage in self-care, Elders, Grandmothers, and Healers also noted the importance of relying on others for help and support.





For many, self-care and wellness were about trusting oneself. “You have to rely on each other and trust in co-workers,” one participant said. Another said their Elder Helper had recognized they were burnt out and was able to help them work through it. Not only was self-care and well-being seen as collaborative for the need to work with others, but Elders, Grandmothers, and Healers showed the importance of providing love to others as a form of healing. Being able to share wisdom and teachings provided them with elements of self-care and well-being because they were caring for their community. Collaboration was also an essential element of healing for many based on the effects of intergenerational trauma experienced by their families and communities. By providing a voice to other survivors of Residential Schools, and other forms of settler-colonialism, Elders, Grandmothers, and Healers found they were able to unlearn and forgive the harms done to them and their communities. Indigenous communities are continuously affected by settler-colonialism, ongoing crises of MMIWG, and the discovery of unmarked graves all over Canada. Traditional Healing is how Elders, Grandmothers, and Healers can provide self-care and well-being, while strengthening bonds and Traditional Knowledge.

“You have to rely on each other and trust in co-workers,” one participant said.



## HEAL THE HEALERS WORKSHOP

Utilizing the results found within the literature review, and TA of Sharing Circles, a two-hour workshop dedicated to healing Indigenous Healers was created.

### WORKSHOP RECRUITMENT

Researchers recruited participants for the workshop in the typical fashion: Through public posts on NWAC's Facebook page (Meta Platforms Inc., Menlo Park, California, United States). To be included in the workshop, community members had to be over 18 years of age and self-identify as an Indigenous woman, Two-Spirit, transgender, or gender-diverse Traditional Healer. Participants were able to identify what day they would prefer to participate. The recruitment process took less than a day. Participants who signed up for the workshop were mailed a workshop kit valued at CAD\$80. Similarly, as with Sharing Circles, participants were also provided with a consent information form before the workshop.

### WORKSHOP FORMAT

A two-hour virtual workshop via Zoom was created. The Heal the Healers Workshop was comprised of three components: The workshop incorporates all learning methods, including visually through the slide deck, audibly through storytelling, and physically through crafting. The Heal the Healers Workshop included a self-care package and a PDF e-poster package on self-care activities for inspiration. Participants were given one 15-minute water and music break and encouraged to get out of their seats for a stretch. Due to the nature of the workshop, the visiting Grandmother was available in a breakout room for anyone who needed counselling.

**A tailored lesson on the history of Residential Schools, Indian Day School, and the '60s Scoop in Canada; information regarding empathy fatigue and workplace burnout; and a module on self-care initiated through storytelling by a Grandmother regarding Indigenous health and wellness.**



More information regarding specific workshop content can be found in the Heal the Healer Workshop factsheet on NWAC's website. Participants were provided with the standard feedback form upon completion of the workshop. The results of this workshop will be included in NWAC's internal quarterly workshop evaluation analysis.

## RECOMMENDATIONS

### RESEARCH RECOMMENDATIONS

- Create and conduct a survey to reach a broad audience before hosting Sharing Circles. Use the survey results to narrow Sharing Circle topics and separate participants by Traditional Healing type.
- Have multiple, smaller Sharing Circles comprised of 10 participants. This is likely to create opportunity for honest discussion among participants regarding what Traditional Healers require for healing. When Sharing Circles have many people participating at once, participants offer their opinion one at a time and typically do not build upon previous talking points.
- Use all NWAC social media platforms to attract focus groups and workshop participants. LinkedIn and Twitter will generally attract professionals interested in professional and personal development.

### WORKSHOP RECOMMENDATIONS

- Continue to offer Heal the Healer Workshops monthly.
- Create Heal the Healer Workshops tailored to different groups of Healers. For example: Workshops specifically for Grandmothers, Traditional Healers, Children's Aid Society employees, social workers, case managers, etc.



## MOVING FROM VIRTUAL TO IN-PERSON HEAL THE HEALER WORKSHOPS RECOMMENDATIONS

- Expand the workshop to a full day (six to eight hour) event, with lunch and plenty of breaks, when COVID-19 allows.
- Include more Indigenous acts of self-care, including: Sweats, Sharing Circles, nature walks, smudging, cleansing ceremonies, cedar baths, crafting, music, and dancing.
- Include daycare services and cover the costs associated with transportation.

## POST-WORKSHOP RECOMMENDATIONS

- Send a post-workshop thank you note and e-poster package.
- A social media campaign is encouraged. Participants can be given a hashtag to use on social media, such as Instagram, Tik Tok, LinkedIn, and Facebook, and encouraged to share pictures of their craft and do acts of self-care. This helps to keep people engaged with the materials and host organization.

## CONCLUSION

By using good research practices in conjunction with community consultation, NWAC was able to build a workshop encompassing current themes found in many Indigenous organization's conversations regarding healing spiritual wounds from colonization, Residential Schools, Indian Day Schools, the '60s Scoop, and the ongoing crises of MMIWG. Understanding this knowledge is likely to assist those on their healing journey and enabling participants to identify eugenic attitudes, or assimilation strategies, and fosters space for understanding and healing. Further, NWAC created a space to learn about empathy fatigue, which is a phenomenon that affects the Indigenous Traditional Healer community. This two-hour virtual workshop made space for self-care, promoted the uptake of new self-care activities, and was successfully well-received by community members.





## REFERENCES

- Aboriginal Healing Foundation. (2005). Reclaiming Connections: Understanding Residential School
- Trauma Among Aboriginal People, A Resource Manual. Anishinaabe Printing.  
<https://www.ahf.ca/downloads/healing-trauma-web-eng.pdf>.
- Arvin, Maile, Eve Tuck, and Angie Morrill. "Decolonizing Feminism: Challenging Connections Between Settler Colonialism and Heteropatriarchy." *Feminist Formations* 25, no. 1 (2013): 8–34. <https://doi.org/10.1353/ff.2013.0006>.
- Bartlett, Cheryl, Murdena Marshall, and Albert Marshall. "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, no. 4 (2012): 331–40.  
<https://doi.org/10.1007/s13412-012-0086-8>.
- Crenshaw, Kimberlé. "Mapping The Margins: Intersectionality, Identity Politics, and Violence Against Women of Color." *Stanford Law Review* 43, no. 6 (1991): 1241–99.
- First Nations Health Authority. Traditional Wellness and Healing. First National Health Authority,  
Health Through Wellness. Retrieved from <https://www.fnha.ca/what-we-do/health-system/traditional-wellness-and-healing>.
- Fletcher, Christopher, and Aaron Denham. "Moving towards healing: A Nunavut case study." *Aboriginal healing in Canada: Studies in therapeutic meaning and practice* (2008): Pages 93-129.
- Food and Agriculture Organization of the United Nations, Action Against Hunger, Action Aid, International Federation of Red Cross and Red Crescent Societies, World Vision International, and Agencia Española de Cooperación Internacional. Free Prior and Informed Consent: An Indigenous Peoples' Right and a Good Practice for Local Communities: Manual for Project Practitioners. Food and Agriculture Organization of the United Nations, 2016.



- Goforth, S. (n.d.). Aboriginal Healing Methods for Residential School Abuse and Intergenerational Effects: A Review of the Literature. *Native Social Work Journal*, 6. Pages 11-32.
- Hill, Gus. A holistic aboriginal framework for individual healing. In T. O'Connor, K. Lund, & P. Berendsen (Eds.), *Psychotherapy: Cure of the soul*, (Pages 59-69). Waterloo: Waterloo Lutheran Seminary, 2014.
- Hoffart, Renée, and Nicholas A. Jones. "Intimate Partner Violence and Intergenerational Trauma Among Indigenous Women." *International Criminal Justice Review* 28, no. 1 (2018): Pages 25–44. <https://doi.org/10.1177/1057567717719966>.
- Lorde, Audre. *Sister Outsider: Essays and Speeches*. Berkeley, Calif: Crossing Press, 2007.
- Mack, Ashley Noel, and Tiara R Na'puti. "'Our Bodies Are Not Terra Nullius': Building a Decolonial Feminist Resistance to Gendered Violence." *Women's Studies in Communication*, 42, no. 3 (2019): Pages 347–370. <https://doi.org/10.1080/07491409.2019.1637803>.
- Maguire, Moira, & Delahunt, Brid. "Doing Thematic Analysis: A Practical, Step-by-Step Guide for Learning and Teaching Scholars." *AISHE-J* 8, no. 3. Pages: 351-3351-33514.
- Manitowabi, D., & Shawande, M. "The meaning of Anishinabe healing and wellbeing on Manitoulin Island." *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 9, no. 2 (2011): Pages 441-458.
- McKendrick, Jane, Robert Brooks, Jeffrey Hudson, Marjorie Thorpe, Pamela Bennett. *Aboriginal and Torres Strait Islander Healing Programs: A Literature Review*. 2017. <https://healingfoundation.org.au/app/uploads/2017/02/Aboriginal-and-Torres-Strait-Islander-Healing-Programs-A-Literature-Review.pdf>.
- Million, Dian, "Trauma's Promise: Indigenous death, economics, and resurgence." *The Routledge International Handbook of Global Therapeutic Cultures*, eds. Daniel Nehring, Ole Jacob Madsen, Edgar Cabanas, China Mills, and Dylan Kerrigan (Abingdon, Oxon: Routledge, 2020), Pages 409-420.



- Native Women's Association of Canada. "Trauma Informed Care Factsheet for Health Professionals." 2022. [unpublished factsheet].
- Parsloe, Sarah, and Rashaunna C. Campbell. "Folks Don't Understand What It's Like to Be a Native Woman: Framing Trauma via #MMIW." *Howard Journal of Communications*, 32, no. 3 (2021): Pages 197-212.
- Redvers, Nicole, and Be'sha Blondin. "Traditional Indigenous Medicine in North America: A scoping Review." *PloS One* 15, no. 8. (2020): e0237531–e0237531.
- Rowe, Gladys, Silvia Straka, Michael Hart, Ann Callahan, Don Robinson, and Garry Robson. "Prioritizing Indigenous Elders' knowledge for intergenerational well-being." *Canadian Journal on Aging/La Revue canadienne du vieillissement* 39, no. 2. (2020): Pages 156-168.
- Stebnicki, Mark A. (2007). *Empathy fatigue: Heal the mind, body, and spirit of professional counsellors*. American Journal of Psychiatric Rehabilitation, 10(4). Pages: 317-338.
- Steinmetz, Katy. "She Coined the Term 'Intersectionality' Over 30 Years Ago. Here's What It Means to Her Today." *Time* (Chicago, Ill.) 195, no. 7 (2020). Retrieved from: <https://time.com/5786710/kimberle-crenshaw-intersectionality/>.
- Trauma Informed Oregon. "What is Trauma Informed Care?" Trauma Informed Oregon. Retrieved from <https://traumainformedoregon.org/wp-content/uploads/2016/01/What-is-Trauma-Informed-Care.pdf>.
- Tuck, Eve and Yang, Wayne K. "Decolonizing is not a metaphor." *Decolonization, Indigeneity, Education, and Society* 1, no.1. (2012): Pages 1-40.
- Ward, Leonor Mercedes, Mary Janet Hill, Nikashant Antane, Samia Chreim, Anita Olsen Harper, and Samantha Wells. "'The Land Nurtures Our Spirit': Understanding the Role of the Land in Labrador Innu Wellbeing." *International Journal of Environmental Research and Public Health* 18, no. 10. (2021): Page 5,102.
- Wilson, K. (2003). *Therapeutic landscapes and First Nations Peoples: an Exploration of Culture, Health and Place*. *Health & Place*, 9(2). Pages 83-93. [https://doi.org/10.1016/S1353-8292\(02\)00016-3](https://doi.org/10.1016/S1353-8292(02)00016-3).



## APPENDIX

### SHARING CIRCLE QUESTIONS

#### **NWAC and Resiliency Lodge Elders, Grandmothers, Knowledge Keepers, and Elder Helpers:**

1. Is there a part of being an Elder that helps facilitate healing yourself? If so, what parts?
2. Within your supportive role in the community, are there any elements that you find challenging, or require more energy?
3. Within your supportive role in NWAC, are there any elements that you find challenging, or require more energy?
4. Are you familiar with additional healing sessions, training, or support outside of NWAC that would benefit your healing journey? If so, what are they?
5. Are there things that you do to take care of yourself? Can you please tell us about them?
6. How often can you engage in Traditional Ways and Practices of Healing for yourself?
7. Are there things that prevent you from having access to, or participating in, these practices?
8. What would help you stay emotionally, mentally, spiritually, and physically healthy after helping our survivors?
9. Are there Traditional Ceremonies or Practices that help you heal, cleanse, or connect with the self and spirits? Can you please tell us what ones you partake in?
10. Are there any healing and wellness resources you can access through NWAC? Do you use them? Why or why not?
11. Is there merit to participating in gatherings, including ceremonies, medicine picking, crafts, sharing meals, and participating in Sharing Circles? What benefits can you foresee from attending something like this?
12. Are there ways Indigenous People can use technology and modern practices to take part in Traditional Healing? If so, what do you think would work best?
13. Would you like to share anything? Is there anything, throughout this discussion, that you felt was missing that you would like to add?





**Indigenous Women, Two-Spirit, Transgender, and Gender-Diverse Elders, Elder-Helpers, Traditional Healers, Medicine Women, and Other Forms of Indigenous Healers From the Community:**

1. Can you please state your current role and type of organization (no details)? How long have you been in this role?
2. In what ways do you encounter challenges in your role as a Traditional community support worker?
3. Are you aware of any mental health and/or wellness resources provided through your workplace? Do you use them? Are they helpful? If no, why not?
4. Do you feel having your own healing sessions, training, or support would help you stay mentally, emotionally, spiritually, and physically healthy and able to support others on their healing journey?
5. Are there things that you do to take care of yourself? Can you please tell us about them?
6. How often do you do something nice or healing for yourself?
7. Do you participate in Traditional Ceremonies or use Traditional medicines regularly for your own well-being? (Prompt: Seeing an Elder or Traditional Medicine Person.)
8. What things may stop you from participating in Traditional Healing for yourself?
9. What might be some of the benefits you may gain from participating in ceremonies, Traditional medicine harvesting, crafting, music, feasting, and/or Sharing Circles?
10. What types of programs, ceremonies, or supports would you like to see offered to you? Why would those specific programs, ceremonies, or supports help you heal?

**Prompt suggestions**

- a) Trauma Workshop.
- b) Grief Workshop.
- c) Coping with depression and anxiety.
- d) Traditional Medicine teachings.
- e) Lateral violence workshop.
- f) Sleep health workshop.