



Canadian Mental  
Health Association  
British Columbia  
*Mental health for all*

# We Are Your Children, We Are Your Future

## DEVELOPING INDIGENOUS-CENTERED PARENTING SUPPORT FOR CHILDREN WITH MILD TO MODERATE ANXIETY

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## Introduction

We would like to begin by stating that we are humbled to be working on this project to provide further support and insights to Indigenous families who are parenting children with anxieties that stem from various influences in their lives. We recognize the sacredness of parenting as mothers and grandmothers ourselves. Our clinical and academic backgrounds may have opened the door to this project but at the heart of this paper is the connection we make to this important work through the lens of our motherhood, grand-motherhood and our Indigenous ancestors who guide our walk on Mother Earth and Turtle Island.

## Land Acknowledgement

We would be remiss in continuing this report without acknowledging the original caretakers and ancestors to the territory we are conducting our work on. Here are those acknowledgements:

**Jeannine Carriere:** I hold my hands up in thanks to the WS'ANEC' (Saanich), Lekwungen (Songhees), Wyomilth (Esquimalt) peoples of the Coast Salish Nation whose unceded territory the University of Victoria sits on and is where I conduct my work. I also acknowledge the Quw'utsun people where my family and I reside near Duncan British Columbia. I can only hope that I have occupied these territories in a good way.

**Cathy Richardson:** I was born and have lived most of my life on Coast Salish territory, for which I am very grateful. I hold my hands up to the Elders for their teaching and to the land which sustained me and my family. I try to give back in ways that honour these relationships and promote healing and well-being. Today, I live and work in Tiohtiá:ke (Montreal) on the lands of the Kaniek'keha : ka nation. There, I also try to be a good guest, respecting the reciprocal relationships that sustain peace and good will between peoples.

**Cheryle Henry:** I acknowledge with gratitude and wonder the Quw'utsun people and territory where I work and live along with my family. I raise my hands up to you. Kukwste'tselp (Thank you).

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**In this program, parent/caregiver coaches will be asked to acknowledge the traditional territory of the participating families.** This includes developing a knowledge of the names of territories as well as the colonial institutions that were built on that land, such as residential schools, and how the population was affected by the assimilation practices of this institution.

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## Personal Locations

In our work, as Indigenous women, it is very important to put forward who we are and where we come from. We believe that our connection to our ancestors needs to be acknowledged and presented to any audience as we bring in those ancestors in all the work we do. For this paper, our personal locations are outlined below:

**Jeannine Carriere:** My Cree spirit name is Sohki Aski Esquao which means Strong Earth Woman. This name was given to me at a Sundance in 2010. I am Métis with Cree, Assiniboine, French and Irish on my mother's side, and French and Mediterranean on my father's side. I am originally from southern Manitoba, raised in a Métis community along the Red River and still hold Métis citizenship in that province as I will always be an occupier in British Columbia. "The Assiniboine River knows me by my name and the Red river water runs through my veins" (Bird, S. nd).

**Cathy Richardson:** While Catherine Richardson is my European name, I received the name Kinewesquao, which means Golden Eagle Woman in the Cree language. Although I was born in Snuneymeux (Nanaimo), on the unceded territory of the Coast Salish, my Indigenous roots come from my mother's connection to Fort Chipewyan in Alberta. This Métis, Cree and Chipewyan community was the birthplace of my mother Greta, my grandmother Evelyn and my great-grandmother Emily Anna. I identify as Métis and have Cree, Dene and Gwichin ancestry. My Métis ancestors are buried in the Anglican cemetery in Red River.

**Cheryle Henry:** I am Waska Pimina Iskwek meaning Spiraling Eagle Woman. I received my Cree spirit name while at Sundance in 2010. I am First Nation with Secwepemc, Nu-chah-nulth, French, Spanish and German on my mother's side and Irish on my father's side. I was born and raised in British Columbia in the Coast Salish and Secwepemc territories. I was born of the oceans, mountains and rivers of my ancestors.

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**In terms of the families who will participate in this program,** it is important to acknowledge the diversity of families. Kim Tallbear is a member of the Sisseton Wahpeton Oyate tribe and she writes about traditional Indigenous families, noting that they are not typical nuclear-style families. Due to the movement of peoples, a family might have a number of dads, moms and aunties who shared the parenting role and cousins who were considered siblings. Children were often adopted through custom adoption or kinship ties and parents. Sometimes family members were Two-Spirit or non gender-conforming and they had a special role in assisting with the family and community. It was through missionization that families began to more closely resemble the European nuclear family, but that project was never completely successful.

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## Abstract

This paper addresses some important considerations in developing parenting supports through further examining the literature on Indigenous child mental health and in particular, anxiety in BC, Canada, and other jurisdictions. The authors will also present relevant historical information, cultural factors as considerations, and move toward some models of parenting empowerment strategies that can support them as they address the holistic needs of their children experiencing anxiety. The paper will also identify some of the key concepts and strategies to be included in the curriculum. We will conclude with some attention to practice models, response-based practice and solution-focused approaches that are culturally relevant and practical in nature.

## Project Rationale

### Incidence rates for Indigenous children with anxiety

Murphy (2017) states “Anxiety disorders are highly prevalent in Canada, with one in four people over the age of 15 experiencing an anxiety disorder at some point during their lifetime,” however, “limited research exists on Aboriginal populations in Canada, and current studies have provided mixed results on the prevalence of anxiety disorders.”

Current research on the incidence of childhood anxiety for Indigenous children is not readily available but what does exist are a number of studies and reports that point to some important health information that should be considered in this project. For example, the National Collaborating Center for Aboriginal Health stated in their 2012 report that “the physical and social environments in which children live are vital to healthy individual development” (p.51). Furthermore, the authors

state “that Aboriginal families in Canada are faced with more challenges and stresses than non-Aboriginal families” (p.51). This statement can be viewed as an important factor for the existence of anxiety for Indigenous children who may live within a context of challenges for their families and communities.

### Need for services and content for Indigenous families

Incidence reports can lead to an interpretation however that omits some of the important environmental factors that should be considered in developing resources for Indigenous families.

Some of these include the importance of location, cultural backgrounds, family history and access to services, to name a few. Adderman and Campbell (2007) propose that, while anxiety is a universal human condition and there will be similarities across cultures,

differing constructs of mental health and wellness may also result in differences in presentation of some symptoms, importance placed on symptoms and the meaning attached to symptoms. It is, therefore, essential to explore Indigenous constructs of mental health and well-being, particularly in regard to anxiety before research can be conducted into identification, prevalence, and intervention of excessive anxiety in youth (p.75).

*The need to support Indigenous families by providing strategies for parenting their children who exhibit anxiety can be a pro-active means to improve outcomes for Indigenous children.*

Murphy (2017) also states that

Aboriginal children may be exposed to multiple risk factors including poor living conditions, poverty, parents with depression and anxiety, and high levels of parental stress. Relocation to urban centers may create separation from important social networks, reducing the chance for support. The growing awareness of the effects of colonization and historical trauma on the mental health of Aboriginal peoples highlights the need for more research.

There is also need to blend the knowledges to generate culturally appropriate mental health services that can manifest a “pathway of healing and decolonization for Aboriginal peoples in Canada”.

Data specific to Indigenous children’s mental health in Canada continues to be very limited (Kirmayer, Brass, & Tait, 2009). These limitations are augmented by the quality and coverage of data, a lack of culturally relevant health indicators, and jurisdictional barriers associated with Indigenous status and geography (in National Collaborating Centre for Aboriginal Health [NCCAH], 2009; Smylie, 2009a). With respect to knowledge gaps, it is clear that more research is needed specific to First Nations, Inuit and Métis and off-reserve children and youth to develop more relevant and responsive policies, programs and interventions that include a better understanding of gender differences, especially during important transition times (National Collaborating Center for Public Health, 2017).

Rather than staying focused on gaps however, the need to support Indigenous families by providing strategies for parenting children who exhibit anxiety can be a pro-active means to improve outcomes for Indigenous children. This includes strength-based solutions and a decolonizing framework to improve Indigenous child mental health.

## Project Context

It is important to acknowledge that Indigenous people are still subjected to colonization today. The stressors that impacted First Nations, Inuit and Métis families in the late 1800s, in the 1950s/60s are still being enacted in government policy; the Indian Act is still in place. Colonial strategies include encroachment on Indigenous lands, breaking up families, isolating family members from one another, causing trauma through violence and racism and then creating a healing industry to manage Indigenous suffering.

Despite all this and through various forms of resistance and resiliency, Indigenous families are still here, they are strengthening themselves and trying to heal themselves. However, there are still many losses and this program is based on supporting parents/caregivers to support children who are suffering from anxiety within this context.

The intention for the community-based resource toolkit is to serve as a resource library and provide early support and interventions that reduce stress and functional impacts related to anxiety for Indigenous children and their families. These resources will be made available across the province in urban, rural and remote settings. While parents and families will draw on the knowledge and resources they already possess, there is also the intention to offer new skills and strategies that they may choose to use within their families and communities. Parents/caregivers can draw support from extended family to create conditions where anxiety might be lessened and to offer emotional support to children.

The motto “it takes a community” reminds us that group efforts can help the young people of the community. Indigenous

people have traditionally worked together in the community to raise the young ones. Collective tribal obligations for the future of our children are upheld in the ideology of seven generations, which promotes a sense of individual responsibility for the collective good. For example, Anishinaabe cultural teaching exist on the concept of seven generations principles and captured in the Anishinaabe word *niizhwaaching*, and *aanike'inawendiwin*, which reminds us that the decisions we make today will influence the next seven generations to come (Simard & Blight, 2011, p.33).

As part of this context we draw your attention to our Statement of Intent for our involvement in this project as this is what we are drawing from in writing this paper. In this multi-phased project, curriculum writers/educators (listed above) will develop, organize and finalize a model for telephone/internet coaching and a resource toolkit on the topic of Indigenous children and anxiety. These deliverables will be designed to assist and guide Indigenous parents to support their children, ages 3 to 12 who are experiencing mild to moderate anxiety. This overview paper is the back-drop from which we will draw our ideas and recommendations.

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### Who are the Indigenous peoples as addressed in this paper?

Let us begin by describing who we are referring to in this paper as Indigenous children. There have been a number of historical and colonial iterations and definitions assigned to us as Indigenous peoples. In this paper we use the terminology ‘Indigenous’ when referring to First Nation, Métis and Inuit peoples of Turtle Island, known as Canada. We will use ‘Aboriginal’ when citing literature that uses this terminology, however we recognize the colonial roots of this term and will not use it ourselves. We will use specific descriptors of First Nation, Inuit and Métis when we are referring to those groups.

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## Literature Review

### Definitions of anxiety from a non-Indigenous and Indigenous perspective

In British Columbia where this project takes place, 6.5% of youth overall have an anxiety disorder (Bellamy & Hardy, National Collaborating Center for Aboriginal Health, 2015). Waddell, Shepherd, Schwartz & Barrican, (2014) report that “According to estimates derived from recent well-designed prevalence surveys in other countries, as many as 12.6% of children and youth aged 4 to 17 years—or nearly 84,000 in British Columbia (BC)—are likely experiencing clinically significant mental disorders at any given time. These surveys also reveal stark service shortfalls in that under one third of young people with disorders—just 31% or 26,000 in BC—are estimated to be receiving specialized mental health services (p.2).

*Researchers, policymakers and practitioners also need to collaborate on developing and evaluating culturally adapted programs and services, especially in Aboriginal and First Nations communities*

While there have been some studies addressing some aspects of Indigenous children and youth experiencing anxiety, these are limited. Further in her report, Waddell et.al. attest to minimal epidemiologic surveys that included Indigenous youth and state that, “Researchers, policymakers and practitioners also need to collaborate on developing and

evaluating culturally adapted programs and services, especially in Aboriginal and First Nations communities” (p.8).

We will begin this section by offering some highlights from a non-Indigenous worldview then proceed to center Indigenous-based research.

## Definitions and concepts from a non-Indigenous worldview of anxiety in children

Researchers at the Offord Center for Child Studies define anxiety as a feeling of worry or unease and “when the level of anxiety is great enough to interfere with a child or young person’s everyday activities, we call this an anxiety disorder. An anxiety disorder is a psychiatric condition that may require medical or psychological treatment.”

*When the level of anxiety is great enough to interfere with a child or young person’s everyday activities, we call this an anxiety disorder*

This same website has a specific section entitled Anxiety BC (now renamed to Anxiety Canada) which describes that “anxiety specialists have identified that when a child experiences anxiety more often (e.g. most days, and for months at a time), and more intensely than other children of the same age, it is more likely that the child has an anxiety disorder. Finally, those children who experience a specific list of anxious symptoms, more frequently and intensely than peers, are more likely to also experience significant disruption in their lives. This disruption can interrupt or even stop him or her from participating in a variety of typical childhood experiences” (IBID).

Kamphaus & Reynolds, (2013) refer to the DSM 5 and describe anxiety disorder as excessive anxiety and worry (apprehensive expectation) occurring more days than not for at least 6 months, and includes a number of events or activities (such as work or school performance). Within this state of mind, the individual finds it difficult to control the worry. These authors propose that in children, only one required item is required from the following list:

1. Restlessness, feeling keyed up or on edge.
2. Being easily fatigued.
3. Difficulty concentrating or mind going blank.
4. Irritability.

5. Muscle tension.
6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning and is not explained by other medical disorders.

The disturbance is not better explained by other medical disorders (e.g., anxiety or worry about having manic attacks in panic disorder, negative evaluation in social anxiety disorder [social phobia], contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in post-traumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

This description, however, pertains mostly to adults. High prevalence rates of anxiety in children is a concern as early onset anxiety disorders have been shown to have long-term implications; there is evidence that children often do not “outgrow” anxiety, with many anxious adults having a history of anxiety in childhood (Kendall & Ollendick, 2004). Children who experience anxiety face an increased risk of developing depression over time, which may sometimes lead to suicide or suicide ideation in adolescence and adulthood (Kendall & Ollendick, 2004). Parental anxiety has been shown to be a significant risk factor for the development of anxiety in children. Children with anxious parents have a two-fold greater risk to develop an anxiety disorder themselves compared to children whose parents do not have an anxiety disorder (Merikangas, Dierker, & Szatmari, 1998).

## Indigenous worldviews and childhood anxiety

Much of the literature and data concerning anxiety is situated in non-Indigenous literature. In this section we attempt to feature some relevant information that addresses Indigenous childhood anxiety written from an Indigenous worldview and centering Indigenous-led research. We contextualize anxious behavior and responses in Canada's historical reality of colonial violence, including an Indigenous family's experience of residential school abuses and the ways they have played out in family and community life. We also explore the nature of social responses Indigenous families have received from non-Indigenous society and how these responses are sometimes anxiety-provoking when they are negative, blaming or generally unsupportive.

The First Nations Regional Health Survey measured emotional distress among Canada's First Nations with a scale that combined symptoms of anxiety and depression. While the survey indicated significantly more First Nations were feeling moderate (44.5%) to high (6.2%) levels of psychological distress compared to the general population, in which 33.5% combined reported moderate or high distress, these numbers do not allow for prevalence estimates of either depression or anxiety specifically in Aboriginal communities (First Nations Information Governance Centre, 2012).

As for Métis people, a provincial level analysis of diagnosis and treatment of anxiety disorders in Manitoba's universal health care system showed that Métis have a higher prevalence of anxiety (9.3%) compared to all other Manitobans (8.0%) (Sanguins, Bartlett, Carter, Hoepfner, Mehta, & Bassily, 2013). In Nunavut, a study conducted with 1710 Inuit individuals, reported that 14% of respondents felt anxious all or most of the time (Bellamy and Hardy, 2015). These authors encourage readers to consider how colonization has created conditions of trauma and ongoing distress that Indigenous parents have faced through colonial violence and how this has impacted their children.

Researchers have suggested that trauma resulting from ongoing colonial distress has been passed down through generations to Indigenous children who currently suffer from anxiety which is somewhat similar to how cultural knowledges have been passed down (Bombay, Matheson and Anisman, 2009; Kirmayer, Tait and Simpson, 2009 as cited in Bellamy & Hardy, 2015). As Greenwood (2005) states, "The health and well-being of Aboriginal children must be considered within the understanding that they have been born into the legacy of colonialism and are influenced by unique political and social conditions." This research is some of the most prevalent literature found in our search.

We also wish to center the cultural and traditional perspectives of mental health for Indigenous peoples as important to consider. Storytelling has been a traditional way of explaining the world, including illness and wellness. Metaphors are often used, such as raven stealing the sun, to explain how darkness came to a community. Humans needed to perform an action, often related to restoring balance with Earth or the Creator before the light would be returned.

Another example is the term "fire illness" used to refer to the anxiety Métis people feel when they have been forced away from the fire of their people and lose their identity. We need to keep the cultural fire burning inside, metaphorically, in order to have a strong idea.

Stories help us remember who we are culturally. Qwul'sih'yah'maht, Robina Thomas (2018) states that, "despite colonization, xwi'xwi'em (storytelling) continues to play very important roles in the lives of Hwulmuhw. Furthermore, Thomas argues that storytelling is "essential to the survival of Indigenous people because stories pass on culture, tradition, historical facts, and life lessons. Stories have always, and continue, to do this" (p.54).

## Anxiety from a cultural and traditional perspective

First Peoples have traditional psychological systems and healing practices, often based in spirituality, ceremony and rituals but also relevant are language, harmony with the community and the environment, and cultural practices. (Ocampo, 2010).

While there may be no definition of anxiety in Indigenous languages, one can appreciate that traditional values and worldviews impact how health conditions were historically addressed through collective and community methods. Community was understood as any group to which an Indigenous individual belonged including, but not limited to, ancestral and traditional communities, that had some link with Indigenous culture. Cultural values such as relationality, connectedness and the importance of family were the foundational ways of knowing and being that guide a traditional and holistic framework for health decisions and practices aimed at restoring health that would include mental, physical, spiritual and emotional health. Waldram (2004) however cautions in using the word 'traditional' in our discourses on healing practices as the term "has come to be socially constructed throughout time and 'Traditional' as an adjective has changed from a descriptor of a particular kind of ancient cultural formation or individual cultural orientation/lifestyle into a metaphor, and an oppositional one at that, for a particular kind of very contemporary lifestyle and identity, in which culture is no longer as much a lived experience as it is a practice or even a performance" (p. 292). Rather than use traditional as a descriptor, it may be wiser to examine cultural teachings and anxiety within a holistic concept of health and well-being.

Elements of Indigenous conceptions of health and well-being are present in therapeutic conditions, such as a belief in the healing spirit, exploring culture through sacred teachings, and exploring the various dimensions of well-being throughout the healing process (Beaulieu, 2011). Aboriginal scholars and researchers have drawn on evidence from Holocaust and attachment studies to understand the

impact of historical trauma associated with colonization to explain mental health challenges and addiction found in some Aboriginal communities today (Duran, 2006; Haskell & Randall, 2009). Given the limitations of Western healing approaches, some scholars argue that traditional and spiritual approaches are critical foundational elements in addressing anxiety for Indigenous peoples (Linklater, 2014; Duran, 2006). These are viewed as strong medicine to address colonization.

McCabe (2007) wrote that a key component of the traditional healing practices of many Indigenous communities is to introduce or reintroduce the individual to the community, which "connotes identity and seems to be accomplished by the use of group experiences and reminders that one's community and family are intrinsically connected to an individual's wellness" (p. 157).

Indigenous researchers and counsellors have noted the omission of the spiritual dimension in the discipline of psychology is particularly relevant to Indigenous healing practices and theories (e. g. Duran, 2006; Gone, 2003; Linklater, 2014). As Duran points out, the root word of psychology (psyche) is Greek in origin and literally translates into soul or spirit. By extension, the word psychopathology translates to "soul suffering" and psychotherapist translates to "soul healer." The concept of the soul wounding is discussed by Duran as a consequence of historical trauma that has been inflicted on Indigenous peoples during the colonization of North America.

In summary, it is well established that Indigenous and Western models of mental health have important differences. In particular, Indigenous models of health take a holistic approach and view mental health to be related to the individual's spiritual, cognitive, physical, and emotional health. Indigenous healing models also consider the mental health of the individual to be linked to their relationships with others and connection to the land (Blackstock, 2008).

## Historical events causing or influencing anxiety for Indigenous peoples

The history of colonization and continued oppression of Aboriginal peoples in Canada are considered by many to be the root cause of the elevated levels of social distress in many Aboriginal communities (Kirmayer, Tait, & Simpson, 2009). Many First peoples suffer not only from the proximal traumas of emotional, physical and sexual abuse and/or family violence but also from intergenerational trauma inherited via shared experiences of genocide, colonization, and alienation. (Ocampo, 2010).

*Residential schools interrupted and corrupted traditional child rearing by separating Aboriginal children from their parents, extended family and culture, and by raising them instead within punitive, often abusive institutions.*

In British Columbia, the First Nations Health Authority states that, “First Nations have a long history of health and wellness, sustaining vibrant Nations since time immemorial. This was forcibly interrupted by colonization,” and that, “Government policies of assimilation, including the Indian Act, residential schools, and Indian hospitals, were designed to forcibly separate families, eliminate cultures, and disempower communities. (First Nations Health Authority).

In 2015, the Truth and Reconciliation Commission (TRC) outlined the historical attempts of the Canadian government at genocide for Indigenous peoples, including First Nation, Métis and Inuit peoples. This history of atrocities was addressed with several calls to action by the TRC including how mental well-being can be supported by decolonial methods of providing mental health services. The era of residential schools is one historical event that has impacted Indigenous peoples however this is one of many that must be considered in the plethora of ongoing colonial policies that impact and interfere with

Indigenous children and families. Child welfare must also be considered as a major disruptive tool that continues to separate Indigenous children from their families and communities. Thousands of Indigenous children in Canada have been disconnected from their families and re-named in adoption practices aimed at the erasure of their Indigenous ancestry and rights as Indigenous children. The links between residential school and child welfare are painfully evident with interlocking colonial strategies of settler colonialism. This should be considered as an act of violence towards Indigenous mothers and their children (Carriere & Thomas, 2014).

These acts were not limited to First Nation children. Métis and Inuit peoples were impacted by residential schools and child welfare. A review of 2017 child welfare legislation and policies in Canada reveals that there is still no legislation to guide child welfare and protect the rights and identity of Métis children (Carriere & Richardson, p. 51). These authors state that Métis children have become the ‘invisible children of child welfare’. This contributes to the underfunding of Métis child welfare programs and services which are sporadic at best across Canada.

Muir and Bohr (2014) provide a ‘list’ of impacts for Indigenous families and these can be examined as part of a framework for contributing to anxiety for Indigenous children. They include:

- The social-historical context created by colonialism includes both acute and chronic stressors, resulting in symptoms related to post-traumatic stress disorder (PTSD) (Evans-Campbell, 2008). However, Evans-Campbell contends that PTSD classification is of limited use to Aboriginal people because it does not address intergenerational trauma, the compounding effect of multiple stressors, only focuses on the individual (and not the family), and its definition does not incorporate the ways historical and present day traumas interact

or are interpreted. Historical trauma is collective, compounding, and although the abuses of colonialism were perpetrated over many years and generations, these abuses still continue to impact individuals, families, mental health and cultural identity (Evans-Campbell, 2008).

- Residential schools impacted generations of their families in very significant ways, resulting in the inability to express love or nurturance, a loss of communication, emotional abuse and traumatic bonding, and having children taken into foster care (Chansonneuve, 2005). It was not just the children who attended residential schools who were affected. Descendants of children raised in boarding schools recounted experiencing childhood neglect and abuse themselves and, when they became parents, had feelings of parental inadequacy and feeling confusion about how to parent in healthy ways (Lafrance & Collins, 2003). Residential schools interrupted and corrupted traditional child rearing by separating Aboriginal children from their parents, extended family and culture, and by raising them instead within punitive, often abusive institutions.

## The impact of colonization on Indigenous women, children, families and communities

On a global level, Indigenous peoples, cultures around the world share a history of colonialism which has likely had a significant effect on parenting practices. In Canada, colonialism, through an insidious assimilation process, has gradually pared away the identity of Aboriginal children and youth who subsequently themselves became parents (Simard & Blight, 2011). The arrival of settlers

*Colonialism, through an insidious assimilation process, has gradually pared away the identity of Aboriginal children and youth who subsequently themselves became parents*

The stories that were shared at the Truth and Reconciliation hearings come from the lived experience of the people. Through storytelling and talking circles, Indigenous people have shared their lived experience with one another for centuries. Cherokee author and storyteller Thomas King says “stories are all we are.”

In her recent book, *All My Relations: Finding the Path Forward*, Tanya Talaga (2018) discusses issues related to mental health and Inuit peoples. In a poignant description of the incidences of suicide in Inuit communities, she states, “people who do not grow up in an Indigenous community cannot really grasp what it is like to grow up in an environment where suicide is the norm, where it is a part of everyday existence” (p.121). The National Inuit Suicide Prevention Strategy was released in 2016 and the only suicide prevention strategy in Canada that is coordinated on a national, regional and local level (Ibid). Talaga makes other relevant points addressing Inuit children’s needs for well-being in a high-risk environment which we will draw from throughout this paper.

has brought an outright assault on Indigenous women, children families and communities. McGadney-Douglass, Nana Araba & Douglass (2008) explain that history has been grievously unjust to Indigenous peoples who have been subjected to conquest, subjugation, marginalization, exploitation, policies that have sought assimilation and intentional efforts that aimed at annihilation.

Within this historical context we need to consider what may have been lost in terms of cultural teachings and prophecies regarding Indigenous children’s well-being. This section is important to consider in developing helpful, culturally safe strategies that support families who may be witnessing anxiety in their children.



## Indigenous Family Structures

The British Columbia Ministry of Children and Family Development Aboriginal Policy and Practice Framework states that, “For centuries, Aboriginal peoples practiced their own dynamic systems and models of caring for and nurturing their children...these systems were connected to the values of each Nation; expressed in a variety of ways and based on unique world views, distinct cultures and traditions.” (2016, p. 7)

*Indigenous peoples share a worldview where children are centered in family and community circles*

The description of traditional Indigenous family structures has been described in a breadth of literature situated in disciplines such as education, child welfare, mental health and child development literature to name a few sources. However, some scholars state that Indigenous parenting information is not well researched. Some of this literature has been cited for this paper within limitations for the overall project.

According to Muir & Bohr (2014),

Cheah and Chirkov (2008) noted that there is little research on Aboriginal parenting and Aboriginal child development. Much of the scant past research on Aboriginal families has focused on the ‘deficient’,

non-mainstream parenting which was practiced by Aboriginal parents (Red Horse, 1997), while espousing a kind of “pan-Aboriginalism” or over-generalizations about Aboriginal people. Loppie (2007) stated that there is no universal Aboriginal paradigm, but does concede that despite geographical, language and social structure differences, there are shared values that are philosophically different from Euro-North American cultural norms. “While researchers must thus be careful in making generalizations about Aboriginal child rearing, they should also understand cultural literacy pertaining to Aboriginal practices is essential for professionals who work with Aboriginal families”

As suggested in the above quote, although there are various cultural traditions and beliefs in the diversity of nations, Indigenous peoples share a worldview where children are centered in family and community circles. These family constellations can include a number of blood and non-blood kinship connections and iterations that are non-western based. These can include parents, grandparents and extended families as defined by the family itself.

When a child requires some alternate care for example, families may turn to kinship for some assistance in childcare or an ongoing custom of living with other relatives. This custom has been used in First Nations, Inuit

and Métis families. Currently, the Ministry of Children and Family Development (MCFD) and other provinces have developed approaches to kinship care that could replace or reduce the foster care system. It is important to pay attention to kinship parenting as part of this paper and to understand its historical and cultural significance of this form of parenting Indigenous children in various Indigenous communities.

*Kinship care refers to a system of care where a child is placed with a caregiver who is an extended family member, a person who has a significant relationship with the child, or a member of their cultural community*

Kinship care is a “long-standing tradition where relatives care for other relatives . . . when children required an alternative placement they were cared for by extended family and all family members participated in caring for these children” (Carriere-Laboucane, 1997). Mann Johnson (2017) discusses how cultural continuity is an aspect of kinship care in Métis families and communities. She states that kinship care refers to a system of care where a child who has been removed from a natural parent’s or guardian’s care, is placed with a caregiver who is an extended family member of a child, or a person who has a significant relationship with the child or is a member of the child’s cultural community. These kinship placements can occur informally through an arrangement between the parents and kinship caregivers or more formally through the child welfare system where a kinship caregiver may be formally assessed and receive financial or other supports (p.220). Carriere-Laboucane (ibid) interviewed First Nation kinship care providers in two First Nation communities; Enoch Cree Nation in Alberta and Squamish First Nation in British Columbia. In her findings, one of the themes was the importance of ‘community.’

She found that kinship care was viewed as ‘giving back’ to the community, and that seeing the family and community becoming whole again was “the main feature of kinship care as opposed to children being raised ‘out there’” (p. 50). Anderson (2017), in her presentation to the Alberta government describes that there is a standard in the (Indigenous) community that kinship is important and it should be normalized and uncomplicated (in Mann Johnson, 2017). Kinship care has been appropriated by Western child welfare systems that have only recently recognized this model of child care as a legitimate placement option (Farmer, 2009; Leos-Urbel et al., 2002), and have done without establishing policies and processes that ensure the necessary supports for this placement option.

Mann-Johnson (2017) cites O’Brien (2012) by describing how these nurtured, kinship relationships common within Indigenous communities can contribute to healthy identity formation in children since family and community membership helps answer questions of “who am I?” and “where do I come from?” (O’Brien, 2012). Mann-Johnson further cites a number of other scholars who attest that kinship relations have a strengthening influence on the creation of one’s cultural identity (Ban, 2005) and the author also refers to Shlonsky and Berrick (2001) who highlight this positive identity development as an important issue which touches most profoundly on the disproportionate number of children from minority groups placed within non-minority foster parents (e.g., white, middle-class).

Kinship care practices and connection to extended family is crucial for Indigenous children and youth in care as this creates a path for a healthy identity and the potential for a life stability that cannot easily be replicated in an alternate family placement. Since time immemorial, kinship connections have provided stable, continuing relationships and cultural teaching opportunities for Indigenous children.

Currently, kinship care can be used as a coming home ceremony for Indigenous communities where their families can welcome children back to their kinship roots and teachings after long absences through foster care or adoption breakdowns. While kinship placements may not always be permanent, stability appears to be characteristic of these placements (Koh, 2010; Farmer, 2010 in Mann-Johnson, 2017). Messing (2006) differentiated these experiences and described from the child's perspective that stability did not need to be permanent because children were confident that their families would always provide care in some way. An important finding for this report is that Farmer (2010) suggests that grandparents were least likely to experience placement disruption of any group of kinship caregivers. Even in cases of children with very troubled backgrounds or behaviours, kinship placements persevere. Placements for these

children are more likely to disrupt in non-kin foster care (Farmer, 2010). Denby (2011) suggests that placement with a caregiver who has an existing, significant connection with the child represents a protective factor. Kinship care nurtures these sacred connections between children and their extended family (in Mann-Johnson, 2017).

In summary, it is important to consider that "a fundamental and traditional value of Aboriginal peoples is that of kin, the interconnection of family, non-family community members who were involved in children's socialization (McShane & Hastings, in Muir and Bohr, 2014). There may be variations in family and community parenting practices that have been impacted through colonization and contemporary influences however the Indigenous extended family system has survived these impacts.



## Unique Cultural Factors and Anxiety in Indigenous Children

Mainstream definitions of mental health fail to recognize the holistic perspective embraced by many Aboriginal families and communities, which sees emotional and mental health as inseparable from spiritual and cultural well-being. These differing understandings have profound implications for how researchers, policy-makers and practitioners' approach mental health work with Indigenous families, as well as the experience and relative benefit of the services received. Indeed, an approach that addresses only the cognitive or emotional aspects of mental health will fail to meet the needs of many Aboriginal children (King, 2014).

In order to understand this further we must consider various teachings and other ways of knowing. As Castelano (2000) proposes, Indigenous knowledges are associated with inner knowledge but have evolved out of a way of thinking, being, and knowing since time immemorial. These ways of being and learning evolve from distinctive collectivist traditions and a spiritual world where protocols of introduction and relational placing is significant (Castellano, 2000).

### Prophecies, legends and teachings

We believe this section is an important aspect of resource development for this project. As Indigenous peoples, we have used legends, stories, ritual and ceremonies to teach our children about life on Mother Earth. There are commonalities in our various legends, such as using animals to demonstrate life lessons. These can be taught through storytelling, dance and ceremony. We have highlighted a few legends and stories to demonstrate their significance in working with children.

#### The Rainbow Prophecy

The Rainbow prophecy, refers to the keepers of the legends, rituals, and other myths that will be needed when the time comes to restore health on Earth. It is believed that these legendary beings will return on a day of awakening, when all people will unite and create a new world of justice, peace and freedom, and they will be named the Warriors of the Rainbow. They will re-teach the values and knowledge that have been lost in time, demonstrating how to have wisdom and extra-

perception, and how unity, harmony and love is the only way forward.

This prophecy teaches that each of the peoples of color have gifts to share with the inhabitants of Mother Earth (Black, 2014). These gifts could be interpreted in a contemporary discourse of strengths-based approaches in working with children who experience anxiety. This can be done through exploring each child's unique gifts and how to use these to lessen feelings of worry or anxiety.

## Youth rituals

Based on prophecies, there are ceremonial aspects of child rearing in most Indigenous communities that have survived since time immemorial. Tekatsitsiakwaka, Indigenous mid-wife Kate Cook (2011, p.26) reminds us that the Iroquois Nation for example, believed that Iroquoian communities have historically based ancestral laws regarding lineage, kinship and clanship on the matrilineal line and had ancient ceremonies around birthing with protocols where the woman “was kept apart from public spaces, just as the pubescent Sky Woman of the Iroquois creation story was ritually secluded, encircled with corn husks, so that she would have a private space to develop her orenda, her potence and potentiality to do through engaging her spiritual and emotional intelligence, her love and compassion; to become a constructive knower drawing from both cultural memory and contemporary realities to further effect a transformation of kin and community reality.”

Cook also discusses how rituals and ceremonies can encourage youth to gain a strong cultural foundation for life choices including reproductive information. She states that “Ritualizing youth at this key developmental doorway, empowering them with a reproductive life plan that outlines their individual goals and values can be linked with their schools, clinics and community. We must prepare our youth with knowledge of the impact of environmental reproductive health on coming generations by providing meaning to life-cycle transitions that influence the development of attitudes and decision-making in thinking about reproductive choices and consequences.”

## The ‘little people’

Métis storytellers such as Maria Campbell, remind us that stories were an important part of child development. Legends such as the belief in ‘little people’ are ongoing in Métis families (Barkwell):

It is the belief of Métis and other Aboriginal people that the “Little People” live along

riverbanks, the sand hills by large lakes and in caves. They like to live under rocks. They are responsible for making the pictographs drawn on the rock-faces along the edge of the Cambrian shield.

The “Little People” are there to protect you; if you see one your luck will change. If you feel sad or sick, you will feel better. Sometimes they venture into urban areas, mostly to visit the Native people. They are the reason your everyday objects go missing. They are said to particularly like shiny objects and will take tin foil or spoons and other cutlery out of people’s homes. They also like to eat sweets. For this reason Métis will put out sugar, candies and tobacco as offerings to them in places they are known to frequent. If one is camping on a lake shoreline and hears noises coming from the ground at night this is believed to be the Little People working.

## Trickster legends

Trickster legends are also thought to provide some important life lessons for children.

Métis peoples have shared the stories of **Nenabush**, **Wisakechak** or **Ti-Jean** (Native Languages of the Americas: Michif/Métis Legends, Myths, and Stories):

These are benevolent trickster/transformer figures that have largely merged together in traditional Métis folktales. Nenabush is the Michif pronunciation of the Ojibway hero Nanabozho and is the most common name given to the Métis hero; Wisakechak is a traditional Cree trickster; and Ti-Jean is a Michif pronunciation of the French Canadian folk hero Petit Jean (“Little John.”) Although the original Petit Jean is quite different in character from the two Algonquian heroes Nanabozho and Wisakechak, Métis storytellers tend to use the three characters interchangeably, and the same story can be heard ascribed to any of these three trickster figures.

**Coyote** as a local legend for the Thompson Okanagan region of BC. Here is what Jacqueline Brown from the Nk'Mip Desert Cultural Centre had to say about Coyote:

He is a trickster and a helper. He is funny and naughty. He is the star of so many of our Okanagan Chaptik stories and legends. We at the Nk'mip Desert Cultural Centre honour our Coyote, and are presenting daily during July and August a play where Coyote really becomes Coyote and gets his name and job from Creator.

*Legends and stories help children understand who their people are and where they come from.*

The Haisla People of northern British Columbia have trickster characters and legends that are passed down to children as life teachings. These include (Native Languages of the Americas: Haisla Legends and Traditional Stories):

**The Transformer** (also known as the Changer or Reformer) is a mythic figure common to many Northwestern tribes, who brought balance to the world by using his powers to change people, animals, and the landscape into the forms they have today.

**Raven** is the culture hero of the Haisla and other Northwest Coast tribes. He is a benevolent figure who helps the people, but at the same time, he is also a trickster spirit and many Haisla stories about Raven have to do with his frivolous or poorly thought out behavior getting him into trouble.

**Mink** is another Haisla trickster character. Indeed, some of Raven's more light-hearted adventures are sometimes told with Mink as the protagonist instead. However, compared with Raven, Mink is a more negative character who primarily embodies traits that are looked down upon

by the Haisla people (greed, recklessness, arrogance, inappropriate sexual behavior, poor hygiene, etc.) Haisla legends about Mink are often humorous, but also are cautionary tales about how not to behave.

### Other legends and stories

Inuit peoples believe that, "a social order that only aims at social control and does not involve the relationship to game and the spirits makes no sense to Inuit. In interviews with elders during the Nunavut Arctic College Oral Traditions Project, it was repeatedly emphasized that transgressions were not so much sanctioned by the community as by spiritual "agencies" such as the weather or the game. Stingy people would catch less game. Sins would evoke bad weather. Transgressions would not only affect the offenders, but also their relatives and their descendants" (Oosten & Laugrand, p.21).

Coast Salish peoples have a number of legends and stories that are shared with children and young people as a means to transmit cultural teachings, values and their people's history. The stories of raven, bear, beaver and even mosquitos are used to demonstrate important life lessons. The list is exhaustive. Raven, for example is known under different names in various regions. In the northern part of the coast, Raven was the most popular crest figure. In the south he was valued as a guardian spirit. Possessors of this spirit are fine hunters who enjoy special ease in killing game. Raven combined the characteristics of good and evil, and for his mischief he was turned black forever.

Other teachings and protocols are found in language. For example, in the Hul'qumi'num' language, the word 'Uy shkwaluwun is the teaching to be of a good mind and good spirit" and to promote a good way of life (Thomas, 2018). Legends and stories help children understand who their people are and where they come from. This helps to reduce anxiety about identity formation as discussed on p.21 of this paper.

## Who are the Indigo children?

The Indigo child concept was first publicized in 1999 by the book *The Indigo Children: The New Kids Have Arrived*, written by Lee Carroll and Jan Tober. The premise of this theorizing is that children can be born with intuitions and gifts that are ancestral or found in their DNA which cause them to learn or act differently than their counterparts.

*Rainbow or Indigo children can be closely linked to how Indigenous prophecies should be viewed in a non-linear manner as possible considerations in addressing Indigenous childhood anxiety.*

Another terminology that has been used to describe these children is that they are 'rainbow children.' This is not to be confused with the teachings of the Rainbow Tribe described earlier. These children are thought to have unique psychic gifts in that are usually psychic or extremely intuitive. They accept their psychic gifts as a normal part of their life. It's no big deal to them.

They are hyperactive and high-energy. A Rainbow child might need to run everywhere, or start hopping, skipping and jumping spontaneously. They are also very passionate, creative and enthusiastic (Psychic Elements).

These attributions and definitions have been greatly controversial in western child development circles. Rainbow or Indigo children is not a common terminology and can be closely linked to how Indigenous prophecies, also not commonly used in child development literature, should be viewed in a non-linear manner as possible considerations in addressing Indigenous childhood anxiety. This is not to be confused with the prophecy of the Rainbow peoples, a Native American prophecy that is outlined previously.



## Identity and anxiety

How do Indigenous peoples address identity? Identity formation from a tribal perspective includes providing experiences that will inform the child's spiritual, emotional, mental, and physical self. The recognition of one's identity can be a lifelong process, one in which events and ecological influences engage the learner in a process of self-discovery through relatives, friends, community, geography, language, and other social factors (Hart, 2002). This is a critical point to acknowledge in addressing some of the impasses that have occurred in discussions around Indigenous children in care.

For example, the importance of tribal identity must be understood in order to recognize the impact of separation or disconnection from tribal knowledge and connection for First Nation children. Cajete (2000, p. 86) explains that: Relationship is the cornerstone of tribal community, and the nature and expression of community is the foundation of tribal identity. Through community, Indian people come to understand their "personhood" and their connection to the communal soul of their people.

*When children are viewed as gifts from the Creator, their identity is recognized as having a critical place in the family and community they are from.*

Brendtro, Brokenleg, and Bockern (1990, p. 37) discussed "the spirit of belonging" in which Indigenous children develop an identity that encourages them to see themselves as related to everyone in the community as well as in nature. Yeo (2003, p. 294) states that "spirituality is the cornerstone of identity" for Aboriginal children. She adds that to be an Aboriginal person is to live the culture through interactions with one's community and to learn about what it is to be Aboriginal.

Anderson (2000) illustrates her search for her identity as an Aboriginal woman who grew up away from her family and community. She describes how she struggled with increased knowledge about Aboriginal people, especially while taking university classes and examining issues from the voices and writings of others. Anderson proposes a theory of identity

formation for Aboriginal people that includes four steps (p. 229):

1. Resisting definitions of being, or rejecting negative stereotypes.
2. Reclaiming Aboriginal tradition.
3. Constructing a positive identity by translating tradition into the contemporary context.
4. Acting (e.g., using one's voice) on a new positive identity.

Kral (2003) discusses identity in his study on meanings of well-being in Inuit communities. He notes that Aboriginal people have collective selves and that "collective selves see group membership as central to their identity whereas individualistic selves are more autonomous from any particular group and may value individualism quite highly" (2003, p. 8). This collective worldview values kinship as the foundation of social life. Kral proposes that in Inuit communities, kinship is viewed as an important area of traditional knowledge. The importance of family and kinship was the most prominent theme across Kral's 90 interviews with Inuit people, who explained that this connection was a determinant of well-being and prevention.

Richardson (2004, p. 44) states that Métis people "travel in and out of a given cultural 'no man's land' by situation or by choice, looking for somewhere to belong to." Richardson concludes that "respectful practice with Métis children and families takes place when a practitioner respects the differences in Métis children, becomes knowledgeable about Métis history and culture, and takes responsibility for ways to better serve Métis children and families."

This collective view of identity is linked to the traditional view of children. When children are viewed as gifts from the Creator, their identity is recognized as having a critical place in the family and community they are from.

Elders play a critical role in the identity formation of Indigenous children. Elders have been teachers in our communities since time immemorial. They have had instrumental roles in teaching our young people the skills they need to be strong community members and relatives. Elizabeth Larkin (2006), in *Echoing of the Elders: Teachings for Coast Salish Youth*, reminds us that “the elders and leaders recognize the challenges faced by youth in today’s society and they urge the younger generation to ask for help if they need it instead of giving up in despair” (p. 149). She cites Elders Agnes Pierre and Dr. Samuel Sam, who warn that they are the “last generation that could provide teachings about traditional ways” (Larkin, 2006, p. 150). Graveline (1998, p. 64) states that “the Elders’ stories are our identity statements.” Hart (2002, p. 20) concurs by sharing his belief that “our Elders, particularly those following our traditional ways, hold the deepest understanding of our cultures.” David Peat (1994), who studied Indigenous science, tells us that “although traditional ways may appear to be lost, some Elders are confident that when the time is right this knowledge will come back” (p. 68). Peat encourages us to reflect on Indigenous ways of knowing and being in our everyday life as Indigenous people. He reminds us that our relational worldview is what will help our children to become balanced and adds that “Native science could also play an important role in recreating cultural connectedness across the globe” (Peat, 1994, p. 311).

Gardner (2000, p. 7) states that the Western worldview “sees the essential and primary interactions as being those between human beings.” McCormick (1997), however, encourages us to expand on this notion for Indigenous youth by exposing them to experiences and ceremonies that assist youth in care to explore their relationship with ancestors, land, and ceremony. He

encourages the use of traditional ceremonies, such as a vision quest, to encourage young people to attach themselves to nature and to a higher power such as the Great Spirit (p. 6). Restoule (2005) states that, for social scientists, discussing cultural identity assumes sameness in shared norms, traits, and habits and so to discuss Aboriginal identity assumes “sameness and continuity that belies the fluidity and change that Aboriginal people experience and demonstrate” (p. 102). These assumptions are not helpful in designing a system that is culturally responsive to Indigenous children in order to preserve what Thomson (2005) refers to as “cultural security.”

Thomson describes cultural security as “a commitment to the principle that the construct and provision of services offered by the health system (or child welfare system) will not compromise the legitimate cultural rights, values or expectations of Aboriginal people” (p. 4). Thomson also refers to the term “cultural safety,” which was first suggested by the Maori people in New Zealand as a response that is much stronger than cultural awareness or culturally sensitive practice. The implications for cultural safety are broad in terms of a child welfare system, including policies and practice that will not stray from the critical importance of culture as a determinant of resilience for Indigenous children (In Carriere, 2010). As described above, identity is a critical component of child development and has been discussed by Indigenous scholars and researchers as a cornerstone for Indigenous health and well-being. In the following section we critique how anxiety has been fostered in various settings including the education system.

In Talaga, (2018) she states that Indigenous children should be able to answer four questions about their identity: Where do I come from? Where am I going? Why am I here? Who am I? (p.220). These may be some guiding questions for the children we are trying to assist through this project and regardless, a strong cultural teaching coming from ancestors and philosophers since time immemorial for all of us to revisit.

## Contemporary Examples: Disorder or Difference?

### Learning experiences of Indigenous students in BC

A report on Indigenous education in British Columbia states that, "Educators, Aboriginal communities, and many parents and students across the province are aware that much more work is needed to build momentum for change and improve school success for all Aboriginal students" (British Columbia Education. *Aboriginal Perspectives in the Classroom: Moving Forward* report, 2015, p.3). Education has been a contentious topic for Indigenous peoples who have experienced negative experiences in school systems such as experiences as survivors or parents who are adult survivors from residential schools.

Annual reports from BC Education provide information on learning for Indigenous students. Some of the highlights from recent reports describe some problematic areas that would influence anxiety in both children and families (BC Education, 2015). These include performance on the Foundation Skills Assessments (of literacy and numeracy skills at the grades 4 and 7), performance on required examinations (at the grades 10, 11 and 12 levels), completion rates and relative numbers of students who receive awards or scholarships upon completing secondary school.

*These gaps could influence the development of anxiety or feelings of detachment from school experiences and what is deemed as success in schools for school aged children.*

With relevance to learning challenges, BC Education developed some principles of learning to be observed as they pertain to Indigenous students. These include:

- Learning ultimately supports the well-being of the self, the family, the community, the land, the spirits, and the ancestors.
- Learning is holistic, reflexive, reflective, experiential, and relational (focused on connectedness, on reciprocal relationships, and a sense of place).
- Learning involves recognizing the consequences of one's actions.
- Learning involves generational roles and responsibilities.
- Learning recognizes the role of indigenous knowledge.

- Learning is embedded in memory, history, and story.
- Learning involves patience and time.
- Learning requires exploration of one's identity.
- Learning involves recognizing that some knowledge is sacred and only shared with permission and/or in certain situations.

These principles were developed to address the issues described above as to some gaps for Indigenous students. These gaps could influence the development of anxiety or feelings of detachment from school experiences and what is deemed as success in schools for school aged children.

Other factors that influence learning are racism and teacher expectations for Indigenous children. A 2016 study on racism in BC schools reports that,

The impact of teachers' expectations on student outcomes has been well-studied and documented. Teachers can support effective learning by maintaining high expectations for all students, and they can undermine student success by holding low expectations for some students. In a recent pair of studies, Riley and Ungerleider (2012; 2008) demonstrated systematically that some pre-service teachers in BC have lower expectations for Aboriginal students than for non-Aboriginal students. (Directions, p.7).

The authors also contend that in some studies Indigenous students reported:

feeling isolated, excluded and marginalized in schools (Battiste, 2005; Silver, Mallett, Greene & Simard, 2002). Persistent negative narratives of Aboriginal people, distorted images of Aboriginal people, and a perspective that positions First Nations as troublesome and stuck in the past (Hare & Pidgeon, 2011) contribute to a sense of marginalization among Aboriginal students (p.7).

These forms of exclusion, as well as deliberate and unconscious racism, contributes to students' sense of isolation which can certainly lead to the topic of anxiety discussed in this paper. Anti-racism education can reduce the stigma for Indigenous students in the classroom by developing an understanding of the dynamics of racism and to build capacity to respond to racism. Some of the antidotes or ways to reverse these conditions and possibly reduce anxiety for Indigenous students include

## Environmental factors

Adversity in childhood such as poverty, neglect or any type of abuse has been associated with a variety of mental illness (Phal et.al. 2012). Talaga (2018) in her book addressing Inuit peoples and suicide, states that we must be looking for cumulative risks for suicide ideation and attempts and that include witnessing violence, living with substance using or mentally ill household members and notes that sexual abuse is the highest environmental risk factor (p.175).

Indigenous communities may experience situations where children have been exposed to a number of environmental influences on their mental health. Some have been named above and so a recap of those are listed here:

- colonial history including residential schools and child welfare involvement with Indigenous families and communities
- intergenerational trauma
- poverty and unemployment causing stress to families including children and youth
- lack of infrastructure in some Indigenous communities such as access to clean water and adequate housing
- poor educational experiences such as the experience of racism and western-centered curriculum in which Indigenous children and youth do not see themselves
- bullying, racist slurs or attacks

following the principles of learning described above and considering alternative means of learning such as land-based experiences and culturally-based education.

According to McCorkie (2018):

Traditional land-based learning presents in two distinct categories: learning that is imparted by Elders and/or traditional knowledge keepers in the community, and learning that derives from the land itself. Teachings received on, and from the land fashion both conceptualizations of the world and moral understandings pertaining to self-conduct in the world. In support of this dynamic form of education, the Coalition for the Advancement of Indigenous, Land-Based Education (CAILBE) was originated in Canada and is now an international coalition built around the revitalization of traditional, Indigenous ways of learning on and from the land.

- learning challenges
- changing family structures
- rural to urban migration
- family disruptions, mental illness or substance abuse
- compounding grief and loss
- challenges with identity formation
- lack or diminished connectedness and feelings of importance to the world around them

Although non-exhaustive, this list provides a picture of the various environmental factors that may compound or create an onset of anxiety in Indigenous children and youth. At this point, it is important to turn to interventions that may address some of these as well as other considerations in supporting parents coping with child and youth anxiety in their families.



## Parenting a Child with Anxiety

### Attachment vs. connectedness

Neckoway, Brownlee and Castellan (2007) questioned the validity of attachment theory as it pertains to Indigenous parenting practices and state that attachment theory, "does not fully reflect the reality of an Aboriginal infant's life and socialization experiences," and, "additionally, the qualities that emerge from the mother-infant relationship do not necessarily transfer to other relationships because the roles others play in the child's life take on a different meaning" (p.71). Raymond Neckoway is one of the first Indigenous scholars to critique attachment theory however others have emphasized the collective spirit of Indigenous child development that is inconsistent with attachment theory.

Brend, Fletcher, and Nutton (2013) encourage further investigation of Attachment Theory as it pertains to Indigenous children by proposing that, "Attachment theory may thus need to be re-conceptualized to address how attachment may look from an Aboriginal versus Euro-western cultural perspective while considering the impact of collective traumatic experiences."

Simard (2009), in her PhD dissertation articulated a 'cultural attachment theory,' through which cultural memory is carried in an Indigenous person's DNA. She states that cultural attachment theory is a "a systemic embracing of culture" to meet the cultural needs of a First Nation child", and, "a tool in the rebuilding of a Nation of people" (p.58). For example, Mclean (2016) who studied attachment and Indigenous children in Aotearoa (New Zealand) proposes that,

[W]hen considering the attachment needs of Aboriginal and Torres Strait

Islander children and their caregivers, it is important to look beyond the dyadic model of attachment and consider the broader importance of multiple attachment relationships for children, and the significant importance of extended family and kinship networks for children. Therefore, it is important to be aware of cultural values and ideals regarding parenting when considering if a child's attachment experience has been compromised (p.6).

Attachment theory is still being used in court decisions affecting the life path of Indigenous children in care. In reviewing the literature on attachment vs. connectedness it is clear that connectedness, as a traditional teaching or worldview is important in making decisions about interventions for children who may be experiencing stress or anxiety due to absence of connectedness and not necessarily from an attachment disorder.

## Age and developmental stage as factors

Western child development models propose that the process of development unfolds in a linear manner or in stages and phases (Hutchison, 2003). Many Indigenous cultures however have embraced a cyclical understanding of life, while more modernist or western cultures tend to discuss life on a continuum with a noticeable beginning and end, after which human continuity is thought to cease. Spiritual views relating to life and death differ amongst cultures. Raising healthy and well-loved children is not only the role of the parents and the family; other adults in community are ethically responsible for creating conditions of safety, social justice, and equitable access to goods and services for parents, and to contesting unfairness and oppression that may exist.

The Cree Medicine Wheel for example is often used to demonstrate the cycle of life as it occurs with teachings and gifts attached to each quadrant within the cycles of the wheel. Wenger Nipigon describes this Indigenous-based theory that “explains concepts of human development in an elegant and comprehensive manner, but its origin from within the paradigm of non-western Aboriginal traditions has generally confined it to a position of academic discredit” (p.140). He concludes his article by encouraging a balance in the view of human development in using both Cree Medicine Wheel teachings in concert with western theoretical positioning in his statement as follows:

The Cree Medicine Wheel illuminates the role of relationships with humans and all of Creation, the role of spirituality, developmental plasticity, diversity, the interconnectedness of “nested environments”, and the concept of co-creation between self and Creator. The characteristics of Medicine Wheel wisdom from various nations correspond with theories of human development from the western knowledge paradigm. Future research on Medicine Wheel teachings

in the human development field has the potential to expand understandings of their relevance, and applicability of indigenous knowledge and wisdom in contemporary communities (p.158).

Metis scholar Cathy Richardson (2006) has developed a three-dimensional view of the life cycle based on this wheel. Dr. Richardson’s approach is that development begins with pre-birth, followed by birth/childhood, adolescence, adulthood, elderhood then death. Each of these life cycles bring about evolution and preparation for the next level of human development. Critics of Indigenous theories may question the simplicity or ‘non-scientific’ characteristics of these principles of child development however another Indigenous scholar, Kim Anderson (2011), reminds us that “as knowledge keepers of our societies, Elders will point out that Indigenous teachings related to the life cycle are complex and can take many years to master” (p.7).

Richardson (2012) reminds us that rituals often assist in our development and healing. She states that responses to life events are as critical as the event itself and in her clinical



work with adults, parents, couples and families she has witnessed a number of rituals and activities that can support these transitions. In most traditional Indigenous cultures, ceremonies and rituals accompanied the birth of a child and children were encouraged to form relationships with 'other than human persons such as animal spirits, and naming as a means to encourage of connection between the infant and spiritual beings (Hallowell in Anderson, 2011). Childhood was viewed as a time of play and observation. Naming ceremonies for example were how connections were made with Elders or "who were the closest to the doorways of the spirit world" (p. 54).

Indigenous child development models promote healthy connections that go beyond a parental figure in order to solidify the child's entity in human, non-human and spiritual worlds. Each stage of human development is celebrated through ceremony and ritual that encourages growth as a spiritual being. These rituals and ceremonies that happened hundreds of years ago remain critical to date. For example, naming ceremonies have become an ongoing part of many Indigenous cultures.

Saanich Elder Norm Underwood has spoken of a circle with four aspects, including Children, Adolescents, Adults, and Elders. He then takes a marker and scribbles over these interconnected relationships to demonstrate their destruction by residential schools in Canada. He believes that by attacking and destroying the Indigenous relational patterns, assimilation was made possible and Indigenous people were left with great destruction (Norm Underwood, 2008, personal communication at the Unitarian Church, Saanich, B.C.). As demonstrated by some of the Indigenous scholars cited in this section, perspectives on Indigenous child development are within the context of community, and how children are educated to adopt values connected to environmental interconnection, stewardship and community care. To withdraw these learning opportunities from Indigenous children is history repeating itself and the impacts are devastating. It is not acceptable therefore to focus on western theories of child development as a primary source of knowledge in the development of Indigenous children.



## Parenting in urban, rural and remote communities

Considerations for geography and location in designing effective interventions to address Indigenous childhood anxiety are critical. The statistics on Indigenous populations are changing due to migration patterns however there are still a number of Indigenous families who live in isolated, remote communities whether on reserve, or off reserve northern centers.

*A major challenge to achieving mental wellness for many Aboriginal people is a general lack of appropriate or local mental health services.*

Fearn, (2006) states that,

While there are many advantages to living in rural areas, Aboriginal people can be very isolated. They may not have access to consistent health services, and may have to travel long distances to see doctors, nurses or child specialists. There are likely to be fewer services, less access to resources and less options. Some families decide to move to the urban centers to follow or be with other family members or because they need more access to health services. Living in urban centers can be isolating as well. There may be a sense of being disconnected from their community. They may not have a clear sense of the possible challenges they may face and it can be very overwhelming. It is important for anyone supporting transitional families to understand some of the challenges they may face during this transition (p.44).

To consider alternative means of supporting childhood mental wellness is a step in the right direction. Activities such as land-based experiences and connection to community functions are a means to achieve the connectedness mentioned earlier that can improve mental health, however a major challenge to achieving mental wellness for many Aboriginal people is a general lack of appropriate or local mental health services. (Boska, Joobar,& Kirmayer, 2015). These researchers add that,

With the current jurisdictional division of Aboriginal health care between federal and provincial governments, there is a lack of dedicated long-term funding for mental health services. Funding is often project-based and time limited, and sustainability is a continual challenge. Many smaller, remote communities have limited or no access to mental health services. There is a dearth of trained mental health workers of Aboriginal origin and a high turnover of non-Aboriginal health workers leading to a lack of continuity of services and a lack of connection to specialized services for persons with severe mental illness or excessively long wait lists. Stigma and discrimination remain as major barriers to accessing mental health services (Ibid, 363).

This project is designed to address some of these geographic limitations by providing access to coach support and team building that can reduce the isolation or reduced service in rural and isolated Indigenous communities.

## Coach support and team building for children and families

Fearn (2006) describes that effective support to Aboriginal families recognizes the following:

1. Aboriginal parenting provides an effective model for parents in today's society.
2. Parents are more successful at parenting when they actively decide what type of parenting they want to provide.
3. Aboriginal parenting builds stronger children. Stronger children build stronger communities.
4. Children need nurturing, kindness and a strong emotional connection with their parent(s).
5. Child development and different stages of growth are defined by traditional as well as modern theories.
6. The need and value of effective communication.
7. That parents should be able to determine the ways in which they can best meet the needs of their children.
8. In order for parents to give children what they need to be successful, parents first must be able to get what they need. Address underlying issues.
9. No parent is perfect and parents should have realistic expectations of themselves as well as their children.
10. The complex and challenging times in which we live make Aboriginal parenting an especially difficult task, one in which parents need special information and skills in order to help their children.

*Interventions that support the person to engage in self-compassion and engagement in their own well-being are viewed as most successful.*

We can advise that these principles would be beneficial to adapt in designing coaching support to Indigenous parents and families with children experiencing anxiety. Baskin (2016) emphasises how collaborative models of practice in mental health supports to

Indigenous peoples is a model that encourages Indigenous communities “to take back the responsibility for their mental health well-being,” and requires, “cultural safety, self-determination, and the incorporation of principles of social justice” (p.203). Baskin reinforces the concept of relationality in mental health practice. Interventions that support the person to engage in self-compassion and engagement in their own well-being are viewed as most successful.

In many respects this is consistent with the work of Cathy Richardson, Allan Wade, Cheryle Henry and others who promote the Islands of Safety model and utilize response-based practices that uphold principles of social justice and self-determination. Richardson (2010) describes this model as,

Islands of Safety aims to create safety by orchestrating positive responses to children and to adults at risk in the context of their families, including concrete and workable safety plans. Where possible, and with a maximum level of choice, Indigenous families are invited to discuss their hopes and dreams for their family through a Métis/ Cree model of family life, by identifying how their family has responded to current and historical violence and oppression (p. 137).

Richardson (2010) states response-based practice can be viewed in the following framework for working with violence in families and adults that includes concrete and workable safety plans:

1. Social conduct is responsive
2. Dignity is central to social life
3. Violent acts are social and unilateral
4. Violence is deliberate
5. Resistance is ever-present

By considering the elements of this practice model, one can imagine a response-based model in coaching parents to support their children experiencing anxiety. This process gives recognition to the family for their present

strengths which can then open a space for learning how to build on these strengths as well as learning alternative responses to the different forms of injustice they may encounter in their lives. This approach can become blended with coaching models that work to engage parents to participate in their children's responses to anxiety and to receive

peer and other supports to achieve these strategies. Understanding how they respond to children who are experiencing anxiety would be an important first step followed by cues and actions that maintain the dignity of both children and parents while attempting to diminish the occurrences of anxiety-provoking events and pressures.

## Coaching models

There are some coaching models that have been designed by western theorists to assist parents. This includes the CALM program that was "developed to treat a range of anxiety problems in children ages 3 to 7. The treatment teaches and coaches parents in skills to effectively reinforce approach of feared situations, and to remove reinforcement of anxious or avoidance behavior" (Puliaphico, Comer, & Albano, 2013, p.526). The CALM program is novel in its use of real-time coaching from therapists who assist the parents through coaching and support.

### *Bringing both Western and Indigenous models together can benefit Indigenous parents through active engagement and empowering strategies.*

The Confident Parents: Thriving Kids coaching model offers parents supports through a series of steps and modules based on some basic principles such as:

- Offering hope.
- Motivation to acquire effective skills and strategies.
- Education and clarification of important concepts and approach.
- Support, problem solving and troubleshooting in regard to suggested activities and practical application of skills and strategies in the child's natural environment.

Another model to consider is the Marte Meo Method which is used as prevention and early intervention. The method is used in Australia in working with Aboriginal children and families, recognizing the colonial impacts on these children such as,

separation from land, dislocation from land, family, community and culture. Trauma creates autistic like states from the overflow of emotion that the sensitive

child's ego cannot cope with. The principles of this approach are to empower young Aboriginal parents with babies and young children to intervene in their own lives (Gunawirra).

The method itself centers practices that,

- Focuses on the child's strengths. His or her needs are placed at the centre of the paradigm so that a pleasant positive way of communication between adult and child is built in a short time.
- Focuses on the encouragement and use of one's own inner strength.
- Is a program to identify, activate and develop interactional and developmental skills.
- Is for using the strengths of preschool children, their professional and other carers, their parents and their community. (Ibid).

In working with Indigenous parents, it would seem that blending some principles from these models of coaching, dignity and safety as discussed earlier might be the most beneficial and culturally safe approaches since this work will be based in a context described at the beginning of this paper. Bringing both Western and Indigenous models together can benefit Indigenous parents through active engagement and empowering strategies.

The context we refer to is steeped in a legacy of colonial impacts and events that are still impacting the everyday lives of Indigenous families encountering a number of stressors

and attempting to help their children to cope with anxiety-provoking situations. The importance of parental self-care while using these strategies cannot be underscored.

### **Indigenous parental self and family care**

Baskin (2016) encourages helpers to create space for everyone in the circle and that being helpful is the greatest honor (p.106). Absolon (2010) states that Indigenous cultural knowledges “supports our work as wholistic practitioners is to remember and reconnect with wholistic knowledges, pick up our bundles and activate them again. Picking up our bundles means to relearn, reclaim, pick up and own the teachings and practices that emanate from wholistic theory and knowledge. It means to live and practice minobimaadsiwin (a good life)” (p.75). These are important teachings however during stressful times it is not always easy to remember how self care and compassion will give us the renewed strength to pick up our bundles and move forward.

The curriculum in this project requires an approach that will support self-care and self love for families who have the difficult task of addressing their child’s anxiety under more difficult circumstances than we may imagine. Parents may need to pick up their bundles of helpful medicines and we can support them in finding those bundles.

Baskin (2016) reminds us that perhaps “no practices embody the values of a society more than how that society views and treats its children” (p.292). This notion can be daunting for families who are trying to live up to parenting standards that may self imposed or imposed by others however it becomes easier when one has the supports and information to move forward.



## Summary of Highlights

### Contextual summary

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- Environmental factors are important considerations for Indigenous childhood anxiety. This includes colonization that altered the lives of Indigenous peoples in Canada.
- The impact of residential school, child welfare involvement, legislation and policies that attempted to eradicate Indigenous peoples creates a backdrop for childhood anxiety.
- Poverty, unemployment, bullying, violence, racism, access to clean water and housing and family disruptions are a few of the outcomes of colonization for Indigenous people and their children.
- Within this context a sense of security, identity and hope can be damaged creating anxiety that impacts child well-being and development.
- Researchers, policymakers and practitioners also need to collaborate on developing and evaluating culturally adapted programs and services in Indigenous communities.

### Indigenous families

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- Indigenous families include First Nations (status/non-status, on and off reserve, urban), Inuit and Métis.
- Indigenous families in Canada are faced with more challenges and stressors than non-Indigenous families
- Nations in the north face increased challenges in relation to transportation costs, accessing health care and accessing healthy food and water.
- The importance of extended family and community has prevailed for Indigenous peoples.
- Extended family systems may include a large circle of blood and non-blood kin who can become an important source of supports for parents and caregivers for children who experience anxiety.
- Family care is community care and communities can offer important lifelines for parents whose children experience anxiety.
- Self-care and collective care are components of parental well-being.

### Models of practice to address Indigenous childhood anxiety

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- Models based on relationality work best.
- Parents are more successful at parenting when they actively decide what type of parenting they want to provide.
- Coaching support models can effectively achieve parental involvement, support and offer hope.
- Response-based practice and models such as Islands of Safety offer insights on how to work with parents to address childhood anxiety while maintaining their dignity and empowering both parents and children.
- Models that encourage inner strength and capacity building will optimize solutions and strengthen family and community connections.



## Conclusion

While statistics remain vague on how many Indigenous children experience anxiety in their lives, the environmental and historical conditions that contribute to anxiety are clear. Working with these factors, we propose that there are practice models that have potential to create a difference for parents and their children who experience feelings of anxiety.

Developing best practices in addressing Indigenous childhood anxiety is not a simple process however we envision a model where children are at the center, surrounded by layers or spirals of significant relationships who envelope them to create hope and build on their strengths. By increasing feelings of safety and empowerment we create a connectedness that we believe is the core of how anxiety can be reduced or eliminated.

*All our relations.*

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