ABSTRACTS: ORAL PRESENTATIONS

JOURNEY OF AN OUTSIDER: IN SEARCH OF A RESPECTIVE RESEARCH PARADIGM

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In January 2006, I began to contemplate the development of my final research project for the completion of my Master of Arts in Integrated Studies at Athabasca University. I wanted to work with an Indigenous community, but knew that the past history of outsiders doing research was a contentious issue. As a result, exploring the perspective of Indigenous peoples concerning the problems with past research in Indigenous communities, and reviewing the issues and suggestions for appropriate protocols, considerations and methods for outsider research, became prerequisites for the development of my own research project. This paper reviews the findings and explores my own process and analysis as I develop a research process that is mindful of these issues.

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CONSTRUCTING AN INDIGENOUS-CENTRED AND DECOLONIZING RESEARCH METHODOLOGY

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I wanted to investigate the traditional and contemporary Indigenous knowledge being used and created by an international group of Indigenous health professionals within their neocolonial practice settings. This resulted in a number of challenges for the creation of an appropriate qualitative research methodology:

- What constitutes an Indigenous community and can a community span international boundaries?
- Can Indigenous knowledge be both localized and globalized?
- How to actually build a methodology that adheres to the principles of Indigenous ownership, control, access and possession within the constraints of the academy and requirements of a Ph.D. thesis?
- How to address the inadequacy of interview methods given that cultural knowledge is typically tacit and beneath practitioner awareness?
- How to discern Indigenous knowledge from Euro-Western knowledge given the domination of Euro-Western knowledge particularly within professions?
- How to ensure that the research process and product did not inadvertently contribute to the continued colonization of Indigenous peoples?

First and foremost, as both an academic and Indigenous researcher, I needed to create a methodology with integrity. In other words, the research needed to adhere to the spirit and intent of the principles underlying emerging ethical standards for research involving Indigenous peoples. This lead to the construction of a research project that I termed “Indigenous-centred” as I explicitly privileged Indigenous ways of knowing, values, attitudes, practices, protocols and concerns (Kovak, 2005; Smith, 1999).

Equally important was the need not to dismiss the growing critiques of both research and professional practices as colonizing endeavours. I paid considerable attention to constructing a research process that was decolonizing in both process and product. I believed this could not be achieved through traditional interviewing methods. This lead to the evolution of a decolonizing critical reflection research method as the primary means for data collection. This technique, through “decolonizing the mind” (Battiste, 1998), enables the generation of decolonized data.

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“IT’S NOT AS COOL AS SHOOTING BIRDS”: BUILDING RESEARCH RELATIONSHIPS WITH ABORIGINAL COMMUNITIES

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There is increasing awareness of the importance of community consultation and meaningful relationships between researchers and communities; however, very little literature provides wise practices or details successful projects that have employed such practices. This presentation will be facilitated by a community-based member and an academic/community-based researcher with the goal of demystifying the complexities of working within Aboriginal communities and encouraging more “authentic” research relationships. We have built relationships on the principles of respect and reciprocity over the past many years, and since 2006 we have been working together on research in Labrador that examines the use and uptake of the CIHR Guidelines for Research Involving Aboriginal Peoples (2007) and the ethics review mechanisms in place with the Labrador Innu, Inuit and Métis. Our experiences have been positive and rewarding, and we would like to share our successes with others with the hope that we will encourage more researchers and communities to work together.

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QUALITATIVE RESEARCH FOR CULTURAL GROUPS REDEFINED

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Focus groups are a standard tool for gathering information from prospective consumers when a new program or service is being developed. Designing a program without input from consumers can lead to an expensive redesign if consumers do not accept the program.

Gathering groups of consumers and conducting focus groups based on outside interviewers, standard questions, incentives and set timeframes can provide important information about products or services. For groups such as Alaska Natives living in remote settings and adhering to a traditional lifestyle, the standard model does not work. Over a period of 10 years (1998–2008), the author conducted six focus groups with different Alaska Native cultures to gather information about traditional death and dying practices, the effect of Western medicine on these practices and current wishes. Two hundred Alaska Native elders participated in seven different group meetings. How the focus groups evolved provided a significant new understanding of the importance of qualitative research based on modification of accepted tools in gathering information from Indigenous cultures and other groups.

The focus groups confirmed the premise that most elders preferred to remain in their villages as their end of life approached, just as their parents did. The validity of the process was confirmed with the second set of focus groups (2005–2008). We remained flexible and adaptable, took lessons learned from the first set of focus groups (1998–2001) and applied them to the second series of focus groups. Interviewer relationships with the communities proved to be critical in creating a trusting atmosphere to allow Alaska Native elders to openly share their experiences.

The standard focus group model must be modified in order to ensure participation by Indigenous elders. The importance of qualitative research cannot be over emphasized when working with underserved groups such as Alaska Native elders whose needs are not address by mainstream research tools.

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THE ROLE OF ETHICAL GUIDELINES IN THE DELIVERY OF FRONTLINE MENTAL HEALTH AND ADDICTIONS PROGRAMMING IN CANADIAN INDIGENOUS COMMUNITIES

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This paper seeks to explore the question, “If ethical standards similar to those that shape university-based research practices were applied to the delivery of health prevention programming in Aboriginal communities, how would this change health care policy and program delivery?” In this paper, I will outline my argument for ethically based health care policy and programming in areas of front-line health prevention services. In doing so I will draw upon a case study from northern Saskatchewan of a government-funded application of a “best practice” foetal alcohol syndrome prevention project. The importance of this case study is that it clearly illustrates that the moral foundation upon which university research involving human subjects is based does not exist within front-line prevention programming that targets the exact same populations. This paper questions why the ethical guidelines that frame research involving human subjects, or those that are adopted by professional bodies such as the College of Physicians and Surgeons, are not similarly applied to the application of best practices in the context of community prevention programming? As will be illustrated, a lack of ethical guidelines to direct the application of prevention programming makes individuals targeted by the these programs vulnerable, in this example impoverished First Nations women struggling with addictions and front-line workers and communities responsible for delivering the prevention programs. I argue that, with the introduction of ethical guidelines in health care prevention programming, rates of prevention would increase, potential harm to vulnerable populations would decrease and higher levels of trust between government health ministries and Aboriginal peoples at all levels of program delivery would be achieved.

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THE NATIONAL INUIT COMMITTEE ON ETHICS AND RESEARCH (NICER)

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During the past decade, the volume of research conducted in the Inuit regions of Canada has increased considerably. At the same time, efforts to create research guidelines for research involving Aboriginal peoples have grown to respond to the pressing needs of Inuit, First Nations and Métis communities. Ethical guidelines have been discussed by many research networks and in particular by those researchers working with small communities. Within the past 10 years, we have seen efforts to provide guidelines and policy statements to guide research involving Inuit, First Nations and Métis in Canada.

The recently created National Inuit Committee on Ethics and Research (NICER) plays an active role in helping provide Inuit involvement and positions on research and research ethics at the community, regional, national and international levels. In recognition of Inuit interests in improving and maintaining appropriate research conduct and processes, the National Inuit Committee on Ethics and Research will develop effective responses to identify Canadian policy statements and guidelines and prepare Inuit positions as necessary.

NICER is coordinated jointly by Inuit Tapiriit Kanatami (ITK) and Inuit Tuttarvingat (formerly known as the Ajunnginiq Centre) of the National Aboriginal Health Organization (NAHO). Both organizations are committed to facilitating the participation of Inuit in discussions about health and environment research in the Canadian Arctic, to identifying emerging research priorities, to improving and enhancing networking and to facilitating knowledge translation.

This presentation will describe the recent development of NICER and place it in the context of research in the Canadian Arctic.

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TOWARDS DEVELOPING PRINCIPLES OF ETHICAL RESEARCH IN MÉTIS COMMUNITIES

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The concept of Métis-specific population health research, practised in a way where Métis people are consulted and involved in the research, has really only emerged in the last two decades. There has been little documentation on research ethics and guidelines specific to Métis. As a Métis-controlled, knowledge-based organization, the Métis Centre at the National Aboriginal Health Organization (NAHO) is uniquely situated to contribute to the ongoing dialogue, nationally and internationally, on Indigenous research ethics. In particular, the Métis Centre's activities have focused on qualitative, community-based approaches to research, recognizing that mainstream or academic research methodologies and ethics may not always address the distinct perspectives, concerns and rights held by Métis, Inuit and First Nations peoples. Working with a broad range of partners, from the grassroots level to academe, the Métis Centre encourages research that honours traditional perspectives yet accounts for contemporary circumstances and needs. A guiding principle of the Métis Centre's approach is that the results are intended to be of use to the community where the research is taking place and, on some level, to Métis generally. This presentation will outline challenges in and opportunities for undertaking collaborative research with Métis individuals, communities and organizations. It will include a detailed discussion on the current process being undertaken by the Métis Centre to develop culturally appropriate research methods, which are sensitive to Aboriginal languages and cultural information, for the gathering, analysis and dissemination of information arising from qualitative research.

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WHEN SCIENCE OUTPACES NATIVE POLITICAL WILL

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Objective: To provide the reader with some considerations for designing research around Native communities from the viewpoint of two Alaska Native physicians and one Native Hawaiian physician.

Rationale: In the process of reviewing and writing many grants, certain perennial questions arise, How to do research in Native communities? How have the rules changed? What are the expectations that Native people have and how might they influence the nature of designing projects and implementing them once they are funded? A significant number of principal investigators have taken their proposals to institutional research boards and community groups only to find their methodologies are rejected or questioned from the start. This has resulted in much frustration and elicited comments such as "Where can we find the guidelines for research with Native peoples and how can we best address them?" There is no one answer that covers all situations. Tribes are sovereign entities with the right to govern their own destinies. The authors here present their observations on the process with the hope that this paper will result in mutually beneficial discussions that will create partnerships and better understanding of one another's needs.

This paper explores the design process based on community-based participatory research and its outcomes resulting in benefit to the populations being examined. Questions include who owns the data? How will it be used? How will the results be reported back to the community? How are ethical standards being applied? What is the role of the community? What is the training and backgrounds of the principal investigators? How will the outcomes affect the community in the future? How to plan for future collaboration?

Conclusions: Research is possible with Native communities and even welcomed once basic ethical considerations are addressed and partnerships are developed based on consensus and respect.

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There exists a need throughout the North to increase capacity to address issues of health research ethics. In each territory, the needs are diverse.

The goals of this project were to:
- develop a tri-territorial strategy for ethical review of health research involving Indigenous peoples;
- conduct a survey of existing ethical guidelines and literature that are relevant to northern populations;
- evaluate community capacity to provide input on ethical review of health research projects by;
- develop a draft of a Health Research Ethics Checklist for community proposal reviewers.

A review of literature and community ethical guidelines for health research was conducted in 2007–2008. Common themes in community ethics across the territories revealed in the review were related to licensing; principles of respect – for communities and for researchers; meaningful community engagement; the use of appropriate research methods; use of data and ownership, control, access and protection/possession (OCAP) of data; sharing knowledge obtained from research.

In January 2009, a meeting of stakeholders from Yukon, NWT, Nunavut, Nunavik and Labrador met in Iqaluit, NU, to discuss opportunities to collaborate on a health research ethics review for northern communities. The result of this meeting was a commitment to work across jurisdictions to meet the health research ethics needs of communities and northern regions by working to build capacity for ethical review; to collaborate to share tools and resources; to provide education opportunities when possible; and to form a working group to explore the possibility of developing a Northern Health Research Ethics Council.

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INDIGENOUS PEDAGOGY IN MENTAL HEALTH: HEALING TEACHINGS FOR MENTAL HEALTH WORKERS, VALUABLE KNOWLEDGE FOR CLIENTS

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Abstract: Indigenous pedagogy places mental health care, like education, in the context of culture, values, relationship and historical realities. It is this understanding that provide the foundation of "Indigenous Standpoint Pedagogy" (ISP), which is the "inherently political, reformative, relational, and deeply personal approach that is located in the chaos of colonial and cultural interfaces" (Philips, Whatman, Hart, & Winslett, 2005). ISP fundamentally identifies and embeds Indigenous community participation in the development and teaching of Indigenous perspectives, or standpoints, and is a multifaceted process. This workshop explores why ISP is valuable for counsellors from diverse Native cultural perspectives and how this approach can be used in mental health support work with their clients. Also provided is a rationale for ISP in curriculum for Indigenous mental health workers as an integral way to promote and maintain mental health and healing.

Workshop Outline: This session details my approach to working with mental health workers (counsellors, psychologists, psychiatrists, social workers, child and youth care workers), which is based on an Indigenous pedagogy that places education and mental health services in the context of culture, values, relationship and historical realities. The session will be an interactive dialogue between the presenter and audience that will invite reflexive listening and learning. Three main aspects of an Indigenous pedagogy will be discussed as they relate to Indigenous counselling and healing practices and Indigenous counsellor training: ISP theory, relationship and empowerment.

Possible Participants: This workshop is designed for mental health trainers and mental health front-line workers.

ISP Theory: It is this theory of understanding of teaching and learning that provides me with the foundation of what Philips, Whatman, Hart, and Winslett (2005) have termed the "Indigenous Standpoint Pedagogy" (ISP), which is described as being the "inherently political, reformative, relational, and deeply personal approach that is located in the chaos of colonial and cultural interfaces." ISP fundamentally identifies and embeds Indigenous community participation in the development and teaching of Indigenous perspectives, or standpoints, and is a multifaceted process. It is mainly concerned with Native perspectives in education not as an alternative to Western approaches but as a legitimate form of education in and of itself. I bring this perspective to my teaching by virtue of my identity and my desire to work from an Indigenous perspective in all aspects of my teaching methods and goals. What this means in practice is that I value multiple perspectives on learning and teaching in my interaction with students and clients, such as linear and non-linear thinking, differing time orientation, holistic approaches and dualism, and community-based and individually focused connection. However, the most important facet to this approach is a focus on the understanding and process of healing.

Relationship: The foundation to this counselling and counsellor training approach lies in relationship, and this will be discussed as the centre of success for meaningful communication with students and clients. "Yet only through communication can human life hold meaning" (Freire, 2003, p. 61). Further, a discussion of the relationship between Indigenous peoples and colonial rule will occur in the context of mental health and healing (Gone, 2004; Mussell, Cardiff, & White, 2004; Smith, 1999; Stewart, 2007).

Empowerment: Another important principle in my philosophy of teaching and counselling is empowerment, which has its roots in Paolo Freire's influential book Pedagogy of the Oppressed. From this point, I come from a humanist perspective in which my efforts as an educator must be consistent with those of the students in order to engage in critical thinking and the quest for mutual humaniza-
tion – my goals in teaching and counselling. Freire (2003) states that the educator’s efforts “must be imbued with a profound trust in people and their creative power. To achieve this, they must be partners of the students in their relations with them...The teacher’s thinking is authenticated only by the authenticity of the students’ thinking. The teacher cannot think for her students, nor can she impose her thoughts on them. Authentic thinking, thinking that is concerned about reality, does not take place in ivory tower isolation, but only in communication” (p. 61). For me, education and healing through counselling is based on traditional Indigenous values of sharing, supporting and liberating, and that teaching is a practice of freedom, not domination (Mussell, 2005; Mussell, Nichols, & Adler, 1993). For me, teachers and counsellors assume a leadership role in the classroom or the session, not an expert stance, in order to be an effective educator and helper. A helper must take responsibility and leadership in pragmatic ways that reflect such traditional values of respect, incorporation of community, voice, trust, mutuality, authentic communication and shared interest in learning (McCormick, 1996, 1997).

Objectives for the workshop: Attendees will learn to understand the fundamentals of Indigenous pedagogy and healing in mental health teachings and practices (such as counselling, social work, nursing, etc.) and to evaluate its strengths and weakness as applicable to their own personal teaching and helping philosophies and practices. Additionally, those interested in policymaking will come away with a concrete understanding and articulation of a rationale for an Indigenous pedagogy for counsellor educators and counsellors engaged in professional helping (Erasmus & Ensign, 1998).

How attendees will be engaged: Participants will be invited to discuss and build a dialogue among themselves and with the presenter throughout the presentation of main ideas. This could include sharing of experiences, ideas and hopes regarding the presentation topic.

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