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## Multicultural Considerations for Counselling First Nations Clients

### Considérations multi-culturelles dans le counseling de clients des Premières nations

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#### ABSTRACT

Despite evidence that First Nations people experience a disproportionate degree of mental health concerns relative to other Canadians, many within this population do not access Western-based mental health services. In this article we extend a socio-political and historical rationale for attending to key cultural differences when working with First Nations clientele. These cultural differences are situated within the three commonly held domains of multicultural competence: self-awareness, knowledge of the other, and therapeutic practice.

#### RÉSUMÉ

Bien que les faits démontrent que les membres des Premières nations connaissent un niveau de problèmes de santé mentale hors de proportion par comparaison avec celui des autres Canadiens, plusieurs de leurs membres ne recourent pas à des services de santé mentale de type occidental. Dans le présent article, nous proposons des raisons socio-politiques et historiques pour tenir compte des différences culturelles clés dans le travail avec la clientèle des Premières nations. Ces différences culturelles se situent dans les trois domaines communément considérés comme relevant du domaine de la compétence multiculturelle : conscience de soi, connaissance de l'autre, et pratique thérapeutique.

Relative to their non-First Nations counterparts, First Nations people living in Canada face a disproportionate amount of mental health concerns (Kirmayer, Brass, & Tait, 2000; York, 1990). These concerns, which have been tracked to various socio-historical events associated with colonialism (Browne, 2007; Duran & Duran, 1995; Shepard, O'Neill, & Guenette, 2006), have had a devastating intergenerational impact on First Nations communities in Canada (Yellow Horse Brave Heart & DeBruyn, 1998). Healing services are now readily available to many First Nations communities, though they are most often tendered through contemporary Western-based service delivery.

Unfortunately, many First Nations people perceive mental health care services to be inaccessible and culturally insensitive (Uchelen, Davidson, Quressette, Brasfield, & Demerais, 1997). Research by McCormick and Honore (1995) found that First

Nations clients were more than twice as likely not to return after a first counselling session than Caucasian clients. Barlow et al. (2008) noted that mistrust of White health care professionals, resulting from historical and ongoing power differences, runs deep for many First Nations clients. The purpose of our article is to help address these concerns through attending to aspects of multicultural counselling paramount to the ethical and effective counselling of First Nations clients.

Culture-infused practice is now commonly referred to as the “fourth force” in counselling and psychology (Arthur & Collins, 2005). As such, it is a force of considerable weight. Given the enormity of the North American cultural mosaic, it is no longer acceptable to view the theory and research that informs counselling as transcending cultural influence. Culture is inescapably embedded within the very fabric of our discipline and within the lives of those we serve. As the fourth force propels the discipline of counselling from a monocultural to a multicultural norm (Pedersen, 2001), the impetus arises for mental health practitioners to question both the ethicality and the efficacy of our methods when working with culturally diverse clientele.

In this article we extend a socio-political and historical rationale for attending to key cultural differences when working with First Nations clients. This approach to understanding and working with cultural differences is grounded within the three domains of multicultural competence: self-awareness, knowledge of the other, and therapeutic practice (Arrendondo et al., 1996; Arthur & Januszkowski, 2001; Pedersen, 2001; Sue, 1998). In what follows, we discuss the theory and practice of these domains of multicultural competence as they apply to counselling First Nations clients.

#### SELF-AWARENESS

Self-awareness is a highly regarded personal attribute, in both the private lives of individuals and the professional lives of counsellors. Self-awareness, in general terms, is associated with improved ability to understand how people and situations emotionally impact us such that we are better able to respond in an effective manner (Goleman, 1995). Within the domain of counselling, self-awareness is critically tied to our ability to know ourselves as culturally embedded beings. This “embeddedness” inescapably influences how we view and treat others who are perceived to be culturally different. Awareness of how our cultural conditioning impacts our worldview, and hence the counselling relationship, is considered vital to culturally competent practice (Arthur & Stewart, 2001).

Multicultural theorists implore that before we attempt to learn about the other, we must first learn about ourselves to avoid assuming that our clients see and experience the world as we do (Pedersen, 2001). This is not always easy, because our own “cultural texts” are ingrained to an extent that it is sometimes difficult to know what we do not know (Laird, 1998). Failure to exercise a fitting degree of self-awareness, however, increases the risk of a number of cultural transgressions within the counselling relationship.

*Ethnocentrism*

Ethnocentrism is one such transgression. Ethnocentrism is the tendency to view and judge culturally different people through the lens of our own cultural conditioning (Howard, 1995). Here the cardinal mistake is to assume that people of other cultures are in some fashion inferior or abnormal because they do not follow our way of life and the beliefs and values that inform our way of life. A deficit in awareness of the immense power of our own socialization increases the risk of embracing an ethnocentric posture when counselling First Nations clients.

Ethnocentrism betrays ominous overtones of the colonial mindset in which assumed superiority gives rise to the assumed right to impose one's cultural beliefs and practices on another group viewed as inferior. In Canada, colonialism has left an indelible imprint on the psyche of the First Nations people (Frideres, 1983; McMillan, 1995). Attempts to systematically dismantle traditional First Nations life was justified by unquestioned beliefs in the superiority of White Western culture (York, 1990). The psychological impact of this dismantling on Canada's First Nations population has been profound (McMillan, 1995; Shepard et al., 2006; York, 1990). Far-reaching problems, including domestic and physical violence, substance abuse, suicide, and involvement with child welfare and corrections, have been associated with the loss of traditional culture and cultural identity (McMillan, 1995; Shepard et al., 2006; York, 1990).

Unfortunately, ethnocentrism and the colonial mindset still find a foothold in contemporary mental health care. Pedersen (2001) notes that cultural encapsulation (a variant of ethnocentrism) continues to be a problem within the mental health profession. A blatant example, and one that the authors of this article have experienced on numerous occasions, involves the very notion that Western psychology should be afforded privileged status in relation to traditional First Nations healing beliefs and practices. For example, First Nations mental health programs are often developed in accordance with Western psychological practice and theory, the assumption being that the Western way is the best and only way to deliver mental health services. When this happens, traditional healing practices are tendered secondary status and either ignored or tacked on as an adjunct to the "real" therapeutic enterprise.

Duran and Duran (1995) provide strong evidence that programming based solely on Western theory fails to realize positive outcomes when applied to many First Nations clientele. Because such programs are entrenched in a worldview that is inconsistent with the targeted population, they may be viewed once again as attempts to devalue and undermine First Nations culture (Duran & Duran, 1995). As an example, Neckoway, Brownlee, and Castellan (2007) convincingly argue that elements of attachment theory, though highly regarded and widely applied within contemporary counselling practice, are incongruent with many Aboriginal parenting practices.

## *Racism*

Racism is another obvious transgression that arises through deficits in self-awareness. One would hope, and expect, that the vast majority of professional counsellors uphold core values that stand opposed, in principle and in action, to the promulgation of racist practice. Indeed, the Canadian codes of ethics in both counselling and psychology clearly and strongly advocate such a position (Canadian Counselling Association, 1999; Canadian Psychological Association, 2000).

However, the potential for racism enacted unintentionally is always present when counselling visible minorities. Unintentional racism does not involve deliberate acts of derision toward others. Instead, this type of racism arises through unexamined assumptions regarding another person's race and culture—assumptions rooted in our own culturally conditioned worldview. As Pedersen (1995) notes, "Counsellors who presume that they are free of racism seriously underestimate the impact of their own socialization" (p. 197).

*Colour blindness and colour consciousness.* Two examples of unintentional racism that arise in counselling relationships are "colour blindness" and "colour consciousness" (Pedersen, 1995). Colour blindness refers to the belief that in our work as counsellors we do not see colour differences, and hence are uninfluenced by them. It is widely held that as visible minorities living in present-day Canada, many First Nations people suffer greatly because of racist practices based, in part, on race-defined physical features (Frideres, 1983). To ignore this reality is to risk minimizing and depreciating the oppression experienced by many First Nations people.

Colour consciousness, on the other hand, refers to the assumption that all of a client's problems are culturally produced. When counselling First Nations clients, the presenting problem may have little to do with race, and to unthinkingly imply otherwise would likely be received as stereotyping.

## *White Privilege*

A corollary of colour blindness and colour consciousness is the phenomenon of White privilege. White privilege refers to "an identifiable racial hierarchy that creates a system of social advantages or 'special rights' for Whites based primarily on race rather than merit" (McIntosh, 1990, p. 261). As with colour blindness and colour consciousness (both of which involve deficits in self-awareness), unacknowledged White privilege increases the potential for unintentional racism through adherence to racial stereotypes, imposition of ethnocentric judgements regarding normalcy, minimization of racial power dynamics, and avoidance of salient racial and cultural topics in counselling sessions. It is widely held that light-skinned Canadians enjoy elevated social privilege relative to their darker-skinned counterparts. This certainly holds true in the sphere of First Nations-White relations, and in fact could be more pronounced given research that highlights increased racism toward First Nations people compared to other cultural minorities (Henry & Tator, 2006).

The consequence of unintentional racism, vis-à-vis deficits in self-awareness, has profound implications for those affected. Duran and Duran (1995) theorize that experiences of racism are often subsumed within individual and collective identities such that perceived and actual losses of power stemming from assimilation and acculturation strategies (macro-social) and racial transgressions (micro-social) lead to profound levels of despair tantamount to self-hatred. Such self-hatred can manifest either internally (e.g., suicide, alcoholism) or externally (e.g., violence, domestic violence) (Duran & Duran, 1995).

To minimize the likelihood of unintentional racism, mental health professionals should be continually vigilant for unexamined beliefs and assumptions that might disqualify First Nations beliefs, values, and practices and further subjugate this population of clients through enacting the colonial mindset. To accomplish this, opportunities for cultural self-awareness—through activities such as supervision, consultation, and journaling—should be a constant focus in one's work, beginning, of course, from the onset of one's professional education and training. Immersion in other cultures through travel opportunities can also be a powerful means to expand and appreciate the depth of one's cultural conditioning (Cornes, 2004).

#### AWARENESS OF OTHER

Casting one's gaze inward to examine, question, and reflect on one's cultural conditioning is matched in importance by the casting of one's gaze outward. To work ethically and effectively with clients from another culture, one needs to have knowledge of the history, values, and socialization of that person's cultural group (Arthur & Stewart, 2001; McCormick, 1998, 2000). Cultural knowledge is expansive. When we speak of First Nations culture, we refer to the immense constellation of beliefs, values, customs, and traditions that help inform kinship, spirituality, child rearing, economy, education, health, and so on.

Besides within-group diversity, there are also differences between First Nations people regarding their education, acculturation, socioeconomic status, gender, and sexual orientation. Such diversity compels us to reconsider static and binary notions of culture (rich/poor, White/Black, assimilated/non-assimilated) in favour of a more fluid, emergent, and contextual notion of culture (Laird, 1998). Herein, culture as a dynamic agent in an individual's life "cannot be systematically or uncritically applied to all Aboriginal peoples" (Shepard et al., 2006, p. 228). What can be said, however, is that common to all are the remnant effects of colonialism born of assimilationist government policies.

#### *The Indian Act*

The historical treatment of First Nations people is one such cultural commonality that must be understood if we are to sensitively counsel First Nations clientele. Of central importance is an understanding of the history of European colonization. Notably, knowledge of the *Indian Act* (passed in 1867) and the residential school system helps foster insight into the genesis of many difficulties that First

Nations people experience today (Gerlach, 2008; Poonwassie & Charter, 2001; Robertson, 2006).

The Indian Act placed all First Nations people under separate federal legislation, essentially making them wards of the government and thus in a different legal category from all other Canadians (McMillan, 1995). Indian agents who worked for the government had sweeping powers. They alone could decide who was “Indian” and how reserve lands could be used. McMillan (1995) states that “[t]he Indian Act served to suppress Indian cultures and keep Indians locked in a state of dependency, with little control of their affairs” (p. 314). Deprived of traditional ways, First Nations people lost touch with their cultural heritage, and through this, to a significant extent, their identity as a people. The seriousness of this loss has led some writers to refer to early Canadian colonial practices as cultural genocide (Kimmelman, 1985; York, 1990).

### *Residential Schools*

The residential school system, first implemented in the mid 1800s and lasting until the early 1980s, was blatant in its mandate to facilitate assimilation through the forced adoption of White Western culture. First Nations children from all across Canada were sent by the thousands to attend schools isolated from their families and community. In the 1930s, at the height of the residential school movement, almost 75% of all First Nations children between age seven and fifteen attended such schools (Ward, 1984).

While at school, children were systematically punished, often severely, for speaking their language and practicing their customs (Kirmayer et al., 2000; Robertson, 2006; York, 1990). Other types of mistreatment, not officially sanctioned, amplified the devastating result of this accepted form of abuse. In recent years, accounts of rampant physical and sexual abuse have emerged, lending to an intergenerational transmission of trauma and casting light on the source of many of the chronic, intergenerational problems that plague First Nations communities (Shepard et al., 2006).

### *Cultural Retention*

Despite the colonial mandate to do away with traditional First Nations culture through various means of forced assimilation, many cultural practices have been retained. Such cultural differences are critical variables that should be attended to when providing counselling services to First Nations clients. We as counsellors need to be careful, however, not to simply make broad generalizations regarding First Nations culture, or any other culture for that matter. It is helpful to keep in mind that there are 49 distinct Amerindian cultures, not including other First Nations people such as Métis, Dene, and Inuit (Blue & Darou, 2005). To assume cultural homogeneity among such a diverse grouping is to risk unwarranted generalization. Indeed, cultural presentation will vary according to a host of individual and group differences, including geographic region, tribal affiliation, level of acculturation, socioeconomic status, and education.

Still, there are discernible differences between traditional First Nations culture and mainstream Western culture (Blue & Darou, 2005; McKenzie, Seidl, & Bone, 1995; Morrisette & Gadbois, 2006). Examples that are especially pertinent to counselling include (a) the First Nations belief in the need for harmony among four interrelated aspects of wellness (the mental, physical, emotional, and spiritual); (b) the belief in a collective, communal, and interconnected way of life (versus a Western preoccupation with individualism and autonomy); (c) the centrality of spiritualism to healing and health; and (d) the ethic of noninterference (Brant, 1990; McCormick, 1996; McKenzie et al., 1995; Restoule, 1997).

Given its relevance to interpersonal relationships (including how parents interact with their children), the principle of noninterference deserves special consideration within the counselling context. According to Brant (1990) and others (e.g., Morrisette, 2008), noninterference is an ethic among North American native tribes that serves to enhance interpersonal relationships through discouraging all forms of coercion, whether verbal, physical, or psychological. Inasmuch that many of our counselling theories and models are procedurally directive, careful scrutiny should be exercised prior to and during the application of our methods when counselling First Nations clients. For example, a common feature of many counselling models is the expectation that clients undertake homework or agree to therapeutic tasks between sessions. Such expectations are inconsistent with the principle of noninterference.

Knowledge of both the history of European colonization and contemporary First Nations culture is necessary to provide culturally sensitive service to First Nations clients. Although historical and cultural knowledge can never be recklessly applied to all First Nations people due to myriad individual and regional differences, tentatively holding onto these “special knowledges” can help cultivate the ability to ask good questions that reveal salient cultural meanings at the individual and community level (Laird, 1998).

#### THERAPEUTIC PRACTICES

Attaining multicultural competence requires that we choose interventions that are respectful of a cultural group’s intact beliefs and values regarding health and healing (McCormick, 1996; Morrisette & Gadbois, 2006). Pedersen (2001) refers to this as the ability “to do the right thing at the right time in the right way” (p. 22). The philosopher and theologian Reinhold Niebuhr (1963) promotes the idea of “fittingness” as a way of promoting sensitive action based on discerning questions asked of oneself such as (a) What is going on here? (b) What is occurring and what does it mean? and (c) What is intended?

#### *Culture-Specific Counselling*

There are varying perspectives on the need for and applicability of culture-specific counselling interventions. Ho (1995) argues that multicultural counselling should promote client-specific rather than cultural-specific interventions.



He asserts that “to insist on having separate treatment for each distinct group is theoretically and practically unsound” (p. 17). Weaver and Yellow Horse Brave Heart (1999) echo this sentiment, noting that many First Nations people identify with more than one culture, thus complicating the matter of which culturally based intervention to adopt. Sainnawap, Winter, and Eprile (1991) suggest that *human centred community-based approaches* might best balance the scale of contemporary versus traditional interventions. These authors promote an *Indianized* approach as a means of adopting the First Nations practices within a contemporary context (Sainnawap et al., 1991).

It would seem, then, that Western approaches still hold relevance when counselling First Nations clients and that a wholesale rejection of contemporary counselling practice is therefore unwarranted. Indeed, some authors (e.g., McCormick, 2000; Wyrostock & Paulson, 2000) argue that certain aspects of Western practice, when deconstructed, are amenable to traditional First Nations healing practices.

For example, the processes involved in traditional practices of sharing and healing circles share certain obvious features of mainstream group therapy. This is not to say that Western counselling practices can simply replace First Nations practices, but rather that the two can be viewed as procedurally compatible. In keeping with a multicultural perspective that values and respects diversity in all forms, no assumption should be made as to the correctness, overarching validity, or effectiveness of one perspective of healing over the other. Indeed, when it comes to effectiveness, therapeutic outcome research increasingly attests to the importance of a collaborative fit between the client’s worldview and the counsellor’s model of counselling in determining a positive counselling outcome (Asay & Lambert, 1999; Messer & Wampold, 2002; Sprenkle & Blow, 2004).

### *Attending to Acculturation Strategies*

McCormick (2001) notes that differences in value orientations (worldviews) between First Nations people and mainstream health services providers result in different views regarding the source and treatment of mental health-related problems. Consequently, a starting point for working with First Nations clients is assessing the degree to which the client adheres to a traditional worldview. Gaining an understanding of a client’s degree of acculturation is essential to this endeavour (Garrett & Pichette, 2000).

Building on Berry’s (1997) delineation of four acculturation strategies (i.e., assimilation, separation, integration, and marginalization), Garrett and Pichette (2000) offer the following acculturation strategies applied to First Nations people:

1. *Traditional* – The individual speaks his or her Native tongue, holds traditional beliefs and values, and practices only traditional customs and methods of worship.
2. *Marginal* – The individual may or may not speak English as well as his or her Native tongue, and is not fully accepting of his or her cultural heritage or mainstream Euro-Canadian culture.



3. *Bi-cultural* – The individual accepts both mainstream and traditional cultures.
4. *Assimilated* – The individual accepts only mainstream culture.
5. *Pantraditional* – The individual is assimilated into mainstream culture, yet makes a conscious effort to embrace traditional ways and lost traditions.

Taking time to assess acculturation in the initial phases of counselling allows one to establish the acculturation strategy embraced by a particular First Nations client, which then allows the counsellor to be more accommodating of the client's worldview (Morrissette, 2008). Thomason (1991) suggests that this should be part of the initial interview with First Nations clients. Further, he states that the counsellor should take the lead in structuring such interactions as a means of balancing rapport-building strategies with therapeutic gains.

Research by Wyrstok and Paulson (2000) supports the view that assessing a client's acculturation status can lead to and enhance an effective counselling outcome. These authors examined First Nations university students' interest and participation in traditional healing practices. It was found that student clients often embraced traditional healing practices—this despite the predominance of Western models of counselling in mainstream society. Wyrstok and Paulson concluded from their study that “traditional healing is not to be mistaken for antiquated ritual” (p. 21). They state that as counsellors we can support First Nations students to explore their cultural heritage as a way to facilitate healing and goal attainment. This support, however, should be tempered through ongoing collaboration and respect for the client's own preferences for the process and outcome of counselling.

As counsellors, however, it is important to assess clients' degree of acculturation before suggesting that they seek out a culturally-based healing practice (Morrissette, 2008). If a First Nations client is highly assimilated into mainstream Euro-Canadian culture, it would be detrimental to the therapeutic relationship, and hence the counselling process in sum, if the counsellor pressed the client to explore and accept aspects of their traditional culture. Consider the description offered by a First Nations adult who was adopted into a non-Aboriginal family. In this account the individual reflects back on his mother's attempt to introduce him to this traditional culture:

She'd [his mother] ask to see if I wanted to go to a Powwow and I remember just being closed. When I did go, you fear what you are not familiar with. So that's what it was, it was just unfamiliar. Even going to my first Powwow I remember not knowing how I fit in with these people. They were strange, and although I knew I was First Nations, I never thought that I could be Powwow dancing; it never crossed my mind. (Nuttgens, 2004, p. 100)

It is equally important to realize that cultural and racial stereotyping can lead some First Nations clients to downplay or avoid altogether anything affiliated with First Nations culture. Such a tendency is poignantly illustrated in the accounts of First Nations adults who were raised in non-Aboriginal families.

The psychological safety measure is alienation from the self because the self is represented by all kinds of negative things. Who wants to grow up saying, "Well, I'm First Nations so therefore, you know, I'm drunk and I'm dirty, and I'm stupid, and I'm lazy and I'm..." you know, all the negative stereotypes. Who wants that! No one does. (Nuttgens, 2004, p. 144)

I would probably try to, ah, hide my identity, my hair, ah, at some point people, you know, would have probably thought I was Malaysian. That sort of thing. Um, I always tried to dress as the cool kids did, you know, sort of thing. Um, it was all appearance, a façade. You know, so I had to maintain things. (Nuttgens, 2004, p. 144)

The desire to alienate oneself from an integral part of one's identity through acts of concealing and disowning is a poignant reminder for counsellors that the issue of culture must be sensitively handled in the counselling relationship. Sensitivity to the possibility that a First Nations client may be rejecting of traditional culture can help ensure that it is not forced on the client while at the same time leaving room for receptive and thoughtful inquiry into the client's feelings and perceptions toward their cultural heritage.

Still, for the many First Nations counselling clients who do embrace aspects of their traditional culture, Wyrostok and Paulson's (2000) advice to incorporate traditional healing practices is wisely taken, both because it will likely be effective due to its cultural relevance, and because doing so serves to counter prevailing colonial attitudes toward the healing practices of non-Western cultures. Wyrostok and Paulson and others (e.g., Blue & Darou, 2005) suggest that counsellors should, when warranted, consult elders as part of a treatment team and help clients find appropriate referrals to access traditional healing practices, such as healing circles, sweetgrass ceremonies, and sweat lodge ceremonies. Counsellors should not, however, attempt to appropriate traditional healing practices within their work as if they, themselves, were holders of this special cultural knowledge (LaRue, 1994).

### *Social Justice*

According to Blue and Darou (2005), when counselling First Nations clients it is essential that we attend closely to stories of oppression and subjugation or, as Thomason (1991) states, the social ecology of the client. From a social justice perspective, symptoms of mental illness are often inextricably entwined with the effects of poverty and racism, which in turn are attributable to historical and current social injustices levied against Canada's First Nations people. Given this social reality, it is erroneous to think that our methods of helping are essentially interclass and nonpolitical (Tapping, 1993).

To foster improved mental health within the First Nations community, part of the focus needs to be directed toward changing social conditions that contribute to mental health problems in the first place. As Waldegrave (1990) notes, to do otherwise is akin to adjusting clients to their oppression. Culturally relevant therapies, therefore, must address larger questions of poverty, unemployment, racism,

sexism, and injustice (Tapping, 1993; Waldegrave, 1990). This involves broadening the scope of therapeutic practice beyond traditional notions of mental health care. Utilizing community resources and advocacy groups, the very organizations that typically work toward reducing social injustice, can elevate counselling beyond an individualized focus.

It is also possible for social injustice to be identified and named in the context of therapy. When this occurs, individuals are encouraged to stand against various forms of oppression such that new patterns of meaning are created that strengthen feelings of self-worth and override failure-centred patterns (Tapping, 1993). One such approach, eloquently articulated by Wade (1995), emphasizes the role of oppression in First Nations mental health concerns, though not in the usual manner of focusing on its effects, but for the purpose of highlighting the client's responses. Wade's belief is that no act of oppression ever goes uncontested, and this he aptly demonstrates through skilfully uncovering acts of resistance in a client's story that typically go unnoticed. For example, a client's tearfulness and sadness at being horribly treated in residential school is not attributed to symptoms of depression (effects) but is celebrated as an act of resistance—one's refusal to accept being mistreated.

An additional compelling example of resistance to oppression is offered by Blue and Darou (2005), who share the following account:

There was a very satisfying period in the 1970s during which students began to successfully sabotage the system and get their revenge. James Bay Cree youth, including Billy Diamond, Matthew Coon-Come, and Teddy Moses, produced a Cree language Christmas pageant at the Sault Ste. Marie residential school that was so touching it even ran on provincial television. It was filled with words that cannot be found in missionaries' Cree language lexicon, words that furtively mocked the abusive system—on public television. The students cleverly and successfully took their revenge. (p. 310)

Attending to "acts of resistance" when working with First Nations clients who have experienced violence, abuse, racism, and cultural oppression allows counsellors to bring forth these stories as a means to uncover and kindle stories of strength, dignity, and self-respect; through this approach, agency is highlighted in the face of often severe mistreatment, thus countering the guilt, shame, and self-loathing that often accompanies such experiences.

#### CONCLUSION

In this article we suggest that cultural differences between Aboriginal clients and non-Aboriginal counsellors ought to be addressed through consideration of three commonly held domains of multicultural competence: self-awareness, knowledge of the other, and therapeutic practice. Along with others (e.g., DeBruyn, Chino, Serna, & Fullerton-Gleason, 2001; Shepard et al., 2006), we argue that when counselling First Nations clients it is necessary to understand the historical,

political, and cultural forces that give shape to the First Nations worldview. It is equally important, however, to assess a particular client's degree of assimilation so as to avoid making unwarranted assumptions regarding one's cultural identity.

Being aware and accepting of alternative worldviews helps decrease the likelihood of undue bias and the imposition of our own beliefs and values on our clients. Such awareness can also reduce the occurrence of unintentional racism, while increasing our receptivity to the existing strengths, resources, and traditional healing practices within First Nations culture.

Western psychological practices have helped innumerable people, and there is no reason they cannot help people from other cultures as well. However, in the case of Canada's First Nations population, it is important to recognize and support their own richly developed worldview and traditional healing practices. Depending on the client's interest and openness, in many instances the preferred locus of intervention will involve a referral to, or consultation with, a traditional healing resource.

Foremost, we must turn inward to examine our own beliefs, values, and attitudes toward First Nations clients. We must accept and reflect on our own racist and ethnocentric tendencies, for as sure as we are human, we have them. This is seldom easy. Sue (1998) writes that doing so "may mean owning up to painful realities about oneself, our group, and our society. It may involve tension, discomfort, and must include a willingness to honestly confront and work through potentially unpleasant conflicts" (p. 6). This ongoing process, though conciliatory in nature, cannot call on First Nations people themselves to alleviate our compunction; this task is ours alone.

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