

GHOST PIPE PODCAST: Conversations Decolonizing Mental Health

SELF-REFLECTION QUESTIONS for CHATS 1-9

Go to healhealthcare.ca *Ghost Pipe Podcast* page to access the recordings.

Chat 1 Okpik and other cultural items. Jolene's (Interviewee's) first experience at counselling ends with advice that "she should get a job".

The field of psychology is largely focused on westernized and colonial thinking and systems. In what ways could this create a mismatch between a counsellor and Indigenous client?

In what ways could an Indigenous client be harmed, or traumatized when they reach out for mental health support?

15:00 - Standard clinic practices such as intake forms and confidentiality agreements lead to a sterile environment and awkward therapeutic relationship. Jolene concludes she is better off on her own.

What are some professional practices that counselors and therapists may use that could be creating barriers with Indigenous clients?

Chat 2: Tokenization gets weird. A counselor who is educated about Jolene's culture makes a good start but ends with somatic experiences leaving her feeling that her counselor was taking more than giving.

Taking an interest in Indigenous culture could lead to a client feeling "tokenized". How can one take a balanced approach to honoring culture without exploiting it?

Statistically, an Indigenous woman, is more likely to have her children removed from her care than a non-Indigenous one. In what ways does seeking mental health support put Indigenous individuals at risk?

Chat 3: A therapeutic relationship that culturally worked. Jolene described her relationship with her counsellor that reminded her "that she holds the medicine" for her healing and support the family unit rather than individual.

How could a professional in the mental health field abide by their "duty to protect" and connect with Indigenous families in ways that are non-threatening to the family unit?

Chat 4: Baskets and other cultural items. “Cloaking” in mental health professionals. Jolene describes “why we don’t go back” to counselling. Culture as treatment.

What are some ways you have seen culture used or mis-used in mental health. Do you think a non-Indigenous counselor can facilitate cultural healing practices? Why or why not?

Chat 5: Tattoos. Connection to culture and identity.

What did you learn about the deeper meaning of cultural tattoos that you did not already know?

Chat 6: Homelands, “The land has not forgotten us”.

What stood out to you about Indigenous understanding of connection to the land. What role could this play in the healing journey of an Indigenous individual.

Chat 7: Inuk Barbie and other cultural items. The need for more than “cultural sensitivity” courses. Jolene talks about first steps for moving forward and the priority she places on education that is historically accurate.

What are first steps you can take to improve or re-learn knowledge with greater historical accuracy?

Why is “cultural sensitivity” training not enough?

Chat 8: Authentic, safe, respectful. How can a non-Indigenous counsellor better meet the needs of Indigenous clients.

When it comes to “authentic, safe and respectful”, what aspects do you feel are your strength, and what aspects can you improve on? Who could you obtain this feedback from?

In what ways have you, personally, been “marinated” in westernized thinking in your training in the field of psychology or mental health?

Chat 9: Jolene summarizes how her healing journey finally offered her what she needed. the medicinal Knowledge of the plant Ghost Pipe and what it could teach the mental health professional about the journey toward healing.

What is your responsibility, as an individual, or health care provider towards Indigenous individuals or clients you encounter?

Did you experience any “shift” (change in perspective) in yourself, or not? What shift would you like to make, and what will it take to make it? Be honest.

Additional Self Reflection Questions from the Interviewee Jolene Thrasher:

How can I show up in a safe way as an ally to Indigenous Peoples?

Do I have a thorough historical context of Indigenous Peoples' experience which will help me to shape my understanding?

Do I have any assumptions or stereotypes that may be a hindrance to my ability to act as a safe counsel to Indigenous Peoples?

What can I do today for my role in reconciliation?

What are my obligations to the Peoples whose Lands I occupy?



National Collaborating Centre
for Indigenous Health

