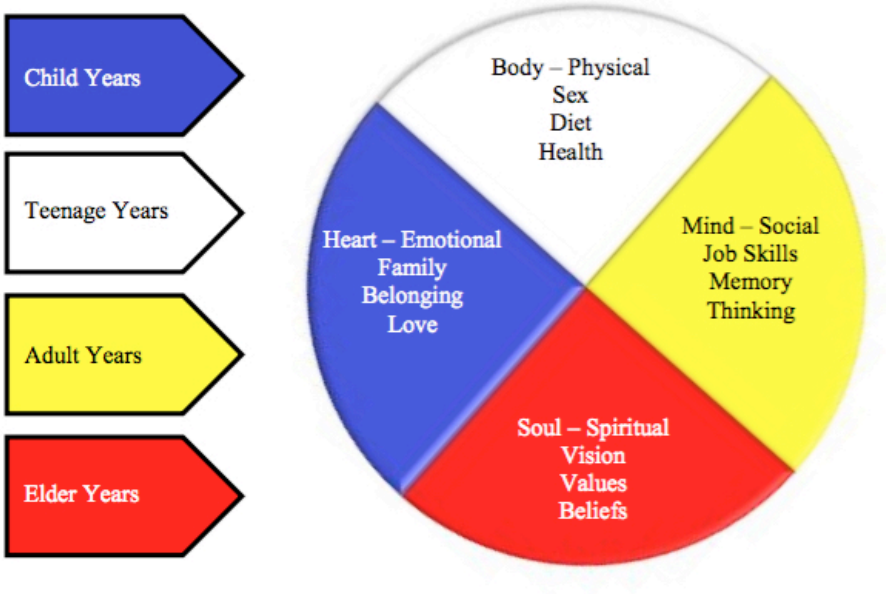
The Ethnic Impact of Cognitive Levels on Substance Abuse: A Culturally Competent Direction for Addictions Counselling with Aboriginal Clients



Trust ● Respect ● Feeling ● Caring ● Tolerance ● Understanding ● Acceptance ● Forgiveness

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When we look at the current state of Aboriginal communities in the "Canadian" landscape, one must consider the complete picture and the many layers that exist below the visible surface. From the point of contact, European or "western" viewpoints and ideologies were forcibly imposed upon our pre-existing Aboriginal people and traditional way of life. From the onset, this dominance created a shift in balance, a shift in natural law and the perception of authority. Our previously thriving, sustained cultures comprised of ancient laws and customs based on geographic boundaries, family ties and trading relationships were unravelled, dismantled and displaced in less than 200 years. Aboriginal societies were converted from a state of autonomy to a state of dependence and dysfunction. The misuse of power created a considerable imbalance in all of our aboriginal cultures, and as a result has caused immense suffering.

In order for our Aboriginal people and communities to heal, we must begin to understand who we are and recognize the great damage that assimilation has caused us. Only upon recognition of the history and the experiences of our ancestors, can we move on to a journey of healing.

Substance abuse is a product of generations of forced confinement within an alien society that fails to meet our needs as indigenous occupants of an already challenging continent. There must be a change of approach whereby Aboriginal healing and therapy are administered by our Aboriginal people through our own Aboriginal methodologies i.e. the principles of holistic healing and the Indigenous Medicine Wheel. But first, differing ideologies are and the rationale behind holistic healing must be dissected.

Where mainstream medicine sees an Aboriginal client suffering from addiction, Aboriginal healing methods views the client as suffering from the ***sickness of assimilation***. Where mainstream medicine emphasizes logical rationalization to the approach of treatment, Aboriginal healing emphasizes the spiritual and holistic aspects of life and concentrates on the energy of the four directions, and the importance of striking a balance between all four quadrants. Where mainstream medicine tries to standardize tools available to addictions counsellors concerning therapy techniques (e.g., motivational interviewing, cognitive behavioural therapy, among others), Aboriginal counsellors emphasize the more client-directed approach of Medicine Wheel philosophy of establishing a stable foundation from which to form a healthy lifestyle. Given the differences between mainstream medicine and the Aboriginal healing journey, to what extent then is it possible to combine the two, specifically in the case of Aboriginal clients stricken with the sickness of assimilation which manifests itself in substance abuse problems? Have we as an integrated, evolved society reached the threshold of change, where current systems are open to re-examine conventional treatment methods and adapt to meet the unique needs of our Aboriginal clients?

Training for mental health care providers has typically operated with a treatment objective of focusing on the addiction itself and utilizing a treatment plan based on specific therapy technique(s). Traditionally, the client's disorder has been managed by clinical

programming thereby applying standardized packages or treatment 'tracks' to which clients are assigned and their progress assessed by their degree of compliance. From an Aboriginal healing perspective, this mainstream approach often leaves our Aboriginal clients alienated within the system and contributes to the generally high premature drop-out rates in substance abuse treatment programs. This level of "non-compliance" has reinforced a belief that personality type has something to do with cognitive ability and, that subsequently, cognitive ability has something to do with the ability to start and continue with a successful healing journey. The view of mainstream medicine tends to lean towards treatment of the illness not the person. Mainstream medicine misses the point of our Aboriginal cognitive skills or perceived lack thereof.

Psychological/psychiatric credentials are granted through a European based university model approved and regulated by government run organizations. How well do mainstream counsellors, typically non-Aboriginal therapists, understand cognitive levels when dealing with Aboriginal clients contending with the sickness of assimilation? Local Aboriginal therapists would argue that our Aboriginal clients are often considered somewhat delayed compared to any baseline of developmental benchmarks for a mainstream population.

Consideration is not given to the external pressures we as Aboriginal people face, such as a lack of role or "fit" within society, the ability to obtain and maintain employment, or meet the basic needs associated with survival. Heavy dependence on unreliable or flawed social "Band-Aids" to survive impede our ability to take responsibility for our own actions. These catch-all systems create an experience in which we become incapable of exercising control over our own existence. This can render us completely unable to be a source of support for others within our own families or communities, which leaves us vulnerable. Consider the domino effect over generations of time which contaminate our entire communities.

These types of social behavioural barriers, which can manifest themselves as cognitive limitations by mainstream standards, suggest that the assessment and treatment process for our Aboriginal clients has to be different from the typical 'track' to which mainstream clients are assigned. It is critical that our people, with assimilation sickness, be assessed with an informed understanding of the environment that they will return to and how critical the aftercare component is with these individuals.

Many adult Aboriginal clients, considered to be acting emotionally immature, are reflecting learned behaviour from a dysfunctional environment in which they have had to, on a very basic level, learn to survive. Often, this environment includes a lack of nurturing from parents, exposure to residential school, and/or sexual abuse issues, all of which are extremely difficult areas in which to get clients to open-up in dialogue in order to begin to heal. The perspective of our local Medicine Wheel Counsellors is that surviving in an environment of violence and abuse tends to blunt our ability to receive emotional input (e.g., delays the proper development of emotions related to love and belonging) and as a result we often react with flawed output regarding our relationships with others. The suggestion is that this leads to very little self-evaluation and reflection, and we are often inclined to place blame for problems on external factors. Additionally, when Aboriginal

counsellors direct discussions to areas in which our clients are not comfortable, especially sexual abuse, the first reaction is to shut down and become non-responsive. Further adding to the problem, our Aboriginal clients often have no real sense of his/her culture or values to fall back on. Many of our Aboriginal people are culturally lost, and so they lack motivation to be responsible and accountable for their actions.

This is where the therapeutic techniques become less important and our counsellor's ability to effectively engage our clients is critical to successful therapy. The Medicine Wheel focus is to work with our clients to understand where they have 'lost their way' and begin to identify the missing pieces in their developmental process. This process creates an awareness of self, and combats the sense of worthlessness and self-loathing that poisons their sense of reasoning. The Medicine Wheel is a tool for measuring who we are in terms of identity, culture, and values.

Aboriginal clients have typically experienced very different environmental conditions and influences compared to a mainstream Western population who battle with substance abuse issues. Subsequently, they require a more culturally sensitive approach to assessment and treatment to start them on, and then maintain a successful healing journey. In this regard, Aboriginal therapists are generally of the opinion that conventional western psychiatric and psychological assessment and treatment have failed the Aboriginal community.

Working with our Aboriginal clients to take responsibility for their actions and have them acquire the inner motivation to deal with their addiction, without understanding the missing development aspects of the Medicine Wheel has only contributed to a further sense of displacement and frustration for the client, greatly reducing the potential for future attempts to rehabilitate. Local Aboriginal therapists have suggested that our clients typically experience the following co-morbid conditions that result from dysfunctional environments and a lack of nurturing:

- shame in one's upbringing
- shame and the need to defend a bad upbringing
- shame in not wanting people to know about one's background
- shame of enduring abuse
- shame of isolation
- shame in denying one's culture
- loneliness from fractured families
- loneliness from abandonment or neglect
- loneliness and confusion from being placed in foster care
- loneliness from enduring residential school
- loneliness of loss of family through death
- loneliness from lack of trust
- loneliness in feeling that no one care
- loneliness from lack of acceptance by like-minded people (feeling as though no one can relate to you, and you struggle to relate to others)

- fear of confiding in people because they won't believe you
- fear of being thought of as a liar
- fear of having lost someone and afraid to lose again
- fear from being hurt as a child or teenager
- fear of rejection

It seems fairly apparent that most mainstream counsellors and clinicians have acquired the information that Aboriginal clients seeking mental health and addiction services typically have a life story that contains a theme of historical trauma. However, this information is not yet thought of by our Aboriginal community as translating into a working knowledge about how best to engage our clients on a successful healing journey.

From a Medicine Wheel counselling philosophy, the suggestion is that our Aboriginal clients typically need to work through early developmental issues around emotions (love and belonging) and get some resolution to be able to progress to the next stage(s) of development and/or focus on the addiction issue. This requires work around issues like the generational effects of poor parenting skills and dysfunctional behavioural modelling. Further acknowledgement must be made of the residential school experience and how it has severely limited many of our families from building confidence and pride in their children when they are young. Although the Canadian Government has offered an official apology on this dark subject of Canadian history, the fact remains that the damage is ongoing and will take significant time to heal.

The lack of positive nurturing hinders our Aboriginal adolescents forward growth in development along a parallel track assumed as typical functioning for adolescents/young adults. Therefore, it cannot simply be assumed with our Aboriginal clients, that because they have reached a certain age that they have also reached a particular level of cognitive functioning (or emotional maturity).

The work of some local Aboriginal Medicine Wheel counsellors centred on exploring our Aboriginal client's positive role in society; and more specifically in identifying with a community that embraces Aboriginal culture. This involves helping our clients understand the eight principles that comprise a successful healing journey:

1. Trust
2. Respect
3. Feeling
4. Caring
5. Tolerance
6. Understanding
7. Acceptance
8. Forgiveness

Integral to the process, is being able to have and maintain healthy relationships as an adolescent; as this is highly predictive of an ability to have appropriate adult relationships.

There is some suggestion that if the following three facets are not present during adolescence, the likelihood of having and maintaining quality adult relationships will be greatly diminished:

1. Educational opportunities; (hope)
2. Protection from violence and substance abuse; and (value and worth)
3. Available career opportunities. (opportunity)

If these facets are found to be lacking during adolescent development, individuals are more likely to suffer from emotional problems, a lack of social skills, a lack of academic competence, and low self-esteem.

There are also many examples where our Aboriginal clients show poor sustained, selective, and divided attention during counselling sessions. From a mainstream psychological perspective, the cognitive domain of attention is also typically described in terms of an individual's ability with respect to selective, divided, and/or shifted attention .

- Selective attention is characterized by an individual's ability to target, recall and manipulate the information.

- Divided (or sustained attention) is described as the ability to maintain alertness or vigilance over a period of time.

- Shifted attention is described as the ability to change the focus of attention in an adaptable and flexible way from a developmental perspective; children who too easily shift attention tend to have difficulty in maintaining focus in later grades and tend to do more poorly academically.

Concentration capacity is a key building block for the adequate development of more complex or higher order cognitive activities. Underlying deficits based on concentration issues are associated with later difficulties in higher-order cognitive processes, particularly memory and reasoning ability.

A disconnect exists between mainstream ideology and our aboriginal community when it comes to culture, identity and language. It is a fact that we look at these concepts through two different sets of eyes. Our worldviews are different but not necessarily wrong. It just means we have differences. Our Aboriginal community has been forced to adapt and learn from a different culture with different values and beliefs. The key to cross-cultural understanding is working partnerships that need to be nurtured and developed. It is time for conventional practitioners to evaluate the progress that has been made regarding our Aboriginal cognitive therapy. It's not about competition but compromise, understanding and common-sense for the best interest of our collective future.