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## Navigating Two Worlds: Experiences of Counsellors Who Integrate Aboriginal Traditional Healing Practices Navigant deux mondes : Les expériences de conseillers qui intègrent les pratiques traditionnelles de guérison Autochtone

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### ABSTRACT

The use of traditional healing among Canadian Aboriginal communities has experienced a revival, and the therapeutic benefits of these practices have received much research attention. An argument is repeatedly made for incorporating indigenous healing into clinical interventions, yet recommendations on how this may be accomplished are lacking. The present study aimed to address this limitation. We interviewed 9 mental health professionals who routinely employ both Western psychological interventions and Aboriginal traditional healing practices. Grounded theory data analysis identified 4 core themes and led to a model that illustrates participants' integrative efforts. Implications for counsellors working with Aboriginal clients are addressed.

### RÉSUMÉ

Les pratiques traditionnelles de guérison refont surface dans les communautés Autochtones du Canada et les bénéfices thérapeutiques de ces pratiques ont déjà fait l'objet de plusieurs études. Malgré les suggestions répétées d'intégrer les pratiques de guérison traditionnelles en pratique clinique, il n'existe pas de lignes directrices pour guider ce processus. Cette étude vise la lacune. Nous avons interviewé 9 praticiens en santé mentale qui intègrent des pratiques traditionnelles de guérison Autochtone dans leur pratique psychologique. En analysant les données selon la théorie à base empirique, nous avons identifié 4 thèmes principaux et élaboré un modèle qui illustre comment les participants arrivent à cette intégration. Les implications pour les conseillers qui travaillent avec des clients Autochtones sont discutées.

There has been much discussion in the literature about the often inappropriate and inadequate mental health services provided to North American Aboriginal peoples (e.g., Gone, 2004; Kirmayer, Brass, & Valaskakis, 2009). Critics (e.g., McCormick, 2009; Poonwassie, 2006; Stewart, 2008; Trimble, 1981) argue that conventional psychological interventions fail to take into account the holistic understanding of health and the central place of spirituality that persist in indigenous<sup>1</sup> communities. This in turn results in underutilization of services and early termination of therapy (Duran, 1990; Juntunen & Morin, 2004). Considering the high prevalence of mental health-related problems in Aboriginal communities (e.g., Kirmayer, Tait, & Simpson, 2009), this situation poses a serious concern.

Traditional forms of healing subsist in many Aboriginal communities, sometimes substituting for inadequate mental healthcare and often used concurrently with mainstream services (Waldram, 1993). Traditional healing practices of the North American indigenous peoples include, among others, talking circles, sharing circles, smudging, and Medicine Wheel teachings (France, 1997; Portman & Garrett, 2006). These rituals reflect a holistic outlook on health and emphasize connectedness to the community (LaFromboise, Trimble, & Mohatt, 1990; McCormick, 1996; Poonwassie & Charter, 2005). Large survey studies (Beals et al., 2006; Gurley et al., 2001; Kim & Kwok, 1998; Novins et al., 2004; Wyrostok & Paulson, 2000) as well as interviews, focus groups, and case study accounts (Canales, 2004; Iwasaki, Bartlett, & O'Neil, 2005; McCormick, 2005; Stewart, 2008; Waldram, 1993; Wieman, 2006) suggest that there is a revival and an increased utilization of traditional healing in Aboriginal communities.

As a response to the shortcomings of mainstream mental healthcare and in light of traditional healing resurgence, scholars and clinicians have argued for increased collaboration between mental health professionals and healers, and for integrating traditional practices when counselling Aboriginal clients (Duran, 1990; Heinrich, Corbine, & Thomas, 1990). At first sight, such integration represents a straightforward solution to the issues of service underutilization and premature termination. However, the worldview that informs Aboriginal traditional teachings differs from the one underlying Western psychological practice (France, 1997; McCabe, 2007). Therefore, the nature of this integration remains unclear. The counselling literature reflects this ambiguity.

Apart from a small number of case studies that report incorporating healing rituals into conventional counselling interventions (Heilbron & Guttman, 2000; Wilbur, Wilbur, Garrett, & Yuhas, 2001) and a few papers proposing integration of ceremonies into individual therapy (Garrett & Garrett, 2002; Robbins, 2001) and group therapy (Garrett & Crutchfield, 1997; Garrett, Garrett, & Brotherton, 2001; Walkingstick Garrett & Osborne, 1995), general conceptualization of traditional healing integration in counselling and psychotherapy is lacking. Despite the consensus that incorporating traditional healing is fundamental to providing adequate services to Aboriginal peoples, there appears to be very little discussion on how mental health professionals can integrate traditional practices in their work. We believe that this gap in clinical literature represents a significant impediment to improving mental healthcare for Aboriginal communities.

However, a number of Canadian mental health professionals routinely integrate Aboriginal healing practices with counselling. Their work has received little academic attention, and their efforts have not been documented. In this study, we sought to explore the ways in which these professionals integrate Western counselling and traditional healing. By interviewing individuals who practice integration, the study aimed to (a) describe their experiences in terms of *how* and *when* they integrate the two helping modalities; (b) explore factors affecting their integrative efforts, including any challenges or barriers that they have encountered; and (c) offer recommendations to mental health professionals who see Aboriginal clients in their practice.

## METHODS

We used a qualitative approach that provided an extensive description of and insight into the human experience and, moreover, supported the investigation of a minimally studied area, such as traditional healing integration. As McLeod (2001) wrote, “Qualitative research is a process of careful, rigorous inquiry into aspects of the social world” (p. 2). Traditional healing integration has received little research attention, apart from general recommendations in favour of such efforts. We felt that a qualitative inquiry was suitable to address this gap in knowledge.

Because this study posed a question involving traditional healing—an element of great significance for indigenous communities—it was important to conduct this study in a respectful and sensitive manner. For this reason, we consulted with cultural informants (Elders, community members, Aboriginal scholars, and clinicians) throughout the research process, as their feedback and guidance were critical to the success of the research. Moreover, participants themselves had an active part in the study since their involvement extended beyond the data collection phase. Preliminary findings were shared with the participants, and their corrections and elaborations of the emergent themes informed subsequent analysis of the interviews.

*Participants*

In accordance with guidelines for qualitative research sampling (Morrow, 2005), we used a purposeful criteria-based sampling approach to recruit 9 participants (6 women and 3 men) who routinely used both Aboriginal traditional healing practices and Western counselling interventions with clients. All participants were Canadian mental health professionals (psychologists, counsellors, and social workers) who had trained in a postsecondary institution. Their mean age was 45 years ( $SD = 9.10$ ) and they had worked in mental health settings for an average of 12 years ( $SD = 5.09$ ) at the time of the interview. We identified potential participants through informal networking with colleagues, at research conferences, and subsequently through snowball sampling. The interviewer (first author) was acquainted with two of the participants in a professional capacity prior to their participation in the study. While this likely facilitated rapport building, it did not seem to limit their willingness to share details of their experiences.

Participants resided in Ontario, Saskatchewan, Alberta, and British Columbia and were of diverse backgrounds: 3 were Ojibwa, 1 was Ojibwa and Odawa, 2 were Métis, 1 was Dene, and 2 participants were of European descent. Their work settings included private practice, urban Aboriginal health centres, government organizations, a college counselling centre, and a regional hospital.

*Instrument*

We used a semi-structured interview guide that included five open-ended questions concerning participants' experience with incorporating healing practices into conventional healthcare. Since we considered the interview guide a flexible tool, in accordance with the grounded theory approach (Glaser & Strauss, 1967), we

modified it throughout the data collection phase in order to clarify, or elucidate, elements of participants' experience.

### *Procedure*

The interviewer invited participants to speak about their path to practicing integration, describe their integrative efforts, and talk about any challenges or obstacles. Interviews ranged in length between 45 minutes and 2 hours. Six of the interviews were conducted in person and three were conducted over the telephone. The telephone interviews were not significantly different in terms of length or elaborateness. All interviews were audio-recorded and transcribed.

### *Data Analysis*

We conducted an analysis of the interview data in accordance with the grounded theory guidelines (Strauss & Corbin, 1990), and this occurred concurrently with the data collection. During the initial stage (*open coding*), we coded transcripts using words close to participants' language (Strauss & Corbin, 1990). As additional transcripts became available, we compared these codes to other units of text, and connections between codes began to emerge. The second stage (*axial coding*) entailed condensing open codes into more inclusive categories (themes) that united analogous concepts. We shared these themes with participants, and they provided minor corrections and elaborations. For example, during this stage, one individual (Frank) further expanded on his view of the *relationship* between traditional and Western approaches to healing. Overall, most participants confirmed that the themes were indeed representative of their experiences. This process led to the development of a model (Figures 1 and 2) that organizes the emergent themes into a coherent framework.

Throughout the analysis we recorded preliminary interpretations in researcher notes or *memos*. These ideas were thereby stored for future reference, enabling the researcher to remain grounded in the data (McLeod, 2001). We also used the method of constant comparison (Glaser & Strauss, 1967). This involved continually comparing emerging themes with the raw data to ensure accurate reflection of participants' experience.

## RESULTS

We identified four core themes in participants' accounts: (a) becoming a helper, (b) deciding when to integrate, (c) describing integrative efforts, and (d) experience with integration. In this section we will present each of these core themes and the underlying subthemes and provide illustrative quotes from the interviews.

### *Core Themes*

#### BECOMING A HELPER

At the beginning of the interview we asked participants to recount their paths to practicing both traditional healing and Western counselling or, in other words,

to describe their paths to becoming helpers. We use the word *helper* to refer to the participants for two reasons. Since several individuals used this word spontaneously during the interview, it seems to reflect their own conceptualization of their role. We also believe that it captures their experience of both being mental health professionals, and possessing knowledge and expertise in traditional indigenous ways of healing.

Most participants indicated that the presence of traditional healers among their ancestors influenced their career journey. They also mentioned growing up with ceremony, wherein their family and community passed on protocols and traditional values. Alice, a psychologist who stated that she had always been an “informal helper” in her family and in her community, talked about the teachings she received in Aboriginal traditional practices. She noted, “Anything that I know about indigenous helping and healing has really come through, you know, growing up in the Native community, things that I learned, teachings from within my own family, from my grandparents, from Elders in the community.” The Aboriginal values and teachings that the participants were taught by their family and community included “non-interference, focus on a positive direction and on inner strength, interdependence and importance of relationships, strong family connections, and believing in one’s own wisdom.”

Several individuals explained that their Aboriginal identity motivated them to pursue a career in mental health to, as Amelia put it, “give back to my own people.” Amelia had been working as a mental health professional for 5 years at the time of this interview. Similar to Alice, while growing up in her community Amelia had received many traditional teachings and learned protocols from her mother, grandmother, and community Elders. Other participants explicitly mentioned a desire to advocate for indigenous peoples as a significant motivating factor on their path to becoming helpers.

As they spoke about their career paths, most participants mentioned the influence of their personal healing journey. Elaborating on what led her to practice Western counselling *and* traditional healing, Evelyn, a mental health worker in an urban Aboriginal agency, stated, “My own personal journey is probably the biggest driving force behind everything that I do.” Several participants appeared to understand their career path as a calling or as their destiny when they reflected on this journey. Frank, who worked as a counsellor at a university centre, said, “It’s not like it was a conscious decision [to pursue counselling]. I sort of fell this way; the wind sort of pushed me this way.”

Another influence consisted of participants’ personal qualities and recognizing one’s potential as a helper. Alice explained it this way: “Working as an informal helper in my family and community has always been a part of my life and from there it was a natural progression into the professional helping field. So that was how I got into the field of psychology.” While participants obtained counselling training through postsecondary education, most described having acquired knowledge of traditional practices in an informal fashion – through family teachings, oral traditions, and living in the community.

## DECIDING WHEN TO INTEGRATE

When asked about how they decide to incorporate traditional practices into their work with a particular client (versus resorting to Western interventions alone), several participants explained that their conceptualization of the client's concerns includes an implicit cultural assessment. Leslie shared, "So I try to, you know, just like emotionally and personally, I try to read where they are at culturally." Leslie entered the mental health field later in life following a career change, and she conceptualized her counsellor role as an advocate for Aboriginal peoples. Others reported a more explicit approach, stating that they ask clients directly about involvement in traditional practices.

Participants emphasized that they do not initiate the use of traditional healing elements, believing that such practices need to be instigated by clients. However, as they spoke about particular client cases, they discussed instances when it "felt" appropriate to offer a traditional practice or a culturally grounded intervention. John, a non-Aboriginal counsellor who had been working in close connection with Aboriginal communities for nearly 30 years, mentioned trusting his "own internal compass" at such times.

In general, most stated that they avoid assuming an expert role and instead follow the client's lead. For example, Amelia explained that her clients have "visual access" to traditional healing elements, such as an Eagle feather in her office. According to her, having such things accessible allows the client to initiate traditional healing integration.

## DESCRIBING INTEGRATIVE EFFORTS

Three aspects of integration were identified in this study: (a) incorporating traditional healing elements, (b) the underlying approach, and (c) referral/collaboration. While we discuss these elements of participants' integrative efforts in separate sections, the sole function of such division is to facilitate discussion. In reality, these aspects of integration were closely related, and each participant often mentioned using all three elements in his or her work.

*Incorporating traditional healing elements.* When asked to explain how they use both Aboriginal traditional practices and mainstream interventions, several participants talked about concrete traditional healing elements that they bring into a session. These included smudging, using an Eagle feather, drumming, and taking the client out of the office. For example, Frank described using the Aboriginal traditional tool of drumming alongside eye movement desensitization and reprocessing (EMDR) technique, while Amelia noted that clients find it therapeutic to hold the Eagle feather that she has in her office. Alice took clients out on the land:

Another thing that I do quite frequently with a client is we move out of the office and into nature or into somewhere in their community that they feel comfortable with. And I see that as being more of a traditional method of working with a client.

*The approach.* As participants reflected on particular approaches that guide their interventions, the majority emphasized using a holistic approach that involved working in accordance with traditional teachings (e.g., Medicine Wheel teachings that address physical, mental, spiritual, and emotional dimensions). Others reported working systemically, taking into account the influence of the client's family and community.

Several participants talked about being mindful of the history of trauma and oppression that characterizes the experiences of many Aboriginal communities, and stated that fostering a strong positive sense of identity in this context is in itself therapeutic. Leslie shared that while she may provide psychoeducation on cognitive-behavioural techniques, she integrates this with psychoeducation on the effects of the traumatic history of indigenous peoples.

Lillian was another participant who spoke about taking into account the historical context and its impact on the client's self-identity. Lillian was a non-Aboriginal psychologist with a long history of close involvement with Aboriginal communities through participation in healing ceremonies, working with Elders, and referring clients for traditional healing. Reflecting on her work with clients she said, "A strong sense of identity is an important part of the healing process."

*Referral and collaboration.* Another aspect of participants' self-described integrative efforts consisted of referral and collaboration. All participants indicated that they refer to, and consult with, Aboriginal traditional healers when a client needs an intervention that they are unable to provide (such as a sacred ceremony), or when their resources have been exhausted. Margaret described routinely working alongside traditional healers in her counselling practice. Margaret's integrative efforts commenced when she began to work in collaboration with an Elder, taking direction from that Elder in terms of selecting appropriate interventions to employ with clients. She expressed a belief that such collaborative efforts will "move someone quicker on their personal healing journey" than the intervention of a psychologist alone. She reported consulting regularly with Elders and stated that the nature of this collaboration varies according to the client's needs.

Margaret explained that in her work an Elder may in fact guide the therapy process. Reflecting on their collaboration and referral with other helping professionals, Alice, John, and Lillian stated that they also refer to and consult with Western mental health workers.

#### PARTICIPANTS' EXPERIENCE WITH INTEGRATION

One of the goals of this study was to explore how mental health professionals who practice integration experience do this kind of work. To address this we explicitly asked each participant to speak about the process of integrating Aboriginal traditional healing practices and mainstream counselling on a daily basis. In response, some participants mentioned barriers, but the majority simply reflected on their overall experience with working in this manner. For example, participants stressed the importance of self-care and described using Aboriginal traditional practices for their personal healing. Alex, who had grown up "in a

traditional way” and subsequently apprenticed with an Elder, disclosed that he occasionally sees traditional healers or Elders to debrief and to prevent burn-out.

Margaret explained that Elders have an important role in “nurturing mental health workers as professionals.” While she often approaches Elders for support, she refrains from seeking out Western mental health professionals for personal counselling, stating that “there are pieces missing” in their helping approach.

In terms of challenges, Leslie, Frank, and Evelyn reported financial barriers and indicated that the scarcity of financial support is a major impediment to integrating elements of Aboriginal healing with mainstream interventions. An important facilitative factor was being given the liberty to engage with clients in ways unconventional for Western counselling (e.g., taking the client out of the office, or smudging during the session). Indeed, most participants stated that they work best when given substantial leeway. For these mental health professionals, *leeway* signified the ability to incorporate traditional healing techniques into their work, as they saw fit. As Leslie said, “I am happiest when I work for someone that gives me enough latitude to do what I feel needs to be done. I need a certain amount of autonomy.”

Participants spoke of the challenges that they encountered while studying mental healthcare in a Western postsecondary setting. Alice explained that obtaining a counselling psychology degree was a struggle because of minimal support from faculty, lack of cultural awareness, and the dominance of Western theory in the counselling field. She shared:

It was definitely lonely. There were a lot of times when I felt like just giving up and walking away because of the colonial mentality of counselling psychology and a lot of the lack of acceptance and racism that I experienced within postsecondary education.

Reflecting on other aspects of their experience, many participants indicated that earning clients’ trust and establishing rapport represented demanding parts of integrative work. For Leslie, this trust meant being approachable (this included her appearance, her conduct in the session, even the set-up of the office), while Evelyn stated that it is the professional’s own personal history and reputation as a helper that primarily fosters trust. Many participants perceived a need to live their lives in accordance with the principles that they promote because a helper’s actions are open to the community’s scrutiny.

Some individuals conceptualized their integrative efforts as synonymous with validating Aboriginal ways of learning, knowing, and thinking. As Margaret explained, working alongside Elders and integrating traditional teachings lets indigenous peoples know that traditional practices represent “valid, acceptable, believed, nurtured, and practiced” ways of helping. She said that such integration “allows [us] to reclaim and embrace [Aboriginal] knowledge.”

Although most participants denied having experienced conflict between integrative work and their professional regulatory bodies, several individuals expressed worry about the possibility of such difficulties. For example, Margaret reported



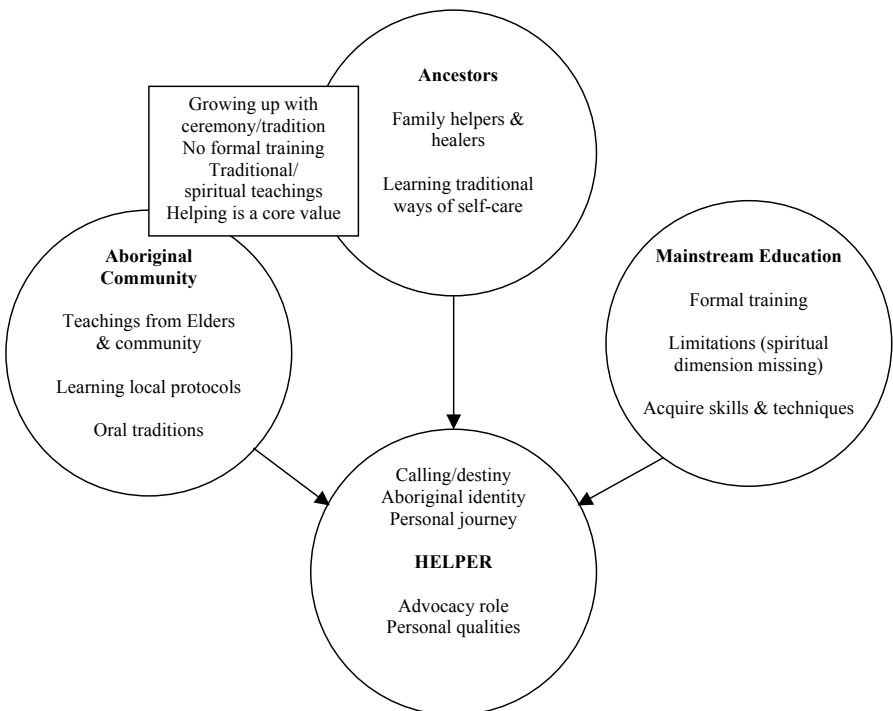
concern about whether her provincial college of psychologists would interpret her role as a helper in a healing ceremony as a valid means of working with a client. She also wondered about the college’s reaction to her routinely taking guidance from Elders in devising treatment plans.

*Integrating the Themes*

The proposed descriptive model, or framework (Figures 1 and 2), brings together the four above-described core themes and the underlying subthemes. This visual tool can help conceptualize the integrative process in all its complexity. In this section we will first explain Figure 1, which illustrates the influential components on each participant’s journey to practicing integration, and then discuss Figure 2, which centres on participants’ actual integrative work. It is important to note, however, that both figures are part of the same explanatory model that visually represents participants’ paths to practicing integration and their integrative efforts.

The influences on participants’ paths to becoming helpers who practice integration are represented as *Ancestors*, *Aboriginal Community*, and *Mainstream Education* circles in Figure 1. The themes inside these circles refer to the elements that each of these contributed to the participant’s journey. The arrows pointing from these

Figure 1  
*Path to Becoming a Helper*

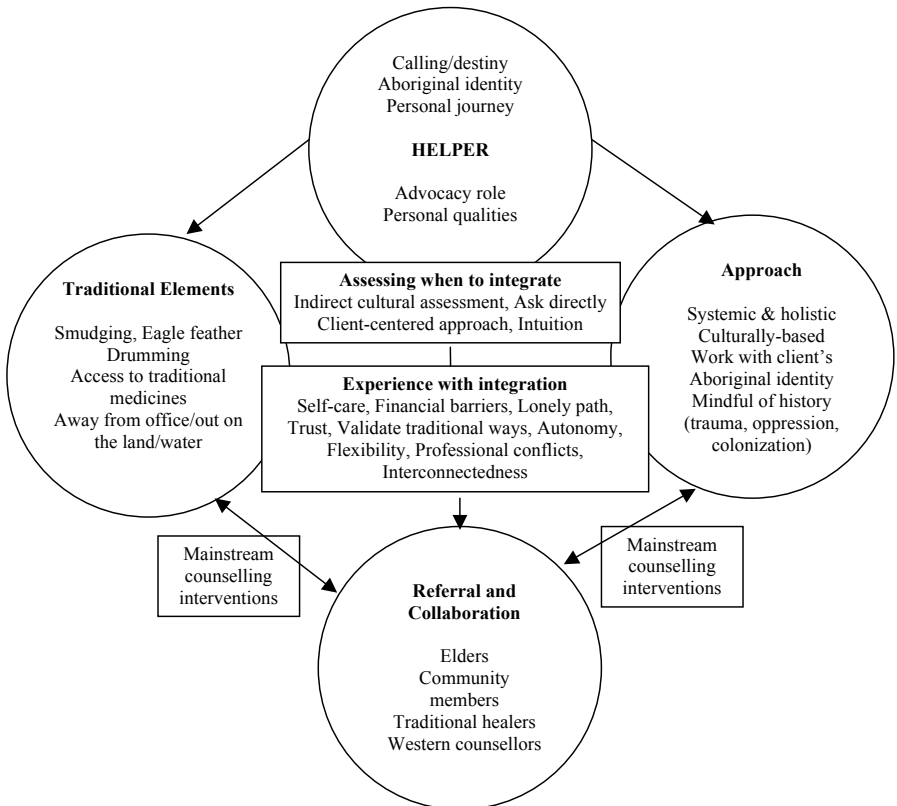


three circles toward the central *Helper* circle communicate that these components taught participants skills and particular approaches. However, all teachings were *filtered* through the participants' Aboriginal identity, personal journey, personal qualities, perception of calling/destiny, and advocacy role. These themes are captured in the central circle, depicting the helper, or, the participant.

The three arrows leaving the central circle in Figure 2 represent participants' self-described integrative work. First, however, they assess whether some form of integration is appropriate for a given client. Participants' experience with integration is also captured here, since elements such as perceived autonomy likely influence the nature of the integrative work.

The three circles labelled *Traditional Elements*, *Approach*, and *Referral and Collaboration* refer to participants' integrative efforts. These are related since one individual often practices all three forms of integration. For example, a mental health professional may conceptualize a client's concern in a holistic manner, refer to Elders and traditional healers, and process in therapy the client's experience

Figure 2  
*Integrative Efforts*



of being with an Elder, or having participated in a healing ceremony. The boxes named *Mainstream Counselling Interventions* indicate that participants also use elements of Western counselling approaches.

#### DISCUSSION

By examining the experiences of Canadian mental health professionals who integrate conventional counselling and Aboriginal traditional healing practices, this study identified important influences on these individuals' career paths, explored their therapeutic approaches with clients, and inquired about factors that hinder or facilitate their integrative work. In the next section we will discuss emergent themes in the context of previous research, address the implications of our findings, offer recommendations for clinicians, and propose directions for further research.

Reflecting on their paths to becoming helpers, most participants emphasized the fundamental roles of ancestors, the Aboriginal community, and their personal healing journey. Indeed, having healers among one's family and undergoing a healing journey have been reported, in other research with individuals who practice traditional healing (e.g., Skye, 2006; Solomon & Wane, 2005), as influential components in becoming a helper. From previous research and from the findings of our study, it seems that the helper's personal journey can facilitate a profound understanding of teachings and ceremonies that is required to assist others on the healing path.

The role of ancestors was not limited to instruction in protocols for healing ceremonies, and most participants stated that the family provided them with cultural teachings such as the importance of non-interference and the value of relationships. These qualities closely parallel traditional indigenous teachings that have been documented in the literature (e.g., Garrett & Wilbur, 1999; McCormick, 2005).

Interestingly, the two non-Aboriginal interviewees (John and Lillian) experienced most of the influences reported by the Aboriginal participants (i.e., personal journey, perceiving their role as a calling, teachings from Elders and community members). Although they were not brought up in Aboriginal communities, they reported long-lasting involvement with indigenous communities and as adults were offered teachings similar to those of their Aboriginal colleagues. In fact, the path of these professionals was remarkably similar to that of the other participants. This finding suggests that some non-Aboriginal individuals who are firmly grounded in an Aboriginal community and have undergone pertinent life experiences can, and do, practice traditional healing integration.

Several participants mentioned carrying out a cultural assessment and embracing a client-centred orientation. This notion of conducting a cultural assessment is consistent with suggestions for providing services to Aboriginal clients (e.g., Wieman, 2006). Further, describing the traditional Aboriginal worldview of healing, Poonwassie and Charter (2005) state that counsellors should employ client-centred modalities when working with indigenous individuals as this enables clients to "have total control of the pace and direction of their healing journey" (p. 23).

A number of participants conceptualized providing visual access to traditional healing elements as a way to validate traditional knowledge and Aboriginal ways of helping. McCormick (2005) offers additional insight when he suggests that “one of the roles of therapy for traditional Aboriginal society has been to reaffirm cultural values” (p. 298). Kirmayer, Simpson, and Cargo (2003) further affirm the value in offering such access to traditional ways of healing when they write: “Recuperating these traditions therefore reconnects contemporary Aboriginal peoples to their historical traditions and mobilizes rituals and practices that may promote community solidarity. More broadly, the recovery of tradition itself may be viewed as healing” (p. 16). Communicating to clients that they consider traditional ways of healing to be valid and important seemed to be a core component of the healing process.

One form of integration involved referral and collaboration. Most participants indicated that they routinely work with Aboriginal traditional healers and community Elders. There is agreement among scholars and clinicians that collaboration with traditional helpers is integral to improving mental healthcare for indigenous peoples (Gone, 2004; LaFromboise et al., 1990; Poonwassie & Charter, 2005; Wyrastok & Paulson, 2000). In discussing the role of traditional practices in Canadian Aboriginal health, Waldram, Herring, and Young (2006) stated, “[A]t the heart of the matter is the need for increasing dialogue between healers and physicians including the possibility of collaboration” (p. 247).

Participants did not seem to encounter difficulties in consulting with and referring their clients to traditional helpers. One possible reason for this is that the participants did not regard Western counselling and traditional healing practices as opposing helping approaches. Indeed, as Frank stated, “I do not draw a division, a line between traditional and modern, or Western. I don’t buy into that dichotomy.” If we were to conceptualize Western and indigenous ways of helping as fundamentally dissimilar, as some scholars (e.g., Struthers, 2003) have done, integrating them would not be possible. In contrast, by understanding them to be somewhat different but not entirely disparate approaches, as the participants in this study seemed to do, “much can be gained in combining the healing wisdom of two cultures” (McCormick, 1997, p. 20).

As the interviewees reflected on their personal experience with carrying out integrative work, a few recounted their career path as a lonely and challenging journey. These findings are consistent with research investigating the path of indigenous professionals in the mainstream education system (e.g., Heilbron, 2005). Because such negative experiences likely impede Aboriginal individuals training in mental health, we believe that this issue merits further study.

While some expressed apprehension about potential professional conflicts pertaining to their integrative efforts, most participants did not report having experienced such problems. This is notable, given the literature on conflicts in supervision when professional helpers incorporate elements of spirituality (West, 2005) and traditional healing practices (Helms & Cook, 1999). It is likely, however, that interviewees did not experience professional conflicts because a considerable level of autonomy facilitated their integrative work.

Given the small sample size and the qualitative approach, the proposed framework illustrating integrative efforts of participating mental health professionals may not generalize to other individuals who integrate traditional practices with mainstream counselling. In particular, the core theme—*experience with integration*—may vary among professionals working in this field, depending on the barriers and supports available at their particular work setting. Further study of the proposed framework in Canada and in the USA could explore whether the emergent themes fully capture the experience of other mental health professionals who practice integration.

#### CONCLUSION

The themes generated from this inquiry and the emergent framework revealed that in participants' experience, integration of traditional practices involved a more complex process than simply incorporating elements of Aboriginal healing into their interventions. Participants arrived at working in an integrative manner as a result of a number of influences on their path such as their personal healing journey, oral traditions, and community teachings. Therefore, their integrative work (i.e., incorporating traditional healing elements, using particular approaches, and collaboration with traditional healers and community members) represented an intricate process that necessitated a complex and dynamic interaction of factors, such as participants' unique life experiences, their cultural assessment of the client, and their appreciation of interconnectedness. Drawing on our findings, it seems that integration cannot be removed from its above-described elaborate context.

One critical implication of the above discussion pertains to providing services to Aboriginal clients. Should a counsellor believe that a traditional helping approach may enhance therapy, it may be valuable to refer the client to a professional who routinely practices integration. Such referral would necessitate a collaborative process and a discussion with the client regarding his or her interest in pursuing this route. As our findings suggest, integrative work is informed by factors such as mental health professionals' own career path and experiences, and their ability to carry out a cultural assessment of the client. Therefore, it is not advisable for a mental health worker practicing exclusively from a mainstream orientation to incorporate elements of indigenous practices. In cases where a client's involvement in traditional practices appears beneficial and the client expresses interest, we believe it is best to refer or collaborate with a professional who practices integration.

It is imperative that we continue to navigate the role of traditional healing practices within mental healthcare. One approach is to raise awareness among counselling trainees about Aboriginal traditional ways of healing. This can be accomplished by introducing specific courses on traditional healing and/or inviting guest speakers from Aboriginal communities. Professional development seminars in mental health agencies need to include education on traditional Aboriginal ways of helping, offer a venue to discuss collaboration with healers and Elders, and provide names of potential referrals who work from an integrative approach.

Such awareness and enhanced knowledge can in turn facilitate collaboration with and referral of clients to traditional helpers, or to mental health professionals who practice integration. Furthermore, such dialogue can help alleviate the feeling of isolation that the participants reported experiencing, as well as facilitate mutual learning and the building of referral networks.

In terms of future research directions, we would like to suggest several areas for further study. First, there is a need to better understand the nature of collaboration between mainstream mental health workers and Aboriginal healers. All participants in this study stated that they refer to, and work together with, traditional healers. However, given the present state of academic knowledge, it remains unclear what these collaborative efforts actually look like. Research exploring collaborative efforts between mainstream health professionals and individuals practicing Aboriginal traditional healing would offer insight into this presently obscure area. Such insight could in turn enhance dialogue between these two groups of helpers.

Second, research needs to examine experiences of clients who obtain treatment from a mental health professional practicing integration. While the present study offers insights into the clinicians' experiences with this kind of work, it is important to learn about clients' reactions to being offered such integrative services.

Lastly, while the present research focused on integration of Aboriginal traditional healing practices, we know from the literature (e.g., Moodley, Sutherland, & Oulanova, 2008; Moodley & West, 2005) that within counselling and psychotherapy, integration of traditional healing practices also occurs in Caribbean, South Asian, and African contexts, among others. The present study could be paralleled with mental health professionals who integrate other forms of traditional healing practices with Western counselling techniques.

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### *Note*

1. The words *Aboriginal* and *indigenous* are used interchangeably in this article.

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