

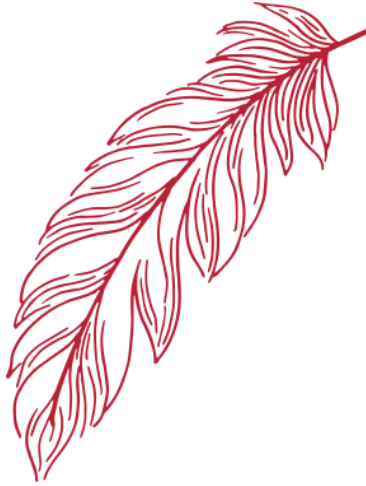


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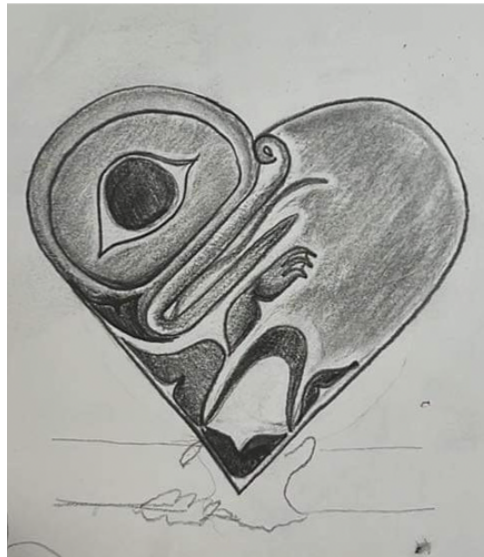
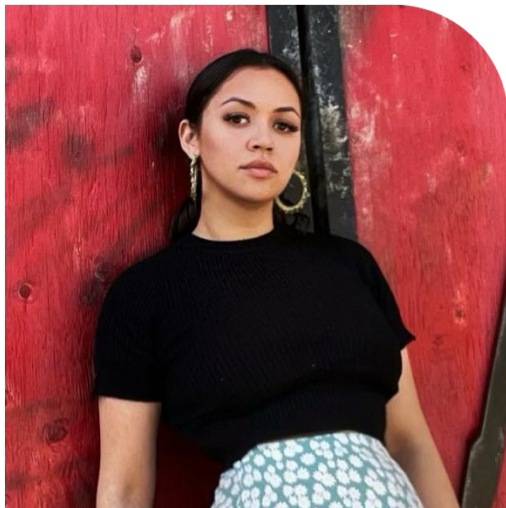
# Healing Indigenous Hearts

Facilitators' guidebook for establishing peer-support groups that incorporate traditional medicines, spirituality, culture, and land-based healing methods to support Indigenous peoples and families navigating grief and loss related to substance-use harms.

COVER ART BY KELSEY FITZGERALD



The Logo Artist:



Kelsey Fitzgerald is the artist who designed the Indigenous Logo for Moms Stop The Harm. Kelsey is Haida, Nisga'a, Irish and Norwegian. Kelsey has been an artist from a young age, and in her spare time, she loves to travel and do art when she can.

The vision of the logo was to create something unique yet meaningful. The frog, in many Indigenous cultures, can mean many things. In this case, this is to honour those who have passed and those who are still here. The frog is powerful as it protects, guides and warns of any danger. The rose reminds me of my grandmother and her loving support.

## The Indigenous People of These Lands

With gratitude, the First Nations Health Authority (FNHA) and the BC Centre on Substance Use (BCCSU) acknowledge the beautiful, traditional, unceded territories of the xʷməθkwəyəm (Musqueam), Skwxwú7mesh Úxwumixw (Squamish), and səlílwətał (Tsleil-Waututh) Nations on which both the FNHA and BCCSU head offices are located. The Healing Indigenous Hearts Facilitators Guidebook was created in partnership with the FNHA Office of the Chief Medical Officer and Moms Stop the Harm. The xʷməθkwəyəm, Skwxwú7mesh Úxwumixw, and səlílwətał Peoples have stewarded these lands since time immemorial through a reciprocal relationship where they protect the lands and waters, who in turn contribute to their Peoples' physical, mental, emotional, and spiritual wellness.

The xʷməθkwəyəm (Musqueam) are traditional hənqəminəm speaking people. They have 1,300 members and have always moved throughout their territory while fishing, hunting, trapping, and gathering. Despite colonial attempts to eradicate their language and customs, the community is strong and rich in culture and traditions. The xʷməθkwəyəm People have always been in a relationship with the land, serving as a source of knowledge and memory with their teachings and laws. They have strong ancestral roots, and there people have lived on the Fraser River for thousands of years. Today, the xʷməθkwəyəm territory covers what is known as Vancouver, North Vancouver, South Vancouver, Burrard Inlet, New Westminster, Burnaby, and Richmond. (Source: "Musqueam's Story." Musqueam Nation website, available at <https://www.musqueam.bc.ca/our-story/>)

The Skwxwú7mesh Úxwumixw (Squamish) are traditional Skwxwú7mesh sníchim speaking people. They have approximately 4,300 members. Their oldest archaeological site is 8,600 years old and is located at Porteau Cove in the Howe Sound. The Skwxwú7mesh Úxwumixw People have resisted cultural genocide, and their oral traditions, and cultural and spiritual rituals have endured. Their vital oral traditions speak to their origins as a people on their lands through the stories of the first ancestors of the Skwxwú7mesh Úxwumixw People. The Nation is comprised of 23 villages encompassing 28.28 square kilometres, spanning across what is known as the Burrard Inlet, English Bay, False Creek, and Howe Sound watersheds. (Source: "About Our Nation." Squamish Nation website, available at <https://www.squamish.net/about-our-nation/>)

The səlílwətał (Tsleil-Waututh) are traditional hənqəminəm speaking people. There are approximately 600 səlílwətał members today, which is an increase of 200% in the past 30 years. Yet, prior to contact, they had 10,000 members living on their territory. There are many archeological sites built by their ancestors that are thousands of years old. This community has strong traditions and culture, having resisted colonial attempts, and are Land Rights holders with a mandate to care for and defend the lands and waters. Their values support the sustainability of fish migration routes, elk herd locations, old-growth forests, ancestral villages, and art sites. (Source: "Our Story," Tsleil-Waututh Nation website, available at <https://twnation.ca/our-story/>)

In alignment with the United Nations Declaration of Indigenous Peoples (UNDRIP), all Indigenous Peoples originating from these lands, as well as the Indigenous peoples living on these lands have distinct Indigenous rights. We acknowledge and respect the rights of all Indigenous Peoples and each Nation's cultures, laws, protocols, and governance systems. We also acknowledge our role to serve the many diverse BC First Nations communities that originate from these lands, colonially known as BC, as well as the Indigenous communities that live on them.

## About this guidebook

The *Healing Indigenous Hearts Facilitators' Guidebook* was developed for Indigenous - First Nations, Inuit and Metis people who have lost loved ones as a result of substance-use-related causes – and wish to facilitate a support group with other Indigenous people who have suffered this kind of loss.

This resource provides education, guidance, and a culturally safe and Indigenous-informed framework for facilitating support groups that will help bereaved people move from grief toward hope and healing. It acknowledges and upholds the voices of First Nations, Inuit and Metis people in British Columbia (BC) and shares various Indigenous cultural and traditional practices, as well as evidenced-based methods of healing.

We respect the diversity of First Nations, Inuit and Metis communities and encourage Indigenous peer facilitators to include their own unique combination of knowledge, skills, experiences, wisdom, traditions, cultures, connections to spirit/language/land and personal “toolkits.”

Note that this guidebook is not intended as a substitute for the medical recommendations of physicians or mental health professionals; rather, it is intended to speak to the hearts, minds, and spirits of bereaved Indigenous people and to help them gather in a good way and hold each other up on their individual healing journeys.

“When the people come together to help each other, they *are* the medicine.” ~ Elder Doreen Peter, Cowichan First Nation



***Dedication***

***This guidebook is gratefully dedicated to all those who, through their own pain and loss, go on to provide support to others who are bereaved.***

**Our special thanks to everyone who contributed to the development of the  
*Healing Indigenous Hearts Facilitators' Guidebook:***

**Elder Syexwalia Ann Whonnock**

**Elder Doreen Peter**

**Elder Fred Wilson**

**Elder Mike Kelly**

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**Knowledge Keeper Rhona Bowe**

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We acknowledge the hard work and dedication of the Tsow-Tun Le Lum Society and all of our working group/team members. It was an honour to listen and learn about the many different traditions for healing. We thank you for your unwavering support during these unprecedented times of tragedy due to COVID-19, toxic-drug poisoning, the findings of our little ones' bodies at former residential school sites, and the various climate change emergencies. The knowledge, teachings, and wisdom you generously shared have helped us create this important resource.

The working group/team overseeing the development of this resource and contributing their knowledge comprised First Nations Elders and Knowledge Keepers; a First Nations Spiritual Advisor; and contributors/reviewers from the First Nations Health Authority (FNHA) and the BC Centre for Substance Use (BCCSU). We thank each member of the working group/team for their deep commitment to embedding Indigenous knowledge and traditions into this guidebook to better assist Indigenous families impacted by grief and loss due to toxic-drug poisoning.

We also thank and raise our hands to Moms Stop the Harm (MSTH), the developers of the original *Healing Hearts Facilitators' Guidebook*, for their partnership and generous hearts in supporting the creation of this Indigenous-specific guidebook for facilitating Healing Hearts bereavement support groups. We are grateful for their openness, compassion, and spirit of inclusiveness.

Finally, we respectfully acknowledge the unceded lands and territories upon which this report was created: the lands of the Coast Salish peoples, including the traditional territories of x<sup>w</sup>məθkwəy̓əm (Musqueam), Sk̓wx̓wú7mesh (Squamish), and sə́lilwətaʔ (Tsleil-Waututh) Nations.

## **Background**

In 2016, a public health emergency was declared in BC due to toxic-drug deaths. Historically, First Nations people have been overrepresented in toxic-drug deaths and this trend has not changed in recent years. The overwhelming loss of life has been felt deeply in every community across the province. Indigenous families, friends, and communities have been mourning for years.

Anxious to take additional action, the FNHA, the BCCSU, MSTH, First Nations Elders and Knowledge Keepers, and People With Lived and Living Experience decided to collectively bring their education, knowledge, lived experiences, and cultural teachings into this work to render the existing *Moms Stop the Harm Healing Hearts Facilitators' Guidebook* more accessible and applicable to First Nations, Inuit and Metis peoples across BC – while maintaining adherence to the primary objectives of MSTH: to advocate for the change of failed drug policies, provide peer support to grieving families, and assist those with loved ones who use or have used substances.

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## **Moms Stop The Harm**

Moms Stop the Harm (MSTH) is a network of families in Canada who have been impacted by substance-use-related harms and deaths. MSTH advocates to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances. MSTH is dedicated to the support of all people who are bereaved as a result of this particular kind of tragedy, and believes that by walking alongside others who have endured such tragedy, we share a tremendous gift in assisting them to grow and rebuild their lives.

## **The First Nations Healthy Authority**

The First Nations Health Authority (FNHA) provides health governance and health care to the 200+ diverse First Nations in BC. Since its inception, the FNHA has worked to address service gaps and partnerships through collaborative practices to embed cultural safety and humility into health service delivery. The FNHA is a leader in culturally safe practices through redesign and reform programs and services to improve health outcomes for First Nations people in BC.

## **The British Columbia Centre on Substance Use**

The British Columbia Centre on Substance Use (BCCSU) is a provincial organization with a mandate to develop, implement, and evaluate evidence-based practices for substance use and substance-use disorder. The BCCSU is a collaborative stakeholder to multiple health organizations provincially and nationally.

*Both the FNHA and BCCSU head offices are located on the unceded land of the Coast Salish peoples, including the traditional territories of x<sup>w</sup>məθkwəḡəm (Musqueam), Sk̓w̓x̓wú7mesh (Squamish), and sə́lilwətaʔ (Tsleil-Waututh) Nations.*

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## **At First**

Nothing makes sense ...  
You think you won't survive.  
Somewhere deep down you know the reality ...  
But on the surface, it is unbelievable, unbelievable.

You may sense a small relief as now the worst imaginable has finally happened.  
There will be no more unrelenting, debilitating worry,  
but then there's guilt at the sense of relief.

You sleep away the days – or you can't sleep,  
you question your god, your intelligence, your memory.  
You may lose your appetite or the will to even drink water,  
you may feel exhausted all the time, out of control, ungrounded,

or you may wish for total control over your environment.

All these things, and sometimes all at once.

Then ...

You want everything back to the way it was – house clean and orderly, work, bills, laundry. But you find you have a new job now: obituary, funeral plans, condolence cards, visitors, the loved one's possessions, official business with the hospital, the coroner, the police.

Grief may hide behind the door for a moment or an hour, but it never leaves.

~ Leslie McBain, Co-Founder of Moms Stop the Harm

# Table of Contents

Glossary	9
Welcome to Healing Indigenous Hearts	13
Our Story	14
The Beginnings: Moms Stop the Harm	14
Mission of Healing Indigenous Hearts	16
Vision of Healing Indigenous Hearts	16
Our Values	17
Our Goals	17
About Healing Indigenous Hearts	19
Purpose of Healing Indigenous Hearts Support Groups	19
Healing Hearts and Moms Stop the Harm	20
Peer-Led Support Groups	20
Healing Indigenous Hearts Support Group Facilitators	21
Your Role as a Healing Indigenous Hearts Facilitator	22
Understanding Grief	27
Common Grief Reactions	27
Factors Affecting Grief	28
We Can Experience Grief Differently	28
Integrating Models of Care for Wellness	30
Vision	30
Visual Depiction	31
Understanding the Perspective	31
Background	34
Culture and Healing	34
Moving Through the Grieving Process	36
Trauma-Informed Approaches	38
Infographic: Timeline of Settler Colonialism and Indigenous Strengths and Resiliency	43
Hope Therapy	49
Getting Started as a Healing Indigenous Hearts Facilitator	51
Setting up an E-mail Account and Facebook Group	51
Promoting Your Group	51
Meeting Space	52
Meeting Times	52
Registration Process	53
Insurance	54
Fundraising	55
Hosting a Group	56



Sharing From the Heart	56
Activities for Facilitating	56
Opening and Closing a Group	58
Group Discussion Topics	61
Facilitation Techniques	65
Managing Disruptions, Conflicts, and Crises	67
Hosting Your Group Online	69
Feedback and Evaluation	73
Facilitator Supports	75
Maintaining Healthy Boundaries	75
Facilitator Self-Care	76
Tips for Taking Care of Oneself	77
Healing Hearts Community of Facilitators	78
Resources	79
Resources for Facilitators	79
Resources on Coping with Grief	80
References	85

# Glossary

**Addiction:** The continuation of, or craving for, a behaviour despite negative consequences. Addictions may develop around a range of behaviours, including chronic dependent substance use. Addiction is complex and bio-psycho-spiritual. It has many causes that can start early in life and be compounded over the life course.

**Addiction treatment:** Health care delivered by a trained provider to treat addiction. Treatment may be provided in outpatient or inpatient settings and may include traditional medicines, Western medication, psychosocial treatments, residential treatment, or a combination.

**Bereavement:** The experience of losing someone. It is characterized by grief, which is the process and the range of emotions we go through as we gradually adjust to the loss.

**Cultural Safety:** The act of creating safe environments for, and interactions with, Indigenous peoples. A culturally safe approach considers how social and historical contexts, as well as structural and interpersonal power imbalances, shape the experiences of Indigenous peoples. When facilitators are being culturally safe, they are self-reflective on their position of power and the impact of this role in relation to the people they are working with. *"Safety" is defined by those who receive the service, not those who provide it.*

**Drug:** A mood-altering (also called "psychoactive") substance other than food that is consumed to change how a person thinks, feels, or acts. May be legal (tobacco, alcohol) or illegal (street heroin, cocaine). Many drugs have medical purposes (pain relief, anxiety relief, sedation) but may also be used for non-medical reasons such as fun, or to cope with difficult emotions or experiences. They may also be used to prevent withdrawal symptoms and cravings (when one is physically dependent).

**Drug Poisoning (also known as "Overdose"):** Drug poisoning results from an over-ingestion of either illegal, prescribed, or over-the-counter (OTC) drugs. Overdose of prescribed or OTC drugs is caused by ingestion of too much or more than prescribed by a medical professional or the package instructions. A high toxicity of a harmful substance results in a person accumulating too much of it in their bloodstream.

**Gender:** The social construct of norms, behaviours, and roles that varies between societies and over time. Gender is often categorized as male, female, or nonbinary. Gender is different from sex, which refers to a person's biological status and is typically assigned at birth, usually on the basis of external anatomy. Sex is typically categorized as male, female, or intersex.

**Cisgender:** An adjective that describes a person whose gender identity aligns with the sex they were assigned at birth.

**Transgender:** An adjective used to describe someone whose gender identity differs from the sex assigned at birth.

**Two-Spirit:** The term used to describe complex Indigenous understandings of gender roles, spirituality, and the long history of sexual and gender diversity in Indigenous cultures. Individual terms and roles for Two-Spirit people are specific to each nation.

**Grief:** Grief is the complex response to losing someone. Grief has spiritual, physical, cognitive, behavioural, social, cultural, and philosophical dimensions. Drug-related grief, or losing someone to substance use, is closely intertwined with stigma.

**Harm reduction:** Policies, programs, and practices that aim to reduce health, social, and economic harms associated with the use of psychoactive substances for those who use substances. Harm reduction can be understood as a practical response that helps keep people safe and minimizes death, disease, and injury when engaging in high-risk behaviour. Harm-reduction examples include take-home naloxone kits, supervised injection or consumption services, and outreach and education programs. Additional information on harm reduction and sites to access take-home naloxone kits can be found on the FNHA website.

**Land-Based Healing:** This kind of healing recognizes that cultural identity is interwoven with and connected to the land. Cultivating this fundamental relationship increases positive mental health and wellness outcomes among Indigenous peoples, including healing from grief.

**Naloxone** (brand name Narcan): A medication used to block or reverse the effect of opioids. It is used to reverse opioid overdoses and is commonly available in BC through take-home naloxone programs.

**People with Lived and/or Living Experience:** People who have used substances in the past or who currently use substances.

**Peer Support:** Support that is provided through a network of peers through meetings, open discussions of personal experiences, and barriers. While these do not work for everyone, examples of peer support include Alcoholics Anonymous, Narcotics Anonymous, Wellbriety, SMART Recovery®, and LifeRing® Secular Recovery.

**Safe Supply:** A legal and regulated supply of drugs with mind/body-altering properties that historically have been accessible only through the illicit drug market. Safe supply services can help prevent overdoses, save lives, and connect people who use drugs to other health and social services.

**Stigma:** The beliefs and attitudes about people who use drugs, including those with substance-use disorders, that lead to negative stereotyping and prejudice against them and their families. These beliefs are often based on ignorance, misinformation, moral judgment, and misunderstanding. Discrimination, which often emerges from stigmatizing beliefs and attitudes, refers to the various ways in which people, organizations, and institutions unfairly treat people living with a substance-use disorder. Stigma and discrimination can often act as barriers to accessing support, including grief support. Additionally, related systemic discrimination such as racism, poverty, sexism, and colonization can compound the stigma and discrimination experienced by people who use drugs and these people's families.

**Substance Use:** The intentional consumption of a psychoactive (i.e., mood-altering) substance in order to modify or alter consciousness. Both legal and illegal psychoactive substances exist. Legal psychoactive substances include alcohol, tobacco, caffeine, medications, and cannabis. Cannabis, like other drugs, can be prescribed by a medical professional for the purpose of medical treatment. Illegal psychoactive substances can include cocaine, crystal methamphetamine, and heroin. Substances have been used throughout human history for a variety of reasons ranging from spiritual or religious to social, medical or scientific, to experimental or recreational. The effects of substance use can range from positive to very problematic, depending on why, how, how much, and how often someone uses it.

**Substance-Use Disorder:** Formerly called substance abuse or substance dependence, and informally referred to as addiction, substance-use disorders happen when the chronic use of alcohol and/or other drugs causes significant impairment in function and health. This might include health problems, disability, or inability to meet responsibilities at school, work, or home. Substance-use disorders can be mild, moderate, or severe. Symptoms of substance-use disorders can include cravings, inability to control use, e.g., being unable to cut back on drinking, continuing to use despite negative consequences, and withdrawal symptoms. Opioid-use disorder, tobacco-use disorder, and alcohol-use disorder are examples of substance-use disorders.

**Trauma:** Trauma can be understood as an experience that overwhelms an individual's capacity to cope. Trauma can result from a series of events or one significant event. Trauma may occur in early life, e.g., child abuse, disrupted attachment, experiencing or witnessing others experience violence, being neglected, or later in life, e.g., accidents, war, unexpected loss, violence, or other life events out of one's control. Trauma can be devastating and can interfere with a person's sense of safety, sense of self, and sense of self-efficacy. Trauma can also impact a person's ability to regulate emotions and navigate relationships. People who have experienced trauma may use substances or other behaviours to cope with feelings of shame, terror, and powerlessness.

**Intergenerational Trauma:** The transmission of historical oppression and unresolved trauma from caregivers to children. For example, the cycle of trauma due to the Indian residential school system, Sixties' Scoop, Indian hospitals, loss of culture, and colonization more broadly.

**Trauma-Informed Practice:** Services grounded in an understanding of trauma that integrate the following principles: trauma awareness; safety and trustworthiness; choice, collaboration, and connection; strengths-based approaches; and skill-building. Trauma-informed services prioritize safety and empowerment and avoid approaches that are confrontational.

**Withdrawal:** Withdrawal occurs when someone who has become physically dependent on a substance stops or significantly reduces that substance. Depending on the substance, it can also include severe flu-like symptoms (opioids), seizures (alcohol and benzodiazepines), and paranoia (cocaine).

**Withdrawal Management (also known as “Detox”):** The use of medical management (which may include medication) to reduce withdrawal symptoms and withdrawal-related risks when an individual stops using opioids or alcohol in pursuit of abstinence. The term “detox” or “detoxification” is used less frequently, as “withdrawal management” refers to medically supervised withdrawal from substances.

# Welcome to Healing Indigenous Hearts

## A Peer-Support Group after a Loss from Substance-Use-Related Causes

Dear Healing Indigenous Hearts Group Facilitator,

Thank you for your interest in facilitating a Healing Indigenous Hearts peer-support group.

Your interest in supporting Indigenous individuals who have lost a loved one to substance use is invaluable. Many First Nations, Inuit and Metis families and friends struggle with the burden of grief as they mourn the death of their loved ones.

Creating a culturally appropriate, sacred space for people to come together and share their experiences of grief helps to ease the isolation of the journey. Sharing time with others who have experienced a similar tragedy can be empowering and validating. People discover that they are not alone and that others have experienced similar feelings, and reactions. Sharing culture, protocols, and traditions with family, loved ones, and community helps us carry on and honour our loved ones.

Thank you for your compassion, strength of spirit, and willingness to assist. It is through your facilitation of these groups that we can honour and commemorate the lives of those lost to substance use, and the healing of those left behind to grieve.

### Questions?

If you have any questions, please don't hesitate to contact your Regional Coordinator: [CanadaHealingHearts@gmail.com](mailto:CanadaHealingHearts@gmail.com). Your Coordinator is there to assist you.

Yours sincerely,  
Moms Stop the Harm



# Our Story

## The Beginnings: Moms Stop the Harm

### About Moms Stop the Harm

Moms Stop the Harm (MSTH) is a network of Canadian families impacted by substance-use-related harms and deaths. MSTH members advocate to change failed drug policies and provide peer support to grieving families, as well as to those with loved ones who use or have used substances.

MSTH began with the need to speak out about the ongoing drug-poisoning crisis. Co-founders Lorna Thomas and Petra Schulz, both from Edmonton, Alberta, and Leslie McBain, from Pender Island, BC, first met in 2015. After reading an *Edmonton Journal* article reporting that Petra's son, Danny, had died from an accidental fentanyl overdose, Lorna reached out to Petra because Lorna's son, Alex, had died by suicide after struggling with mental health and substance use.

Leslie, whose son Jordan had also died from an overdose after becoming dependent on prescription opioid drugs, read the article and contacted Petra. In August 2015, Petra, Lorna, and Leslie began working together, and in April 2016 they formed Moms Stop the Harm after Lorna and Leslie attended the United Nations General Assembly Special Sessions on drug policy in New York, USA.

An inaugural meeting was held in Summerland, BC in October 2015 and attended by 15 mothers and fathers. The meeting resulted in the formulation of the core beliefs that inform the work of the organization. These core beliefs are reflected in the organization's mission, vision, and goals.

What started out as an advocacy initiative by three concerned mothers has since grown into a network of several hundred families, mothers, fathers, children, partners, and friends.

### Growing Indigenous Involvement

Indigenous involvement in the group is growing because, for many reasons, First Nations, Inuit and Metis people are over-represented in the areas of substance use and substance-use-related loss.

Each month, the First Nations Health Authority (FNHA) reports on the number of toxic-drug-poisoning events and deaths that have taken place among First Nations populations in BC. In these reports, the FNHA also summarizes the actions the FNHA is taking in response to the toxic-drug emergency.

In May 2021, 303 paramedic-attended drug-poisoning events were reported among First Nations people in BC, and 29 passed from toxic-drug poisoning. In May 2022, paramedics attended 252 drug-poisoning events, and 27 passed from toxic-drug poisoning. The illegal drug supply has become increasingly toxic. The BC Coroners Service found that fentanyl toxicity has increased from 5% in 2012 to 87% in 2021, and methamphetamine has also increased from 14% in 2012 to 41% in 2021.<sup>1</sup> Since 2016, the year in which a public health emergency was declared, we have lost 1,353 First Nations people to toxic-drug poisoning.

The FNHA's CEO, Richard Jock, stresses that the devastating impacts of the toxic-drug crisis on First Nations people in BC, families, and communities can only be resolved by the continued support and commitment of health service partners, First Nations leaders, and First Nations community members. "This issue is among our highest priorities, and we must continue to work together to reduce the impact of drug toxicity on First Nations people in BC."

The FNHA's Response to the Toxic-Drug Emergency is summarized in the FNHA Programs and Outcomes section of this report. It includes the range of programs and initiatives the FNHA has developed to combat the toxic-drug crisis. These are designed in culturally safe ways that confront the anti-Indigenous racism and systemic inequity built into Canada's health system.

Key programs include First Nations Treatment and Healing Centres, Intensive Case Management Teams, Indigenous land-based healing services, "Not Just Naloxone" training, the development of a network of peer coordinators, hiring of community-facing harm-reduction educators, and programs for dispensing opioid agonist therapy (OAT) and distributing naloxone.

The FNHA, BCCSU, and MSTH collaborated to develop this guidebook with a group of committed Elders and spiritual advisors because we understand the gravity of loss and grief at a visceral level. Our hearts are heavy with the knowledge that we are losing more of our people to drug harms and toxic-drug poisoning/overdoses than at any other time in human history. What's more, minimal resources and additional public health crises (including COVID-19, systemic racism, the lack of adequate housing) and the stigma associated with drug use are further complicating the situation.

We are committed to educating people on the impacts of stigma, which causes shame and guilt and prevents people from accessing life-saving health therapies for their drug use. Using this resource is a meaningful, practical way to promote the importance of harm-reduction approaches for preventing deaths while supporting bereaved Indigenous people as they navigate their ways through devastating loss.

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<sup>1</sup> British Columbia Coroner Service. (2022). *Illicit Drug Toxicity Deaths in BC (January 1, 2012–October 31, 2022)*. Government of British Columbia.

## Mission of Healing Indigenous Hearts

We strive to improve the lives of Indigenous individuals, families, and communities by providing support and healing strategies for learning how to live with the loss of a loved one as a result of drug poisoning. Honouring the memory of a loved one can be shared in a safe, supportive environment where kindness, compassion, and friendship give hope to the bereaved.

## Vision of Healing Indigenous Hearts

To provide a confidential setting to facilitate the emotional, physical, and spiritual healing environment where grief can be expressed and experienced safely. Sharing with peer-led groups that encourage healthy coping and managing skills that equip people with the necessary tools to navigate the journey of grief and mourning.

*“Culture means teachings from the ancestors and Elders who have passed the traditions from generation to generation, since time immemorial. These teachings are words passed down from my ancestors, and I am not claiming them as my own. These ways help hold us up throughout life, from birth until it is our time to leave the earth. Culture and traditions are ways that help you move through the grief of losing a loved one to drug harms.”*

~ FNHA Elder Syexwaliya Ann Whonnock, Squamish Nation

“Connection is the opposite of addiction” is a well-known belief. For Indigenous people – who have endured disconnection from families, land, culture, language, and more as a result of genocide – reconnection is the only way to heal and repair the intergenerational trauma. Traditional ways, customs, protocols, values, spirituality, ceremonies, language, ways of knowing and being, and connections to the land and the life-sustaining resources of the land, are all powerfully healing. They are in fact essential to the overall well-being of Indigenous communities and individuals, but the traditional ways of sharing culture and teachings were deliberately severed when colonial-settlers banned and criminalized our traditions and language.

Our objective is to facilitate and foster connections while encouraging members to share the medicines that comfort their hearts and spirits. (Keep in mind that some Indigenous people have not been taught their cultural ways as a result of disconnection, e.g., Sixties’ Scoop Survivors, and may need additional support from Elders and Knowledge Keepers as they seek traditional ways for their healing journeys.)

This can be done by:

- Reaching out to your band office and your community Elders and Healers.
- Reaching out to a nearby friendship centre if you are away from your community.
- Reaching out to biological family and/or loved ones to build a community of support.
- Bringing in medicines and sharing stories.

- Taking time to connect to others, the land, water, and drumming and singing.  
Connecting with/praying to The Creator.

## Our Values

1. We commit to fostering a caring community for all. We seek to ensure that all people are treated justly, and with compassion. We demonstrate dignity, caring, and equality for all.
2. We share our passion and commitment to energize, engage, and inspire members, and advocate to share their stories and have their voices heard.
3. We value integrity because it keeps us safe with one another and within the world. Integrity includes the qualities of honesty, courage, and mutual respect.
4. We value our connections with one another. We aim to give a sense of belonging to all those we support.
5. We believe in inclusion for all, and advocate for the creation of a diverse and accepting community free of racism and discrimination, one that receives others with empathy and understanding.
6. We are dedicated to leading the way to a narrative for change, guided by lived experience and evidence-based knowledge.
7. With courage and respect, we uphold the human rights of those who are marginalized and discriminated against because of substance use.
8. We value our partnerships and teamwork with other individuals and organizations, recognizing the united family voice for change as an integral part of a greater movement.

## Our Goals

We strive to:

- Achieve equity in health care for people who use substances, including those with problematic substance use or substance-use disorders.
- Ensure that all levels of government work together to change drug policy to an evidence-based approach that respects and supports the human rights of people who use substances, specifically to ensure:
  1. Access to a safe supply of pharmaceutical-grade substances.
  2. Decriminalization of people who possess illicit substances for personal use.
- Ensure access to a complete spectrum of fully funded harm-reduction services and supplies in all communities, including naloxone and overdose-prevention services.
- Ensure access to all evidence-based treatment options and multiple pathways to recovery, as defined by the needs of the person or family seeking our assistance.

- Support families and friends of loved ones affected by substance use to help them understand and navigate the system, including treatment options and individual pathways to recovery.
- Reduce stigma faced by people who use drugs by sharing our stories and advocating on their behalf.
- Provide emotional support to those who mourn the death of a loved one, and provide awareness, hope, and education to those struggling with substance use and to those with lived experience.
- Educate the public regarding current research and evidence-based approaches to substance use.
- Promote age-appropriate education for youth and promote mental-health-based and harm-reduction-based approaches in order to prevent drug harms.

# About Healing Indigenous Hearts

Healing Hearts bereavement support groups are for families and people who are grieving the loss of loved ones who have died from an overdose or drug poisoning, or from suicide or health issues related to their substance use.

Healing *Indigenous* Hearts bereavement support groups will be tailored for First Nations, Inuit and Metis people, who are disproportionately overrepresented in the drug-poisoning crisis due to the ongoing and intergenerational trauma of genocide, which included devastating policies and systems such as the Indian residential school system, the Indian reservation system, and the Sixties' Scoop. We know that drug use is a means for people to relieve their pain and trauma, and we stand together to take the blame and shame away from the drug user.

Toxic-drug deaths are the number-one cause of death for young people in our country, whether Indigenous or non-Indigenous. Together, we can speak loudly against blaming and shaming people for trying to cope with their pain.

## Purpose of Healing Indigenous Hearts Support Groups

Research<sup>2</sup> shows that families who have had a loved one die from substance use or from suicide related to substance use suffer from complex grief that is related to the stigma and guilt associated with substance use. Because of the complex grief, families may experience more physical and mental health problems, combined with:

- Intense feelings of guilt and regret.
- Rumination about the specific circumstances of the passing, e.g., "How did this happen? Could it have been prevented? Did my loved one suffer?"
- Increased anxiety, depression, fear, or shame.
- Anger that medical and community supports failed their loved one.
- Lack of social support, or stigmatized responses from family, friends, co-workers, etc.
- Stigma is a driver of shame, and people who use substances are stigmatized as morally weak. Nothing could be further from the truth – people who use substances are coping with challenges we do not know of.

Many individuals report feeling out of place and stigmatized in other grief groups. Healing Hearts bereavement support groups arose out of the need for support specific to substance use

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<sup>2</sup> Feigelman, W., Jordan, J. R., & Gorman, B. S. (2011). Parental grief after a child's drug death compared to other death causes: investigating a greatly neglected bereavement population. *Omega (Westport)*, 63(4), 291-316. <https://doi.org/10.2190/OM.63.4.a>



and the complex grief experienced by families who lose loved ones in this way. These groups provide a compassionate, kind, safe, protective, warm, caring, and trusting community and environment where families can share their stories of loss, ultimately contributing to their healing and coping.

### **Healing Indigenous Hearts Support Groups:**

- Create a safe, protected space for members to discuss difficult issues for which they may be stigmatized elsewhere due to the type of death experienced by their loved one.
- Provide an opportunity for members to meet regularly for mutual support and connection, which can also help re-establish structure in their lives.
- Help members acquire coping skills, enhance self-care, and build resilience.
- Provide members with a safe setting to learn about grief, loss, and how to move forward.
- Assist members in achieving wellness by connecting and balancing mind, body, heart, and spirit.
- Help members to reconnect or connect with culture, spirituality, teachings, and other people.
- Help members to recover a sense of belonging and purpose.
- Encourage members to connect to their teachings and cultural healers for strength.

## **Healing Hearts and Moms Stop the Harm**

Healing Hearts support groups are a part of MSTH, which not only serves to support families through grief and loss, but also advocates strongly for drug-policy reform and for ending the misguided and failed “War on Drugs,” which began in the 1990s.

The focus of Healing Indigenous Hearts support groups will be on helping members to navigate their grief and bereavement. For those participants interested in advocacy, facilitators will provide information about the work of MSTH, along with information about how to get involved, who to connect with, how to get started, other local groups, and advocacy events.

## **Peer-Led Support Groups**

Healing Indigenous Hearts bereavement-support groups will be led by an Indigenous peer facilitator who has completed the training of the *Healing Indigenous Hearts Facilitators’ Guidebook* after experiencing the loss of a loved one due to the toxic-drug crisis.

Peer-led support is unique. It offers the kind of support that people can only receive from others who have had similar experiences – in this case, with drug-related grief and loss. It offers a sense of safety, friendship, and non-judgment where members feel they can openly share and

learn from others who truly relate. It emphasizes equality and mutual support in all relationships between group members.

Peer-led grief-support groups:

- Remind us that we are not alone in our grief or feelings; we are experiencing so much death and collective trauma within our communities, and we need to talk to others to work out our feelings about our loved one being gone/no longer there. There are common threads throughout all our stories.
- Instill hope and reassurance as members connect and share with others who are in various stages of grief.
- Provide insights – there is mutual healing in helping and giving to others.
- Provide feelings of safety, acceptance, validation, and a sense of belonging at a time in life when one may feel isolated, alone, and not supported by others.
- Bring medicines and healing words and songs to community members.
- Assist peer leaders to develop an improved sense of self-esteem, self-worth, and purpose by becoming role models within their community.

Peer facilitators are there to provide support, to hold one another up, to listen to heartfelt messages and stories, and to provide a shoulder to lean on when the challenges of grieving seem overwhelming. Indigenous peer facilitators share ceremony, teachings, and prayers to bring comfort, compassion, and love to those suffering the loss of a loved one from drug harms.

## Healing Indigenous Hearts Support Group Facilitators

Prerequisites for becoming a Healing Indigenous Hearts support group facilitator:

- You are Indigenous – First Nations, Inuit or Metis or have worked closely with Indigenous people.
- You have lost someone close to you from a substance-use-related cause.<sup>3</sup>
- Your personal loss occurred more than 12 months ago.<sup>4</sup> This is recommended because facilitators need to have had some time to come to grips with their loss.
- You live in Canada and are able to participate in orientation, ongoing facilitator training, and monthly facilitator Zoom meetings.

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<sup>3</sup> In some cases, individuals who do not have lived experience (e.g., non-profit staff) may start a group, as long as it is co-facilitated by someone with lived experience of substance-related grief.

<sup>4</sup> In some cases, individuals may be able to lead a group before this time. Please contact your Healing Hearts regional leader to discuss.

Ideally, all groups should have a primary facilitator and a co-facilitator. This arrangement allows the leader and co-leader to share tasks (e.g., registration, managing the Facebook group, and sending out meeting reminders). It also provides a back-up if, due to unforeseen circumstances, the primary leader is unable to facilitate a meeting. Facilitators also need to plan for the future of the group and identify people who may want to take over from them, or perhaps form a second group if one group grows too large.

## **Your Role as a Healing Indigenous Hearts Facilitator**

Healing Hearts facilitators provide a “companioning” type of support. Our role is not to provide therapy, but to create a safe and supportive environment for people to share their grief journey. We do not impose our personal beliefs and values on those participating in the group, but rather, take direction from the group in planning and facilitating meetings.

As the facilitator, your responsibilities will include supporting the group, conducting intake, welcoming members, planning every meeting, guiding the conversation, evaluating successes, and identifying opportunities for improvement.

### **Facilitator Skills**

You and your co-facilitator are the anchors who provide safety for your group by:

- Being present (not having your mind on something else).
- Actively listening.
- Understanding how a person may feel as they move through the grief journey.
- Offering acceptance and non-judgement.
- Extending empathy and compassion.
- Being comfortable with conflict as well as silence.
- Anticipating potential triggers as stories are shared.
- Recognizing and being sensitive to group dynamics, and having the ability to respond to potential concerns.
- Setting boundaries for yourself and the group.
- Maintaining the focus of the group to ensure mutual empathy and safety.

### **Facilitator Insights**

The traumatic passing of a loved one can be emotional and intense. Dr. Nel Wieman, an Indigenous psychiatrist and the FNHA’s Acting Chief Medical Officer, recommends the following:

- Reach out even though you know you won't be able to "fix" the grieving person's pain.
- Know that the grieving person may become extremely emotional and unpredictable.
- Recognize the value of just being there for them, even if that is all you can do.
- Show that you truly care. Really listen.
- Focus entirely on them.
- Pray with them if they would like that.
- Be truly non-judgmental and empathetic.
- Encourage them to explain their feelings of grief.
- Plant seeds of hope for their future.

### **Facilitator Ethical Competencies**

To lead this work as a facilitator and volunteer for MSTH, there are several ethical competencies<sup>5</sup> that need to be taken seriously. They are:

**1. Competence to offer support** – It is an ethical responsibility to assess whether you are able to appropriately offer support before taking on a formal role. Ask yourself, "Am I in a good way and prepared to provide support? Am I aware of my own boundaries for offering support? Am I aware of the current level of freedom from my own losses? Am I aware of my own biases and able to keep my mind open?"

**2. Informed consent** – It is your responsibility to ensure that all members are fully aware that this is a grief and loss peer-led group, and that there is the expectation to support each other for mutual benefits. In addition, you will need to secure a participation agreement with each new member prior to them joining. Agreement is usually presented and accepted in writing, or orally.

**Example:** "We share about our feelings and emotions, and it can feel daunting and hard to hear because it may cause difficult emotions to surface for you, so we want to ensure you are aware of this. Our members find they learn from others who are experiencing the same grief and loss, and this can help people not feel so alone or isolated in their bereavement."

**3. Confidentiality** – Members have the right to privacy and facilitators have the responsibility of confidentiality. This means that each member decides what of their personal information can be shared, and under what circumstances. Confidentiality refers to your obligation as the facilitator to not share private information about group members, except under agreed-upon limitations.

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<sup>5</sup> Adapted from Hearn, M., Evans, D., Uhlemann, M., & Ivey, A. (2017). *Essential interviewing: A programmed approach to effective communication*. Cengage Learning: Belmont, California.

The Moms Stop the Harm Confidentiality Agreement (see *Facilitator's Instructional Binder*) lists these limitations, which are legally and morally based.

**4. Influence** – Whether facilitators want it or not, they carry a certain level of influence and power with their role that regular members do not have. There are ways to minimize the power dynamic; however, there is no way to completely avoid this inequality. To that end, facilitators must be aware of that dynamic at all times and use that influence carefully and respectfully.

### Facilitator Self-Reflection Activity

This is an exercise<sup>6</sup> in understanding your cultural identity and how it influences your relationships with others. Begin with self-reflection. Write down your answers to the following questions:

- R Religion/spirituality:** Does your religious/spiritual orientation affect your thoughts, feelings, and behaviours?

Never	Rarely	Sometimes	Often	Always

- E Economic/class background:** How often do you work with people whose financial and social backgrounds differ from your own?

Never	Rarely	Sometimes	Often	Always

- S Gender and sexual orientation:** How often do you work with people whose gender or sexual orientation is different from yours?

Never	Rarely	Sometimes	Often	Always

- P Personal style and education:** Does a personal style of fashion or educational background influence your thinking and behaviour?

Never	Rarely	Sometimes	Often	Always

- E Ethnic/racial identity:** How often do you work or interact with people with different races and ethnicities?

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<sup>6</sup> Adapted from Ivey, A., B., Ivey, M., and Zalaquett, C. (2014). *Intentional interviewing and counseling: Facilitating client development in a multicultural society*. Cengage Learning: Belmont, California.

Never	Rarely	Sometimes	Often	Always

- C Chronological/life span challenges:** How often do you work or interact with people who are in a different life stage from you (e.g., much younger than you, much older than you, with/without children, partnered/single, in school, working, caregiving)?

Never	Rarely	Sometimes	Often	Always

- T Trauma:** It is estimated that 90% or more of all people experience some form of serious trauma in their lives. How familiar are you with trauma (e.g., personal experience, experience of a loved one, working with people who have experienced trauma)?

Very unfamiliar	Unfamiliar	Somewhat familiar	Familiar	Very familiar

- F Family background:** We learn culture in our families (defined by each person and not limited to the biological family). Does your family background influence your thoughts, feelings, and behaviours?

Never	Rarely	Sometimes	Often	Always

- U Unique physical characteristics:** How often do you work/interact with people whose physical characteristics are different from your own? For example, people with disabilities, special challenges, or different cultural standards of beauty?

Never	Rarely	Sometimes	Often	Always

- L Location of residence and language differences:** Regardless of where you grew up and now live, there are marked differences between east and west, north and south, and urban and rural. Group members may come from diverse nations and speak different languages. How familiar are you with other communities and other languages?

Very unfamiliar	Unfamiliar	Somewhat familiar	Familiar	Very familiar



If you've answered mostly "Never," "Rarely," "Very Unfamiliar," or "Unfamiliar" to the above questions concerning other people, and if you answered mostly "Often" or "Always" to the questions concerning your own background (Religions/spirituality and Family), you might ask yourself:

1. What is my reaction to the idea of working with people of cultures, races/ethnicities, genders/sexual orientation, economic backgrounds, communities, etc. that are different from mine? How comfortable do I feel?
2. What kind of stereotypes, preferences, assumptions, attitudes, and biases do I have about people of cultures, ethnicities, genders/sexual orientations, economic background, life experiences, etc. that are different from mine?
3. What assumptions and biases do I have toward those who have experienced systemic colonial harms (such as incarceration, encounters with the Ministry of Children and Family Development, substance-use disorders) that we are often taught are individual issues and problems?
4. How can I be mindful/aware if my biases are infringing on a group member?
5. Am I able to support people in their grief when they differ from me in one or more of the above areas?
6. What have I done before when I first encountered a person from a particular background or life experience? How did I feel? What did I do/say? What did that person do/say?
7. How can I learn more about other cultures, experiences, beliefs, and perspectives?
8. In what areas would I like to expand my RESPECTFULNESS?

*Helpful Tip!*

Consider talking with someone who represents a different nation from your group or searching for information on the Internet to learn more about the customs and mourning practices of a person from another nation.

# Understanding Grief

This section will help you develop a deeper understanding of grief and loss. There are myriad resources you can access including articles, books and online information.

When participants arrive in a group, they are each grieving a complicated and traumatic passing. The process of grief takes time and involves many different emotions. As participants move through their grief journey, there will be periods of intense grief, and moments where individuals feel loss less intensely.

Providing information about the grieving process is often helpful, as some people may not know that there are stages of grief and that manifestations of grief will vary for each person.

## Common Grief Reactions

Reactions to loss vary widely from person to person. There are, however, common grief responses that include emotional, cognitive, physical, behavioural, and spiritual experiences.

- **Emotional:** People who have experienced loss may experience a range of emotions including sadness, despair, fear, anxiety, helplessness, panic, shock, apathy, sorrow, and guilt. Triggers for these emotions vary, e.g., hearing a song, seeing someone who resembles a loved one.
- **Cognitive:** Common thought patterns include: disbelief, confusion, difficulty concentrating, worry, forgetfulness, denial, disbelief, vivid dreams or nightmares, and repetitive thoughts or memories.
- **Physical:** Physical sensations can include loss of or increase in appetite, change in sleep pattern, shortness of breath, weakness, dizziness, weight changes, nausea, and digestive upsets. Grief can also increase vulnerability to illness.
- **Behavioural:** A person who is grieving may also experience the following: crying, withdrawal from others/desire to be alone, resisting support, loss of daily routine, dependence on others, poor eating habits, self-harm, and/or an increase in substance use, including alcohol.
- **Spiritual:** Grieving this unique type of loss (which is untimely and preventable, as opposed to losing a loved one to old age) leaves one prone to experiencing what is known as “complicated spiritual grief” (a spiritual crisis following a loss).<sup>7</sup> While some grievers turn to their spirituality as a source of solace, those with complicated spiritual grief may lose faith or hope in their previous belief system, leaving them feeling confused and disoriented.

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<sup>7</sup> Burke LA, Crunk AE, Neimeyer RA, Bai H. Inventory of Complicated Spiritual Grief 2.0 (ICSG 2.0): Validation of a revised measure of spiritual distress in bereavement. *Death Study*. 2021;45(4):249-65.

## Factors Affecting Grief

Factors that may impact the intensity, nature, and duration of a person's grief include:

- Life history of the person who is grieving, including past experiences with loss.
- Accumulated grief or multiple losses (i.e., historical losses).
- Relationship with the loved one who died.
- Coping strategies, communication styles, and personality.
- Support available from family, friends, and community.
- Degree of stress/stressors in the person's life.
- Stigma surrounding the passing (see following section on *Disenfranchised Grief*).
- Developmental stage of family and family members (i.e., young children or teenagers who are also grieving and in need of support).
- Unresolved feelings about the circumstances of the death.

Losing a loved one from substance-use-related harms brings with it complex layers of emotions. These are preventable deaths, and families may feel angry that stigma and the system failed their loved one.

## We Can Experience Grief Differently

Grief and loss emotions are not experienced in the same way for everyone. Some people are silent about their grief; it can be invisible, misunderstood, and unwanted by the person. In turn, this leaves the grieving person dealing with their grief alone, and they may fear embarrassment or shame while in a vulnerable condition. Some people like to talk about the loved one who passed, while others do not want to talk about their loved one. There is no right way, and everyone is on their own unique healing journey. Different ways of expressing grief can include:

- **Keeping to themselves more:** The griever may want to keep to themselves and deal with their pain and suffering silently rather than talking about it. They can feel like they don't want to appear weak, so will try to deal with it independently.
- **Controlling emotions:** The griever might need to control their feelings rather than reveal their feelings and emotions to others.
- **Moving on:** Some grievers might prefer to get on with life and do things to stay busy, such as working more or embarking on new projects
- **Fixing it:** Some grievers might prefer focusing on "fixing it" using their resources. This approach lets the grieving individual concentrate on problem-solving, staying in control, and quickly overcoming grief and emotions.

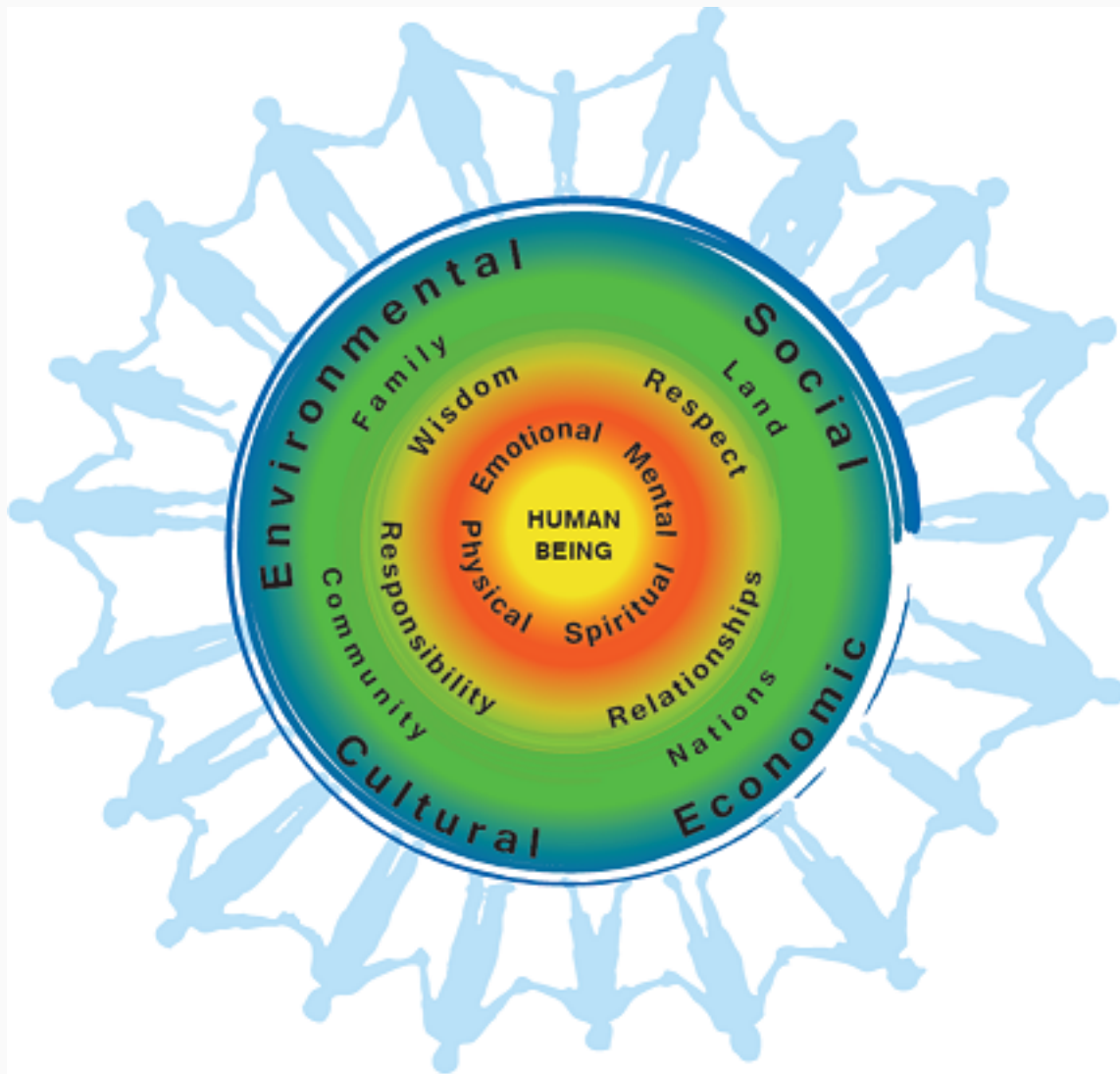
- **Sharing their story:** Some grieverers are more likely to share their stories repeatedly. Sharing with others helps them process their feelings and realize their emotions while feeling heard and supported.
- **Feeling their way through:** Some grieverers are more likely to express their feelings and emotions with friends and loved ones to move their way through grief. Sharing about feeling different emotions can assist with understanding their feelings and deepening their perspective.
- **Reaching out and connecting:** Some grieverers may seek support from family, friends, and community to gain perspective and understanding to manage their grief. They might reach out to support groups (listed on the resource page) or a counsellor to share thoughts and feelings.
- **Remembering the loved one:** Some grieverers focus on the memory of the loved one and often reminisce due to a more profound feeling of guilt they experience when not sharing about the loved one.

Grief related to substance use is often unacknowledged, ignored, or invalidated by society. This is known as “disenfranchised grief,” a term coined in the 1980s following extensive research by Dr. Kenneth Doka, who discovered that some types of grief are often forgotten and denied public support.

Many 2SLGBTQ+ people experience disenfranchised grief as a result of the discrimination they face when dealing with death: 2SLGBTQ+ people who lose loved ones are often excluded from the grieving process if the family or friends did not accept the sexuality of the person who died. They are often forced to navigate their loss alone due to judgement and a lack of empathy from society – and even from their family and friends. As well, the families of 2SLGBTQ+ people who lose their lives in this way can experience disenfranchised grief if, as a result of the stigma surrounding their loved ones’ substance use and sexuality, they do not receive validation and acknowledgement that their loved one mattered.

# Integrating Models of Care for Wellness

This section will guide you on First Nations Perspectives on Health and Wellness, Culture and Healing, Moving through the Grieving Process, Trauma-Informed Approaches, and Hope Theory.



## Vision

The First Nations Perspective on Health and Wellness aims to visually depict and describe the First Nations Health Authority's Vision: Healthy, Self-Determining, and Vibrant BC First Nations Children, Families, and Communities.

## Visual Depiction

This visual depiction of the First Nations Perspective on Health and Wellness is a tool for the FNHA and First Nations communities. It aims to create shared understanding of a wholistic vision of wellness. This image is just a snapshot of a fluid concept of wellness: it can be adapted and customized freely and is not confined to remain the same.

The original image was created from researching other models; from feedback and ideas gathered from First Nations in BC over several years; and from traditional teachings and approaches shared by First Nations healers and Elders at gatherings convened by the FNHA and its predecessor – the First Nations Health Society. Further, this representation was developed by the FNHA and our Federal and Provincial government partners provided input on our Wellness Streams.

## Understanding the Perspective

### Centre Circle

The Centre Circle represents individual **Human Beings**. Wellness starts with individuals taking responsibility for our own health and wellness (whether we are First Nations or not).

### Second Circle

The Second Circle illustrates the importance of **Mental, Emotional, Spiritual, and Physical** facets of a healthy and well-balanced life. It is critically important that all of these aspects of wellness are balanced and nurtured together to create a wholistic level of well-being in which all four areas are strong and healthy.

### Third Circle

The Third Circle represents the overarching values that support and uphold wellness: **Respect, Wisdom, Responsibility, and Relationships**. All other values are in some way essential to the four below:

#### *Respect*

Respect is about honouring where we come from: our cultures, traditions, and ourselves.

Respect is intergenerational. It is passed on through our communities and families. It is the driving force of the community because it impacts all of our life experiences including our relationships, health, and work. It is defined as consideration and appreciation for others, but there is also recognition that respect is so much more in First Nations communities: it entails a much higher standard of care, consideration, appreciation, and honour, and is fundamental to the health and well-being of our people.

There is an intuitive aspect to respect, because it involves knowing how to be with oneself and with others.

### *Wisdom*

Wisdom includes knowledge of language, traditions, culture, and medicine.

Like respect, wisdom is an understanding that is passed on by our ancestors from generation to generation and has existed since time immemorial. It is sacred in nature and difficult to define.

### *Responsibility*

Responsibility is something we all have: to ourselves, our families, our communities and the land.

Responsibility extends not just to those with whom we come into contact or relate, but also to the roles we play within our families, our work and our experiences in the world.

Also entailing mutual accountability and reciprocity, responsibility intersects with many areas of our lives, and involves maintaining a healthy, balanced life, as well as showing leadership through modelling wellness and healthy behaviours.

### *Relationships*

Relationships sustain us.

Relationships and responsibility go hand in hand. Like responsibility, relationships involve mutual accountability and reciprocity. Relationships are about togetherness, team-building, capacity-building, nurturing, sharing, strength, and love.

Relationships must be maintained both within oneself and with those around us.

## **Fourth Circle**

The Fourth Circle depicts the people that surround us and the places from which we come.

**Land, Community, Family, and Nations** are all critical components of our healthy experience as human beings.

### *Land*

Land is what sustains us physically, emotionally, spiritually, and mentally.

We use the land for hunting, fishing, and gathering. The land is where we come from and is our identity. It is more than just the earth. It includes the ocean, air, food, medicines, and all of nature.

We have a responsibility to care for the land and to share knowledge of the land with our people. Land and health are closely intertwined because land is the ultimate nurturer of people. It provides not only physical but emotional and

spiritual sustenance, because it inspires and provides beauty; it nurtures our souls.

### *Community*

Community represents the people where we live, where we come from, and where we work.

There are many different communities: communities of place, knowledge, interests, experiences, and values. These all have a role in our health.

### *Family*

Family is our support base and is where we come from.

There are many different kinds of families that surround us, including our immediate and extended families. For First Nations people, family is often seen as much broader than many Western perspectives. Our immediate and extended families are often interchangeable, so Western descriptions and definitions don't always apply.

Our families may also include who we care for, support systems, and traditional systems in addition to (or instead of) simply blood lines. It is important to recognize the diversity that exists across BC, that there are different family systems that exist, e.g., matrilineal.

### *Nations*

Nations include the broader communities outside of our immediate and extended families and communities. In essence, Nation is an inclusive term representing the various Nations that comprise your world.

## **The Fifth Circle**

The Fifth Circle depicts the **Social, Environmental, Cultural, and Economic** determinants of our health and well-being.

### *Social*

Social determinants such as security, housing, food, prevention, promotion, education, health awareness, and outreach supports, are all critical aspects of our health and well-being.

### *Environmental*

Environmental determinants include the land, air, water, food, housing, and other resources that need to be cared for and considered in order to sustain healthy children, families and communities. Safety and emergency preparedness are critical components.

### *Cultural*

Cultural determinants include language, spirituality, ceremonies, traditional foods and medicines, teachings, and a sense of belonging.

### *Economic*



Economic determinants include resources that we have a responsibility to manage, share, and sustain for future generations. There is a need to create balance in how we use our resources and a need for good leadership to help us create this balance.

### **Outer Circle**

The **people** who make up the Outer Circle represent the FNHA Vision of strong children, families, Elders, and people in communities. The people are holding hands to demonstrate togetherness, respect, and relationships, or, as one BC Elder put it, “One heart, one mind.” Children are included in the drawing because they are the heart of our communities; they connect us to who we are and to our health.

### **Colours**

The colours of the sunset were chosen specifically to reflect the whole spectrum of sunlight, as well as to depict the sun's rotation around the earth, which governs the cycles of life in BC First Nations communities.

## **Background**

The First Nations Perspective on Health and Wellness started as a draft visual concept of wellness created by the Traditional Wellness Working Group and staff and advisors from the FNHA.

The visual model and description were presented to BC First Nations at Gathering Wisdom V in May 2012. The feedback gathered at Gathering Wisdom V was then incorporated into the current visual model and description.

The First Nations Perspective on Health and Wellness is intended to serve as a starting point for discussion by First Nations communities on what they conceptualize as a vision of wellness for themselves and the FNHA.

## **Culture and Healing**

Culture is like the air – we take it in without thinking about it. It is found within each of us and is essential to our identity. For Indigenous peoples, our ancestry, our connection to the land, our cultural views, and our backgrounds significantly influence our view of the world, how it works, and our place in it.

This section is about understanding how culture affects communication and relationships, and using self-reflection as a way to be aware of your own worldviews, biases, values, and beliefs, as facilitators and as group members.

When facilitating a group, facilitators must be aware of and pay heed to differences in gender, sexual orientation, spiritual/religious orientation, economic/class background, ethnic/racial identity, personal style and education, age, family background, physical appearance and capability, and first language.

### **Cultural Differences**

The facilitator's role is to explore personal issues that members are dealing with while being cognizant of the contexts within which the issues have surfaced. In order to do so, facilitators must be mindful of personal biases or stereotypes they bring into the group (see the Respectful Reciprocity exercise below). Not examining one's own biases can have the unintentional consequences of causing harm to group members. Therefore, we encourage facilitators to examine personal biases and become familiar with the cultural differences within their community.

### **Cultural Diversity**

BC has over 200,000 First Nations members and over 200 bands speaking over 34 dialects. Each community has its own cultural traditions, customs, and protocols. Speaking one's language is more than just communication. It is the inherent connection to customs, traditions, languages, culture, and land. Facilitators who are aware of the diversity in the room can build a supportive and inclusive group culture.

Additional considerations include<sup>8</sup>:

- Body language varies widely across cultures.
- Eye contact is critical in communication, but it needs to be modified to meet individual and cultural needs.
- Intense verbal following of the speaker is entirely North American. Other cultures may prefer a more subtle and indirect style of listening.
- Asking questions is more frequent in European and North American cultures, and men tend to ask more questions than females.
- Expectations of support may differ. Some may prefer supporters to listen, while others may wish to move quickly to action.
- In some cultures, giving brief responses is a sign of respect rather than disrespect.
- Silence in some cultures is an opportunity to reflect.
- Restraint of emotions is valued in some cultures.
- In many cultures, men find it difficult to express emotions whereas women are more open to expressing their feelings.

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<sup>8</sup> Hearn, M., Evans, D., Uhlemann, M., & Ivey, A., (2017). *Essential interviewing: A programmed approach to effective communication*. Cengage Learning: Boston, MA.

Given all these variations, it is valuable for us to be sensitive to, and respectful of, the complexities that arise from the many cultural differences that will be present in your group.

## Moving Through the Grieving Process

This section is adapted from Nancy Reeves' "Energy Management Model"<sup>9</sup> and Dr. Bill Worden's "Grief Counselling and Grief Therapy."<sup>10</sup>

Grieving takes time and looks different for every person; however, there are common stages that people move through following the death of a loved one. We all have a finite amount of energy to contribute each day, and our energy levels change throughout the grieving process.

This section looks at how our energy management changes over time, and what we can do to move through the grieving process. It may be helpful to facilitators and group members in monitoring healing.

### The Tasks of Grieving

In order for families to move forward in their lives following a significant loss, there are four tasks they will need to undertake. Viewing grieving from the perspective of tasks can assist by:

- Helping people to realize the need to take action to heal.
- Demonstrating that grieving can be helped by others.
- Giving people the understanding that they have some influence and hope over what is being experienced.

Some of the tasks may be easily worked through, others may be more difficult.

#### *Task One - Accepting the Reality of the Loss*

When a loss is first experienced, most of our energy is used for grieving / adjustment. We may have little or no energy for work, social life, hobbies, or friends, except for support. A much smaller slice of energy is used for survival activities such as eating and sleeping. There is often no energy available for life enhancement; we may even need help to survive. For example, if food is put in front of us, we may eat, but we may have no interest in or energy for preparing meals.

The essential first task is to adjust to the reality that the loss has occurred and is final: that the person will not return, and no reunion is possible. It involves believing the facts

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<sup>9</sup> Adapted from Reeves, N. (2012). *A path through loss – A workbook for healing and growth*. Northstone; Kelowna, BC.

<sup>10</sup> Adapted from Worden, J.W. (2018). *Grief Counseling and Grief Therapy: A handbook for the mental health practitioner*. 5th Edition. Springer publishing: New York, N.Y.

of the loss as opposed to developing some form of denial that the loss has occurred. This task involves both an intellectual and an emotional acceptance; intellectual acceptance may come more easily than the emotional acceptance.

### *Task Two - Accepting and Processing the Pain of Grief*

As time passes and we work through grief, we may reach a point where the energy needed for survival is available, but much of it is taken up with grieving. This may be a point when people feel discouraged because they think they are regressing, e.g., "I feel worse now than I did a few weeks ago."

They are actually progressing, but with the numbing emotional anesthetic wearing off, they may feel the loss more intensely. No one experiences the same pain or intensity of that pain, but a significant loss produces some degree of pain in almost everyone. Some may try to cut off the pain and deny its presence by avoiding thoughts, feelings, or actions that bring the loss to mind; however, it is essential for griever to acknowledge and work through the pain. Anything that allows the griever to avoid or suppress the pain is likely to prolong the healing process.

### *Task Three - Adjusting to a World without the Loved One*

With further work through our grief, we may unexpectedly experience a little energy available for life enhancement, where the loss may not colour the entire world. We may find that we begin to enjoy outside activities and friends for more than the emotional support they have provided for our grieving.

After a significant loss, we need to adjust to a new environment and new sense of self, and ultimately, to new beliefs, values, and assumptions about the world. Adjustment will mean different things to different people in each of these areas, depending on the relationship they shared with their loved one.

- Adjusting to a new environment refers to the fact that most griever don't realize all the roles a loved one played in their lives until some time after the loss. Grievers will often need to develop new skills and roles previously filled by the loved one. Accepting these changes and finding ways to address these changes is important, though it may take effort and time.
- Adjusting to a new sense of self refers to clarifying one's self-definition (i.e., gaining a new view of self that is separate from the loved one), self-esteem (i.e., acknowledging the meaning of life by themselves, rather than only in relationship to the deceased), and self-efficacy (i.e., believing they can control what happens to them).

### *Task Four - Finding a Way to Remember the Loved One While Moving On in Life*

The process continues until there is only a small slice of energy being used for grieving and adjustment. This slice may never completely disappear, yet it is not restrictive. In fact, tapping into this slice may produce warm memories and feelings of connection in the future.

A way needs to be found to remember our loved ones – to keep them with us but to still go on living. It is not about giving up the relationship but finding an appropriate connection with them that permits us to live effectively in the world. To accomplish this task, we need to recognize the evolving and ongoing relationship with the thoughts, feelings, spirits, and memories of our loved ones, but not let these factors impede our investment in a new way of life.

These tasks do not represent fixed stages. They can be revisited and repeated over time, and more than one task can be done at a time.

### **Indigenous Cultural Differences**

Cultural protocols and customs vary among Indigenous (First Nations, Inuit, and Métis) peoples. Each Nation, clan, family, and community has their own ceremonies on death and grieving and the details of these traditions are not included because these oral teachings are handed down through the generations. Families who want traditional ceremonies for their loved one can reach out to Elders in their community to learn the teachings. Cultural support is available where this may not be possible (see Resources on Coping with Grief on Page 77).

## **Trauma-Informed Approaches**

Trauma is defined as damage to the psyche that occurs as a result of severely distressing experiences that overwhelm a person's ability to cope.

Trauma-informed approaches are approaches that include a way of being in relationship that follows Trauma-Informed Practice Principles.

When a person experiences too many losses over a long time, this can lead to deep wounds that are difficult to heal. Losses can include loved ones and also community, culture, language, and connection to land. A person's journey through the grieving process can take more time and can be made more difficult by the pain and trauma of previous and ongoing losses.

Trauma is a natural emotional response to the unexpected death of our loved ones. Trauma-informed response means that we acknowledge the trauma that is present in the group, give people a safe space to talk about what happened to them, and validate those feelings. Healthy relationships, including peer support, can assist people in overcoming their trauma; however, some individuals may need professional support to address the symptoms of severe trauma.

This section looks at how to recognize post-traumatic stress and how to support a group member who is struggling with intense physical and/or emotional reactions to trauma.

### **What is a Trauma-Informed Response?**

A trauma-informed response is one that has an understanding of the impact of trauma and responds accordingly. A trauma approach recognizes the compounded trauma people experience including spiritual, physical, psychological, and emotional. The approach provides opportunities for people to relearn and rebuild while giving them a sense of control and empowerment.

#### *Trauma-Informed Approaches and Practices*

- Provide mental, emotional, physical, and spiritual safety.
- Provide compassion, empathy, patience.
- Are consistent, transparent, and non-judgemental.
- Are based on an understanding of trauma, trauma responses, and the effects of trauma, e.g., impacts of coping and managing with emotions, memory, behaviour, ability to connect to support services.
- Apply an inclusive-lens approach to support, in recognition that people's experiences and needs are uniquely shaped by their personal history, identity, context, culture, and community.
- Protect against and prevent the potential for secondary victimization, or re-traumatization.

### **Tips for Providing a Trauma-Informed Response**

1. Remember that many Indigenous individuals have had negative experiences within multiple systems or have heard the stories of loved ones who have. This is especially true for survivors of Residential Schools, the Sixties' Scoop, and Indian Hospitals. When a person re-experiences a past trauma, we refer to it as a flashback. Flashbacks can be deeply distressing because feelings of powerlessness and fear resurface. As first responders, we need to consider historical trauma in how we provide help and services to First Nations, Inuit and Metis people.
2. Take the time to slow down and explain what you are doing. Be person-centered and use informed-consent practices. Take the time to explain what the process is for the meeting and which topics will be discussed. Introduce any speakers.

3. Recognize signs of fear and/or distress. Pay attention to whether a person's emotional reaction seems disproportionately intense for the current situation, and whether those feelings persist. The individual may also show physical signs of distress similar to the signs observed in a fight, flight, or freeze response. Signs of distress may include an increased rate of breathing, shallow breaths, muscle tension or freezing, clenching of jaw or fists, dilated pupils, or non-responsiveness.
4. Bring a traumatized person into the present moment. If someone is having a flashback, offer them ways to return to the present moment so that they can respond to their current situation instead of reacting to a past threat. If a person is distressed, you can help to ground them in the present using these sensory grounding tips:

- **SOUND**

- i. Speak in a loud, audible voice with a calm, even tone. Your voice can help ground someone who is "in another time," i.e., having a flashback. Speak clearly, use simple language, and be concise.
- ii. Help them recognize the present situation and return to it by identifying who you are, who they are, where you are, what day it is, and what is happening: "My name is [your name], your name is [their name]. We are here at [location]. It is [time]. I am [your name]. I am here facilitating our Healing Indigenous Hearts Group."
- iii. Other grounding questions can include, "What year is it?"/"What is your name?"/"What is your favourite colour?"/"What are four things you can hear around you?"

- **SIGHT**

- i. Ask them to name four things they see around them.

- **TOUCH**

- i. If it is easily accessible, possible, and safe to do so, bring the person to stand barefoot on the earth. Ask them to bring something they find comforting to hold in their hands, such as a piece of moose hide, fur, beadwork, a smooth or textured stone, or a keepsake that brings comfort.

- **SMELL**

- i. You might help ground someone by using the scent of cedar boughs or spruce needles, pressed to release the oils and scents from the needles. Family members may want to burn or boil smudging medicines such as sage, tobacco, sweet grass, and other local smudging medicines that communities use.

5. Connect with someone who can provide emotional or cultural support if the person continues to experience flashbacks or expresses other signs that they are struggling to return to their usual functioning. Ask the person about contacting/bringing someone

they trust who is nearby and available. This can be a friend, family member, counsellor, or someone with experience in dealing with flashbacks.

### **The Do's in Trauma Approaches**

- Give the person time to talk about what happened, even if they become upset. Stay calm and listen carefully.
- Don't insist someone talk if the person doesn't want to. Tell them you are there to listen whenever they feel ready.
- Reassure them that you care and want to understand as much as possible about what happened to them.
- Try to make sure there is someone else they can talk to if they don't want to talk to you about it.
- If there are some difficult decisions to be made, talk about the situation with the person and help them to identify the different options. However, do not make the decision for them. Also, if it is only a short time after the traumatic event, suggest that it might be a good idea to wait a little longer before making decisions.
- Don't insist they need professional help – not everyone who experiences a traumatic event needs therapy.

You can also use telephone or online support from the following organizations:

- Indian Residential School Survivors Society: 604-985-4465 or Toll-free: 1-800-721-0066
- Tsow-Tun Le Lum Society: 1-250-268-2463 or Toll-free: 1-888-590-3123
- KUU-US Indigenous Crisis Phone Line: 1-800-558-8717
- Hope for Wellness Indigenous Online Chat: [www.hopeforwellness](http://www.hopeforwellness)

### **Understanding Post-Traumatic Stress**

Post-traumatic stress is different from stress in that it doesn't go away after the situation/event (e.g., witnessing a death) that caused it passes. The feelings linger. Facilitators will be better prepared if they are familiar with the wide range of reactions that may indicate post-traumatic stress.

Manifestations of post-traumatic stress can include<sup>11</sup>:

- Flashbacks, ruminating thoughts, dreams, and memories that cause significant distress.

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<sup>11</sup> American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders, fourth edition, text revision*. Washington, DC.



- Persistent and exaggerated negative beliefs or expectations, e.g., “No one can be trusted.”
- Feelings of detachment or estrangement from others.
- Getting stuck in a negative emotional state, e.g., fear, horror, anger, guilt, or shame.
- Difficulty experiencing positive emotions, e.g., inability to experience happiness, satisfaction, or loving feelings.
- Reduced interest or participation in significant activities.
- Irritable behaviour and angry outbursts.
- Behaviour that can seem reckless or self-destructive.
- Hyper-awareness of one’s surroundings at all times.
- Exaggerated startle response.
- Problems with concentration.
- Difficulty falling asleep or restless sleep.

Rarely does anyone experience all of these reactions, but even a few of these traumatic-stress reactions can be incredibly troubling and disruptive to a person’s life.

A facilitator who notices that a group member is struggling with particularly intense reactions (reactions they may associate with post-traumatic stress disorder) can assist the person in finding professional help (i.e., someone who has been professionally trained to treat post-traumatic stress). See “Resources on Coping with Grief” starting on Page 80.

Indigenous people have experienced and continue to experience collective trauma stemming from colonization. The timeline that follows begins at first contact in the 1400s, and highlights the milestones of Indigenous resilience, resurgence, and resistance of settler colonizers up to the year 2022. The atrocities inflicted upon First Nations, Inuit and Metis people are represented in the timeline as a tool to help people identify that some of the feelings they experience around grief and loss are related to intergenerational trauma in addition to suffering due to the loss of a loved one. The milestones of Indigenous resurgence and resistance demonstrate and remind us of the strengths and resilience in individuals, families, and communities from past to present.



First Nations Health Authority  
Health through wellness



# Timeline of Settler Colonialism and Indigenous Strengths and Resiliency

INFOGRAPHIC



Racism against **Indigenous people** is a malignant disease that has been in the health system in British Columbia since inception. Every person who works in the **health care system**, in fact every British Columbian, must acknowledge this reality and **work together** to ensure health care for Indigenous people is equitable, culturally safe and **focused on the needs of the individual**, not on the attitudes of the system.”

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Grand Chief Stewart Phillip,  
President, Union of BC Indian Chiefs

# Timeline of Settler Colonialism and Indigenous Strengths and Resiliency



## Rise up rooted like trees

Indigenous activism, strength, resilience



## Stones of time

Markers of the heavy past

**1400**

*Terra Nullius* & *The Doctrine of Discovery* legitimizes the settlers' claim to lands outside Europe.

**1603**

Colonial settlers arrive on the shores of the traditional homelands of the Mi'kmaw people.

**1969**

The *White Paper*, formally known as the *Statement of the Government of Canada on Indian Policy 1969*, attempts to abolish legal rights and entitlements of Indigenous people in Canada.

**1969**

A conference of over 140 bands results in the creation of the Union of British Columbia Indian Chiefs. This organization rejects the *White Paper* and produces *A Declaration of Indian Rights: The BC Indian Position Paper*. Also called the *Brown Paper*, this document asserts Aboriginal title to land. It aims to protect the unique legal relationship between First Nations and the federal government and seeks self-determination for Indigenous peoples.

**1700**

First Nations people use diplomatic and military measures to resist the theft of their land by settler colonizers who grant themselves land titles.

**1763**

The Royal Proclamation is issued. It provides guidelines for colonial settlers to negotiate land treaties with Indigenous nations, ultimately taking away recognition of land titles from First Nations people.

**1858 - 1864**

Douglas reserves (small, remote tracts of land) are laid out on BC mainland small, remote tracts of land under Douglas' Policy, which abandons Aboriginal titles and treaty-making during this period.

**1960s - 1970s**

Growing Indigenous activism: The National Indian Brotherhood (now known as the Assembly of First Nations) successfully pressures the government to reform the *Indian Act* in consultation with Indigenous people. The Red Power Movement (a term coined by a settler) emphasizes Indigenous pride and exposes broken treaties, grievances, and oppressed conditions in communities while asserting Indigenous rights. These movements highlight the continuing determination of Indigenous people to resist cultural genocide and fight centuries of colonization, degradation, and white "civilization's" attempts to destroy them.

**1864**

The "Chilcotin Uprising," a battle provoked by gold miners and fur traders building roads through Tsilhqot'in territory without consulting the Tsilhqot'in people, results in the Tsilhqot'in chief and five others being executed for murder despite defending their traditional lands.

**1867**

With the *British North America Act* (now known as the *Constitution Act, 1867*), colonial settlers take control of lands. Treaties are established.

**1876**

The *Indian Act* forces First Nations people to change their names to settler names. It forbids them from engaging in culture, wearing traditional regalia, and speaking their traditional language, and restricts them from leaving their reserves.

**1880 - 1900s**

The *Indian Act* allows the government to implement residential schools. Over 150,000 children are taken from their families and homes and are sent to residential schools across Canada. According to the Truth and Reconciliation Commission, many of these children never returned home.

**1908**

Indigenous leaders from across BC travel to England to see King Edward VII and discuss the petition against land claims, hunting and fishing regulations, and the banning of the potlatch.



The monster that was created in the residential schools moved into a new house. And that monster now lives in the child welfare system."

Murray Sinclair,  
Chair of the Truth & Reconciliation Commission

## 1958 - 1980s

The Sixties' Scoop is a mass removal of Indigenous children from their families into the child welfare system by the federal government, without the families' consent, in an attempt to force children to assimilate into the dominant culture.

## 1997

The last residential school — Kivalliq Hall in Rankin Inlet, Nunavut — closes.

## 2016

Jordan's Principle ensures First Nations children are not denied or delayed access to public services due to systemic inequities.

## 1980s - Present

Settler colonial trauma and the millennial scoop continues with the use of Birth Alerts, a government-imposed system for flagging "at-risk families" before a child is born. Birth alerts often result in newborns being apprehended and placed in foster care, even if the parents want to raise the child. (Poverty is often codified as neglect.)

## 1997

In its ruling on *Delgamuukw v The Queen*, a case brought forward by the Gitksan and Wet'suwet'en peoples, the Supreme Court of Canada describes the protection given to Aboriginal title, defines how claimants can prove Aboriginal title, and clarifies how to test for infringement of Aboriginal title. The decision is also important for its treatment of oral testimony as evidence of historic occupation.

## 1999

In the *Gladue Report*, the Supreme Court of Canada describes racism in the legal and criminal justice system that creates challenges for many Indigenous people, including being more likely to be sent to prison than to serve community sentences. This report supports rulings for Indigenous people to serve their sentences in the community and avoid incarceration.

## 2010

Idle No More, a significant Indigenous movement calling for a renewal of lands, treaties, culture, and the relationship between Canada and Indigenous people, is led by three Indigenous women activists who advocate with protests, blockades, and round dances across the nation.

## 2011

In a significant First Nations self-determination vote, a new BC First Nations Health Governance arrangement that is community-driven and nation-based is approved. At Gathering Wisdom for a Shared Journey IV, BC First Nations chart a path for the future of their own health governance. This future envisions BC First Nations children, families and communities that play an active role in the decision-making that impacts their personal and collective wellness.

## 2000

Ongoing settler colonial trauma and Millennial Scoop.

## 2014

Jaime Black, a Métis artist, launches the REDress Project, which involves collecting and hanging 600 red dresses symbolizing the hundreds of Missing and Murdered Indigenous Women and Girls.

## 2015

The Truth and Reconciliation Commission of Canada publishes its final report detailing the experiences, impacts, and legacy of the residential school system, centering the stories of the survivors.

## 2016

Canada's federal government signs the UNITED NATIONS DECLARATION RIGHTS OF INDIGENOUS PEOPLE (*UNDRIP*), although initially Canada is one of four countries to oppose the *UNDRIP*, which includes Indigenous recognition of territorial rights and rights to self-government.

## 2013

National Orange Shirt Day is an event inspired by Phyllis Webstad from the Stswe'c Xgat'tem First Nation (Canoe Creek Indian Band) in Northern Secwepemc (Shuswap). On Phyllis's first day at a residential school, her brand-new orange shirt was taken away from her and this day commemorates "Every Child Matters."



## 2017

The Prime Minister designates June 21 as National Indigenous Peoples Day, a statutory holiday. Formerly known as National Aboriginal Day (since 1996), June 21 is a day to remember and celebrate the achievements and contributions of Indigenous peoples. Its creation was the result of recommendations by the Royal Commission on Aboriginal Peoples in 1995, as well as calls for such a day from various Indigenous groups.

## 2019

Birth alerts in BC are discontinued. Birth alerts allowed social workers or hospital staff to declare an expecting parent unfit to care for the newborn, often without the parent's knowledge.

## 2019

*The Declaration on the Rights of Indigenous Peoples Act* establishes the *United Nations Declaration on the Rights of Indigenous Peoples* as the Province's framework for reconciliation, as called for by the Truth and Reconciliation Commission's Calls to Action.

## 2021

The Department of Fisheries and Oceans decides not to appeal the commercial fishery infringement case to the Supreme Court of Canada. Five Nuu-Nulth nations (Ahousaht, Ehattesaht, Hesquiaht, Mowachaht/Muchalaht, and Tla-o-qui-aht) win a dispute that began in 2003.

## 2022

BC introduces the *Anti-Racism Data Act*, a new legislation aimed at identifying and eliminating systemic racism in government programs and services.

## 2020

*In Plain Sight Report* exposes the racism and discrimination towards Indigenous people in the health care system and makes 24 recommendations for a system reform.

## 2020

*Addressing Racism: An Independent Investigation into Indigenous-specific Discrimination in BC Health Care* proves there is widespread systemic Indigenous-specific racism in BC's health care system and calls for the implementation of the 24 recommendations in the *In Plain Sight* report.

## 2021

Tk'emlúps te Secwépemc confirms an unthinkable loss that was spoken about but never documented by the Kamloops Indian Residential School. With the help of a ground-penetrating radar, the remains of 215 Kamloops Indian Residential School students are found. The 215+ come to be known as Le Estcwicwe y (The Missing), and the confirmation of the unmarked graves in Kamloops prompt a series of events across the country. Other First Nations use ground penetrating radar to search former residential school sites and many more bodies are found.

## 2021, September 30

September 30 is designated the National Day of Truth and Reconciliation, to honour the lost children and survivors of residential schools and their families and communities. This designation fulfills one of the Truth and Reconciliation Commission's 94 calls to action: a public commemoration of the tragic and painful history and ongoing impacts of residential schools as a vital component of the reconciliation process.

## 2022

BC releases its highly anticipated Action Plan for implementing the *Declaration of the Rights of Indigenous Peoples Act (DRIPA)*. The overarching purpose of *DRIPA* is to implement the objectives of the *United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)*, including the alignment of provincial laws with *UNDRIP*.



**It is because of our strength and resilience as Indigenous people that despite the many hardships from settler colonialism, we are still here to reclaim our rightful heritage – including our land, culture, language, and traditional ways. By using our culture and traditions, we are thriving and sharing our teachings with future generations, ensuring our culture lives on. If Indigenous people and our allies work together as one, Indigenous people can be free of racism and discrimination.”**

Elder Doreen Peter, Cowichan Tribe

Before contact, BC First Nations people maintained an intense relationship with the land that included concepts of ownership, responsibility and, more recently, resistance to settler-colonial assertions of sovereignty. **The land is our identity as a nation**, and our language is inseparable from the land. BC First Nations people's land base and territory have never been ceded or sold from the time of contact to the present day.

## RESOURCES

The White Paper 1969:  
<https://www.thecanadianencyclopedia.ca/en/article/the-white-paper-1969>

DFO info:  
<https://nuuchahnulth.org/sites/default/files/news/Final%20DFO%20Decision%20not%20to%20Appeal-2.pdf9>

NTC Applauds DFO Decision not to Appeal Ahousaht Commercial Fishery Case:

<https://nuuchahnulth.org/sites/default/files/news/Final%20DFO%20Decision%20not%20to%20Appeal-2.pdf>

Check the ISO version of the timeline for a list of sources. The work of Mohawk policy analyst Russ Diabo and the late Métis historian Olive Dickason was crucial to this timeline, in particular – there would be no timeline without their work.

The Leveller 5.4 and 5.5 in 2013 to put Idle No More in context. Developed into a game by Indigenous Solidarity Ottawa, for use in their Introduction to Anti-Colonialism & Indigenous Solidarity workshop.

June 21, National Indigenous People's Day: <https://www.rcaanc-cirnac.gc.ca/eng/1100100013718/1534874583157>

“May the stars carry your sadness away, may the flowers fill your heart with beauty, may hope forever wipe away your tears...” ~ Chief Dan George

## Hope Therapy

This section outlines Hope Therapy, an evidence-based approach to increase one’s capacity for hope. It offers practical ways to help group members identify and nurture hope as a way of healing from loss.<sup>12</sup>

Hope is not solely emotional; it also represents a logical way of reframing and overcoming the obstacles that show up in our lives. Approaching grief from the perspective of hope helps people to conceptualize clearer goals, plan pathways to reach those goals, and foster the willpower to pursue the pathways.

### Hope Identification

**Hope** is the belief that we can achieve our goals. With greater faith, obstacles that seem insurmountable are reframed as challenges that can be overcome. Healing from the loss of a loved one is extremely difficult, but the very fact that participants are showing up for a group means they hope or even believe that healing is possible.

Facilitators can gently guide group participants towards embracing a perspective of hope by leading a conversation about what matters and is meaningful to them. When participants talk about what they want, instead of what is wrong, their hope can grow.

### Hope Empowerment

Every member is coming to the support group because they have a goal in mind, for example:

- “I wish I could sleep through the night.”
- “I want to be able to go to work again.”
- “I don’t want to lose my marriage.”

Hope empowerment is about figuring out the “how” in achieving our goals. With higher levels of hope, we are able to quickly map out multiple **pathways** to detour around an obstacle, instead of being blocked by it, to get to where we want to be.

Here are some questions that can help participants to **identify** individual goals, whether long- or short-term:

- “What were you hoping for when you decided to come today? What difference would that make for your life?”

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<sup>12</sup> This section is adapted from Snyder, C. R., Rand, K. L., & Sigmon, D. R. (2002). *Hope Theory: A member of the positive psychology family*.



- “What do you want for your life?”
- “What do you want from the day?”
- “What do you want after you leave this meeting?”

### **Hope Activation**

Facilitators can remind people of their strength and power to survive this difficult time, and help them to feel that it is possible to achieve their goals. They can ask questions that make people reflect on what it looks like to achieve their goals and how to be on the pathway to achieve them.

For example, if a participant’s goal is to be able to go back to work again, rather than helping them figure out the pathways they must take to achieve that goal, help them grow the belief that they will be able to work again; they will figure out the “how” on their own.

Here are sample questions facilitators can ask that can help to foster strength and self-determination.

Set goals:

1. “What do you notice about yourself that tells you you’re on your way to healing from losing your loved one—and can make it through this?”
2. “What would your loved one want you to remember about yourself?”
3. “Given how difficult things have been lately, how have you been managing as well as you are?”
4. What am I grateful for right now?
5. Who are the top five people I spend the most time with? What do I love about them?
6. What am I anxious or apprehensive about?
7. Where do I want to be this time next year?
8. Which friendships make me feel the happiest and most empowered? Are there any friendships that leave me feeling sad, self-conscious, or disappointed?
9. What are some things that are limiting me from accomplishing what I want to accomplish?
10. Am I spending my time wisely? How can I spend my time better?
11. What are three ways I can step out of my comfort zone?
12. What are three things that make me the most stressed or anxious? Is there anything I can do to alleviate that stress?

If facilitators can focus on even just one of the three areas outlined above (identification, empowerment, activation), hope will be increased by the end of the meeting.

# Getting Started as a Healing Indigenous Hearts Facilitator

This section outlines the preliminary steps required to establish a Healing Indigenous Hearts support group. It explores each of the following topics:

- Setting up an e-mail account and Facebook group
- Advertising and promoting the group with community members, Band office staff, and Community Health Centre staff
- Locating a suitable meeting space and establishing an appropriate time
- Registering participants
- Organizing the group
- Fundraising, if needed

## Setting up an E-mail Account and Facebook Group

Establishing a dedicated e-mail address ensures clear boundaries are set between personal correspondence and Healing Hearts communications. It also makes it easier for another facilitator to step in when needed, or to transition in when/if a facilitator leaves. To set up an e-mail account, follow the format outlined here: [HealingHeartsYOURCITY@gmail.com](mailto:HealingHeartsYOURCITY@gmail.com).

A dedicated Facebook group provides participants with an opportunity to share their grief journey, provide mutual support, and share resources in their community outside the support group meetings. Most regional groups choose to set up a local Facebook Group specific to their members. As a name, we suggest: **Healing Hearts [Name of your community]**. If you need support, a regional leader can assist with establishing a Facebook group.

## Promoting Your Group

Once the group is established, it will be posted publicly on the Canada Healing Hearts website: [www.healingheartscanada.org](http://www.healingheartscanada.org). Facilitators are encouraged to share meeting information on a monthly basis in the “closed” (members only) MSTH Facebook group. When new groups start up, MSTH will announce this on their public Facebook group.

Facilitators will be provided with Healing Hearts posters, brochures, and flyers for distribution at events and with local services in the community. Posting advertisements in the community about the group captures people’s attention. Local newspapers, community papers, TV, and

radio are also great avenues for promoting a support group. Newspapers are often supportive of health initiatives addressing the overdose crisis and are often willing to share information about the bereavement group. Sometimes a business or newspaper will sponsor an ad for the group, and community newspapers or churches may offer free ads. Local victim services, hospices, hospitals, funeral homes, and regional health authorities are also supportive in handing out brochures and information to newly bereaved families.

## **Meeting Space**

### **Physical Space**

Creating a welcoming environment is essential. The meeting space needs to be private, calm, welcoming, barrier-free, and not associated with anything that might trigger negative emotions for families. Soft lighting, a “memory table” (for family photos), and a resource table with a lending library and community-resource handouts are helpful. If possible, find a place with a kitchen so that you can provide small refreshments, including tea or coffee. This can be therapeutic, e.g., holding a warm beverage in your hands can help to manage anxieties. Many community resources are willing to donate free space for the benefit of a bereavement group. Reach out to the community centres, schools, recreation centres, churches, harm-reduction or recovery programs, and health facilities in your neighbourhood.

### **Virtual Space**

While meeting in-person is recommended, it is not always safe or possible (e.g., during times of strict public health measures, such as the COVID-19 pandemic, or when rural geography poses a barrier). Out of necessity, meetings may be offered online.

Online meetings have drawbacks as well as benefits. For example, meeting online takes more work to develop personal connections with group members, but there is the benefit of ease of accessibility. When grief-stricken, it can be difficult to just get out of bed, let alone leave the house. Online methods allow families to connect with a group without needing to leave their homes. Although online meetings may not offer the same degree of privacy, they ensure that people are able to connect no matter where they are, provided Internet access is available.

## **Meeting Times**

Typically, meetings are held once per month for 1.5 to 2 hours per session. The timing of the meeting may impact the success of a group. In general, a favourable meeting time is an evening, earlier in the week, and around 6:30 p.m. (before people get caught up in end-of-day demands). Facilitators may also choose to offer alternative meeting times on occasion (e.g., when a regularly scheduled meeting time falls on a holiday, consider meeting the following Saturday afternoon instead).

It is important for facilitators to be flexible and attentive to participants' needs. Ask participants for feedback on what works best for them. The frequency of monthly meetings will depend on the availability of the facilitator and the interest of the group.

When groups begin meeting, attendance may be limited. Facilitators must be patient as it takes time to promote a new grief group and for the group to grow.

## **Registration Process**

Facilitators will be provided with a registration package that participants can complete (optional) prior to joining the grief support group. Facilitators are encouraged to ask for assistance if it is needed. Included in the registration package are:

- Registration Forms – this is the first form that a prospective member is required to complete.
- Confidentiality Forms – to be completed after the person is confirmed as a group participant, and before the first meeting.
- Group Guidelines – to be completed after the person is confirmed for the group and before the first meeting.

### **Initial E-mail Assessment**

E-mail is often the first point of contact with a potential participant. When prospective members reach out, facilitators can ask some basic questions to learn more about the person's circumstance, where they live, and how recently their loved one died.

Facilitators can then send a registration form. Once completed, a follow-up phone call can be scheduled. This will help facilitators to get a sense of the person's needs, their readiness for the group, and whether Healing Indigenous Hearts is the right fit for them.

### **The First Phone Call**

Facilitators should ensure they have a resource and contact list of existing services available to bereaved families in community. Lists can include contact information for free and fee-based counselling services, the local mental health centre, and local hospice counsellors. If the person is not ready for a group, the resource/contact list can be shared with them for alternative resources.

Prior to making the first call, facilitators should review the information listed on the registration form.

During the phone call:

1. Introduce yourself and advise that you are calling to share more information about Healing Indigenous Hearts support groups.
2. Provide some background on Healing Indigenous Hearts, including:

- Structure of the group (i.e., peer-based, volunteer-led, open-format grief group).
  - Date and time of monthly meetings (if known).
  - Number of participants.
3. Give the person the opportunity to share their story. Be prepared for tears, and if needed, offer to call back if the person seems overwhelmed. Some ways to keep the conversation going can include:
- Asking about the person's current support system.
  - Listening to stories about their loved ones.
  - Sharing additional counselling/community resources, if needed.
4. If you sense that Healing Indigenous Hearts may not be the appropriate setting to support this person at this time, refer them to other local resources, if possible.

### **Complete Registration**

Once the facilitator has determined that Healing Indigenous Hearts is the right fit for the person, a Confidentiality Form and Group Guidelines should be e-mailed for potential participants to review and sign. E-mail can be used to share details about the group and upcoming meetings, including:

- Date and time of monthly meetings.
- Format of meetings, i.e., Zoom or in-person.
- An invitation to join the private Facebook group.

If members do not wish to register, facilitators can encourage them to join the group sessions and receive the necessary supports.

The introductory message is vital in communicating a sense of welcome and safety to bereaved families inquiring about the group.

## **Insurance**

Healing Hearts groups are covered under MSTH liability insurance, provided groups are conducted according to the guidelines provided. It is essential that all participants "sign in" upon arrival at Healing Hearts meetings using the liability form provided in the Facilitators' Kit. Also, if facilitators are planning on holding special events or activities that might be deemed high risk for personal injury, they should check in first with their regional leaders to learn if insurance covers the event.

## Fundraising

Donations are an important source of revenue for Healing Hearts groups. They help to off-set some of the costs associated with meeting (e.g., insurance, website, and other administrative expenses). Fundraising for Healing Hearts is done through MSTH, as the umbrella group has a charitable taxation number. MSTH has specific policies regarding fundraising (e.g., they do not support “GoFundMe” initiatives). Should facilitators or participants wish to hold a fundraising event, they should first check with the Healing Hearts Coordinator to ensure they are following fundraising guidelines (see *Facilitators’ Instructional Binder*).

# Hosting a Group

“When we gather together in safe places and share our stories, we hold each other up and support each other. As author Ann Voskamp wrote, ‘Shame dies when stories are told in safe places.’” ~ FNHA Elder Syexwaliya Ann Whonnock, Squamish Nation

## Sharing From the Heart

Healing Hearts Groups are conducted in an “open format”:

- Safe Circles are held with compassion and love.
- Meetings are open to anyone who is grieving a loss due to substance use.
- Meetings accommodate people joining at different grief stages.
- You can have supports attend meetings with you.
- People can join and leave meetings when they wish to.
- Time will be set aside during each meeting for storytelling.
- Each meeting will open with introductions and end with the facilitator summarizing and closing the session. Starting and ending a group with opening and closing rituals is a good way of checking in on how people are coping.
- The success of a group will be enhanced if facilitators select a grief-related topic for discussion before each meeting, but ensure there is room for flexibility. Facilitators will want to accommodate the needs of the members at the time of the meeting, and to enable conversations/topics.

## Activities for Facilitating

### Establishing Trust

Creating a safe and respectful environment where people can share their grief emotions freely requires commitment from everyone to observe a shared trust with one another. By cooperatively establishing this “guideline” at the outset, people can relax into the group knowing they are safe to do so. The following are helpful examples of what might be included in guidelines:

- 1) “Welcome everyone to our Healing Hearts group. Before we begin, is there someone who would like to open us up with a song or a prayer?”
- 2) “I would like to introduce myself and, then we can go around in a circle and say our name and where we are from.”

- 3) "We are coming together because we have lost our loved ones due to drug-related harms."
  - 4) "First steps are acknowledging that you made it to this room. An important part of healing is finding the support, tools and resources you can use when you need them. Grieving can feel unbearable, but there are supports."
  - 5) Read out the Group Guidelines and ask: "Does everyone agree to these? Do we need to add anything else?"
  - 6) If it is your first group, we will do a group activity to ensure group members develop Group Guidelines. Ask the group: "What do we need to feel safety in the room? What Physical, Psychological, Emotional, and Spiritual boundaries? What are ways we keep everyone's privacy safe? How do we respond when feeling triggered from someone's story? If someone is weeping or crying, should I console them? Do we take a break?"
  - 7) "Sharing about our loved one is a way we honour the love we had for them. Learning or trying to learn how to live with the grief and anguish is something we have in common and we can support one another to find ways to alleviate the pain."
- Use respectful and supportive language.
  - Show compassion and kindness.
  - Maintain confidentiality.
  - Don't rush one another.
  - Listen carefully to one another.
  - Take the time needed to speak while being mindful that everyone will need time to share.

A process to develop ground rules:

- Begin by telling participants that you want to set up some agreed-upon ground rules that everyone will follow during the meeting. Put up a poster-size flip-chart paper with the heading "Group Guidelines," and have markers to record the group's suggestions.
- Ask for suggestions. If no one says anything, write up a suggestion yourself as that usually starts people off.
- It's usually most effective to "check in" with the whole group before you write up a suggestion, e.g., "Rose suggested raising our hands if we have something to say. Is that okay with everyone?" Once you have five or six good rules up, check to see if anyone else has other suggestions.
- When you are finished, check in with the group to be sure they agree with these.

Example of Healing Hearts support group guidelines:



- Ensure that only one person speaks at a time.
- Keep everything shared in the group confidential.
- Raise your hand if you have something to say.
- Listen to what other people are saying.
- Don't mock or attack other people's ideas.
- Be on time coming back from breaks (if it's a long meeting).
- Respect each other.
- Refrain from using your phone during the meeting.

Facilitators are encouraged to start new groups by reviewing these points and asking for feedback from the group. They can also ask for additional suggestions. Once the guidelines have been established, facilitators can review their role in ensuring the guidelines are followed and ask for permission to interrupt if required to keep the discussion on track or to address difficult situations (e.g., a break in confidentiality, interpersonal conflicts).

Healing Hearts Group Guideline forms are included in *Facilitators' Instructional Binder and Start-Up Kit*.

## Opening and Closing a Group

Establishing opening and closing practices helps to set the tone of meetings. An opening practice invites everyone to be present in the group, and a closing practice enables them to finish and leave.

The following examples of opening and closing exercises may be of some use to facilitators.

### Opening and Closing Exercises

- Open-ended questions: Ask, "How are you feeling today?" Much of your group discussion should focus on how people are coping with "today." Sometimes people have difficulty leaving the past, which hampers their ability to move forward. Asking how they are coping "today" can assist them in making the transition. Have patience and acknowledge the feelings participants are experiencing.
- Grounding exercises: Prayer, using traditional medicines, and engaging in meditation or relaxation exercises, are all examples of grounding exercises.
- Honouring loved ones includes Nurturing our Spirit:

Spirit baths, river baths  
Longhouse, singing, drumming  
Sweat lodge  
Prayers, teachings, Creator/God,

Connection to Elders  
Spirit walks, going to the mountains  
Smoking fish, hunting, harvesting oysters, clams, and berry picking  
Respect for ancestors  
Humility, humour, health, happiness, peace  
Harvesting medicines  
Love  
Pride

- Checking in on feelings: Here are two simple exercises that enable facilitators and participants to identify feelings they are experiencing:
  - Prepare a basket of different-coloured ribbons, with each color representing how a group member may be feeling. When the group opens, ask participants to choose the colour of the ribbon that best identifies how they feel. Repeat at the end of the group.
  - When the group opens, ask participants to choose a number between 1 and 5 to identify how they are feeling in the moment. Repeat during the closing (1 = I'm not coping, and 5 = I'm doing really well!)

Either of these exercises can be done at any time using whatever tools the group feels are appropriate. Checking in at the start and end of the meeting enables facilitators and participants to assess any changes as a result of participating.

- Prayer: Opening and/or closing.
- Moment of silence: Hold a minute's worth of silence to honour loved ones.

### **Introductory Exercises (getting to know one another)**

- Introductions: Introduce new participants to the group. Invite those who have been part of the group to summarize the loss they have experienced. Facilitators may find it helpful to encourage those who have been part of the group for a while to keep their introductions brief. This will ensure there is time for everyone to participate in group discussion. Over time, people will repeat their introductions as new members join so that everyone will get a chance to fully explain the story of their loved one to the group.
- Share photos: Ask participants to share a photo of their loved one and talk about their relationship.
- Find something in common: Ask participants to pair up with someone they don't know. Give them five minutes to find five things they have in common. Ask pairs to

share with the others what they have found. This exercise can be done in Zoom breakout rooms as well.

- Ball of yarn: Form a circle. Ask group members to call out the name of another group member and throw that person the ball of yarn while holding on to its end. This activity creates a spider web of yarn that illustrates the group's connectedness. This can also be done as virtually as an "invisible ball."

### Looking-Forward Exercises

- Reflecting and sharing: Set aside 15 minutes at the end of each group meeting for members to reflect on and share important aspects of the session they would like to remember.
- Looking towards the future: Ask each participant, “What can you take from this group session that will matter to you in one year? In three years? In five years?”
- Appreciation: Sit in a circle. Ask one participant to name another participant to whom they would like to express their appreciation. Continue from person to person, until everyone in the group has had an opportunity to express their appreciation.
- Appreciation and hope: Go one step further by asking group members to finish the sentences: “From you, I learned ...” and “Tomorrow, I hope ...”
- Grief quotes: Go to Google and look up “grief quotes.” Write some of the grief quotes on slips of paper and put them in a basket. Invite participants to pull a slip of paper from the basket and read the quote written on it. This activity provides an opportunity for reflection.

## Group Discussion Topics

It is up to each facilitator and local group to choose the topics they would like to explore and think would be meaningful to the group members. Some topics/approaches to generating discussion include:

- Asking people how they are managing their emotions and what they have found to be most challenging or helpful.
- Exploring topics about changes in family, identity, and roles
- Exploring various ways of healing our spirits and honouring our loved ones.
- Exploring family, friends, and community to build a support network or circle of care.
- Exploring approaches to traditional healing and discussing what members have found helpful or not helpful.
- Discussing living within the reality of loss.

In addition to discussion within the group, it can also be helpful to invite guest speakers to present on specific topics. For example, ask a Knowledge Keeper, Elder, clinical nurse, or psychologist to speak on healing from grief and loss.

**Group Activity**  
**Managing Loss on Special Occasions and Holidays**

Activity Objectives:

- Discuss how individual members are coping with loss and any plans they have made.
- Encourage group members to share some of the cultural traditions or self-care tips that have helped families to experience events that may trigger the pain of loss.
- Encourage group members to share individual experiences that have assisted families in feeling less isolated or alone as they approach anniversary dates, holidays and ceremonies without their loved one.

Description of Activity:

- Invite the group to share feelings about the significant day/date approaching
- Invite the group to share favourite memories of their loved ones on that special day or holiday.

Culture Activities are Healing:

- Prayer, singing, and drumming
- Sharing stories
- Sharing traditional teachings and medicines for healing
- Finding ways to connect group members to the land and water
- Building a fire

Opening group exercise:

- 1) Ask participants to share what they are most concerned or worried about with the group.
- 2) Ask each participant to describe approaches to healing they are pursuing and to share what they find helpful about each approach.

Closing Group Exercise: Have each participant share with the group a favourite “holiday memory” that involves their loved one.

**Group Activity**  
**Experiences of Grief: “I feel lonely.”**

Activity Objectives:

- Help participants gain a better understanding of how grief impacts us emotionally.
- Invite discussion regarding participants’ experiences of their grief journeys.
- Invite discussion on some of the most common and different effects of grief.
- Offer strategies and tools to help support participants through these impacts as they navigate life after loss.

Description of Activity:

- Distribute the hand-out “Feelings Often Associated with Grief” from the BC Bereavement Helpline (Adapted from *The Courageous Journey* by Caplan & Lang).  
\*See *Facilitator’s Instructional Binder*.
- Ask participants to circle the feelings they currently are experiencing in their grief journeys.
- Have participants come back to the circle and invite sharing and discussion about their personal experiences.
- Discuss how emotions change depending on where individuals are in their grief journeys.
- Discuss strategies that help individuals feel supported through these emotions, e.g., reaching out to a supportive friend, reassuring yourself that these are normal reactions to intense grief.
- Discuss what is helpful and what isn’t helpful.

Closing Exercise:

- Ask participants to reflect on one take-away or insight from the group discussion.

### **Group Activity**

#### **Questions about Grief: A Search for Answers**

(Topic details available in the *Facilitator's Instructional Binder*.)

Dr. Dale Larson<sup>13</sup> suggests that grievors often seek answers to key existential questions that he terms "grief's questions." There are no easy answers to these questions, but reflecting on them may help grievors to discover their own answers.

Ask participants to write down the thoughts and feelings that arise when they reflect on the following questions, which people often ask when grieving. By capturing their own thoughts, participants may find it helps to further their thinking by reflecting on the questions.

Facilitators ask a question and have group members share their thoughts on the question.

1. "Why me – why did this have to happen?" (This is often the first question asked.)
2. "What's happening to me?" (The griever is feeling so different and wants to understand what is happening.)
3. "How can I go on?" (Feelings of hopelessness and helplessness are common.)
4. "What can I do?" (The griever is initially grasping for solutions and receiving all kinds of discrepant suggestions from family and friends.)
5. "Who will help me?" (It is often surprising who might be helpful.)
6. "What do I need?" (This will be a time of uncertainty about what is needed to be helpful.)
7. "Will this ever end?" (The griever may ask, "Why do I hurt so much and when will I feel better?")
8. "Who am I now?" (Questions about personal identity may be at the core of the grieving process.)
9. "How will my life be?" (A final task of grieving is choosing to become an active participant in one's own healing process and deciding who to be in the future.)

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<sup>13</sup> Larson, D. G. (1993). *The helper's journey: Working with people facing grief, loss, and life-threatening illness*. Champaign, Illinois: Research Press.

# Facilitation Techniques

Facilitation is the art of guiding your group through a healthy and purposeful discussion, while also ensuring a safe and supportive environment for all.

Effective Facilitation	What to Avoid when Facilitating
<ul style="list-style-type: none"> <li>● Assist and support members in telling their stories.</li> <li>● Be patient and let your concern show.</li> <li>● Be fully present and aware of both verbal and non-verbal cues.</li> <li>● Encourage contributions, e.g., “Sam, I noticed you were nodding your head to Joe’s comment. Can you relate to what he shared?”</li> <li>● Ask open-ended questions.</li> <li>● When talking about a deceased person, use their name if appropriate. (Some people do not use the name of the loved one who has passed in fear they are calling the spirit back.)</li> <li>● Validate the experiences and emotions of the person grieving.</li> <li>● Accept silence, give people time.</li> <li>● Be aware of your limits in providing help.</li> <li>● Remember that grief belongs to the person grieving.</li> <li>● Allow the person grieving to remain in the stage of grief they are in until they are ready to move on.</li> <li>● Ensure discussion focuses on the people in the group and their experiences.</li> </ul>	<ul style="list-style-type: none"> <li>● Oversharing your own grief experience.</li> <li>● Assuming you know how the other person feels.</li> <li>● Comparing grief experiences.</li> <li>● Using clichés that apply simple solutions to difficult and complex grief experiences, e.g., “You’ll get over this.” or “They’re in a better place now.”</li> <li>● Using patronizing language, such as “You’ll feel better when ...”</li> <li>● Minimizing the loss.</li> <li>● Being judgmental or critical.</li> <li>● Giving advice if asked or providing solutions.</li> <li>● Being afraid to say, “I don’t know.”</li> <li>● Being hesitant to call for help.</li> <li>● Being overly cheerful.</li> <li>● Focusing on a single person rather than giving attention to the entire group.</li> </ul>



## Use Active Listening Skills

Active listening is the act of intently taking in the information that is being shared with you (including what is not being shared through words), showing interest, and paraphrasing or responding so that the person knows their story was heard and understood. Active listening demonstrates respect, builds rapport, and can de-escalate conflict.

Active listening requires:

- Genuineness – being fully aware of personal values, beliefs, strengths, and limitations.
- Unconditional acceptance – fully accepting others and doing so without judgement or evaluation.
- Empathy and understanding – accurately sensing the experience of another person and able to communicate understanding of what is being said.

Active listening skills that assist with learning about group members and communicating effectively:

- Pay close attention to both verbal and non-verbal messaging.
- Ask open-ended questions, e.g., “Tell me about ...”/“Would you like to share anything with the group?”
- Validate the speaker’s emotion, and respond with kindness and compassion and words of strength.
- Reflect on what individuals have shared, using their words to clarify and summarize.
- Demonstrate genuinely interest, e.g., use open body language such as nodding when someone is speaking, sitting forward when listening, keeping hands in one’s lap as opposed to crossed across the chest.
- Be alert and present.

Active listening enables facilitators to assist group members to move through challenging memories and difficult emotions. Facilitators can do so by:

- Exploring issues – identifying thoughts and feelings associated with the loss.
- Clarifying issues – sorting out and working through concerns and issues.
- Planning for action – identifying actions for moving through the grieving process at an individualized pace.

*“Listening is the oldest and perhaps the most powerful tool of healing. When we listen, we offer our attention and wholeness. Our listening creates a sanctuary for the homeless parts within the other person: that which has been denied, unloved, devalued by themselves or others, or that which may have been hidden. When you listen generously to people, they can hear the truth in themselves, often for the first time.” ~ Rachel Remen, Kitchen Table Wisdom*

### **Resist the Urge to Give Advice**

It is important to resist the urge to give advice. This is an important factor in creating a safe space where each person's journey and needs can be acknowledged and honoured. Unless invited, advice-giving can send the message that the facilitator knows the answers and is telling an individual what to do, rather than ensuring they feel heard and honoured on their personal journey.

Ask questions to help people find their own solutions. The role of the facilitator is to guide group members to the inner knowledge that will inform their healing. By asking the right questions, facilitators can encourage people to tell and hear their personal stories and extract the wisdom that will help them on their journey.

### **Use the Language of the Speaker**

When reiterating someone's story or experience, use the language they have used. For example, if someone is living with depression and is using the words "dark and hard" to describe how it feels, avoid reframing their feelings by naming them as "depression." In doing so, you convey the impression, "I know what you are going through" when quite likely you don't. By using their words, you convey respect and show that you have been listening attentively.

### **Reframe Problems without Dismissing the Experience**

When stories are continuously told within the narrative of a problem, conversations can sometimes become stuck in a negative place that is more harmful than healing. The role of the facilitator is to reframe problems – and in doing so, remind participants of their resilience and power to survive grief. Facilitators can ask participants to reflect on the progress they have made over the course of the meetings and ask questions that transform problems into celebrations of resilience:

- "What do you know about yourself that tells you that you can survive this?"
- "What is a sign that you are coping better than you were yesterday, or last week?"

Despite the shared traumatic experience of losing a loved one to substance use, everyone who attends your group is moving forward and surviving in their own way. These are signs of incredible bravery, and here facilitators and group members can hold each other up and walk with one another.

## **Managing Disruptions, Conflicts, and Crises**

"Conflict with others is inevitable. Becoming comfortable in uncomfortable situations gets easier with practice. I learned to listen to others, and they taught me about my blind spots, those behaviours we don't even notice – and, importantly, not to react defensively to others, or criticize myself." ~ Corrina Chase, Metis and mixed European ancestry.

### **Managing Disruptive Behaviours**

It is not uncommon to encounter disruptive behaviours when facilitating a group. Behaviours may include situations in which individuals dominate the discussion, consistently arrive late, or

make inappropriate comments. There are several helpful strategies that facilitators can employ to manage disruptions.

- When a behaviour is disruptive, gently intervene and acknowledge the behaviour with awareness that sometimes it is unintentional and only a reminder is needed. For example, “I’d like to go back to Ruby’s story as she wasn’t finished. We want everyone to have an equal opportunity to share.”
- Whenever possible, address the entire group without singling out a specific person. One way to do this is to steer the group back to pre-established group guidelines that all members agreed upon at the outset.
- If it is necessary to address an issue one-on-one, focus on the behaviour itself, rather than on the person causing the disruption. This allows facilitators to discuss the behaviour without assigning blame, which may insult or offend a person.
- When a discussion is inappropriate, rather than shutting it down completely, facilitators can suggest that members continue the discussion privately after the meeting.
- If a behaviour presents or persists, find out if there are underlying issues. If so, there may be alternate ways to support the person displaying the behaviour.

### **Conflict Resolution**

One of the roles of facilitators is to prevent, manage, and reconcile conflict arising in the group meetings. When left unaddressed, conflict can damage the group dynamic, spark negative feelings between members, and deepen differences. Conversely, well-managed conflict can help people to release negative tension and stress, to learn more about each other, and to find positive ways to move forward together.

The following strategies can assist facilitators in addressing conflict:

- Whenever possible, prevent conflict by anticipating problems that could arise and strategizing how they can be avoided or minimized.
- When conflict does arise, organize a sharing circle with group members who were involved in or who witnessed the conflict.
- Help group members to identify the emotion they are feeling, e.g., anger, fear, resentment.
- Focus on the goal, rather than the problem, e.g., “Please be mindful of the language used here as some words can be stigmatizing or triggering” instead of “Your words are triggering other people.”
- Do not take personal offence to language that may be used, and remind group members that everyone present is on a healing journey and each journey is different.
- Remind participants that it is Indigenous tradition to consider the community as a whole, and the work they are doing together will support this community as they share the experience of grieving.

- Use breaks as an opportunity to de-escalate situations, returning to the topic once people have had a chance to calm themselves.
- Move the conversation away from complaints or criticism towards recommendations for moving forward in a positive way.
- Engage all members in deciding how to move forward, as people are more likely to implement something they have helped to shape.

### **Distress Planning**

It is important to ensure that support is readily available to you and to group members in the event of a crisis. A distress plan gives guidelines on how to support a group member who is coping with a crisis during a meeting. Given that facilitators are not professional counsellors, there are times when they will need to recommend counselling or crisis support to individuals in addition to the Healing Hearts group.

Be prepared for this by having contact numbers for the Indian Residential School Survivors Society (IRSSS), KUU-US Crisis Line Society, and FNHA Virtual Psychiatry Support Line, Spiritual Healing readily available. You can find this information starting on Page 80 under the title, “Resources for Coping with Grief.”

In addition, facilitators should:

- Have a list of emergency phone numbers for mental health crisis lines and/or suicide prevention in your community on hand so they can be provided quickly. In addition, have this resource information readily displayed so participants can pick it up on their own.
- Be aware of professional counselling services that are available.
- Keep contact information for local victim services offices.
- During intake, ensure group members provide their emergency contact number(s).

## **Hosting Your Group Online**

Fostering a positive group culture is just as important when facilitating a group online as it is in person, however, virtual facilitation may pose unique challenges for facilitators. This section offers tips and activities to overcome those challenges.

Healing Hearts monthly facilitator meetings are held using a Zoom platform. Monthly support group meetings may also be held on Zoom. They will be organized by facilitators, who will be the Zoom account holders. This means that they will have control of the Zoom platform and will be responsible for sending an online invitation link to support group members. Group members will, in turn, join by opening the link they have been provided. Not all participants will be

familiar with the platform and may require guidance. Facilitators will need to be prepared to provide clear direction and support to members.

When considering the facilitation of online groups, facilitators should be aware of both the benefits and challenges of online support:

Benefits of Virtual Support Groups	Challenges of Virtual Support Groups
<ul style="list-style-type: none"> <li>● <i>Lowers barriers to participation:</i> Grief can feel so heavy that some days, it is hard to get out of bed. The physical act of leaving the home may be too much on those days. The ability to connect into a group online reduces some of these barriers.</li> <li>● <i>Provides connection during isolation:</i> When it is not safe to gather in person (e.g., during a pandemic), many people experience loneliness and isolation. During these difficult times, attending a virtual group may provide an important connection to others.</li> </ul>	<ul style="list-style-type: none"> <li>● <i>May lessen ability to establish a physical connection:</i> When meeting online, we can only see heads and upper torsos, which means we can miss some non-verbal communication. Online support groups challenge facilitators in limiting their eye contact with participants.</li> <li>● <i>May reduce privacy and confidentiality:</i> When sharing an online space with others, privacy for members is not guaranteed. Stories may be overheard by others in the participant's home and faces will also be visible on screen. Some form of group agreement to maintain confidentiality would be necessary.</li> <li>● <i>Technical difficulties:</i> Technologies may be unfamiliar, cumbersome, or even scary for members who have limited technical knowledge. This can impact participation. Facilitators need to be prepared to give basic instruction on Zoom and do a little troubleshooting. <i>Zoom fatigue:</i> Sitting in front of a screen for a long time can be tiring, leading to disengagement and loss of focus.</li> </ul>

## Tips to Keep Participants Engaged Online

Before the meeting, facilitators should:

- Ensure that each member is comfortable with using the technology. Be prepared to meet with each member beforehand to train them on how to use Zoom. Intake sessions can be conducted on Zoom to ensure familiarity with the platform.
- Check the quality of their video and audio and, if possible, wear headphones to ensure they are easily heard.
- Ensure a strong Internet connection and have a back-up plan (for example, have the co-facilitator take over) if the connection is not strong or breaks up.

When Opening the Virtual Sharing Session, facilitators should:

- Suggest that the meeting open with a prayer or a song and drumming. Facilitators can ask group members if they would like to open the group and start everyone off with an open heart and an open mind.
- Discuss Internet etiquette (“Netiquette”). This may include encouraging participants to mute their microphones when they’re not talking, identify how to signal when they want to speak, limit cross-talk and interruptions, and speak clearly and slowly to ensure everyone can hear.
- Suggest that group members participate with their cameras off during the first five sessions. This could help to people ease into the group more comfortably.
- Address privacy issues and ensure all participants are in agreement and comfortable with this before moving forward. Encourage group members to do their best to ensure privacy (e.g., closed room, headphones) so that others feel comfortable sharing their stories. If people are in a space where privacy is not possible, they should make this known so that others are well aware of the lack of privacy.

During the Virtual Sharing Session, facilitators should:

- Position their camera so that it is easy to alternate between looking directly at the lens and looking at participants’ faces on the screen.
- Deal with Zoom fatigue by taking breaks and thinking creatively about what could be done during the breaks. People may wish to do things on their own or they may appreciate if the facilitator leads an activity like sitting stretches, sharing traditions, drumming.
- Have a plan in place to support someone in crisis.
- Establish a group contract for how best to keep each other safe. Keep your emergency contacts close at hand (have information noted on registration forms) and talk about safety and trust.

When closing meetings, facilitators should:

- Before closing the meeting, ask group members if everyone is feeling safe to go on with

their day. “Is everyone here feeling safe to go on with their day after what we shared and heard?”

- Ask group members to do a check-out. “We are wrapping up our meeting today and we will go around in the circle and if you are open, share something that stood out for you today.”
- Ask the group if someone wants to say a prayer, drum and sing, or use medicines in a closing.

### **When Participants Leave the Group**

It is important to establish guidelines for members who, for a variety of reasons, may decide to leave the group. When participants feel they are ready to move on, facilitators can encourage them to share this with the group. If they would prefer not to share, or feel some discomfort in doing so, facilitators can check in to have a conversation around closure, invite the participant to complete a feedback survey, and find out if they would like Elder support and/or connection to culture and medicines.

## **Feedback and Evaluation**

Collecting regular feedback from participants helps ensure they are deriving the benefits the group is intended to provide. Feedback provides important insights into the content and facilitation of the group and the experience of participants.

Healing Hearts Canada is committed to ongoing monitoring and improvement of the program, and to that end, distributes an annual online survey to all Healing Heart participants and facilitators to gather their feedback. In addition, facilitators are encouraged to do brief check-ins with participants at the end of each meeting. This provides important real-time feedback that helps facilitators make any necessary adjustments. Check-ins at the end of each meeting enable facilitators to make improvements in the moment without waiting for annual survey results.

Check-ins are easy to do. Facilitators can write the following questions on a whiteboard or, if participants prefer to answer privately, on a piece of paper that they can fold and return to the facilitator:

What did you like about the day?	What changes would you make to improve the day?	When considering future meetings, is there something you would do differently. If so, what?





# Facilitator Supports

## Maintaining Healthy Boundaries

As support groups develop, connections between participants grow organically and new friendships form. This is a positive outcome of the support provided within a bereavement group.

Healing Hearts supports the natural development of friendships as ultimately, these relationships help individuals to feel less isolated in their grief journey.

It is important to note, however, that social activities and friendships that form outside of the support meetings are considered beyond the scope of Healing Hearts facilitators. Being clear about boundaries ensures that facilitators don't find themselves responsible for activities/situations that may arise outside the group setting, e.g., sharing personal contact information, developing group chats, organizing/participating in social gatherings.

The chart below provides additional clarity on the role of Healing Hearts facilitators and the scope of groups:

Healing Indigenous Hearts Facilitators offer...	Healing Indigenous Hearts <b>Meetings Room Set-ups</b> offer...
<p><b>Safety</b></p> <ul style="list-style-type: none"> <li>• A safe space for people who have experienced the loss of a loved one and are seeking solace for their grief.</li> <li>• Weekly meetings that provide support to those grieving the loss of a loved one to substance-use-related harms.</li> </ul> <p><b>Trust</b></p> <ul style="list-style-type: none"> <li>• Is sharing ourselves with others and feeling confident that we are safe in sharing our vulnerability.</li> <li>• Is setting boundaries, not just for the members of the group but also for ourselves.</li> <li>• An understanding of group dynamics and how to respond to</li> </ul>	<p><b>How Many People Should Be in a Group?</b></p> <ul style="list-style-type: none"> <li>• Although you may have reasons to modify this, it is commonly felt that a group is best with a minimum of three people and a maximum of 14.</li> </ul> <p><b>Where Will the Program Take Place?</b></p> <ul style="list-style-type: none"> <li>• The location should be barrier-free, easy to find (with clear signage), have adequate parking and good lighting.</li> <li>• Seating should also be comfortable,</li> <li>• The room should be private and without distractions (noise, people passing by).</li> <li>• A comfortable room temperature is required, remembering that this may need to be adjusted as people have varying degrees of tolerance for heat</li> </ul>

<p>and manage certain situations that can arise when a group of people interact over time.</p> <p>Respect</p> <ul style="list-style-type: none"> <li>• Is accepting somebody for who they are, even when they're different from you or you don't agree with them.</li> <li>• Being open, honest, and genuine strengthens relationships and builds feelings of trust and safety.</li> <li>• Is listening to others without trying to fix someone else's problems.</li> <li>• Is practising self-care.</li> </ul> <p>Communication</p> <ul style="list-style-type: none"> <li>• Be mindful – open body language.</li> <li>• Voice tone, volume of voice (too soft/or loud).</li> <li>• Open, honest, kind, and empathetic.</li> <li>• Encouraging and validating others is integral to developing trust and respect, setting boundaries, and creating safety.</li> </ul>	<p>and cold. Little details are very important to people coming to be "taken care of," e.g., ensure there are tissues.</p> <ul style="list-style-type: none"> <li>• If you plan to use audio or video equipment, make sure the room has it or can accommodate it.</li> </ul> <p>What Time of Day Should You Offer the Group?</p> <ul style="list-style-type: none"> <li>• The key in considering this is the willingness to be flexible based on the needs of the participants and to have the resources and ability to offer a group that meets those needs.</li> </ul> <p>What to consider?</p> <ul style="list-style-type: none"> <li>• Accommodations for people with disabilities.</li> <li>• Transportation for people to get to and from the meeting, e.g., is it close to a bus stop, etc.</li> <li>• Crafts, colouring books, toys, or items for young ones.</li> </ul>
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## Facilitator Self-Care

*"What I can do is offer myself, wholehearted and present, to walk through the fear and the mess. That's all any of us can do. That's what we are here for." ~ Shauna Niequist*

Facilitators are role models, and therefore it is incumbent upon them to take care of themselves physically, emotionally, mentally, and spiritually. The well-being of a facilitator can inform the well-being of the group. As peer facilitators, sharing in the experience of group members can be challenging, particularly if it mirrors an experience the facilitator has had. The potential for

triggers affects even the most experienced facilitators. It also puts them at risk for compassion fatigue.

### **Compassion Fatigue**

Compassion fatigue is the cost of caring for others or their emotional pain. It is a state of secondary traumatic stress resulting from exposure to traumatized individuals. It often develops over time and stems from the emotional intensity of the work. Signs of compassion fatigue include gradual desensitization, i.e., reduced empathy and compassion for others, reduced connection with loved ones, irritability, feelings of self-contempt, difficulty sleeping, headaches, and higher rates of depression and anxiety.

## **Tips for Taking Care of Oneself**

It is important that facilitators are mindful of the personal experiences and life situations that may impact their facilitation. To off-set impacts, there are many nurturing activities that facilitators can engage in to take care of themselves.

The following suggestions may be of assistance in fostering personal wellness<sup>14</sup>:

- Learn to recognize signs of compassion fatigue. Conduct periodic checks of how you are handling the stress of the role.
- Set limits on the amount of time you devote to thinking about supporting others.
- Set aside time to focus on your personal loss outside of the group sessions. If needed, seek counselling to address grief you may be experiencing. Reach out to your personal support network.
- Practise ceremony and cultural activities, such as drumming, singing, dancing, praying.
- Spend time outdoors in nature, eat traditional, nutritious foods, read, and exercise regularly.
- Participate in mind-body activities, such as mediation, breathing techniques, and/or journaling.
- Ensure you get enough sleep and rest for your wellness. Sleeping is the only time when our body can recalibrate and heal, so we encourage you to take the rest you need.
- Engage in creative activities that are fun, stimulating, inspiring, and bring joy.
- Attend the monthly Healing Hearts facilitator support meetings for peer support.
- Become active in advocacy activities, e.g., MSTH marches and demonstrations.
- Learn to recognize signs of burn-out and consider removing yourself from the role of facilitator if it becomes detrimental to your well-being.

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<sup>14</sup> Adapted from Army Medical (AMEDD) Training and School. *Participant Guide*. (July 20, 2012). San Antonio, TX.

## **Healing Hearts Community of Facilitators**

Each month, all Healing Hearts Facilitators are invited to join a Guidance and Support Facilitator Zoom meeting. This provides a regular opportunity to network with other facilitators, debrief, seek and provide support, share resource information, discuss topics common to groups, and review some of the challenges that facilitators are experiencing.

### **Facilitator Facebook Group**

The Healing Hearts facilitator Facebook group is a closed group for all facilitators and regional coordinators. It is a good place to get to know other facilitators, share ideas, seek support, and debrief events in your local group. It is a “closed” group, so facilitators will need to contact their regional coordinator to request permission to join.

### **Regional Leaders and Local Group Facilitators**

Facilitators should refer to the Canada Healing Hearts website for updated information regarding support group contacts across Canada. Any inquiries can be e-mailed to Regional Coordinators at: [canadahealinghearts@gmail.com](mailto:canadahealinghearts@gmail.com)

# Resources

## Resources for Facilitators

Recommended resources for those wishing to start a support group:

- Wolfelt, A. D. (2004). *The Understanding Your Grief Support Group Guide: Starting and Leading a Bereavement Support Group*. Companion Press: Fort Collins, Colorado.
- Wolfelt, A. D. (2005). *Companioning the Bereaved: A Soulful Guide for Caregivers*. Companion Press: Fort Collins, Colorado.
- Other recommended books by Wolfelt are linked on this site:  
<https://www.centerforloss.com/bookstore/the-understanding-your-grief-support-group-guide/>
- Rando, T. A., Nezu, C. M., Nezu, A. M., & Weiss, M. J. (1993). *Treatment of Complicated Mourning*. Research Press: Champaign, Illinois.
- Barrett, C. (2018) *Good Grief: Strategies for Building Resilience and Supporting Transformation*. Outskirts Press: Parker, Colorado.
- Hone, L. (2017). *Resilient Grieving: Finding Strength and Embracing Life after a Loss that Changes Everything*. The Experiment: New York.
- Ranieri, C. (2020). *10 Habits for Grief and Loss: Create Change Through Adversity to Become a Better You*. Cortez Ranieri: Bolton, Ontario.
- Walsh, K. (2011) *Grief and Loss: Theories and Skills for the Helping Professions, 2nd Edition*. Pearson: New York.
- O'Hara, K. (2006). *A Grief Like No Other: Surviving the Violent Death of Someone You Love*. Da Capo Lifelong Books: Boston, Massachusetts.
- Levine, P. (1997). *Waking the Tiger: Healing Trauma*. North Atlantic Books: Berkeley, California.
- Devine, Megan. (2017). *It's Okay That You're Not OK: Meeting Grief and Loss in a Culture that Doesn't Understand*. Sounds True: Boulder, Colorado.
- McCracken, A., Semel, M. (1998). *A Broken Heart Still Beats: After Your Child Dies*. Hazelden Publishing: Center City, Minnesota.

## Resources on Coping with Grief

Unfortunately, there are few resources available on grief support for those who have lost a loved one to substance-use-related causes. However, clear linkages have been made between the grief experienced by those who lose a loved one to substance use and those who lose someone to suicide (where many more resources are available). In both cases, the grief is complicated and prolonged due to feelings of guilt, shame, and societal stigma.

### Helpful Grief and Loss Resources

This resource page is intended to assist care providers and community members in accessing culturally safe grief and loss support services. The list focuses on supports that are rooted in Indigenous culture and wisdom and includes non-Indigenous resources. Hyperlinks are provided that connect the reader to additional information.

Culturally supportive grief and loss counselling services	<p>Tsow-Tun Le Lum Society</p> <p>Staff and cultural teams provide confidential outreach services such as counselling and cultural support by phone, video, or other means. To access counselling, cultural support, or outreach services, please call the toll-free line at <b>1-888-403-3123</b> or the main office at <b>(250) 390-3123</b>.</p> <p>The phone lines are available to people within BC and the Yukon and are open Monday to Friday from 8am-8pm and 10am-2pm on weekends. By calling Tsow-Tun Le Lum, you will have the opportunity to connect with a clinical counsellor or with one of 15 Elders, many of whom have a counselling background.</p> <p>This service is run and operated by First Nations peoples for First Nations peoples and is fully funded by the First Nations Health Authority with no cost to the caller.</p>
Culturally supportive grief and loss counselling services	<p>Indian Residential School Survivor Society Counselling</p> <p>Phone: <b>604-985-4464</b> or toll-free <b>1-800-721-0066</b></p> <p>Services include individual, family, couples, and group counselling; art therapy and psychology educational groups; circles and crisis support/counselling; and Elder connections and cultural support, e.g., ceremony, traditional medicines and therapies, healing circles and wellness plans.</p> <p>Services are offered in-person and over the phone; counselling is <b>not</b> limited to discussions around residential schooling and/or intergenerational effects of residential schooling; people seeking support for grief and loss are also encouraged to reach out for support.</p> <p>Offices are located in Vancouver, Kamloops, Terrace, Penticton, Hope, Williams Lake, and Prince George.</p>

General grief and loss counselling services	<p>Lumara Society</p> <p>Provides education, support and counselling services to children, youth, individuals, and families impacted by life-threatening illness, grief, and loss.</p> <p>Services offered: bereavement support groups, Circles of Strength online, community, choirs, counselling, education, family retreats, virtual Indigenous wellness gatherings, virtual grief symposiums and conventions, and care packages and practical support for those grieving the loss of a child.</p>
Crisis line and counselling	<p>KUU-US Crisis Line</p> <p>Toll Free: <b>1-800-KUU-US17</b> or <b>1-800-588-8717</b></p> <p>Adults and Elders (Port Alberni local): <b>250-723-4050</b></p> <p>Child/Youth (Port Alberni local): <b>250-723-2040</b></p> <p>Crisis Line is available 24 Hours, there is no fee, and all services are free.</p> <p>Non-profit registered charity providing 24-hour crisis services through education, prevention, and intervention programs. Run by First Nations peoples for First Nations people.</p> <p>Reasons for calling: grief and loss, addictions, abuse, suicide, financial stress, peer pressure, divorce/separation, trauma, child welfare, and much more.</p>
Crisis Line *non-Indigenous	<p>Crisis Line Association of BC/310 Mental Health Support</p> <p>Toll-free provincial access line for 24/7 mental health support, emotional support, information and resources specific to mental health (BC resource):</p> <p>Call <b>310-6789</b> (no area code needed)</p>
Crisis Line *non-Indigenous	<p>Crisis Centre BC</p> <p>Distress Line: <b>1-866-661-3311</b>. For individuals who are or know someone having thoughts of suicide: <b>1-800-SUICIDE</b> or <b>1-800-784-2433</b>.</p> <p><b>If your crisis is an emergency, call 911.</b></p>
Help lines	<p>The First Nations and Inuit Hope for Wellness Help Line</p> <p>Call toll-free <b>1-855-242-3310</b> or access through online chat counselling. Offers immediate mental health counselling and crisis intervention to all Indigenous peoples across Canada.</p> <p>Counsellors are able to provide referrals to local support services if needed.</p> <p>Phone and chat counselling offered in English, French, Cree, Ojibway, and Inuktitut.</p>



	Help Line and online chat open 24 hours a day, 7 days a week.
Help lines	<p>BC Bereavement</p> <p>Website and help line will assist you to find grief/bereavement supports locally.</p> <p>Programs include the help line, suicide grief support, support to families of missing and murdered Indigenous women (MMIW), support for loss by substance use, training and educational programs.</p> <p>Call the Helpline at <b>604-738-9950</b> Monday to Friday 9am- 5pm.</p> <p>Toll free <b>1-877-779-2223</b> or e-mail <a href="mailto:contact@bcbh.ca">contact@bcbh.ca</a></p> <p>The help line is free and confidential.</p>
Indigenous online resources	<p>Healing Your Spirit. Surviving After the Suicide of a Loved One</p> <p>Alberta Health Services Resource on dealing with suicide grief that includes helpful information that would, in most cases, also apply to a substance-use loss. This guide is written with a focus on an Indigenous audience.</p>
Online resources  *non-Indigenous	<p>Living Through Loss Counselling Society of B.C</p> <p>Organization provides online and in-person professional grief and loss counselling services and support groups, as well as training for professionals who support clients experiencing grief and loss.</p> <p>Resources on-site include: self-care advice, articles and books, helpful links and supports for grief during the holidays, and community grief and tragedy</p>
Online resources  *non-Indigenous	<p>MyGrief.ca</p> <p>Created by Canadian Virtual Hospice, MyGrief.ca provides a free series of educational modules about grief and loss. Modules feature topics such as grieving before the loss, understanding grief, how this loss has affected my family, moving through grief, making sense of intense emotions, and many more.</p>
Online resources  *non-Indigenous	<p><i>Gone Too Soon: Navigating Grief and Loss as a Result of Substance Use</i></p> <ul style="list-style-type: none"> <li>• BC Edition</li> <li>• Alberta Edition</li> </ul>
Online resources	Parental Grief After a Child's Drug Death Compared to Other Deaths

*non-Indigenous	Journal article on parents' difficulties with grief after losing children to various death causes, including substance-use loss.
Online resources  *non-indigenous	Hope and Healing. A Practical Guide for Survivors of Suicide ( <i>Government of BC</i> )
Peer support organizations  *non-Indigenous	Compassionate Friends  A grief and trauma support group for parents who have lost children of any age and from any cause.
Peer support organizations  *non-Indigenous	Holding Hope <ul style="list-style-type: none"> <li>▪ Support Group for those who are supporting a loved one with a substance-use disorder</li> <li>▪ If interested in joining or starting/facilitating a Holding Hope group in your community, reach out to: <a href="mailto:canadaholdinghopenational@gmail.com">canadaholdinghopenational@gmail.com</a></li> <li>▪ For all other matters, including exploring adapting the model to your culture/community, reach out to <a href="mailto:strongertogther@momsstopthegarm.com">strongertogther@momsstopthegarm.com</a></li> </ul>
Indigenous written material and tools	Teachings to Support Grief and Loss in First Nations, Inuit and Metis Communities  Produced by Cancer Care Ontario, this section of the Tools for the Journey toolkit contains general information and resources on grief and loss as well as personal stories and traditional teachings.
Youth counselling and crisis line	Foundry  <b>Crisis Line: 1-800-784-2433</b>  This crisis line offers young people ages 12-24 health and wellness resources, counselling, and support services. Young people can access counselling via messaging over the Foundry App and can also schedule virtual and in-person appointment using the app. Counselling and support services are also available in person at the following locations: Abbotsford, Campbell River, Kelowna, North Shore, Penticton, Prince George, Richmond, Ridge Meadows, Terrace, Vancouver, and Victoria.

Children and youth  *non-Indigenous	<p>Kids' Grief</p> <p>Talking with kids and teens about serious illness, dying and death; resources for parents and educators by Canadian Virtual Hospice</p>
Indigenous educational videos	<p>Living My Culture has several short videos on grief and loss, end-of-life, and culture and a few examples of videos relevant to grief and loss developed by Canadian Virtual Hospice:</p> <p>Indigenous Voices: Honouring our Loss and Grief</p> <p>Traditions and Grief</p> <p>Family Grief and Healing</p> <p>Grief Comes in Waves</p>
Alternative media:  webinars, podcasts, videos, and art	<p>Below is a list of hyperlinks leading to various alternative media resources around grief and loss such as webinars, podcasts, lectures, videos, and art:</p> <p>First Nations Health Directors Association</p> <p>Wellness Wednesday: Culture as Wellness Webinar with Elder Merle Williams</p> <p>CBC Unreserved: How Indigenous Communities Grieve, Survive and Thrive</p> <p>TedXTalks: We don't move on from grief. We move forward with it   Nora McInerney</p> <p>A curated list of the best Podcasts about Grief and Loss in 2021</p> <p>How to Start a Grief Art Journal: Griever Teacher PhD</p> <p>#SeeTheLives (videos featuring Moms Stop the Harm stories)</p>
Financial support for counselling	<p>First Nations Health Authority Mental Health Benefits</p> <p>Coverage is available through the Health Benefits Program, which covers as many hours of counselling services as you and your provider determine you need. Check out the Mental Health Provider List for FNHA-funded service providers.</p>

Please consult your local library for recommendations and support in choosing helpful books and print materials around grief and loss.

# References

- British Columbia Coroner Service. (2022). *Illicit Drug Toxicity Deaths in BC (January 1, 2012–October 31, 2022)*. Government of British Columbia.
- Devine, M. (2017). *It's OK That You're Not OK: Meeting grief and loss in a culture that doesn't understand*. Boulder, CO: Sounds True.
- Feinberg, L. (1994). *I'm Grieving as Fast as I Can: How young widows and widowers can cope and heal*. Far Hills, NJ: New Horizon Press.
- Kessler, D. & Kubler-Ross, E. (2014.) *On Grief and Grieving: Finding the meaning of grief through the five stages of loss*. New York, NY: Scribner.
- Kubler-Ross, E. *On Death and Dying*. New York, NY: Scribner.
- Rando, T.A. (1988). *How to Go on Living When Someone You Love Dies*. Lexington, MA: Lexington Books.
- Samuel, J. (2018). *Grief Works: Stories of life, death and surviving*. Toronto, ON: Doubleday Canada.
- Whitmore Hickman, M. (1994). *Healing After Loss: Daily meditations for working through grief*. New York, NY: Avon Books.

## Notes:

Dr. Jane Simington provides Trauma Informed Practice education. [www.drjanesimington.com](http://www.drjanesimington.com)

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