

Giwiidosendamin Welcome Kit

Responding to Addictions and Suicide With Decolonized Practices





Dear participant,

Welcome to the Giwiidosendamin Certificate Program – Responding to Addictions and Suicide With Decolonized Practices.

We are so glad you're here, and we'd like to let you know a little bit about what to expect in the five days we spend together.

In order for real change to happen – within ourselves, our organizations, and our communities – we must be willing to do things differently. This is why we have designed this program around a decolonized approach. While research and theory have their place, this learning experience honours a deeper knowing. We believe that every one of us carries valuable knowledge, whether it comes from lived experience, community, ceremony, dreams, or formal education.

This program embodies a two-eyed seeing perspective, which means we intentionally bring together the strengths of both Indigenous and Western ways of knowing. We walk together with both eyes open, recognizing that wisdom is carried not just in books, but in stories, relationships, the land, and spirit.

You are here for a reason – one that may be known to you, or may unfold through your time in circle. We trust that your presence, stories, and wisdom will contribute to the collective experience in ways that are meaningful and healing.

We believe that we do not learn alone – we learn in relationship. That's why we invite you to sit in circle. In a circle, there is no hierarchy, no front or back – simply balance and connection. It is a space where every voice matters, where we listen deeply, and where we share from the heart.

Throughout the week, you'll notice we work in co-facilitation pairs and invite your perspectives, wisdom, and knowledge to be shared. This is intentional, as it models balance, relational accountability, and shared leadership. No one person holds all the knowledge. Together, we co-create a space that invites curiosity, humility, and mutual respect.

You are invited to bring your full self into this experience – your voice, your questions, your silence, and your stories.

We wish you an engaging and meaningful week of learning and building relationships.

In gratitude,



Melanie Bazin
Director of Indigenous Services



Jaicee Chartrand
Senior Manager of Indigenous Programs



Activities and Resources

Here are a few resources and reflection activities to help ground you in your learning as you prepare to build relationships, share, and learn with others in the Giwiidosendamin Certificate Program.

[Who Am I as a Helper?](#)

[What Are Your Anchor Points](#)

[Colonial Trauma](#)

[7 Steps to Decolonize Your Practice](#)

[Recovery Capital Self-Assessment](#)

[Myths About Suicide](#)

Who Am I as a Helper?

Unpacking how we know what we know as individuals and in our roles as helpers is essential. Think about who you are in your helping role. How did you learn this? What teachings or formal trainings were part of your learning?



Now, go further. How was this informed? Where did this knowledge come from? What do you consider to be valuable knowledge in your learning journey as a helper or counsellor? What do you not consider to be helpful? (For example, lived experiences, cultural teachings, visions, ancestral knowledge, etc.)

Reflection

1. What are the dominant ways of knowing in your circle?

2. What is unbalanced or missing from the circle?

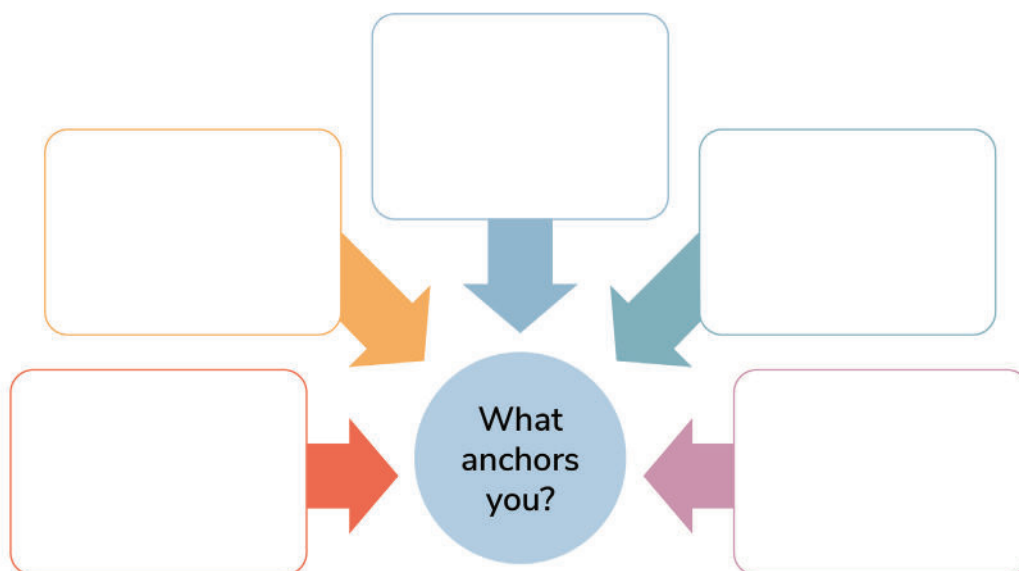
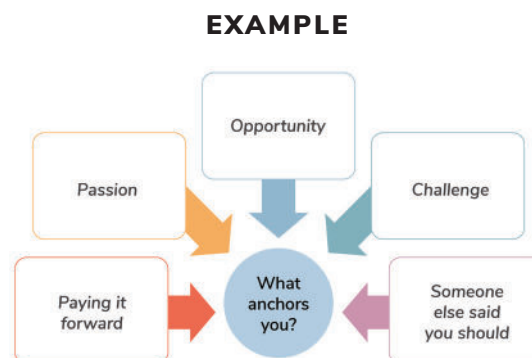
3. How can you restore balance in your helping practice?

What Are Your Anchor Points?

For helpers and healers, anchor points are a key mechanism we can use to strengthen our compassion satisfaction through increasing our awareness and accessing our internal motivators and passions. Anchor points help us stay steady amidst challenges and rocky waters. Anchor points – like empathy, caring for our clients, and the values that undergird our work – are integral to this rich pool of grit, motivation, and meaning we can use to tap into resilience when we need it.

What contributed to your choice of working in a helping or healing role? What motivates and connects you to your passion for this work? These may be qualities, values, or important messages you carry and want to remember.

What qualities, values, or important messages anchor you in your work?



After you've filled in your anchor points, consider the following questions:

- Would you have identified these same reasons six months ago? Five years ago?
- When you imagine yourself five years down the road, what do you hope will still be an anchor point?

Colonial Trauma

Colonial trauma happens when people live in unsafe places and survive violence from the ruling group. It can be felt individually, collectively, historically, currently, or through ancestral trauma, especially by those whose land and communities have been colonized by another group.

In the geopolitical area known as North America, settler colonialism has a long, complex history. Since settlers arrived, their policies, practices, and domination have affected every aspect of society, from taking land and governance, to forcing people to fit into the dominant society.

It is important to consider the impact of colonial trauma on First Nations, Métis, and Inuit peoples in Canada using a critical lens. Different groups have experienced colonization differently, and it is crucial to understand individual experiences within the intersecting systemic forces, both past and present.

Examples of colonial trauma on community:

- Loss of culture or belief system due to criminalization or stigmatization of beliefs
- Forced assimilation into settler culture
- Loss of land, property, economic means
- Increased rates of lateral violence
- Prohibited use of native language
- Denied access to control over education of children
- Disrupted social systems
- Genocide
- Overrepresentation in child welfare, prison systems
- Increased rates of violence (MMIWG)
- Loss of power to governance
- Denied access to culturally appropriate means of parenting children
- Poorer health due to marginalization and decreased access to resources

Examples of colonial trauma on individuals:

- Disconnection from family, culture, and community
- Increased violence to members of colonized group
- Feelings of shame about self or culture
- Lack of voice in matters impacting their own lives and/or community lives
- Increased negative perceptions or stereotypes about colonized group
- Increased involvement in social services
- Decreased educational opportunities
- Increased incarceration rates
- Decreased access to economic and social means and supports
- Increased rates of mental health, substance use, suicide

Reflection

1. How has colonial trauma showed up in your life?

2. How can you take care of yourself while I go through this process?

7 Steps to Decolonize Your Practice

Throughout colonization, land has been taken, Indigenous practices and ceremonies have been outlawed, and people have been displaced. Children were stolen from their homes and forced to attend residential schools, where many suffered abuse, and their languages, ceremonies, and ways of life were disallowed.

These events created a loss of connection to culture, practices, medicines, ceremonies, land, and traditions. This disconnection continues to impact identity, physical and mental health, and spirituality. Despite the oppressive realities of colonization, Indigenous knowledge, practices, languages, culture, and ways of being remain strong.

We encourage you to honour the resilience of Indigenous peoples and contribute to the revitalization and strength of their enduring practices and wisdom. One way you can do this is by using the seven steps below to actively decolonize your helping practice.

1 Research and acknowledge the history of colonization.

- Understand the history of the land you work and live on.
- Determine how you fit into this history.
- Acknowledge and understand the effects of systemic oppression, power imbalances, and colonization on the human condition and on all our relationships.
- Acknowledge how oppression and trauma can impact mental health.

2 Know yourself and understand your limitations.

- Pay attention to cultural influences and differences.
- Recognize the importance of your own intersecting identities, privileges, and experiences as they relate to your own wellness and your work as a therapist.
- Participate in your own trauma healing, and improve your capacity to support those who have been impacted by colonization.

3 Understand that you have been educated in and are working within a Western, Eurocentric system.

- Recognize the limitations of Western counselling methods and modalities.
- Expand your notions of wellness and learn about wholistic and relational cultural modalities that move away from an individualistic focus.
- Challenge the inequalities present within mental health care systems.

4 Build relationships with Indigenous peoples in your area and learn about Indigenous culture.

- Learn about Indigenous helping practices.
- Connect with Indigenous service providers, Elders, and knowledge holders, and build collaborative relationships.
- Participate in and invite opportunities for reciprocal learning within your practice.
- Consider and implement wholistic models of health and well-being.
- Create safe spaces where everyone can show up authentically, including you.

5 Offer services that address oppression and colonization trauma.

- Destigmatize mental health and challenge dominant beliefs.
- Acknowledge, uncover, and address intergenerational histories and intersecting identities and how these relate to wellness in your therapeutic process.
- Unlearn patriarchal ways of doing and Eurocentric internalized conditioning. Acknowledge how these patterns inhibit authentic connection.

6 Review the calls to action from the TRC and MMIWG+.

- Identify the calls to action that directly relate to your area of work.
- Create an action plan to address these calls to action in your workplace.
- Inform yourself of local and national movements that are centred on these calls to action.

7 Continue the journey.

- Decolonizing your helping practice is an ongoing and active process.
- Practice self-reflection and examine your areas of power and privilege.
- Challenge your implicit and explicit biases.
- Partner with a mentor, coworker, or colleague to encourage accountability.



Recovery Capital Self-Assessment

Recovery capital refers to the total resources and assets that people can draw upon during their recovery from addiction. It encompasses a wide range of elements, including personal, social, and community resources that can support someone's recovery journey. The concept is crucial because it recognizes that recovery isn't just about abstaining from substances – it also involves building a fulfilling and meaningful life.

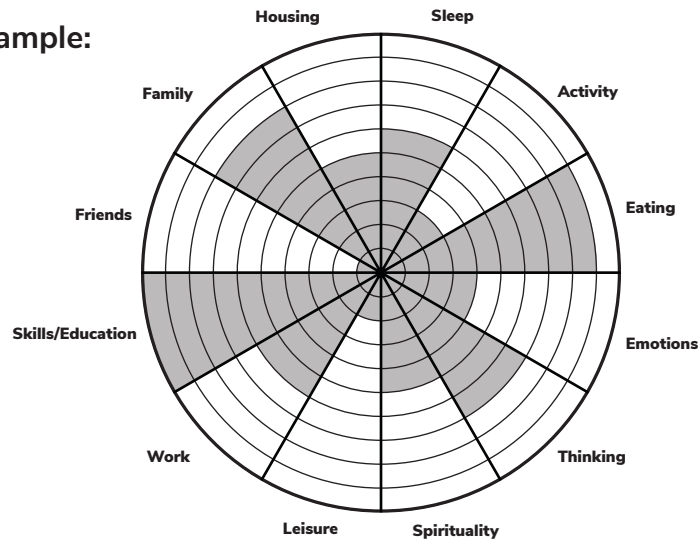
People with higher levels of recovery capital are generally more likely to achieve and sustain long-term recovery. Conversely, those with low levels of recovery capital may face greater challenges in overcoming addiction.

Have the person you're supporting follow the instructions below to assess the state of their recovery capital.

INSTRUCTIONS

- 1. Rate each area:** For each life area in the worksheet, rate your response on a scale of one to 10. A rating of one indicates the lowest level of satisfaction or fulfillment, while a rating of 10 indicates the highest level.
- 2. Fill in the circle:** On page 9, you will find a pie chart with a slice for each life area you explored throughout this assessment. Colour in the number of sections of the corresponding slice based on your rating, starting at the centre.
- 3. Reflect:** Use the filled-in pie chart to reflect on your recovery capital. How full is your recovery circle? Consider the areas where you have high ratings and those where you have lower ratings. This will help you identify strengths and areas for improvement in your recovery journey.

Example:



Sleep

When do you usually fall asleep and wake up?	
How long does it take you to fall asleep?	
Do you sleep through the night?	
Do you feel rested when you wake up? Do you have a regular routine before bed?	
What gets in the way of your sleep? How do stimulants (e.g., caffeine) affect your sleep?	
Have you ever tried anything to improve your sleep?	

RATING **/10**

Activity

What types of movement or physical activity do you enjoy?	
How do you feel after you exercise?	
How are you celebrating moving your body?	
How are your energy levels?	

RATING /10

Eating

What do you normally eat during the day?	
What foods make you feel good?	
What changes do you want to make to your eating routine?	

RATING /10

Emotions

When do you experience pleasant feelings? What feelings do you experience?	
What helps you feel calm?	
What makes you happy?	
When do you experience unpleasant feelings?	
What leads you to feel anxious or depressed?	
How does your drug of choice affect your feelings?	
How does talking to someone you trust affect your feelings?	
How does taking care of your physical health impact your emotional health?	

RATING /10

Thinking

What helps you think clearly?	
When is it hard to think clearly?	
How does stress affect your thinking?	
How is your memory?	
What helps keep you grounded and slow down before reacting?	
RATING /10	

Spirituality

What values are important to you?	
Who taught you values growing up?	
What are some values you have now that you did not develop growing up?	
How have your values changed?	
RATING /10	

Leisure

What do you enjoy doing for fun?	
What activities do you “lose time” doing?	
What hobbies or activities are you interested in trying?	
How often are you doing these activities? Do you want to make more time for them?	
RATING /10	

Work

What are your values and beliefs about work?	
What is your experience with work?	
What are your goals?	
RATING /10	

Skills/Education

What are the ways you learn?	
What are your beliefs and values about school or other forms of education and learning?	
What parts of school (if any) were the most enjoyable and rewarding?	
Do you have future goals for your education or things you would like to learn?	
RATING /10	

Friends

Who do you consider to be your friends?	
Which of your friends do you trust and respect?	
How do you and your friends spend time together?	
Which of your friends are the most supportive? How do they support your recovery?	
RATING /10	

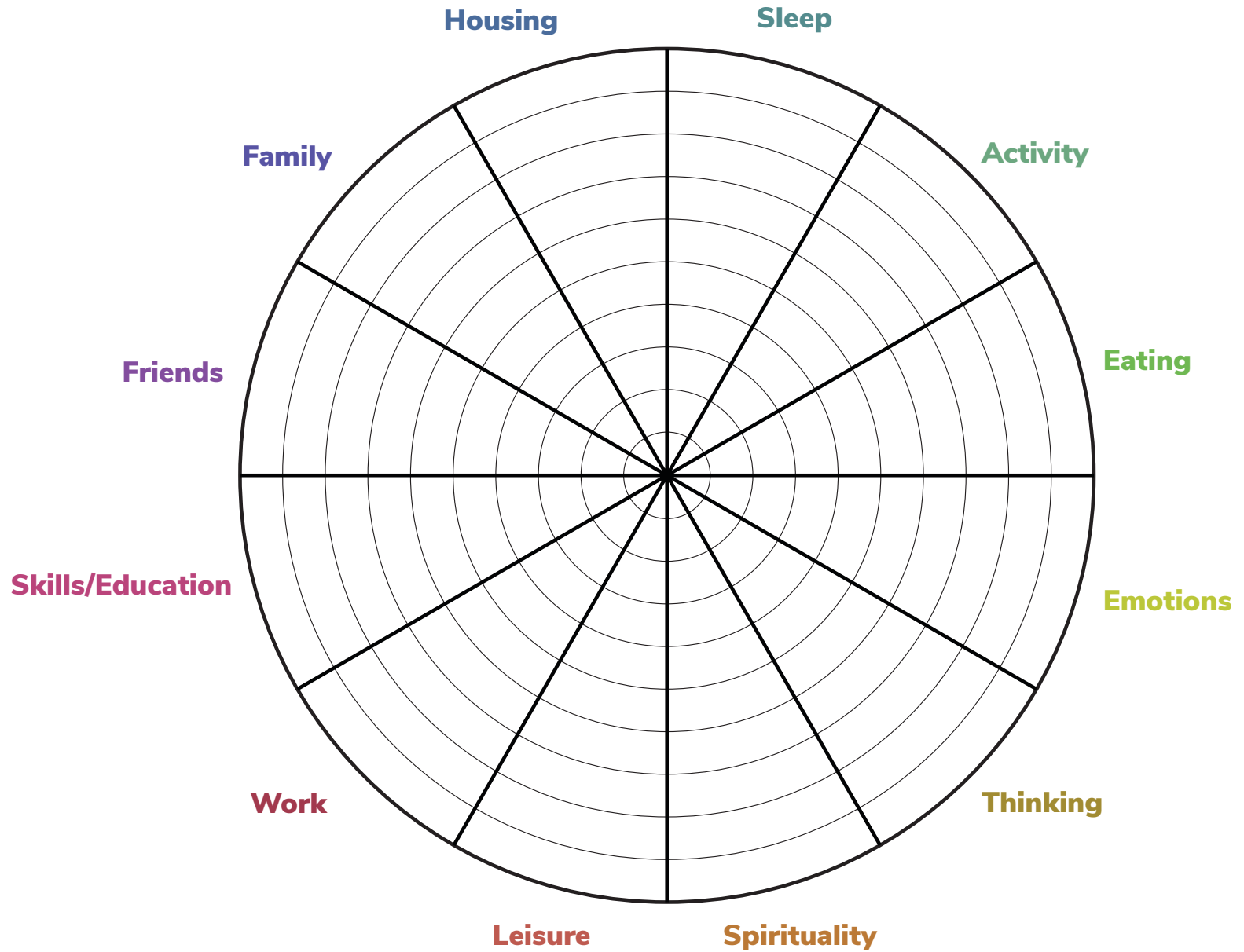
Family

Who do you consider to be your family?	
Which family members are important to you and your recovery?	
Which family members do you respect and trust?	
How does your family communicate?	
RATING /10	

Housing

Where are you living? What is challenging about where you live?	
Is there anything you would change about where you live?	
What are your future goals for housing?	
What are the interactions like with the people you live with?	
RATING /10	

Recovery Capital Self-Assessment Chart



Myths About Suicide

Myths or misinformation about suicide – or the lack of information altogether – often means that desperate people can't get the help they need in times of crisis. Being informed about suicide can help you save your own life or someone else's.

MYTH

People who talk about suicide rarely actually do it. (This relates to the belief that people are just seeking attention or bluffing.)

FACT

People who die by suicide often give a clue or warning of their intentions. The majority of people who attempt suicide say or do something to express their intention before they act. Always treat even subtle threats seriously.

MYTH

The suicidal person wants to die and there is nothing anyone can do about it.

FACT

Often the suicidal person feels ambivalent about dying. People usually don't want to die – rather, they want to end their intense emotional pain. You can help by talking to the person about what they're going through.

MYTH

A person who attempts suicide will always have thoughts of suicide.

FACT

While a previous suicide attempt statistically increases the chance of another one, many people never attempt again. Often a suicide attempt occurs during a particularly stressful period or major depression. With intervention and support, a person may stop feeling suicidal.

MYTH

If you directly ask the person, "Do you feel like killing yourself?" it will lead to a suicide attempt.

FACT

Usually, speaking to a person directly about suicidal intent will relieve the anxiety surrounding the feeling, acting as a deterrent to the suicidal behaviour. You don't create self-destructive feelings in another person simply by talking about suicide. The thought was there before you asked about it.

MYTH

A good job and stable relationships prevent people from contemplating suicide.

FACT

People of all socioeconomic and cultural backgrounds can feel suicidal. Although positive social connections are a major protective factor, biological, social, psychological, and spiritual risk factors also contribute.