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Canada's Indigenous Social Workers' Medicinal Plant Knowledge: A Land-Based Way of Knowing for Indigenous Practice

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University
2025

Abstract

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MSW, University of Calgary, 2013

Project Submitted in Fulfillment

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Abstract

Canada's Indigenous people of Treaty 7 region have experienced intergenerational trauma resulting from colonization perpetrated by the Canadian government. While the use of medicinal plants, are employed by Indigenous social workers, their integration into mainstream human services organizations remains limited. The gaps in Indigenous social work practice hinders client culturally competent care and the acknowledgement of Indigneous knowledge systems in colonial systems. This generic qualitative study explored the experiences of participants who integrate medicinal plant healing and ancestral knowledge into practice. Informed by indigenous wholistic theory, the study aimed to understand how Indigenous social workers navigate the challenges and opportunities of integrating medicinal plant traditional healing within colonial social work settings. Data were collected through semi-structured interviews with seven self-identitifed Indigneous social workers practicing in the Treaty 7 region. Participants were selected using purposive and snowball sampling techniques. Thematic analysis was used to analyze the data. Seven interrelated themes emerged, including the role of medicinal plant knowledge, colonial systemic barriers in mainstream organizations, resilience in cultural preservation, ceremonial practices, land-based healing, decolonization, and identity reclamation. The implications for positive social change include the potential for Indigenous social workers to lead advocacy efforts that promote culturally informed Indigenous medicinal plant healing ways of knowing, support client healing from the trauma of colonization, and influence systemic change within human service organizations through traditional ways of knowing informed leadership.

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Dedication

I dedicate this Capstone Project to Raphael, my beloved four-legged and faithful companion, who journeyed to the spirit land in September 2024. Raphael came into my life as a puppy in 2015, at the very beginning of my doctoral studies. For over a decade, Raphael was at my side throughout this academic journey as I worked to complete the Capstone Project degree.

Raphael patiently waited alongside me during the many academic days of reading, writing, and reflection I was experiencing. A quite presence at my side, Raphael consistently was offering unconditional support through the moments I spent at my desk. Our playtime, walks, and car rides became energizing self-care routines, grounding me in balance and reminding me to pause, breathe, and carry on. This Capstone Project work reflects my academic dedication made more enjoyable with the enduring companionship and love that Raphael gave so freely during my studies. Raphael walked with me throughout this academic journey, and I will carry his memory forward with gratitude.

Acknowledgement

I wish to extend my heartfelt acknowledgement to faculty, advisors, family members, employer leadership, and the Indigenous community who supported me through this doctoral journey.

To my academic chair, Dr. Rice and committee member, Dr. Gilkey, thank you for sharing your research expertise and experience, which guided my development as a scholar. Your encouragement and thoughtful feedback were integral to the scholarly quality of my Capstone Project. I am also grateful to the many faculty instructors whose teachings contributed to my growth as a social work practitioner and researcher.

To the international academic advisors, thank you for your consistent support and responsiveness throughout my Doctor of Social Work program.

To my employer leaders Dr. Openo and Ms. Cateldo, thank you for your genuine interest in my research, your encouragement, and for sharing your insights as I approached the final stages. Your support helped me stay focused and reach completion.

To my three nieces Kayla, Ashley, and Samantha your love and belief in my studies gave me strength and inspired me to complete this work.

To the Indigenous social workers and community members who participated in this study, thank you for sharing your sacred knowledge, lived experiences, and traditional teachings.

This Capstone Project was only possible through the collective support of those who walked with me on this journey. Thank you all.

Table of Contents

List of Tables

Section 1: Foundation of the Study and Literature Review

Indigenous people in the Treaty 7 region of Canada have faced enduring trauma due to colonization, with social workers playing a crucial role in addressing this through the use of traditional medicinal plants a practice rooted in Indigenous knowledge systems (Hansen, 2018: Raven, 2019). This practice reflected a need to understand the experiences and challenges faced by Indigenous social workers in integrating traditional healing within their interventions, especially for clients traumatized by colonization (Johnson-Jennings et al., 2020).

Colonization in Canada had a profound and traumatic impact on Indigenous peoples, leading to a legacy of abuse, systemic separation of families, and an ongoing crisis of missing and murdered Indigenous women and girls, that necessitated a shift towards culturally respectful social work interventions (Choate, 2019; Navia et al., 2018; Lachance & Rose, 2020). The misalignment between traditional Indigenous healing practices and mainstream social work, influenced by a colonial mindset, highlighted the importance of incorporating Indigenous ways of knowing into social work practice (Blackstock, 2020; George et al., 2018).

I used a generic qualitative research design, guided by indigenous wholistic theory, to explore the experiences of Indigenous social workers in the Treaty 7 region who used medicinal plants in their practice. Through semi-structured face to face interviews, this research contributed to the development of culturally appropriate interventions that addressed trauma related to colonization and informed social work

practice within the Treaty 7 region (Association, 2018; Organization for Economic Co-operation and Development [OECD], 2021).

Outcomes of my study included insights into the impact of colonial policies and systemic racism on the health and well-being of Canada's Treaty 7 Indigenous peoples. By identifying the experiences and challenges of Indigenous social workers in using medicinal plants for trauma intervention, my research aimed to foster positive social change and enhance culturally sensitive social work practice within Indigenous communities.

The research project was organized into several sections. I began with an examination of the use of medicinal plants by Indigenous social workers. Next, I provided detailed methodology for the generic qualitative study and outlined the significance of the research. My study included the contributions to social work and positive social change. I concluded Section 1 with a literature review that discussed relevant interventions, recommendations, and identified gaps in the existing body of knowledge.

Problem Statement

For centuries, European powers and Indigenous nations in Canada established treaties to form alliances for access to the fur trade, territory, and in response to the economic and military rivalry between France and England (Feir et al., 2021). Treaty 7 territory represented Canada's treaty boundary established by the Canadian government in 1877 (Tesar, 2019). As one of the eleven numbered treaties between 1871 and 1921 Treaty 7 encompassed the prairie land of Canada's province of Alberta (Wilkes et al.,

2017). Treaty 7 has been recognized by Canada's government as the traditional territory of the Indigenous people residing in the province of Alberta (Starblanket, 2019).

Canada's Indigenous people experienced intergenerational trauma related to colonization (Choate, 2019). In Canada, mainstream social work was historically tied to the Canadian government, an institution that enacted genocidal atrocities against Indigenous peoples including those residing in the Treaty 7 region (Choate, 2019). The mainstream social work profession, influenced by the colonial perspective of the Canadian government, was accused by Indigenous and non-Indigenous scholars for having a professional history of colonialism in its practice with Indigenous communities (Dennis & Minor, 2019). The partnership between mainstream social work and the Canadian government led to the professional entanglement in Indigenous colonization strategies (Fortier & Hon-Sing Wong, 2019).

The mainstream social work profession implemented the interventions for the Canadian government colonization strategy known as the Sixties Scoop (Fortier & Hon-Sing Wong, 2019). The Sixties Scoop colonization actions while coordinated by the Canadian government were implemented by the interventions of mainstream social workers (Dennis & Minor, 2019). The results of the Sixties Scoop strategies were the extensive child welfare apprehensions of Indigenous children away from their parents, after which they were moved into non-Indigenous Canadian foster homes (Dennis & Minor, 2019). The Sixties Scoop spearheaded by the interventions of mainstream social workers was achieved with colonial practice approaches.

Canadian Eurocentric methodologies, assessments, and perspectives continued to dominate mainstream social work client interventions with Indigenous people (Choate, 2019). The colonialist ideologies informed mainstream social work practitioner approaches and were ill-advised for use with Indigenous peoples, as colonialism does not align with Indigenous traditional healing interventions (Absolon, 2019). The mainstream social workers practicing in the Treaty 7 region have historically approached interventions with Indigenous people using the dominant Westernized worldview and colonial knowledge approaches (Choate, 2019). According to Baskin et al. (2020) there was an identified need for Indigenous cultural training for mainstream social workers to addresses their historical incompetencies with traditional healing practices.

In opposition to the mainstream human service settings, the Indigenous social workers used medicinal plants to address trauma related to colonization and have been sensitive to the traditional healing interventions needed by Indigenous communities. According to Stansbury et al. (2018), indigenous people gained a sense of protection and support from one another due to their mutual lived experience. Including their own cultural traditions when accessing professional services are the preferred interventions of Indigenous clients who experienced racism (Stansbury et al., 2018). The Indigenous social workers who used medicinal plant traditional practices as an intervention for their Indigenous clients created a sense of safety that is healing needed to overcome colonization traumas.

Indigenous social workers healed the trauma of colonization; however, their ability to use medicinal plant traditional healing practices in their organizations has been

challenging, causing professional gaps to exist. The organizational challenges are legal, policy-related, insufficient funding, and mainstream society's cultural biases (Dennis & Minor, 2019). In addition, professional gaps existed where mainstream social work practitioners had lacked Indigenous traditional healing skills (Baskin et al., 2020). Further, professional gaps existed where organizations had not provided for Indigenous client's, those social work practitioners who are knowledgeable in traditional healing (Baskin et al., 2020). There was also an indication Indigenous social workers were not adequately equipped by their human services organizations in their efforts to integrate traditional healing practices (Fraser et al., 2020).

Purpose Statement and Research Questions

The purpose of my generic qualitative study was to explore the experiences of those Indigenous social workers practicing in the Treaty 7 region who used medicinal plants to address Indigenous client trauma related to colonization in the context of the challenges and opportunities they encountered.

The following research questions guided the study:

RQ1: How do Canadian Indigenous social workers practicing in the Treaty 7 region describe their experiences of using medicinal plants to address Indigenous client trauma related to colonization ?

RQ 2: How do Canadian Indigenous social workers practicing in the Treaty 7 region describe their experiences of using medicinal plants to address Indigenous client trauma related to colonization in the context of challenges and opportunities?

Key Terms

The key terms within the research study are defined in the following ways:

Ancestral land-based knowledge: Datta (2018) define ancestral land-based knowledge as one of the unchanging Indigenous generational perspectives of the earth that is intrinsic to the people. Indigenous people possess spiritual land-based knowledge and is a relationship that is emotional and sacred (Datta, 2018).

Colonization: Indigenous relationship with the colonial settler and the impact of Canada's state policies (Thomas & Green, 2020).

Elders: The Indigenous community Elder connects individuals to their culture (Gray & Cote, 2019).

Indigenous: The Canadian constitution defines First Nation, Inuit, and Metis as the Indigenous groups of people who reside throughout Canada (Indigenous Corporate Training Inc., 2021).

Tradition and culture: Hossain & Lamb (2020) define Indigenous culture as when one attaches to their traditional ways of the people. Indigenous culture is experiential, with participation in cultural activities such as ceremony, land-based knowledge, collecting wild plants, and using traditional language (Hossain & Lamb, 2020).

Trauma: According to Blehm (2024) trauma is an individual's psychological and emotional response to an experience characterized by horror or terror where the event causes symptoms of numbness, flashbacks, and disassociation, which can be overwhelming. For the affected individual, the event provokes an intensely negative emotional reaction that disrupts their identity and lived experience (Blehm, 2024).

Treaty 7: According to ATA (2018) the Treaty 7 is one of the five Alberta and eleven numbered Canada treaties. The Treaty 7 agreement was made between Canada's Indigenous people, the government, the Crown, and the justice courts to establish the rights, responsibilities, and resources of all the parties involved (ATA, 2018).

Ways of knowing: According to Bastien (2004) Indigenous ways of knowing are the epistemology of the people, which occur through traditional ceremony, oral tradition, story, protocol, land, ceremonial roles, and ceremonial responsibilities. Absolon (2019) state that spirituality is at the core of Indigenous ways of knowing and the path to the Creator, who is the source of their knowledge.

Nature of the Doctoral Project

I proposed a generic qualitative design to explore the experiences of Canadian Indigenous social workers in the Treaty 7 region who incorporated traditional healing practices, specifically the use of medicinal plants, to address Indigenous client trauma related to colonization. The data source for the research project was semi-structured interviews with six to 10 Canadian Indigenous social workers. I used a collaborative approach to foster trust, equality, and social justice in the research process (Ibrahima & Mattaini, 2019). I continued sampling until data saturation was reached. I chose to use interviews because it aligned with the participants' familiar way of oral communication and storytelling.

To organize and analyze the data, I used a thematic analysis strategy to develop codes, categories, summarizing, and then theme development to answer my research questions as suggested by McNiff (2016). I documented the interviews using notebooks

and audio recording (McNiff, 2016). I organized the verbatim interview transcripts on password-protected electronic files on my laptop and hard drive. I stored the notebooks and electronic files in a locked home office location with a security system.

Significance of the Study

According to McNally and Martin (2017), the traditional and ancestral land-based knowledge of Canada's Indigenous social workers was a valuable social work practice that offered a holistic understanding significant to improvement of the health of Indigenous people. The authors found that the Indigenous social worker's practiced from an understanding of how medicinal plants were an effective intervention for achieving client well-being in their mental, emotional, physical, and spiritual realms. By integrating the insights of Indigenous culture, tradition, and ways of knowing, into social work practice, practitioners were able to offer culturally attuned and effective service that led to improvement in the health of the Indigenous population (McNally & Martin, 2017).

It was possible my research study could lead to positive social change by providing insights into the experience of Canadian Indigenous social workers and their use of medicinal plants in addressing trauma related to colonization. Understanding the use of medicinal plants informed the development of culturally sensitive Indigenous social work practice and effective approaches in the Treaty 7 region. Indigenous social workers may have ultimately improved the health and well-being of Canadian Indigenous clients and promoted healing from historical and ongoing traumas of colonization through knowledge of how to administer medicinal plants within the traditional cultural framework. Additionally, by recognizing and valuing traditional healing practices and

knowledge systems, the research findings contributed to Canada's Truth and Reconciliation, Calls to Action, which the federal government expected of the social work profession in decolonizing professional practice with Indigenous peoples (Choate et al., 2020).

Theoretical/Conceptual Framework

The indigenous wholistic theory informed my research and I used it for better understanding the experiences of Canadian Indigenous social workers in the Treaty 7 region who incorporated traditional healing practices, specifically the use of medicinal plants, into their work to address Indigenous client trauma related to colonization. The indigenous wholistic theory allowed for a comprehensive analysis of the social workers' experiences by examining their knowledge and worldview. This theory aligned with how I formulated my research study's problem statement, research questions, and purpose.

The indigenous wholistic theory, first conceptualized by Archibald in 1993, was was further refined over decades through the scholarly contributions of Absolon (Absolon, 2019). According to Absolon (2019), the indigenous wholistic theory helped to undersand Indigenous ways of knowing and encompassed the multiple realms of Indigenous understanding, which were interrelated and interconnected. The author stated that indigenous wholistic theory drew upon Indigenous ways of knowing and decolonization knowledge and was based on a circle structure with the four directions representing different aspects of Indigenous worldview. Further, Absolon (2019) explained the east direction encompassed spirituality, identity, history, healing, sacredness, connection to all of life, and sacred realms. Additionally, she noted that the

southern direction was where relationships between people, land, and spirituality occurred. The author informed that the southern direction was where relationships between humans, nature, and spiritual realms occurred. The west direction situated values, and the north direction conceptualized the physical through action and promotion of healing process. She noted the center of the circle represented balance, where the four quadrants of the circle met (Absolon, 2019).

I employed indigenous wholistic theory in my research study to deepen my understanding of Indigenous culture, tradition, ceremony, ancestral land-based knowledge, societal structures, relationships, and ways of knowing (Absolon, 2019). Utilizing indigenous wholistic theory allowed me to engage in Indigenous culturally appropriate and relevant approaches to guide my research with Indigenous communities as discussed by the author through an indigenist perspective. Indigenous wholistic theory also served as the context of my Indigeous literature review on social work practice involving medicinal plants, ancestral land-based knowledge, traditions, cultures, ways of knowing, and healing. This theoretical lens deepened my understanding of the Indigenous social workers' practices, highlighting their wholistic approach, interconnectedness, orientation toward relationship, and respect for nature and all living beings. Additionally, indigenous wholistic theory provided a structured approach to presenting my research findings using the lens of the four wholistic cardinal directions that are the east, south, west, and north ways of knowing.

Values and Ethics

As a researcher, I was guided by the National Association of Social Workers (NASW) Code of Ethics, which included values and principles that informed my research practice. I highlighted and applied the NASW Code of Ethics values and principles relevant to my research study problem. Adherence to the NASW Code of Ethics ensured that I met professional social work expectations concerning marginalized and vulnerable groups in society (National Association of Social Workers [NASW], 2021).

Specifically, I applied the NASW Code of Ethics value of social justice, and the associated ethical principle of challenging social injustice. I upheld the value of dignity and worth of the person and the ethical principle of respecting inherent dignity. In addition, I prioritized cultural competence as a crucial responsibility I held as a social worker for my research study (NASW, 2021).

As a social work researcher, my aim is to achieve social justice for Indigenous clients from the Treaty 7 region in Canada, who had been impacted by the trauma related to colonization. The social issue focus of my study was Indigenous people's trauma related to colonization, which aimed to raise awareness about how this problem marginalized and oppressed this population. To challenge the injustices that Indigenous people face, I explored traditional healing practices that involved medicinal plants. My goal was to collaborate with Canadian Indigenous social workers from the Treaty 7 region through my research, as this partnership collectively helped us achieve social justice. As a researcher, I aimed to listen to the Indigenous voices of the community members who were affected by colonization. By listening to the Indigenous community

this ensured that my research was relevant, meaningful, and impactful. My findings were also used to advocate for policy change to promote social justice for Indigenous social workers in the Treaty 7 region, particularly in relation to the use of traditional healing practices involving medicinal plants (NASW, 2021).

As a social work researcher, I focused my study on ensuring the dignity and worth of the Indigenous Canadians were upheld in my research. I conducted my research in a manner that did not discriminate against Indigenous people or their communities, and honored their inherent right to dignity and worth. I strived to be an equitable researcher, aware of power dynamics within my study, by ensuring that participants felt included and not oppressed. Participants were assured that I am upholding their dignity and worth through my written and verbal communication, nonverbal cues, the provision of information about the research findings, and through my respectful interactions with each of them (NASW, 2021).

I was guided by my ethical responsibility to demonstrate cultural competence in my research exploring the experiences of Canadian Indigenous social workers in the Treaty 7 region, using medicinal plant traditional healing. Engaging in ongoing self-reflection to become aware of my own cultural biases and assumptions toward the Indigenous worldview helped me develop my cultural competencies. This involved reflecting on my own Western and Indigenous cultural background, values, and experiences, and how they may have influenced my research with Indigenous social work participants. To demonstrate my competency, I incorporated Indigenous worldview cultural considerations into my research design (NASW, 2021).

Developing Indigenous cultural knowledge, including values, beliefs, customs, and traditions, by consulting with Elders, attending ceremonies, and engaging in discussions with community members was how I enhanced my cultural competencies (Keyes et al., 2019). I also built relationships with Indigenous social workers, Elders, community members, and organizations, to gain a deeper understanding of their experiences and perspectives which informed my cultural competencies (NASW, 2021).

In working with Indigneous participants in my study, I utilized my research abilities of listening actively, being respectful, and avoiding making assumptions, which were representative of my cultural competencies (NASW, 2021).

Review of the Professional and Academic Literature

My literature review focused on Indigenous peoples' use of medicinal plants, traditional healing, culture, and ancestral land-based knowledge to inform my research questions. I explored Indigenous peoples' cultural relationship to medicinal plants and ancestral land-based knowledge, as well as their use of medicinal plants to heal physical, mental, emotional, and spiritual diseases. Another focus of my literature review is on Indigenous social workers' use of medicinal plants for traditional healing, which informed their social work practice.

The literature review process I undertook involved searching multiple databases, extracting journal articles published in the last five years, and identifying themes related to my research questions within the literature. The keyword literature search terms I chose for my research project aligned with the study research questions. The keyword terms were Indigenous cultural land-based healing, Indigenous health, Indigenous

medicinal plant knowledge, Canadian Indigenous social workers, Treaty 7 region, medicinal plants, trauma, colonization, Indigenous clients in Canada, social work factors, cultural competence, decolonization, Indigenous traditional healing, traditional healing, Indigenous knowledge, Indigenous mental health, Indigenous historical trauma, residential schools, intergenerational trauma, Indigenous intergenerational trauma, healing practices, and Indigenous methodologies.

The Walden Library database resources I accessed for the literature review were the available peer-reviewed journal articles. The databases accessed were the CINAHL Plus, Academic Search Complete, Directory of Open Access Journals, Ebsco Delivery Service, Proquest Central, Proquest, Science Direct, Directory of open access journals, Complementary Index, SocINDEX, Political Science Complete, Supplemental Index, Eric, Directory of Open Access Journals, Google Scholar Open Access, and DOAJ Open Global Trusted.

Colonization of Indigenous People

History of Colonial Strategies

Canada's Indigenous people have endured centuries of colonization, resulting in cultural genocide and traumatic impacts on their land-based knowledge, with the Canadian government and social work profession playing significant roles in enforcing colonial strategies. Evidence shows that Canada's colonial history, dating back to the 1700s, has been marked by the devastation and negative impact on Indigenous peoples' cultural land-based knowledge due to deliberate actions by European settlers under the British monarchy (Fortier & Hon-Sing Wong, 2019; Fry & Mitchell, 2016). The

Canadian government's focus on colonial land surrender and assimilation policies, enforced through treaties and the Indian Act, led to cultural genocide, destruction of communities, and significant harm to Indigenous populations (Blackstock, 2020; Choate, 2019; Leduc, 2018). The Canadian child welfare strategies of removing Indigenous children from their families by way of the Residential School system and Sixties Scoop aimed to eradicate cultural connections and was facilitated by the social work profession, lacking cultural competency (Choate et al., 2020; Larmer, 2018). Canada's history of colonization has profoundly affected Indigenous peoples, leading to trauma, mental health issues, weakening culture, and the erosion of traditional land-based knowledge. The government's policies and the social work profession's involvement in enforcing colonial strategies have perpetuated these colonization experiences, emphasizing the need for culturally competent social work practices to address the spectrum of health issues faced by Indigenous clients in the Treaty 7 region. The Canadian government's policy and the social work profession participated in roles that enforced colonization causing repercussions such as Indigenous residential school and child welfare policies.

Social Work and Colonization

The consequences of colonial policies, specifically residential schools and child welfare laws have dismantled the culture of Indigenous communities. Redvers (2020) argued that European laws and colonial constructs, such as the child welfare policies and residential schools, has suffocated Indigenous culture and negatively affected their communities. Redvers conducted a qualitative study using Indigenous research methodology with storytelling interviews for 11 Indigenous participants who were

selected by purposive sampling. Redvers found that colonial factors pose challenges for social work practitioners working with Indigenous people, by hindering their ability to provide culturally sensitive service that addresses the need arising from historical colonization. Navia et al. (2018) stated the legacy of colonization such as the residential school system and the Sixties Scoop continues in the present time to shape the child welfare system. As discussed by Navia et al., Indigenous communities experience disproportionate representation of their Indigenous people in the child welfare system. In their ethnographic study, Navia et al. employed interviews to gather data from 20 Indigenous participants, aged 18 to 25 years of age who had experienced the child welfare system. The loss of cultural cohesion is an ongoing challenge faced by Indigenous populations and is one also social work practitioners are facing when seeking to understand historical and intergenerational colonization. McNally and Martin (2017) argued that the persistent colonization strategies resulting in loss of culture, tradition, and language, reflect a cultural genocide with lingering effects on more than 4 million Indigenous people in Canada. McNally and Martin focused on evaluation of the Truth and Reconciliation Commission of Canada findings, examining the legacy of colonization and its impact on the health system, particularly in the context of healthcare for Indigenous people. The colonial intergenerational impacts continue to influence social work with Indigenous communities. By exploring social work practice through the lens of historical colonization, the problems facing Indigenous peoples are highlighted allowing closer examination of issues such as prevalence of mental health concerns within communities.

Mental Health and Colonization

The literature on the impact of colonization on Indigenous communities in Canada highlights the elevated prevalence of mental health issues among Indigenous residential school survivors (IRS) and their descendants. According to Gray and Cote (2019) and Isobel et al. (2021), IRS survivors and their children exhibit elevated levels of mood disorders, drug and alcohol abuse, and suicide ideation. Gray and Cote conducted a cross-sectional survey with 250 Anishinabe First Nation community members, aged 18-39 years, employing a systematic random sampling and quantitative survey instrument. Their findings revealed a direct correlation between IRS experiences and adverse mental health outcomes. Similarly, Isobel et al.'s (2021) qualitative study underscored the recognition of Indigenous intergenerational psychological repercussions within the broader societal context, characterized by continuous colonization strategy reenactments inclusive of those at the structural level. The evidence from Gray and Cote's survey and Isobel et al's qualitative study corroborates the detrimental impact of colonization on the mental well-being of Indigenous communities. The findings indicate that the historical detrimental colonization experiences by IRS survivors has reverberated through generations, leading to a heightened vulnerability to mental health issues and adverse encounters (Gray & Cote, 2019; Isobel et al., 2021). These research findings underscore the urgency of addressing mental illness resulting from colonization in Indigenous communities however the intergenerational impact is also of concern.

The available literature highlighted the complex impact of colonization on Indigenous peoples' experiences, with a particular focus on intergenerational

transmission of mental illness. Gray and Cote (2019) found 62% of their participants without any previous instance of family members attending IRS indicated a positive state of mental well-being and those with IRS experiences were found to have an 18% reduced likelihood of reporting high levels of mental health. The experiences of previous generations continue to reverberate through the lives of Indigenous people, impacting their mental well-being (Isobel et al., 2021). There is an enduring Canadian legacy of colonization on Indigenous communities, illustrating how historical injustices continue to shape mental health outcomes across generations. The statistical representation of mental health concerns found within Indigenous ways of knowing brings into question the efficacy of western interventions for these issues.

Western mental health service structures differ from the Indigenous community's worldview on mental health. As found by Redvers (2020), western mental health service structure has been developed by the psychology profession to be delivered using a compartmentalizing and evidence-based practice approach to clients. This highlights the inherent difference in approach, where Western methods often dissect and categorize aspects of mental health, potentially diverging from the holistic perspective of Indigenous ways of knowing. This divergence in Western and Indigenous perspective calls attention to the inherent differences of the two paradigms. Moreover, the dominance of Western perspectives in shaping definitions and methods in mental health care further accentuating a divide with Indigenous ways. Applying qualitative methodology, Redvers's study using in-depth semistructured interviews and thematic analysis indicated Western perspectives predominantly influence mental health counselling and therapy

definitions arising from colonial research dependent findings. Redvers's findings suggest that Western mental health models prioritize quantifiable measures of success, which may not fully encapsulate or resonate with Indigenous ways that value storytelling, community involvement, and spiritual connections. Morin et al. (2022) emphasized the importance of critically examining varying opinions and informal reports concerning the appropriateness and success of Western structures versus Indigenous mental health services. The emphasis here is on addressing not just empirical evidence but also lived experiences and cultural nuances that could shape how mental health services are perceived and utilized in Indigenous communities. As the research underscores the mental health disparities that exist for Indigenous peoples is linked to historical colonization, it is therefore imperative to examine how these deficits are further heightened within the healthcare systems that serve these communities.

Healthcare and Colonization

When examining the broader implications of colonization, Indigenous communities' healthcare system experiences are troubling when considering how the colonial structures of health are the same ones causing mental health issues. The literature revealed that Indigenous people experience impacts of colonization as healthcare service users. Burnette et al. (2019) shed light on the impact of colonial forms of oppression experienced by Indigenous people within the healthcare system. This investigation employed a mixed-method approach, which prominently featured the authentic narratives of 1058 Indigenous participants, while also utilizing culturally sensitive measures and quantitative surveys. Their findings revealed a positive association between a

participant's healthcare system oppression and increased depressive symptoms (Burnette et al., 2019). Churchill et al. (2020) similarly concluded that Indigenous peoples' face oppressive challenges when accessing the healthcare system for their medical issues. The oppressive experiences of Indigenous peoples include systemic racism due to lack of culturally appropriate healthcare access. The evidence presented by Burnette et al. and Churchill et al. found that the compounding impact of colonial forms of oppression experienced by Indigenous peoples' accessing the healthcare systems negatively impacts both their mental and physical health. Understanding the intersectionality of racism and discrimination in Indigenous experiences is essential for acknowledging and dismantling the structural inequalities present in healthcare systems. While healthcare systemic change may be required the experiences of urban Indigenous peoples also has implications for informing this potential framework.

In recent studies, the challenges encountered by urban Indigenous communities in accessing culturally appropriate health care have been underscored, revealing systemic barriers and biases in current health systems. Churchill et al. (2020) concluded that, urban Indigenous individuals and families face challenges in the health system such as systemic racism and intergenerational gaps in cultural healthcare access. According to Churchill et al., Indigenous individuals and families face challenges in the health system such as systemic racism, intergenerational gaps in cultural healthcare access due to colonial disruption, and externally imposed politicizations of Indigenous identities. The remanants of colonialism continue to affect contemporary Indigenous population, particularly in urban settings. The existence of systemic racism implies institutional frameworks that

systematically disadvantages Indigenous people. There exists a long-standing deprevation where the effects of colonization have severed ties of Indigenous individuals to their traditional heathcare practices, beliefs, and perpetuated mistrust.

The historical and persistent impact of colonization has entrenched a mistrust of the health system among Indigenous communities. Nelson and Wilson (2018) conducted a qualitative study employing semi-structured interviews and focus groups to explore the healthcare experiences of 50 urban Indigenous individuals, over 18 years of age, from Canada. The aim was to understand how these individuals' perceptions of healthcare professionals are significantly influenced by colonialist worldviews (Nelson & Wilson, 2018). This perspective highlights the ideologies born from colonization that continue to shape the way Indigenous communities perceive the health system. These professionals are often seen by Indigenous individuals as authoritative figures who wield considerable power (Nelson & Wilson, 2018). This view underscores the inherent power dynamics that have been historically established, and are still prevailing, between healthcare professionals and Indigenous communities. The pervasive nature of settler racist colonialism, as suggested by, Nelson and Wilson, creates barriers that limit Indigenous people's access to healthcare. This points to a systemic issue wherein the very structures meant to provide healthcare become obstacles to receiving it. According to the findings of Nelson and Wilson, the barriers extend beyond mere physical access, encompassing facets like quality and cultural appropriateness of care. This interpretation of access reiterates the importance of holistic, culturally sensitive approaches in healthcare. To bridge the gap in healthcare for Indigenous communities, it is imperative to understand

and address the historical and ongoing impacts of colonization. For Indigenous peoples, colonization is complex where healthcare system interactions and service provision require more inclusive and respectful practices for their communities.

The healthcare system barriers restrict and marginalize Indigenous communities. Nelson and Wilson (2018) found that participant accounts from their study highlighted the existence of boundaries that enclose the domains of the health system. The presence of boundaries and domains within healthcare brings into question inclusivity and the degree to which Indigenous voices are acknowledged and integrated. Nelson and Wilson further indicated participants described the areas of non-Indigenous health as not just creating barriers but as actively monitored by gatekeepers who enforce seemingly arbitrary regulations for Indigenous peoples and determined who was allowed or denied access to these spaces. Such gatekeeping actions can be interpreted as acts of control and power dynamics where non-Indigenous sytems determine the criteria for healthcare access for the Indigenous population. In essence, these studies collectively paint a picture of a health system that is not only inadequately equipped to cater to the health needs, traditions, and rights of Indigenous poulation but is also entrenched in power dynamics that further marginalize them. As the research reflects, Indigeous communities experience barriers imposed by the healthcare systems, clearly these are part of a broader colonial framework that also impacts other interactions such as with child welfare.

Child Welfare and Colonization

The Canadian child welfare system, like the aforementioned healthcare structure, is a colonial strategy impacting Indigenous peoples' familial connections and cultural

identities. As noted by Navia et al. (2018), difficulties exist in maintaining familial connections for Indigenous people when those ties are severed through the Canadian child welfare system. The Canadian child welfare system has inadvertently influenced the colonial removal from territorial land and cultural shift of Indigenous individuals, distancing them from their ancestral roots and traditions. Further argued by Navia et al., the Canadian child welfare system has impacted the migration to cities and colonist assimilation of Indigenous people into the western colonial worldview. This detachment from familial and community ties, as proposed by Navia et al., not only disrupts the family unit but also influences the process of urban migration, drawing Indigenous individuals into predominantly Western settings. According to Navia et al., Indigenous people's identity is dismantled due to not feeling accepted by their own community because residing in an urban environment is regarded as being in the child welfare system and seen as undesirable. Consequently, this urban migration and immersion into Western environments often lead to a profound identity crisis among Indigenous people that presents a barrier to maintaining their own traditional ways of knowing. Redvers (2020) concluded that numerous obstacles impede urban Indigenous individuals from engaging in their cultural activities while adapting to city life including financial burdens, liability insurance, transportation constraints, the requirement of specialized labor, financial compensation for an Elder's involvement, regulations imposed by funders, and absence of recognition of culture programs as interventions. The myriad obstacles mentioned by Redvers highlight the complex interplay of urban economic, logistical, and administrative hindrances that curtail an Indigenous individuals' participation in cultural activities,

further deepening their sense of alienation and identity loss. The child welfare system colonization strategy highlights social issues of displacement and cultural erosion, however Indigenous communities have found resilience and healing within their ways of knowing. Moving away from the colonial strategies faced by Indigenous communities under the child welfare system the domain of Indigenous protective ways of knowing while delving into the role of medicinal plants is a pathway to exploring their resilience and cultural strengths.

Indigenous Protective Ways of Knowing

Medicinal Plants

Indigenous peoples have a longstanding relationship to the medicinal plants of the land, using these resources, as a fundamental aspect of their healing practices rooted in their ancestral knowledge. Khan et al. (2020) found Indigenous people use medicinal plants, a tradition emerging from their land-based knowledge. According to Khan et al., the land plays an integral role in the traditions and practices of Indigenous peoples. The deep-rooted connection to the land facilitates for Indigenous people a unique understanding and approach to healing. The connection of Indigenous people is not just to the medicinal plants themselves, but how the medicines intertwine with cultural and ancestral teachings.

For Indigenous peoples, the cultural and ancestral significance of medicinal plants goes beyond their usage; it is a representation of time-honored traditions and beliefs. Khan et al. (2020) argued that the cultural aspects of Indigenous peoples' land-based knowledge integrate with their medicinal plant ancestral ways of knowing. The

integration of land-based knowledge with medicinal plant practices exemplifies how intertwined the cultural, spiritual, and practical aspects of Indigenous life are. Qamariah et al. (2020) noted in their quantitative study that the medicinal plant ancestral knowledge holds value for Indigenous people, with this understanding having been present for generations, as indicated by the structured interview data. The belief in the value of ancestral knowledge underscores the reverence Indigenous people hold for traditions passed down through generations. Further highlighting the depth of Indigenous peoples' medicinal plant knowledge, recognition, and practice within their communities.

Within Indigenous communities, certain roles and practices help safeguard and disseminate the vast knowledge about medicinal plants. In a quantitative study by Khan et al. (2020) it is discussed that Indigenous people understand their medicinal plant knowledge to be a traditional healing system. By perceiving their medicinal plant expertise as a traditional healing system, Indigenous peoples emphasize its holistic and comprehensive nature. As further noted by Khan et al. using their traditional knowledge, Indigenous peoples rely on their cultural ways of knowing to accurately identify medicinal plants. The role of the Shaman underscores the sacredness and specialized nature of this traditional plant knowledge. According to the quantitative structured interviews of the Qamariah et al. (2020) study the traditional Indigenous Shaman role possesses medicinal plant knowledge, which is gifted to the individual by the ancestors with a purpose to heal the collective group. Shamans are not only practitioners but are considered gifted individuals, chosen by ancestors to bear and utilize their knowledge for the greater good of the community. The perpetuation of this knowledge is not just the

work of an individual, but a collective endeavor rooted in preserving Indigenous ancestral traditions.

Ensuring the survival and continuation of plant medicinal knowledge is seen as a communal responsibility among Indigenous peoples, showcasing their collective efforts in preserving their culture. As Qamariah et al. (2020) suggested plant medicinal knowledge of Indigenous people is a collective group effort of ancestral cultural continuance. In Indigenous communities, the preservation of ancestral plant medicinal knowledge is viewed not as preserving a method of healing but as a way of sustaining their ancestral culture and tradition.

Indigenous plant medicinal knowledge has historically played a role in the traditional healthcare and healing practices of their communities, emphasizing the ancestral connection between the land and recovery. The interrelationship between Indigenous communities and the land is intricately tied to their use of medicinal plants. Khan et al. (2020) proposed that Indigenous people have a special relationship with the medicinal plants found on the land, using them as healthcare resources for healing various diseases and ailments of the body. Furthermore, Qamariah et al. (2020) argued that the generational oral transmission of medicinal plant knowledge isn't merely about the functional use of plants. Additionally, Qamariah et al. stated medicinal plant knowledge is how Indigenous people share sacred values and beliefs surrounding their spiritual relationship with the land. Qamariah et al. found within the interviewing data studied that this oral transmission was laden with cultural significance, spiritual values, collective memories, and often occurs through revered community figures. According to

Qamariah et al. the revered Indigenous Shaman typically acquires this cultural knowledge via oral transmission, passed down through generations. Qamariah et al. concluded that such Shamans are familiar with an expansive array of plants emphasizing their comprehensive experience and immersion in natural therapeutic practices. Khan et al. also underscored the reliability and vastness of this Indigenous knowledge, noting that scholars largely agree on Indigenous peoples' proficiency in identifying the healing uses of medicinal plants. By integrating these medicinal plant practices into their daily lived experience, Indigenous peoples not only achieve independent responsibility for their own well-being but also ensure the perpetuation of their holistic approach to health care.

Indigenous peoples possess knowledge and understanding of medicinal plants, emphasizing their holistic approach to healing the individual. According to Qamariah et al. (2020) the medicinal plant knowledge of Indigenous people has a healing purpose within their culture. This healing purpose highlights the intrinsic connection between Indigenous culture and traditional practices, where plants are seen as medicine, but also as integral tools for healing. Further emphasizing this holistic approach, the Indigenous perception of medicinal plants transcends mere physical treatment. In their study, Wabie (2019) conducted a qualitative analysis with nine Indigenous women, employing storytelling as a method to explore their experiences of healing from colonization experiences through medicinal plant interventions. Wabie argued that the traditional medicinal plant knowledge in use by Indigenous peoples is a botanical science for treating of the mental, physical, and spiritual ailments of the body. This comprehensive perspective underscores the depth of Indigenous medicinal plant practices, viewing health

as an interplay between mental, physical, and spiritual realms rather than isolated domains. Building on this holistic foundation, the therapeutic applications of the plants are recognized as remedies. Wabie and Qamariah et al. proposed that according to Indigenous people, the plants are herbal medicine for the holistic curing of diseases. The Indigenous peoples' perspective amplifies the versatility and multifaceted nature of medicinal plants used in their treatments.

In addressing colonization through Indigenous healing using medicinal plants the land-based knowledge of the community plays a pivotal role. According to the Cámara-Leret and Bascompte's (2020) quantitative study of North American Indigenous peoples' use of their medicinal plant methodologies drawn from land-based knowledge is a cultural structure of traditional healing, healthcare, healers, treatments, and preventions. Research suggests that Indigenous healing is not an arbitrary process but has a well-defined structure rooted in generations of established practices.

Indigenous healing, when looking through the lens of medicinal plants, reveals a deep-rooted connection between culture and the land. Cámara-Leret and Bascompte, (2020) highlighted Indigenous people have a unique land-based knowledge that is significant to their culture. This relationship between the Indigenous communities and the land signifies more than just ancestral ties; it is a well spring of knowledge and cultural practices that directly influence their healing processes. A manifestation of this relationship Indigenous people have to the land can be observed in their ceremonial practices. According to Hansen's (2018) study the Indigenous peoples interweave cultural ceremonies with their land-based knowledge. Such cultural ceremonies are not

mere cultural rites but represent a holistic integration of environment, spirit, and wellbeing. Furthermore, this land-based knowledge is not just an abstract concept, but a tangible healing experience for the Indigenous communities. Latulippe and Klenk (2020) proposed the experience of healing known to Indigenous people comes about from their cultural land-based knowledge. The Indigenous peoples healing experience underscores the therapeutic significance of their medicinal plant land-based practices, emphasizing an intricate methodology, developed over generations, to address physical, emotional, and spiritual needs of the body. Having examined the Indigenous peoples' medicinal plant practices in relationship with land, culture, and healing, a further exploration of their cultural framework for achieving mental wellness within the community is possible.

Cultural Practices and Mental Wellness

Indigenous healing emphasizes the pivotal role that cultural practices play in fostering mental health wellness among Indigenous populations. Fiedeldey-Van Dijk et al.'s (2017) assertion is made that Indigenous culture is the foundation for the population's mental health wellness. This sentiment amplifies the connection between Indigenous culture and the overall well-being of the population, suggesting that these cultural practices and knowledge systems might be undervalued in conventional therapeutic contexts. Exploring the data, Fiedeldey-Van Dijk et al. embarked on an empirical study involving Indigenous First Nation, Inuit, and Metis participants, revealing that there was an increase in cultural activity engagement by 5% to 10%. This data accentuates the potential positive repercussions for Indigenous peoples of integrating cultural practices into therapeutic environments. Building on this theme of cultural

significance, Redvers (2020) explored the benefit of Indigenous pedagogical frameworks by collaborating with traditional knowledge holders from First Nation, Inuit, and Metis communities. This methodology facilitates an exploration into the essence of how Indigenous cultural practices bolster identity and well-being. Participants also expressed the therapeutic advantageous associated with their Indigenous land-based culture (Redvers, 2020). Therapeutic advantages associated with Indigenous land-based culture highlights the importance of cultural practices in promoting the populations mental health wellness. In line with these observations, the use of Indigenous-centric qualitative research tools like purposive sampling, focus groups, and culturally rooted wellness metrics, lends credibility and depth to the inquiries into Indigenous mental health wellness (Fiedeldey-Van Dijk et al., 2017; Redvers, 2020). Such qualitative methodological choices accentuate the imperative of adopting culturally sensitive lenses and recognizing the unique and holistic wellness paradigms of Indigenous communities. It is important Indigenous people experience culturally sensitive professional approaches and practitioners acknowledge and respect their cultural practices when providing well-being support.

In the pursuit of an Indigenous and Western integrative approach, it is vital to aim for practices that respect and incorporate both of these diverse understandings of mental health wellness. In a pre/post quasi-experimental design and a mix of quantitative and qualitative analysis Morin (2022) studying a Canadian Indigenous residential treatment program embarked on researching a model for understanding Indigenous and Western consensus-based best practices. This approach by Morin signifies a step towards

reconciliation, recognizing the need for a collaborative framework that merges the strengths of both Indigenous and Western practices to achieve mental health wellness for the community. There is a foundational role of cultural practices which promote the mental wellness of the Indigenous people which provides a basis for exploring the specific healing methodologies of their land-based knowledge that benefit their communities.

Land-Based Healing Care for Good Health

The healing power of Indigenous connections to the land is gaining recognition as intervention for overcoming impacts of colonization. Understanding how land-based interventions serve as a therapeutic resource is crucial to improve the health outcomes of Indigenous people, by helping them reconnect with their traditional knowledge and practice, hence fostering their resilience and wellness. According to Gaudet (2020) the process of reconnection to land-centered cultural identity is an exercise of rediscovery. Indigenous peoples strengthen their traditional knowledge, practices, and values by being deeply rooted in the land (Gaudet, 2020). This presents an intersection of cultural identity and land stewardship that is unique to Indigenous populations, demonstrating how integral the land is to their well-being.

Parallel to this, Redvers (2020) contributed to the discussion by highlighting the core role of Indigenous land-based healing in promoting wellness for the population. This land-based approach has proven to be a culturally responsive intervention that yields positive outcomes (Redvers, 2020). In this context, Redvers highlighted that Indigenous land-based healing is not merely a therapeutic practice but serves as a conduit for

enhancing resilience, promoting wellness, boosting self-esteem, improving interpersonal relationships, and fostering cultural pride. This indicates that the land-based interventions are not only therapeutic but also a means of strengthening social and cultural bonds within the Indigenous communities.

To delve deeper into the lived experiences associated with land-based interventions, Gaudet (2020) carried out an exploratory study using Indigenous participant interviews, observations, and focus groups. This methodology of Gaudet (2020) was instrumental in capturing an authentic narrative of how these land-based interventions promote reconnection of Indigenous people to land-centered cultural identity (Gaudet, 2020). This immersive approach provides an understanding of how Indigenous peoples were able to reconnect with their traditional roots and cultural identities through interaction with the land, emphasizing the transformative power of such land-based interventions. Building upon the community focused outcomes further exploration of the individual experiences of Indigenous peoples is possible through storytelling methods which offer understanding of ways in which these practices are impactful at the personal level.

Likewise, Redvers (2020) employed Indigenous storytelling methods to enrich the research study involving First Nation women and their personal narratives. The Redvers methodological approach added depth and authenticity to the research, allowing for an extensive exploration of participant storytelling of land-based cultural practices and traditional knowledge. Through these story narratives, professionals gain unique insights

into the personal experiences of Indigenous people using traditional knowledge, thus emphasizing the deeply personal impact of these land-based interventions.

Drawing from the Gaudet (2020) study, participants reported several benefits from the land-based interventions. Gaudet noted an increase in participant cultural pride, a strengthened sense of belonging, improved self-esteem, and a stronger connection to their Indigenous ways of knowing. This land-based intervention research underlines the potential benefits of these interventions in supporting the overall well-being of Indigenous people, not just in coping with trauma, but also in building resilience and pride in their culture.

While the findings of Gaudet (2020) study are enlightening, it is crucial to consider the potential limitations. Gaudet's study factors such as a small sample size, geographical scope, and potential bias in participant selection may limit the generalizability of the findings. It is important for professionals to interpret Gaudet's research findings with the limitation considerations in mind, recognizing the potential for future studies to address these limitations and broaden understanding of the impact of land-based interventions within Indigenous communities. Despite the limitations there is promising research relating to bettering the health outcomes of Indigenous communities.

Land-based interventions may stand as a significant therapeutic modality in Indigenous healing practices. The importance of incorporating Indigenous worldviews and cultural practices within western social work systems forms the point of this discussion, with an emphasis on the possibility for land-based culturally appropriate and effective outcomes. Elliott-Groves (2019) argued that there is distinct Indigenous

perspective on domains of health assessment, which emphasize interdependence, relational epistemologies, and place-based orientations. These distinct assessment elements emphasize land-based practices by underscoring the intricate connection between individuals, their communities, and their environments within Indigenous health paradigms. According to Fiedeldey-Van Dijk et al. (2017) by integrating interdependence, relational epistemologies, and place-based orientations Indigenous perspectives into Western health systems, there is the potential to augment therapeutic outcomes and resonate more profoundly with Indigenous individuals.

In support of this, Fiedeldey-Van Dijk et al. (2017) suggested that tailored health approaches that are appropriate for Indigenous communities and led by individuals of this population will engage cultural appropriateness among the people. The cultural relevancy of a tailored health approach by professionals creates an inviting and acceptable environment for Indigenous people, as well as fostering cultural respect and mutual understanding of land-based practices. The research emphasized the importance of professional culturally sensitive practice in ensuring optimal engagement and effectiveness of Indigenous land-based therapeutic interventions.

Fiedeldey-Van Dijk et al. (2017) explored a broad range of Indigenous cultural health intervention practices in their study which relate to land-based practices. According to the Fiedeldey-Van Dijk et al. study, Indigenous practices inclusive of elder led storytelling, elder culture teachings, knowledge keeper consultations, sweatlodge, smudging, talking circle, prayer, singing, drumming, ceremony, and use of sacred medicines reportedly enhance health and wellness in participants. This wide array of

traditional practices reflects the depth and richness of Indigenous healing modalities, which are characterized by a profound connection to cultural traditions, spirituality, and relating to the land.

Elliott-Groves (2019) employed an ethnographic approach to examine Indigenous health issues with participants ranging from ages 10 to 18. The results of the Elliott-Groves study indicated the Indigenous biopsychosocial assessment was effective in capturing conventional biopsychosocial information but also integrating critical elements of cultural knowledge systems. This suggests according to Elliott-Groves that such biopsychosocial assessments can be valuable for social work professionals when diagnosing and providing appropriate health treatment to Indigenous clients.

Further, Fiedeldey-Van Dijk et al. (2017) used an Indigenous wellness assessment in over 55 treatment centers. As noted by the Fiedeldey-Van Dijk et al. their study utilized the two-eyed seeing study approach, which values Indigenous traditions and ways of knowing together with Western science. This two-eyed methodology underlines the potential synergies between Indigenous and Western health practices, promoting a holistic approach to therapy.

Ultimately, the results of Fiedeldey-Van Dijk et al. (2017) highlight a correlation between Indigenous culture and wellness. According to Fiedeldey-Van Dijk et al. this correlation demonstrates a perspective on the role of Indigenous cultural interventions. The integration of Indigenous cultural health approaches inclusive of land-based practices in tandem with Western methodologies may enhance wellness outcomes. It is important for social work practitioners to leverage these Indigenous health focused land-based

interventions, thereby ensuring accurate client diagnosis and effective treatment. Land-based healing is influential upon Indigenous well-being, and the transmission of their cultural and medicinal practices is accomplished through language that disseminates the information into the daily lives of the peoples for healing of the community.

Language

Indigenous language communicates medicinal plant, land-based, ceremony, storytelling, mental, emotional, physical, and spiritual ways of knowing to the community. Language, as highlighted by Elliott-Groves (2019), serves as a medium in Indigenous communities for constructing personal stories into community narratives. According to Elliott-Groves, Indigenous narratives provide meaning to the cultural traditions of the communities, thereby serving as a therapeutic tool. Sustaining Indigenous language is a social work therapeutic practice potentially offering a unique approach to exploring and addressing colonization issues within Indigenous communities. Indigenous language preserves and expresses the culture of the people which extends into the broader Indigenous social work context where physical spaces and relationships have a role in strengthening culturally effective practice within the community.

Indigenous Social Work

Indigenous Spaces and Relationships

According to Churchill et al. (2020) who studied relationships between social work and Indigenous communities, a key factor of "relationship" is the role of physical spaces. The Indigenous physical environment was found by Churchill et al. to be inseparable from relationships. Churchill et al. further discussed that many Indigenous

people emphasize the importance of being allowed the space to be themselves. Churchill et al. conducted a qualitative study using semi-structured interviews with 20 women inclusive of Indigenous females, employing purposive sampling. The finding emphasized by Churchill et al. was the importance of considering physical space as integral to Indigenous communities. In Indigenous peoples' contexts, spaces that allow for cultural practices and social interactions will contribute to a sense of ease, trust, and acceptance (Churchill et al., 2020). Moreover, Indigenous peoples linked a sense of cultural safety to seeing familiar people at cultural events which generated feelings of being connected to their broader Indigenous community (Churchill et al., 2020). Furthermore, Churchill et al. found the immersion of social workers in spaces and community events can reinforce for Indigenous people a sense of connection to cultural safety, illustrating the need for social work to extend beyond clinical or institutional settings and engage directly with the community. Social workers when they are a part of Indigenous community events become involved in supporting culturally safe spaces. In consideration of how physical spaces and community involvement promote cultural safety a bridge to Indigenous social work culturally safe practices can be explored.

Culturally Safe Practice

The literature underscores the pivotal role of social work culturally safe healing practices, grounded in Indigenous traditions, in addressing colonization issues faced by Indigenous communities. Churchill et al. (2020) highlighted that for Indigenous peoples to feel culturally safe while healing from colonization impacts, they should be respected, supported, and have access to services that incorporate teachings, ceremony, and

protocols. Gaudet (2020) identified that the resilience of Indigenous peoples in response to colonization is facilitated when their identity and worldview remain intact, particularly through their interconnectedness with the land. The legacy of colonization has left a profound impact on the psyche and well-being of Indigenous communities, making culturally safe healing modalities essential in fostering resilience and holistic recovery.

Churchill et al. (2020) conducted an in-depth study using Indigenous, utilization-focused, realist methods, shedding light on the needs and experiences of Indigenous individuals. It is evident that the reclamation of Indigenous cultural knowledge and narratives is not only a tool for healing but is also a method to restore and fortify ties and identity. Such Indigenous practices, as identified by Churchill, stress the significance of prayer, ceremony, storytelling, engagement with traditional healers, and profound connections to the land.

Gaudet (2020) employed a participatory study that engaged with the Indigenous Moose Cree First Nation and their land-based interventions. Further, the Gaudet exploration was conducted through interviews with both Indigenous female and male adult community members spanning a period of four months. The Gaudet study found that reconnecting Indigenous people with their land-based cultural teachings promoted healing among community members who have experienced intergenerational colonization.

Churchill et al. (2020) underscored the necessity of embedding Indigenous cultural teachings, medicines, ceremonies, and traditional elements in service provision for holistic healing. Moreover, the introduction of Indigenous teachings, medicines,

ceremonies, and family narratives, within service provision ensures a more culturally relevant healing process. Gaudet (2020) emphasized that holistic healing for Indigenous individuals and communities means being immersed in land-based learning. Understanding culturally safe practices within the Indigenous worldview provides practitioners with knowledge for exploring how to integrate their western methodologies with the ways of knowing toward achieving healing and resilience for communities.

Integrating Indigenous Ways of Knowing With Western Practices

Gaudet (2020) emphasized western service provider practices are enriched by the Indigenous ways of knowing by incorporating these holistic approaches to support healing and resilience needed to overcome colonization. Gaudet found that being on the land changed Indigenous participants' perceptions of their relationships with themselves and others by contradicting western individualism with an Indigenous collective way of knowing, sharing, caring, and holistic well-being. Gaudet suggested that Indigenous peoples who return to their ways of knowing experience improvement in their self-reliance, pride, and integrity.

The collective evidence from Churchill et al. (2020) and Gaudet (2020) indicated that by embracing culturally safe healing methods deeply rooted in Indigenous tribal knowledge such as culture and land-based teachings the service provider professionals can significantly heal colonization impacts. Emphasizing these cultural methods, integrating them into western social work practices, and respecting Indigenous ways of knowing are pivotal for overcoming the impacts of colonization by promoting holistic healing and resilience in Indigenous communities.

Indigenous ways of knowing are not merely western interventions, but vital conduits for preserving the populations cultural teachings and for challenging colonial narratives. The Churchill et al. (2020) study demonstrated Indigenous ways of knowing contribute to the survival of their peoples' cultural teachings and its resurgence while supporting non-colonial political and social realities. Indigenous ways of knowing are deeply rooted in their centuries-old traditions and knowledge, encompassing multiple domains of health. These Indigenous ways of knowing practices, while providing health care, are also mechanisms for transmitting generational wisdom, keeping alive cultural stories, values, and worldviews. The findings from Churchill et al., underscored the multifaceted benefits of Indigenous ways of knowing. It is important that Western social work practices recognize and value the richness of Indigenous ways of knowing and practices not just as healing modality but also as carriers of cultural identity and resistance against colonial frameworks. While the integration of Indigenous and Western practices is of benefit for Indigenous communities there is a need to recognize the gaps that exist before Indigenous social work practice is possible for practitioners.

Gaps in Current Indigenous Social Work Practice

There were discernible gaps in the incorporation of Indigenous cultural knowledge and practices within social work healthcare settings in relation to ethical space. According to Nelson and Wilson (2018), an ethical space framework facilitated the convergence of perspectives between Indigenous and non-Indigenous cultures by encompassing the notions of ethics and space. This space represented a multifaceted environment, combining philosophical, psychological, and physical elements, emerging

when individuals from differing worldviews engaged. The significance of this ethical space framework became evident in understanding the roles ethics played in bridging cultural divides.

Moreover, the integration of diverse groups in Indigenous program development was paramount however this was where a gap existed. Victor et al. (2019) argued that diverse groups of Indigenous and non-Indigenous organizations contributed different perspectives and expertise to the development of programs aimed at improving the lives of Indigenous clients. The diversity in organization Indigenous program development emphasized the richness and depth of perspectives that can be harnessed when different groups collaborated. This collective expertise was instrumental in crafting programs tailored to unique Indigenous client needs.

However, while Indigenous focused collaboration and integration efforts were commendable, they were not without barriers. Victor et al. (2019) revealed that Indigenous and non-Indigenous organizations faced challenges including limited cultural activity capacity, resource constraints, transportation insurance, and risk mitigation issues. These challenges underscored the complexities of meshing Indigenous practices with contemporary healthcare systems. The resource constraints and logistical issues pinpointed the tangible obstacles in realizing Indigenous culturally sensitive care.

Delving deeper into the qualitative experiences of Indigenous individuals provided further insight into these gaps. Nelson and Wilson (2018) highlighted participant's feelings of mistrust, discomfort, and unwelcome atmospheres due to their experiences of discrimination and racism within healthcare settings. These negative

feelings of Indigenous peoples suggested an urgent need for reforms in the healthcare system, along with addressing systemic discrimination, and ensuring Indigenous service users felt valued and understood.

Furthermore, the type of care expected by Indigenous individuals was distinct. Nelson and Wilson's (2018) study revealed that participants preferred healthcare providers to be educated on and to provide Indigenous culturally appropriate care. The participant preference underscored the importance of culturally informed training for healthcare providers with assurance they could address the unique needs of Indigenous patients.

Notably, certain frameworks showed promise in enhancing relationships and connections with Indigenous peoples. Victor et al. (2019) applied a data analysis of Indigenous and non-Indigenous two-eyed seeing framework, resulting in findings of improved relationship building and connections between participants and community service workers. The two-eyed seeing framework underlined the importance of mutual respect and understanding. When applied effectively, two-eyed seeing fostered stronger connections between Indigenous communities and professionals, thereby enhancing trust and collaboration.

However, the scope and applicability of some of these Indigenous studies had limitations. The Nelson and Wilson (2018) study included a limited Indigenous sample size consisting of 30 participants, which restricted the extent to which the findings could be generalized to a larger population. While the findings provided valuable insights, the

limited sample size highlighted the need for broader studies to determine the generalizability of these observations across diverse Indigenous communities.

In Indigenous social work practice, a host of barriers hindered engagement in cultural activities, further widening the gaps in delivering culturally competent care. Redvers (2020) concluded that numerous obstacles impeded Indigenous people from engaging in cultural activities including financial burdens, liability insurance, transportation constraints, the requirement of specialized labor, financial compensation for Elder's involvement, regulations imposed by funders, and absence of recognition of programs and mental health interventions. The barriers to engagement in Indigenous cultural activities underscored the multi-faceted nature of challenges within Indigenous social work practices. The obstacles ranged from logistical issues like transportation constraints to challenges of recognition of programs, identifying a system in which Indigenous social workers struggled to find space and acceptance for cultural practices. There was a gap of an absence of recognizing Indigenous cultural programs as legitimate mental health inventions. Moreover, the emphasis on the challenges like financial compensation for Indigenous Elder involvement and specialized labor highlighted the need for a systemic acknowledgment and valuation of traditional Indigenous knowledge and practices in social work settings.

Summary

Canada's Indigenous communities have faced extensive cultural erasure due to colonization, led by European settlers and the Canadian government since the 1700s. Historical actions like the Residential School system and the Sixties Scoop deeply

harmed Indigenous cultural and land-based traditions. This history resulted in widespread mental health challenges and intergenerational well-being impacts. Furthermore, systemic racism and discrimination in healthcare revealed the urgent need for interventions that prioritized Indigenous resilience and well-being. Regarding, physical spaces these were crucial in ensuring cultural safety and trust in social work for the Indigenous population. The negative legacy of colonial practices like residential schools' fostered ingrained Indigenous peoples' mistrust toward healthcare systems. Researchers emphasized the significance of integrating Indigenous healing traditions in Western social work healthcare paradigms. Integrating cultural healing respected Indigenous teachings, values, and stories, fostering holistic health. Indigenous peoples relied on the land and medicinal plants for healing, which emphasized the need to preserve these ancestral traditions. The connection between Indigenous peoples, the land, and their healing traditions underscored the importance of preservation through integration of this knowledge into contemporary practices. However, modern Indigenous social work often overlooked Indigenous cultural knowledge. While innovative approaches, like the two-eyed seeing framework, offered potential solutions, barriers such as limited resources, discrimination, and generalization issues posed significant challenges to achieving Indigenous peoples' culturally competent care.

As the literature revealed, gaps existed in culturally competent social work practices that included Indigenous healing methods, especially medicinal plant use. The gaps found in the literature underscored the need to better understand Indigenous social workers' experiences and the systemic barriers they encountered. Colonization and

systemic racism also continued to shape health, mental wellness outcomes in Indigenous communities. To address these Indigenous social work challenges and contribute to positive social change, this study employed a qualitative methodology grounded in indigenous wholistic theory to examine the perspectives of Indigenous social workers in the Treaty 7 region. Section 2, Research Design and Data Collection, provides a detailed explanation of the research methodology, including the study's design, participant selection, data collection procedures, and strategies used to ensure trustworthiness and ethical integrity.

Section 2: Research Design and Data Collection

In Canada's Treaty 7 region, Indigenous populations have faced intergenerational trauma due to colonization led by the Canadian government (Choate, 2019). This trauma was potentially addressed using Indigenous traditional healing methods, such as the use of medicinal plants known for healing spiritual, emotional, mental, and physical wounds (Limb et al., 2018). However, Indigenous social workers faced challenges integrating traditional healing practices into mainstream human services settings due to various restrictions such as organizational constraints, legal and policy barriers, limited funding, and cultural biases (Dennis & Minor, 2019). Overcoming the barriers of integrating traditional healing practices underscored the disconnect between Indigenous methodologies and the social work frameworks within the Treaty 7 region.

Traditional Indigenous healing contrasted with the dominant Westernized and colonial paradigms of the Canadian social work profession in the Treaty 7 region (Choate, 2019). The Western paradigm, rooted in Eurocentric methodologies, was not congruent with Indigenous ideologies (Absolon, 2019). Moreover, Canada's mainstream social work was historically linked to its government. Originating from settlers in the 1500s, this government played a significant role in colonization efforts. Notable among these were the Indian Residential Schools (IRS) and Sixties Scoop. The latter referred to the forced removal of Indigenous children to non-Indigenous homes (Dennis & Minor, 2019; Fortier & Hon-Sin Wong, 2019). Indigenous social workers adopting medicinal plants for healing provided a culturally sensitive approach for their clients due to shared lived experiences of colonization (Stansbury et al., 2018). Integrating medicinal plant

traditional healing practices strengthened the bond between client and social worker, and recognition of these practices' significance by mainstream organizations may have led to their wider adoption in the social work profession (Shokane & Masoga, 2018). Hence, the overarching challenge remained integrating Indigenous medicinal plant practices into human services amidst the existing structural and cultural barriers (Fraser et al., 2020). Exploring the cultural and structural divides that separated Indigenous healing methods from mainstream social work practices was the focus of this study, using a research design that incorporated an Indigenous worldview to understand social work practices.

In this section, I present the research design, methodology, and data collection approach for my study. My chosen research design was informed by the generic qualitative process. Through this generic qualitative research design, I aimed to uphold the rigorous standards associated with this approach. My methodology emphasized Indigenous ways of knowing, particularly focusing on participant story relationships. To gather data, I employed a topic-based interview technique. I relied on handwritten notes to record the data. Following data collection, I analyzed the participant interviews using the Maxqda data analysis program. I built upon my methodology in the upcoming section by framing the study with a focus on Indigenous social workers' practice experiences with medicinal plants in the Treaty 7 region.

Research Design

This research study was focused on Canadian Indigenous social workers practicing their traditional ways of knowing in Treaty 7 region. It was important to understand the Indigenous social worker's medicinal plant traditional knowledge and

their experiences with its use to help address Indigenous people's trauma experiences related to colonization.

The research questions for my study were:

RQ1: How do Canadian Indigenous social workers practicing in the Treaty 7 region describe their experiences of using medicinal plants to address Indigenous client trauma related to colonization?

RQ2: How do Canadian Indigenous social workers practicing in the Treaty 7 region describe their experiences of using medicinal plnts to address Indigenous client trauma related to colonization in the context of challenges and opportunities?

This research was a generic qualitative study. The indigenous wholistic theory guided my research study in a culturally attuned way. Indigenous social workers who were practicing were interviewed, focusing on those located in Treaty 7 region.

My generic qualitative study aimed to delve into the experiences of Canadian Indigenous social workers in the Treaty 7 region, focusing on their integration of traditional healing medicinal plant practices to address trauma related to colonization. Additionally, through their experiences, I sought to better understand the challenges and opportunities Indigenous social workers encountered in incorporating traditional medicinal plant healing practices within human services.

The tenets foundational to generic qualitative research resonated clearly within the scope of my study. Serving as the primary investigator for this study, I directly handled all facets of data collection, in line with the recommendations of Creswell (2014), rather than relying on research assistants. I inductively discerned and categorized

themes from the interviews. My focus was on capturing the essence of the Indigenous social work participants' experiences concerning the topic of traditional healing medicinal plant practices. This qualitative approach was selected to provide a deep and authentic insight as discussed by Kostere and Kostere (2021) into the experiences of Indigenous social work participants thereby ensuring genuine representation and trustworthiness existed in my study.

Methodology

I was a qualitative researcher who recognized the Indigenous ways of knowing. The methodology of this study was rooted in a paradigm, philosophy, and epistemology engrained in an Indigenous worldview and ways of knowing. This study was conducted in compliance with Walden University's Institutional Review Board requirements (approval no. 11-12-24-0621205).

Participants

I purposefully selected Indigenous social work participants for my study information. Participants were chosen based on self-identified Indigenous social workers who were registered and provided services within the Treaty 7 region. I sought to recruit six to 10 of Indigenous social workers to participate in the study. Bekele (2022) suggested a range of five to 25 participants for qualitative research. However, the final number of participants was determined by saturation. Saturation was reached when a qualitative study ceased data collection because there are no longer new themes or information arising (Rahimi & Khatooni, 2024).

I used purposive and snowball sampling. The inclusion criteria were participants who self-identified as Indigenous social workers providing social work services in the Treaty 7 region. I initiated the purposive sampling process in Treaty 7 region first by reaching out directly to Indigenous social workers practicing in Indigenous and mainstream organizations providing Indigenous specific programs and services. Next, I reached out to Treaty 7 region Indigenous social workers practicing in mainstream organizations with no focus on Indigenous specific programs or services. I employed a script during initial cold calls to potential participants for the study. I provided my research to the organizations approached, which included content and context about my project purpose, research questions, participant involvement, consent, and contact information. Furthermore, I used my networking to facilitate snowball sampling for reaching additional Indigenous social worker participants. Snowball sampling was ideal for my research, as a qualitative researcher seeking Indigenous social worker participants from the vulnerable, hard to recruit, oppressed, and often distrustful population of Canada's Indigenous Treaty 7 region (Wright & Stein, 2004). I employed, as discussed by Wright & Stein (2004), a chain-referral method as part of my snowball sampling technique. This involved having identified participants share information with their own network and encouraging others who met the inclusion criteria to contact me.

Instrumentation

I used semi-structured interviews with Indigenous social workers. I chose the interviewing method of the face-to-face interviews with my Indigenous social work participants to ensure personalized and in-depth dialogue occurred with them. The

rationale of my preference for interviewing Indigenous social work participants, was how complementary this was for Indigenous peoples' ways of knowing relating to sustaining relationships and aligning with their storytelling tradition. A strength of the interview method was flexibility where direct observation or in-person meetings with my Indigenous social worker participants were not feasible, I alternatively conducted interviews online by Zoom or by telephone. I employed strategies of meeting with participants in their human services organizations, local community meeting rooms, or by Zoom, in accordance with the participants' preferences.

I used a topic-based interview guide with Indigenous medicinal plant practice focused questioning, and open-ended questions when interviewing my Indigenous social worker participants. I developed the interview protocol and questions based on how the literature review and indigenous wholistic theory informed and framed my study. I developed open-ended questions designed to gather rich data describing participants' experiences with medicinal plant knowledge to answer my research questions.

In my interactions with Indigenous social worker participants during the interview I prioritized purposeful listening of their narratives. I documented the Indigenous social work participants' interviews using audio recording.

Data Analysis

I analyzed the qualitative data collected from the Indigenous social workers using thematic analysis. Thematic analysis was defined as examining repeatedly the data collected to generate codes from the text, producing labels or categories of codes, then sorting the data into comprehensive themes to establish definitions and meaning

(Creswell, 2014). I organized my data collected from the Indigenous social worker interviews in words, phrases, or chunks of informative patterns, categories, and themes aligned with my study research question. I examined repeatedly the data from the Indigenous social worker interviews until regularly occurring patterns were identified. There were multiple readings of the interviews to analyze for the multiple possible meanings. I ensured there was a winnowing to focus the information for use in the final report while disregarding what was not able to be used.

Maxqda was the qualitative data analysis program I chose. Maxqda offered a student program specifically for qualitative data analysis and provided access to customer support and training. I used the Maxqda program to transcribe and analyze my interview data utilizing its built-in transcription tools. Maxqda verbatim transcribed the audio recordings of the participant interviews. I organized, sorted, and searched my interview text using Maxqda.

Using the Maxqda data analysis program for coding enabled me to identify interrelated codes and relationships within the data. I aggregated the data from my participants to create themes. Having established a system for data analysis, I next, aligned the study with indigenous wholistic theory. I discussed my findings in the qualitative narrative to interpret my Indigenous social work research.

Trustworthiness

I established credibility of my findings by seeking the opinions of my Indigenous social worker participants regarding the accuracy of my qualitative research findings. Employing credibility strategies such as member checking and providing rich and thick

descriptions helped ensure the credibility of the findings. The member checking I undertook involved inviting participants to read the initial themes of my study and provide feedback. I also used a participant validation strategy with participants by asking for their review of my transcripts for accuracy. Participant validation also occurred for the findings through a set of conversations I had with them as a follow-up to help to determine the accuracy of my final themes.

I participated in a process of reflexivity throughout my generic qualitative research study. My reflection process involved examining my own role, personal background, culture, and lived experiences. My reflection process also required becoming aware of how my own personal Indigenous history shaped the direction of my research. I ensured self-awareness relating to my Indigenous personal and professional biases, values, principles, and ethics that informed my role as a researcher. I used a reflective journal to consider each of these elements to limit their impact on my findings.

I acknowledged that achieving qualitative transferability was not an intended outcome of these research findings. I am ensured that the findings were specific to my study, which focused on Canadian Indigenous social workers practicing in the Treaty 7 region and were not transferable beyond these participants. Through open-ended questions, clarification questions, and additional prompts, I encouraged participants to provide rich detail of their experiences of using medicinal plants to address trauma related to colonization in Indigenous clients, within the context of challenges and opportunities in social work.

I established dependability procedures for my generic qualitative study. I reviewed the transcripts of my Indigenous social worker participants to check for any errors that may have occurred during the transcription process. By checking the transcripts and compiling this data into a coding system, I aimed to produce reliable qualitative research for my study. Perspectival triangulation, based on the range of Indigenous social worker participants who had various roles as practitioners supported the dependability of my research data. Having established the methods to ensure the rigor of qualitative research, it is equally imperative to address the ethical dimension of my study.

Ethical Procedures

The ethical principles I attended to as the researcher were respect for persons, respect for community, beneficence, and justice within my Indigenous social work research project. As the researcher, I attended to respect for persons and achieved this by providing ample information to potential participants about the purpose of the study, allowing them to determine, on their own, if it was in their best interests to join my study. I sought voluntary consent from my Indigenous social worker participants. During the recruitment phase of my study, I shared the informed consent form with potential participants by delivering it in-person or emailing it to the individual. I developed an informed consent form to obtain agreement from my Indigenous social worker participants regarding provisions of my study before the data collection stage. I asked the participants to carefully read and review the consent form. I encouraged potential participants to ask any questions arising from their consent form review before

consenting to involvement in my study. I asked participants to sign the consent form or to email me “I consent” when they were fully in agreement to become a participant in my study. The elements included in the informed consent process were the identification of the generic qualitative research, the sponsoring Walden University institution, the purpose of exploring the experience of Canadian Indigenous social workers from the Treaty 7 region who incorporated traditional healing practices using medicinal plants to address Indigenous client trauma related to colonization, the benefits for participating, and the level and type of participant involvement. I discussed the risks, guaranteed the protection of confidentiality, and offered the option for participants to withdraw from the study at any time. Indigenous social worker participants received compensation for their involvement in my research, in the form of a Tim Horton’s gift card. I was obligated to maintain the confidentiality by protecting the identity of my Indigenous social worker participants involved in my qualitative Indigenous social work research both during and after the study. I did not include personally identifiable information about my participants and used pseudonyms when referencing their information. Other confidentiality measures in my research included considerations for interview data recording, storage, authorized access, and duration of access. As the sole researcher for my study, I did not have a team accessing the interview data, which ensured the confidentiality of my Indigenous social worker participants.

I was committed to ensuring the security of the Indigenous social workers’ interview data. I enforced data security by implementing password protection for digital files. I password protected both my Indigenous social worker interview data analysis

software, removable USB sticks, and computer. Additionally, I identified and guaranteed the secure location of my personal residence for storing the Indigenous social worker interview data. I encrypted the Indigenous social worker interview data on my mobile devices to protect the information of my study. I protected my qualitative research from Indigenous social worker interview data with a home security system, locked access to my household student office, and a secured storage cabinet. Per Walden University policy, I will maintain the raw data for 5 years and, at that time, will destroy the data through shredding.

Summary

My research proposal focused on the experiences of Canadian Indigenous social workers in the Treaty 7 region and their use of medicinal plants to address trauma related to colonization, despite facing challenges in integrating this practice into mainstream services. The client issue was rooted in the historical context of Canada's colonization and its impact on Indigenous communities, intergenerational trauma, and traditional healing practices. My study examined how Indigenous social workers understood their traditional medicinal plant healing practices within western and colonial social work perspectives.

For my study, I adopted a generic qualitative research design. My study was guided by indigenous wholistic theory. Data were collected through interviews, and I explored the Indigenous social worker's use of traditional medicinal plants to heal the traumas of colonization. The methodology aligned with Indigenous ways of knowing, community engagement, and cultural sensitivity.

My research process involved being the primary researcher and handling all facets of data collection and analysis. My research design allowed for adjustments based on insights from participants, ensuring the study remained true to the evolving nature of qualitative research. Building on the research framework and methodological rigor outlined thus far, the subsequent section of my proposal presented the findings, synthesizing, interpreting, and conveying the voices and knowledge shared by the Indigenous social work participants.

Section 3: Presentation of the Findings

The purpose of this generic qualitative study was to explore how Indigenous social workers in the Treaty 7 region of Alberta use medicinal plants in their social work practice to address Indigenous client trauma related to colonization.

The research questions guiding this study were:

RQ1: How do Canadian Indigenous social workers practicing in the Treaty 7 region describe their experiences of using medicinal plants to address Indigenous client trauma related to colonization?

RQ 2: How do Canadian Indigenous social workers practicing in the Treaty 7 region describe their experiences of using medicinal plants to address Indigenous client trauma related to colonization in the context of challenges and opportunities?

To address the research questions, data were collected through semi-structured interviews with self-identified Indigenous social workers using medicinal plants in their practice. Study participants were recruited using purposive and chain-referral snowball sampling. Each participant interview was audio-recorded with consent and transcribed for data analysis. To protect participant confidentiality pseudonyms were used in place of real names and were selected to reflect Indigenous culturally respectful naming practices. Data analysis was conducted using a qualitative data analysis software. In-vivo coding was used to ensure Indigenous participant voices were prioritized. The data were analyzed using a top-down approach informed by Indigenous wholistic theory, which provided the framework for identifying categories and themes.

This presentation of the findings section presents the data analysis procedures, coding framework, validation methods, and results of the thematic analysis, organized in accordance with the research question. The section begins with a description of data collection and analysis techniques, followed by a presentation of findings by themes and categories, including participant quotes. Discrepant and unexpected findings are also addressed. The presentation of the findings concludes with a summary and transitions into the implications section.

Data Analysis Techniques

Data for the Canadian Indigenous social workers study were collected from November 24, 2024, to February 2, 2025. The study recruited seven Indigenous social workers registered, residing, and practicing in the Treaty 7 region of Alberta, Canada. Participants were recruited using purposeful and chain-referral snowball sampling (Wright & Stein, 2004). All participants met the inclusion criteria and completed semi-structured interviews. Seven Indigenous social workers participated in the study. All seven participants self-identified as Indigenous, representing First Nations and Metis Nation, and were registered social workers. The participants were currently practicing in the Treaty 7 region of Alberta, Canada. Participants also had diverse social work practice experience backgrounds in both Indigenous and non-Indigenous organizations. All participants demonstrated a clear understanding of medicinal plant knowledge and reported actively using medicinal plants in both their past and current social work practice. The participant variation provided a rich and multilayered understanding of how medicinal plants are integrated into Indigenous social work practice across diverse

professional contexts. The response rate of invited participants was 100%, with no dropouts or unfinished interviews. Table 1 presents demographic characteristics of the seven Indigenous social worker participants, including Indigenous group, gender, age, years in social work practice, and organizational context.

Table 1

Characteristics of Indigenous Social Worker Participants

Participant ID	Pseudonym	Indigenous group	Gender	Age	Years in practice	Social work role	Organizational context
P1	Sun Woman	First Nation	Woman	60-70	25+	-front-line -leadership	-First Nations on reserve
P2	Star Woman	First Nation	Woman	30-40	15+	-front-line -administration	-non-profit
P3	Bear Woman	First Nation	Woman	30-40	10+	-front-line	-public
P4	Eagle Woman	Metis	Woman	20-30	10+	-front-line	-public -non-profit
P5	Sky Woman	Metis	Woman	40-50	21	-front-line -leadership	-government -non-profit
P6	Mountain woman	First Nation	Woman	50-60	20	-counselor -program facilitator -caseworker -program coordinator -therapist -cultural helper	-non-profits with youth, families, community -government -First Nations on reserve -
P7	Wolf Woman	Metis	Woman	40-50	14	-front-line -leadership	-health -non-profit

The research data were transcribed and analyzed using MAXQDA qualitative analysis software. The coding process followed both elemental and in-vivo coding techniques. Elemental coding was initially used to identify meaningful data segments or units of significance across participant transcripts. In-vivo coding was then applied to capture key phrases and terms directly from participants' own words, which preserved

the integrity of Indigenous oral storytelling traditions and centered participant voice in the analysis. Each in-vivo code was labeled with the participant's language to reflect cultural nuance and to maintain relational accountability within the analysis process. Codes were then examined for frequency, cultural significance, and alignment with the research questions.

The overall study data analysis followed a top-down approach guided by Bingham's (2023) model, which emphasizes the use of predetermined theoretical framework to organize qualitative findings. This predetermined theoretical approach framework involved applying the indigenous wholistic theory as the organizing lens for interpretation. The coding framework was developed in advance based on the seven directional dimensions of indigenous wholistic theory. The seven directional dimensions are Center, North, South, East, West, Land-based, and Decolonization. As participant transcripts were coded, individual codes were grouped under relevant indigenous wholistic theoretical dimensions based on their meaning and alignment with the framework. The process followed Bingham's stepwise approach: (1) identifying initial codes from the data; (2) sorting and grouping codes into categories that reflected recurring patterns; and (3) abstracting categories into broader themes that were conceptually aligned with the theoretical directions. This method ensured that analysis was consistent with the study's indigenous wholistic theoretical framework and provided structured insight into the healing practices described by the participants.

As part of the researcher's commitment to relational accountability and spiritual preparation, participation in Indigenous ceremonies including the Horse Dance, Naming,

Face Painting, and Ghost Dance ceremony preceded the data collection process. I offered tobacco, ribbon, broad cloth, received a traditional name, and requested prayers from the Elders to guide the study. The traditional ceremonial acts were undertaken to honor the sacredness of the participants' knowledge and to strengthen ancestral and spiritual support during data analysis.

Codes were sorted into seventeen categories which were then grouped into seven themes aligned with the indigenous wholistic theory framework. Table 2 presents examples of the codes, categories, and corresponding themes that were developed through the application of the indigenous wholistic theory framework during the data analysis process.

Table 2

Examples of Codes, Categories, and Themes

Example code	Category	Theme
RQ1	RQ1	RQ1
Generational teachings	Sacred Teachings and Professional Development	East – Ancestral Knowledge, Ceremony, and Intergenerational Transmission
Colonization resulted in Indigenous Social Workers medicinal plant knowledge development to be in a deficit	Sacred Teachings and Professional Development	East – Ancestral Knowledge, Ceremony, and Intergenerational Transmission
Medicinal plants can come to an individual by gifting, prayer, or ceremony	Ceremonial Practices	East – Ancestral Knowledge, Ceremony, and Intergenerational Transmission
Medicinal plants initiate prayer and create a connection to Creator	Ceremonial Practices	East – Ancestral Knowledge, Ceremony, and Intergenerational Transmission
External Knowledge Keepers come into the western organization to teach medicinal plant healing	Elder, Knowledge Keepers, and Ceremonial Teachings	East – Ancestral Knowledge, Ceremony, and Intergenerational Transmission
Elders possess ancestral medicinal plant knowledge	Elder, Knowledge Keepers, and Ceremonial Teachings	East – Ancestral Knowledge, Ceremony, and

		Intergenerational Transmission
Medicinal plants help communities	Community and Relational Spaces	South – Client Change, Relationship, and Community Healing
Client intervention is not individualism they heal with their community and these relationships that are built	Community and Relational Spaces	South – Client Change, Relationship, and Community Healing
Community built with medicinal plant use	Community and Relational Spaces	South – Client Change, Relationship, and Community Healing
Client intervention includes traditional teachings of the four directions, to improve well-being	Client Interventions and Healing Outcomes	South – Client Change, Relationship, and Community Healing
Indigenous social workers experience effective intervention through exposing client to medicinal plant cultural teachings	Client Interventions and Healing Outcomes	South – Client Change, Relationship, and Community Healing
Metis identity for the Indigenous social worker is attacked by colonial settler	Cultural Identity Loss and Reclaiming	West – Indigenous Identity, Decolonization, Cultural Resurgence
Clients find their Indigenous identity through cultural teachings that include medicinal plants	Cultural Identity Loss and Reclaiming	West – Indigenous Identity, Decolonization, Cultural Resurgence
Clients feel disconnected from traditional teachings due to colonization	Decolonization and Colonial Resistance	West – Indigenous Identity, Decolonization, Cultural Resurgence
Clients mistrust government in the present day due to colonization	Decolonization and Colonial Resistance	West – Indigenous Identity, Decolonization, Cultural Resurgence
Professional meetings start with smudge to nourish the spirit holistically	Practical and Technical Problems	North – Medicinal Plant Traditional Practice, Preparation, and Healing Function
The Indigenous social worker is not knowledgeable in administering the medicinal plant treatment	Practical and Technical Problems	North – Medicinal Plant Traditional Practice, Preparation, and Healing Function
Achieving self-balance	Healing of the physical and spiritual	North – Medicinal Plant Traditional Practice, Preparation, and Healing Function
Physical effect of medicinal plant on individual	Healing of the physical and spiritual	North – Medicinal Plant Traditional Practice, Preparation, and Healing Function
Medicinal plant harvesting and care knowledge is a gift from one individual to another	Identification, Harvesting and Preparation	North – Medicinal Plant Traditional Practice,

		Preparation, and Healing Function
Medicinal plant treatment for ailments is a specialized knowledge	Identification, Harvesting and Preparation	North – Medicinal Plant Traditional Practice, Preparation, and Healing Function
Medicinal plant harvesting teaches indigenous Social Worker to not be greedy and be humble in their practice	Identification, Harvesting and Preparation	North – Medicinal Plant Traditional Practice, Preparation, and Healing Function
In practice wholistic living is a way of life inclusive of reciprocity and how the social worker's demeanor represents it	Reciprocity and Relationships	Center – Balance, Integration, and Wholistic Practice
Indigenous social worker practice is beyond social work it encapsulates ancestors, community, and reciprocity values	Reciprocity and Relationships	Center – Balance, Integration, and Wholistic Practice
Teaching clients about the significance of medicinal plants	Indigenous knowledge as a source of wholistic guidance	Center – Balance, Integration, and Wholistic Practice
The ancestors' oral stories are where the evidence-based knowledge is held about medicinal plant healing	Indigenous knowledge as a source of wholistic guidance	Center – Balance, Integration, and Wholistic Practice
Medicinal plant knowledge of identifying them requires humility, cultural sensitivity, and acknowledging the diversity and learning	Indigenous knowledge as a source of wholistic guidance	Center – Balance, Integration, and Wholistic Practice
Indigenous social worker medicinal plant identification creates understanding and ceremony about people	Interconnectedness of healing methods and knowledge	Center – Balance, Integration, and Wholistic Practice
Spiritual, Mental, Emotional, Physical, and Environment represent wholistic	Interconnectedness of healing methods and knowledge	Center – Balance, Integration, and Wholistic Practice
Medicinal plant and western healing methodologies have potential to work in harmony	Balance in Practice	Center – Balance, Integration, and Wholistic Practice
Intervention considers a client has internalized a western worldview and timeline connecting to ancestral ways is self-paced	Balance in Practice	Center – Balance, Integration, and Wholistic Practice
RQ2 Example code	RQ2 Category	RQ2 Theme
Indigenous social workers acknowledge the land relationship clients have with their originating region	Ancestral Land, Territory, and Environmental Stewardship	Land-based Knowledge

Land-based knowledge is a respectful relationship with the land and the ancestors who were its stewards	Ancestral Land, Territory, and Environmental Stewardship	Land-based Knowledge
Client experiences can be understood by seeing them through a lens of land-based knowledge	Organizational Policy Barriers on Medicinal Plant Practice	Decolonization of Social Work Practice
Inclusion of diversity population in medicinal plant teachings	Organizational Policy Barriers on Medicinal Plant Practice	Decolonization of Social Work Practice
The Indigenous Social Worker required to justify medicinal plant burning meets fire code compliance in western organizations	Organizational Policy Barriers on Medicinal Plant Practice	Decolonization of Social Work Practice
Indigenous social worker supported by organization are leaders, mentoring medicinal plant use and traditional knowledge to colleagues	Organizational Colonialism and Support of Medicinal Plant Practice	Decolonization of Social Work Practice
Western organizations strongly resist Indigenous social worker using Indigenous ways and traditions in their practice	Organizational Colonialism and Support of Medicinal Plant Practice	Decolonization of Social Work Practice
Western organizations dominated by colonial settlers who do not have knowledge of Indigenous traditional ways	Organizational Colonialism and Support of Medicinal Plant Practice	Decolonization of Social Work Practice
The Indigenous social worker is decolonized and practicing in their traditional ways with medicinal plants	Decolonization and Colonial Resistance	West – Indigenous Identity, Decolonization, and Cultural Resurgence
Indigenous Social Worker act of resistance to protect identity that colonization seeks to remove	Decolonization and Colonial Resistance	West – Indigenous Identity, Decolonization, and Cultural Resurgence

While the findings presented in this study reflect consistent patterns across all seven participants, it is important to acknowledge that individual variations and nuances were also present. The use of a top-down analytic framework, guided by indigenous wholistic theory, provided a structured lens through which participant data were interpreted. This top-down analytic framework approach naturally focused the data analysis on specific Indigenous traditional directional domains of east, south, west, north,

and center, which may have emphasized shared aspects of participant experiences over unique or varying perspectives. For example, while all participants described medicinal plant knowledge as spiritually and relationally informed, their self-assessed expertise varied significantly. Four participants, identified as novices, are still learning ancestral protocols of medicinal plants, while others described themselves as experienced knowledge holders, actively engaged in community teachings and ceremony. The participant medicinal plant knowledge differences did not contradict the overall themes. The spectrum of participant medicinal plant experiences enriched the depth of the study findings. Additionally, four of the participants described tensions navigating Western organizational barriers, while three others shared more supportive experiences in their workplaces. Including the participant variations as knowledge holders and organization experiences within the broader thematic structure demonstrates both the cohesion and complexity of Indigenous social workers' efforts to integrate medicinal plant healing into their practice.

To ensure the trustworthiness and credibility of the study validation strategies were implemented. An audit trail was maintained throughout the coding process to document decisions related to code assignments, category development, and theme formation. In addition, theoretical triangulation was used by comparing codes and categories against the Indigenous wholistic theory framework. The validation strategies employed in the study contributed to the overall trustworthiness of the project.

Limitations were encountered during the data collection process. Due to the criteria outlined in the IRB approval, recruitment of participants on the First Nations

communities was restricted to email communication. In-person or research direct invitation on the First Nations was not permitted, which may have limited access to potential participants who may prefer the cultural relationship protocol of direct contact. In addition, participant recruitment and scheduling of interviews coincided with the Christmas and New Year holiday season months when many Indigenous social workers have limited availability. The Indigenous social workers expressed interest in participating in the study but were unable to schedule the interviews until after the holiday season which delayed data collection.

Findings

This section presents the finding of the Indigenous social worker study organized by the two guiding research questions. The seven themes identified in this study, aligned with the Indigenous wholistic theory framework, are: (1) East, Ancestral Knowledge, Ceremony, and Intergenerational Transmission, (2) South, Client Change, Relationship, and Community Healing, (3) West, Indigenous Identity, Decolonization, Cultural Resurgence, (4) North, Medicinal Plant Traditional Practice, Preparation, and Healing Function, (5) Center, Balance, Integration, and Wholistic Practice, (6) Land-based Knowledge, (7) Decolonization of Social Work Practice. Themes 1 through 5 address RQ1 by providing understanding of how participants described their personal and professional experiences using medicinal plants as healing interventions in response to colonial trauma. These themes explored the ceremonial, relational, spiritual, and practical dimensions of medicinal plant use with Indigenous social work. Themes six and seven address RQ2 by highlighting the organizational contexts that either challenged or

supported participants in reclaiming and using traditional plant medicine within colonial human services systems. Theme three also supports findings related to RQ2. Together, the study themes provide an understanding of the Indigenous social workers use of medicinal plants in practice and the organizational context in which these traditional healing interventions were provided for clients. These themes reflect the wholistic, directional, and interconnected ways of knowing embedded in Indigenous healing practices, which are grounded in land, ceremony, and decolonization, particularly as they pertain to the use of medicinal plants by Indigenous social workers in Treaty 7.

Research Question 1 (RQ1)

RQ1: How do Canadian Indigenous social workers practicing in the Treaty 7 region describe their experiences of using medicinal plants to address Indigenous client trauma related to colonization?

Theme 1: East – Ancestral Knowledge, Ceremony, and Intergenerational Transmission

The theme of East reflects the direction of beginnings for Indigenous people and the place where ancestral knowledge is received symbolizing ceremonial traditional intergenerational teachings, spirituality, and cultural growth. In this study, east represents how Indigenous social workers come to understand and incorporate medicinal plant use with clients through intergenerational teachings, ceremony, and reflection. The seven study participants consistently described their medicinal plant knowledge as a learning journey that is spiritual, relational, informed by Elders, the land, and their own cultural upbringing. Wolf Woman reflected on the sacred connection to land, stating:

> It's sacred and it's ancient and it's deep and it's healing and it…it's everything. It's all encompassing because the land provides everything that we need. And that I think in Indigenous cultures, because there's a strong knowledge of the land and what each plant does, I mean, it far exceeds my very limited knowledge of those plants.

Star Woman described her understanding of traditional knowledge transmission through oral and relational practices, explaining:

> Being in relation with somebody and getting that maybe like the oral tradition in person, experiential learning from a cultural…individual or a knowledge holder of medicinal plants…it was passed down from generations to generations…they can know the nuances in plant identification.

The Wolf Woman and Star Woman reflections provide understanding of how the Indigenous social worker's traditional knowledge is transferred intergenerationally and in relationships.

The seven Indigenous social workers learned ancestral medicinal plant healing knowledge for client intervention through oral traditions and teachings rather than through Western formal education. Mountain Woman explained:

> I have to acknowledge my Elders and my grandparents and our ancestors…that's where that knowledge comes from. I've just been a fortunate one to have the relationships, to have those connections to those people, to have learned from them and to keep learning from them. And I'm grateful for that.

Another participant, Wolf Woman, shared:

> I definitely do feel like we're moving in a good direction where indigenization and recognition of sacred plant and ceremony is increasing…actually seeing mainstream agencies seeing the value in using these plants and the healing and not only for indigenous people, but for other people as well. So, I mean like I said, I think we're moving the needle. We have a long way to go. But, um because you know, ten years ago, the things that I'm able to do in my practice now would have not been allowed.

The Mountain Woman and Wolf Woman reflections emphasize that medicinal plant knowledge of the Indigenous social workers was embedded in ancestral ways of knowing, influenced personal traditional journeys, and as accepted in social work environments.

Across the seven participants, there was shared understanding in the data gathered that their learning about medicinal plants has been a lifelong journey both personally and professionally requiring humility, guidance, and a spirit of kindness. One participant, Mountain woman reflected, "I'm 100 percent just entirely indebted to our…elders for their knowledge and for their keeping…of our ways going because those teachings are passed on." The Indigenous social workers demonstrated an intergenerational respect and gratitude a commonality held throughout their learning journeys.

The participants varied in how confident they felt about their level of traditional medicinal plant knowledge for use with client interventions. Some participants described themselves as novices, others stated they were experts using medicinal plant healing

techniques as interventions. The participant, Wolf Woman, acknowledged and humbly described how her awareness grew through elder guidance, saying:

> Because it helped me to see that, like, we don't see what's all or I don't see what's all around me. You know, I walk past that mint patch like a million times…I never noticed it until this elder pointed out to me and said, you know, go take some.

The participant Bear Woman express her confidence in passing on traditional teachings, "I can pass on those teachings to…next generation," identifying her responsibility and knowledge development.

The East theme addresses RQ1 by highlighting how Indigenous social workers describe their experience of using medicinal plants in practice through cultural learning and spiritual development to address client trauma related to colonization. The theme is further illustrated through the following three subthemes, (a) sacred teachings and professional development, (b) ceremonial practices, and (c) elders, knowledge keepers, and ceremonial teachings.

Sacred Teachings and Professional Development. All seven of the study participants described their medicinal plant knowledge for use with client interventions as a lifelong learning journey at both the cultural and professional levels of their practice experiences. Six of the Indigenous social workers discussed that their medicinal plant knowledge was not easily accessible throughout their careers due to the impacts of colonization and the absence of traditional teaching in post-secondary social work programs. As one participant, Sky Woman, reflected, "It's nice now in the work I'm

doing…because it's not something that I have been able to do in the past…it's definitely an area where I've been growing my knowledge and learning more."

All of the seven participants' medicinal plant cultural growth was supported through oral traditions and the cultural teachings passed down by Elders and Knowledge Keepers. One participant, Mountain Woman, explained, "The work that I do makes sense through stories…through our ancestors, through our elders and our knowledge keepers, and using our natural world." All seven of the participants discussed that their learning was culturally aligned while ensuring the medicinal plant knowledge was respectfully passed to the next generation. Mountain Woman further acknowledged a need for learning the ancestral teachings, "I don't know as much about medicinal plants as I would like to…I do want to explore that personally a little bit more." The Indigenous social worker reflections demonstrate that their medicinal plant use with client intervention is an ongoing process of reclaiming traditional ways of knowing, professional development, and cultural connection.

Ceremonial Practices. All seven of the Indigenous social worker participants emphasized that medicinal plants are foundational to Indigenous ceremony and spiritual ways of knowing. Smudging, offerings, and prayer are essential components of Indigenous cultural identity and connection to the Creator. As one participant, Bear Woman, shared, "Medicinal plants are part of our spiritual practices, our ceremonies, our way of life…It's one of the things that we gift…that starts our ceremony." All seven of the participants explained that traditional teachings are the first to be taught to those individuals beginning their cultural journey, especially the use of smudge and tobacco as

offerings to Elders or the land. Another participant, Sun Woman, further explained the traditional teachings of how smudging and prayer are connected to the direction of the East and Creator, "In the East…we use our smudging…and offerings…we say our prayers to [Creator]…that's the Holy Son…who we pray to." This connection between ceremony, four directions, and medicinal plant use was described by three participants as central to guiding spiritual intentions within their practice. As the participant, Bear Woman, reflected, "Medicines are the way that we start things in a positive way…if you didn't do them this way…without medicine…ceremony might not look the way that it does." The collective seven Indigenous social workers' reflections demonstrate that ceremonial use of medicinal plants in their practice to address trauma related to colonization is foundational to how they begin, frame, and sustain client healing practices.

Elder, Knowledge Keepers, and Ceremonial Teachings. The seven participants consistently asserted that Elders and Knowledge Keepers possess, and orally transmitted ancestral knowledge related to medicinal plants, ceremony, and spiritual well-being. Elder and Knowledge Keeper teachings are central to addressing client trauma within the practice of all seven Indigenous social work participants and are rooted in a trusting and respectful relationship. One participant, Mountain Woman, noted how knowledge transmission of medicinal plants is shared:

The Elder will bring in bear root and bear grease and use that as a salve…She has knowledge from her Elders that taught her, and now she's an Elder. So she carries on that

knowledge…The way that they were prepared, the way that they're used, were always passed on and carried on.

Mountain Woman further acknowledged the role of Elders within human service organizations where the Indigenous social worker practices, explaining, "We are able to bring forth just our traditional way of life, to connect to our Elders…to bring them into spaces, institutions, systems where maybe conventionally, they wouldn't have been welcome…as a way of promoting healing or well-being." The Elder teachings, once passed down orally through generations, are now intentionally integrated into the human services organization environments as confirmed by all seven of the Indigenous social workers. Mountain Woman highlighted the intentional integration of the elder teachings by the participants as, "I'm 100% just entirely indebted to our Elders for their knowledge and for their keeping of our ways going because those teachings are passed on." The seven Indigenous social workers' reflections validate that Elders and Knowledge Keepers are central to sustaining and legitimizing Indigenous healing practices for their client trauma interventions and human service organizations.

Theme 2: South – Client Change, Relationship, and Community Healing

The theme of South represents client change, relationship-building, and community healing within Indigenous social work practices aimed at healing colonial trauma. All seven participants associated the South direction with trust, growth, and relational care. They described how medicinal plant use promoted client healing, cultural reconnection, and emotional well-being. As one participant explained:

> We can smudge that area…for that person that might be in crisis, even…when they're going through a really difficult time and they want to hold on to a braid of sweetgrass, or they want to…have some sage to sleep under their pillow. I think that there's…a lot of different ways that we can…use our…plant.

These practices included smudging, harvesting, and ceremony, often facilitated in culturally safe spaces. Participants highlighted engaging directly with clients through shared ceremonial experiences or by empowering them to explore medicinal plant healing on their own. One social worker shared:

> My job is the smudge is kind of the lure to get them to come in, but it also gives them a place where they can ask questions and learn about new things and see what's coming next. So it's…beautiful and I love being part of that side of things with them as they go on that journey.

The South theme addresses RQ1 by encapsulating how the seven Indigenous social workers described their interventions of using medicinal plants to promote client healing from colonization related trauma through traditional relationship building, community wellness, ceremony, and culture. The theme is further illustrated through the following two subthemes: (a) community and relational spaces, and (b) client interventions and healing outcomes.

Community and Relational Spaces. All seven participants in the study described how harvesting and using medicinal plants with clients created therapeutic spaces that formed relationships and cultural engagement. These client interactions extended outside the clinical environment, allowing for formation of cultural identity, story sharing, and

the experience of positive support from the Indigenous social workers. One Indigenous social worker, Bear Woman, reflected on how client relational healing is fostered through positive support:

> Doing something together, like going for a walk and taking a look at the medicines and harvesting…it almost becomes like therapeutic. We're picking, looking at the plants, doing a little assessment…it pulls you out of the norm and gets you doing something that's a little more fun…and you're working together to an end goal…that can be really helpful for some clients, especially if they're feeling stuck.

The Bear Woman's reflection highlights how cultural practices of harvesting medicinal plants can shift the professional relationship from formal service delivery to a more equal and empowering relationship between the client and practitioner.

Five of seven participants also identified that client healing is supported by the family, community, and ceremony. One Indigenous social worker, Eagle Woman, described how accompanying a client to ceremony reinforced healing support:

Having a client who was hesitant to explore these traditional practices alone, and by attending the ceremony with her, I was able to honor her role as an individual, but while also emphasizing the whole community's role in her own healing journey…This really reinforced my understanding of the importance of relationships and creating spaces where clients feel safe and supported.

Eagle Woman's reflection demonstrates how Indigenous social workers create cultural relationships where clients are not healing alone but are instead connected to

their Indigenous collective community supports. The two participants who did not directly reference family did share ceremony is a relational practice that similarly emphasized client connection and engagement.

In addition to building relational connections, all the seven study participants reflected on the emotional and spiritual fulfillment that happens for clients from engaging with medicinal plants in ways that reinforce self-care. One participant, Bear Woman, described how the act of caring for medicinal plants becomes a therapeutic teaching tool for encouraging clients to care for themselves:

> It's very much a cycle…Making sure that we are taking care of ourselves is very similar. I use a lot of metaphors as taking care of plants…If we don't give our plants what they need sunshine, good soil, water they're not going to thrive…There are times where I'm encouraging them [clients] to do the same for themselves.

The Bear Woman reflection reinforces how traditional teachings on the land become sources of healing because the client's emotional resilience is strengthened and they become responsible for their own spiritual wellness. The participant reflections directly respond to RQ1 by demonstrating that Indigenous social workers describe their use of medicinal plants as relational, culturally informed interventions that promote client healing through engagement, shared activity, and community connection.

Client Interventions and Healing Outcomes. All seven participants described how medicinal plants were used with client interventions through traditional healing teachings. Medicinal plants were used by the participants as tools for emotional support,

cultural engagement, and spiritual balance. One Indigenous social worker, Mountain Woman, highlighted "When we smudge and that it can be used as a grounding practice is really helpful…It creates safety for clients that have been exposed to…violence." All the seven participants also described how traditional teachings of the Medicine Wheel four directions influenced their client assessments and goal setting. Another participant, Star Woman, reflected on supporting the client wellness, stating, "I think it's using the medicine wheel for all those quadrants within assessment and then goal setting…I could use that…with individuals." In addition, all the participants emphasized the importance of making medicinal plant interventions accessible by preparing smudge kits for clients to take home. One participant Sky Woman, explained "I always have prepared little satchels of medicinal plants…sage, sweetgrass, and cedar...for people to take with them if that's something that speaks to them." The seven Indigenous social workers through their reflections highlighted a shared approach to using medicinal plants as part of trauma-informed care, encouraging client empowerment, and promoting healing in a respectful way. The participant findings address RQ1 by demonstrating how Indigenous social workers describe their use of medicinal plants as intentional interventions that incorporate cultural teachings, promote emotional safety, and client healing from the trauma of colonization.

Theme 3: West – Indigenous Identity, Decolonization, Cultural Resurgence

The theme of West - Indigenous Identity, Decolonization, Cultural Resurgence represents the direction where Indigenous social workers hold cultural identity reclamation, decolonization, and resistance as central to healing practices with clients. In

alignment with RQ1, all the seven participants described how their use of medicinal plant is interconnected with the reclaiming Indigenous identity and resisting colonial systems that have historically suppressed traditional ways of knowing. As highlighted by Sun Woman:

> Consider our cultural ways of knowing to…in terms of immersing yourself in it and to be able to walk it and to be able to identify what you bring forward you as an individual…to say, this is who I am, and this is what I bring forward. And we use those medicinal plants to help us bring forward, I guess, our…spirit and our place in life to be strong.

For all the seven participants, healing was described as a process that reconnects clients to their ancestral teachings, traditional lands, and cultural protocols. The stories shared by all the participants reflected that medicinal plant use is a personal and collective act of cultural resurgence. Wolf Woman explained this by stating that:

> When in prayer, with medicinal plants or even when going out and, you know, picking them…it always brings me back that when we're talking about vision, it brings me back to when my ancestors weren't allowed to do those things, or they had to do it in secret…and I think for me, the renewal piece is, is it's about hope, right?

The west direction, as understood by the participants, highlights that medicinal plant use connects to the role of Indigenous social workers in restoring Indigenous knowledge systems while actively resisting colonial strategies that impact Indigenous well-being. The theme of west – Indigenous identity, decolonization, and cultural

resurgence participant findings responds to RQ1 by showing how medicinal plant use within the Indigenous social worker's cultural interventions supports client healing from trauma impacts of colonization. The theme is further illustrated through the following two subthemes of cultural identity loss and reclaiming, and decolonization and colonial resistance.

Cultural Identity Loss and Reclaiming. All seven Indigenous social workers described how the use of medicinal plants serves as a cultural pathway for clients to reclaim Indigenous identity in the context of colonization and intergenerational trauma. Participants consistently shared that reconnecting to medicinal plant practices supports cultural healing and identity restoration for clients who have been impacted by colonial disruption. One of the seven participants provided a descriptive understanding of the varying stages of client healing journeys. Mountain Woman, emphasized the role of ceremony and use of medicinal plants in supporting clients at different points along their healing journey:

> At a session with some clients today… after we opened in ceremony, and they were in circle…some people were further on their path of healing. Some are just beginning. And that's one thing that we can do, is when we begin by using our medicines.

The seven participants all described colonization as both a historical source of harm and an ongoing threat to Indigenous identity. One participant, Wolf Woman, reflected on their personal experience of reclaiming cultural identity in the face of these colonial pressures:

> I've been met with a lot of confusion over the years, like, why would you let anybody know that you come from Indigenous people?...A big part of that reclaiming who I am…is really thumbing my nose at the colonizers. I absolutely refuse to relinquish who I am and where I come from.

Across all seven interviews, participants reinforced that healing from colonization involves reconnection to cultural teachings, rather than conforming to colonial expectations or judgments. Star Woman affirmed this connection between cultural practice and healing:

> With the history of colonization, obviously we have trauma, which leads to…addiction, mental health. And so I don't ever want that [medicines and teachings] to be something that is taken away from somebody that's already been through so much loss and grief.

Together the stories of the seven Indigenous social workers demonstrate a shared understanding that medicinal plant use supports the reclamation of cultural identity for clients and the practitioners. The process of cultural reconnection through medicinal plant use aligns with the intent of RQ1 by illustrating how Indigenous social workers practice these interventions to support client healing from the ongoing impacts of colonization.

Decolonization and Colonial Resistance. All seven of the Indigenous social worker participants described how the use of medicinal plants supports clients in the process of reclaiming cultural identity, reconnecting with traditional practices, and restoring spiritual wellbeing that was disrupted by colonization. One of the seven participants uniquely illustrated how they view medicinal plant use as an act of

decolonization. All of the seven participants described that their clients engage in traditional healing methods as decolonization and to reclaim what was denied through colonial oppression. One participant, Wolf Woman, shared an example of how a client was able to decolonize, reclaim cultural identity, and reconnect with tradition:

> This particular patient was wanting to reconnect to their culture and was asking to smudge and was saying that he felt this would be really healing for him…I could see the bigger picture of like, how this could help this gentleman because he had a very difficult life and had been struggling and was trying to get better.

Across all seven participants' reflections, there was consistent agreement that healing occurs when clients are given safe, supported spaces to engage in traditional ways of knowing. These healing spaces as defined by all the seven participants allow clients to reclaim cultural practices that colonialism attempted to suppress. Another participant, Star Woman, affirmed the importance of spiritual restoration as central to this healing journey, "Spirituality is…definitely…knowing that, you know, there's more to us than just bones and body…even knowing…there's sacredness in being able to attend and…participate in…Indigenous healing practices, which includes medicines." The participants' shared stories reflect a unified understanding that the reconnection to Indigenous ceremony and spirituality through medicinal plants represents an active process of cultural reclamation and decolonization. The findings of the seven participants directly responded to RQ1 by demonstrating how Indigenous social workers integrate traditional medicinal plant healing as a culturally grounded intervention to support client healing from the trauma of colonization.

Theme 4: North – Medicinal Plant Traditional Practice, Preparation, and Healing Function

The theme North - Medicinal Plant Traditional Practice, Preparation, and Healing Function direction reflects healing, self-awareness, and personal growth in Indigenous traditional practice. Within the north theme, all seven Indigenous social worker participants described their knowledge of medicinal plants in relation to the physical and spiritual responsibilities of healing, including the traditional identification, preparation, and application of these medicines. Eagle Woman reflected, "It's not about just prescribing one solution. It's about…offering options that touch on all areas of these wellbeing…while also collaborating with these accurate information sources, whether that be Elders, or cultural knowledge holders." Eagle Woman further shared a healing intervention example:

> We explored how reconnecting with nature and some of these traditional practices with medicine could help her…being connected spiritually that way but also grounding herself emotionally…and that experience gave her the chance to feel that spiritual connectedness.

All the participants told stories of how their social work practice is informed by ancestral teachings and relational knowledge passed down through Elders and Knowledge Keepers. Sun Woman reflected, "I look at that land-based learning and bringing that forward…it's really important to use that…to reflect back on where we come from." The theme of north addresses RQ1 by illustrating how medicinal plant use functions as a healing intervention for clients and a personal wellness practice for the

Indigenous social workers themselves. All seven participant reflections emphasized that client healing through medicinal plants involves clinical approaches, spirituality, cultural way of knowing, and ethical harvesting protocols. The theme is further illustrated through the following three subthemes: (a) practical and technical problems, (b) healing of the physical and spiritual, and (c) identification, harvesting and preparation.

Practical and Technical Problems. All seven participants identified practical and technical problems originating within their organizations that limited the provision of their cultural healing practices using medicinal plants. The seven Indigenous social workers described difficulties navigating policies related to smudging, a lack of formal training in preparing medicinal plant treatments, and necessity of relying on Elders or Knowledge Keepers for guidance. One participant, Wolf Woman, reflected on organizational barriers encountered when seeking cultural learning opportunities:

> I also think that, you know, when you're asking, you know, can I go to this ceremony, and I'm not allowed to go? I wouldn't continue to ask…I feel like I don't have enough knowledge to be able to incorporate something like that into my practice…I'm still such a beginner and learning all these things.

Across the seven participant interviews, there was agreement on the existence of organizational barriers that created uncertainty and limited their ability to engage in client healing practices. All the seven participants communicated a sense of being early in their learning journey, identifying colonization, organization barriers, and lack of organizational mentorship as contributing factors. All of the seven Indigenous social workers highlighted how organizational environments influence the extent to which they

are able to incorporate traditional medicinal plant use into their trauma-informed client care.

Healing of the Physical and Spiritual. All seven participants described medicinal plants as central to healing both the body and the spirit, emphasizing that these domains of wellness are interconnected in the Indigenous worldview. The use of medicinal plants was understood by all seven participants as an intervention that embodied experiences for clients that balance their whole person. One participant, Wolf Woman, reflected on how use of medicinal plants in ceremony had a role in supporting personal and collective healing:

> When using medicinal plants, it helps to center me and ground me…remove grief, sorrow, sadness, loneliness…some of them are mine and some of them are passed down…using the plants and connected with prayer to ask for balance and to ask for healing.

All the seven participants highlighted how they integrated medicinal plant use into their self-care and their client interventions. The collective stories of the seven Indigenous social workers demonstrate how their medicinal plant use heals clients and practitioner from intergenerational trauma of colonization by promoting balance between the physical and spiritual.

Identification, Harvesting and Preparation. All the seven participants described the identifying, harvesting, and preparing of medicinal plants as rooted in cultural protocol traditions, ways of knowing, and ancestral teachings. The seven participants all reflected on how the medicinal plant knowledge is shared through the

ancestral teachings of Elders and Knowledge Keepers. One participant, Bear Woman, emphasized the traditional knowledge of how medicinal plants heal "Anything from almost…like…using it to make creams and applying certain medicines directly to certain wounds does certain things. They have different properties." Bear Woman described the importance of trusting the source of medicinal plant knowledge, explaining, "in a more concentrated form…[it is] a very specialized area as well. So you have to know and trust the people that are giving you those medicine and teaching you how to use them." All seven of the Indigenous social workers named specific medicinal plants such as sage, sweetgrass, cedar, berries, roots, and mint, and discussed the different methods used to prepare them for healing. All seven of the participants described methods of medicinal plant preparation including boiling cedar for tea to support lung health, grinding sage into teas to relieve physical ailments, and using sweetgrass in smudge ceremonies for spiritual cleansing. Consistent across participants was the emphasis on appropriate protocol before and during harvesting, Star Woman, reflected on this responsibility "And then you might learn how to, you know, put the tobacco down when you pick your plant. But then…it goes further into what's the protocol?" Sky Woman also highlighted the importance of ethical harvesting and land care, "We had gone to an area where sage is pretty plentiful and was able to talk about the difference between male and female plants and how to harvest and why that's important in terms of sustainability and health of the plant."

Bear Woman added further insight into the importance of preparation and preservation, sharing that, "You will need to put it in something that's going to be breathable, and then you want to hang it to dry…I think all of those teachings, if the

individual accepts the invitation to learn those things, could be useful." Together, all the participant reflections highlight how Indigenous social workers possess the culturally grounded knowledge for identifying, harvesting, and preparing medicinal plants, that is technical skill integral to their client trauma informed healing interventions.

Theme 5: Center – Balance, Integration, and Wholistic Practice

The theme of Center – Balance, Integration, and Wholistic Practice reflects the foundational positioning of Indigenous social workers and clients within their own healing journey, worldview, and cultural responsibilities, with an emphasis on balance, integration, and wholistic practice. In alignment with RQ1, all the seven participants described medicinal plant use as an Indigenous ancestral practice that centers both the practitioner's and the client's identity, restores balance, and integrates spiritual ways of knowing into professional practice. Sky Woman shared how daily smudging serves as a centering practice:

> The teaching that we're given is that you should be smudging, like, every day when you wake up, because it's like it's a gift to wake up. And so starting your day… with a smudge…to be grateful, show gratitude…but also just start in a good way. That'll kind of set you off on a good foot, I guess.

Participants also described medicinal plant use as spiritual, with Mountain Woman reflecting on the inseparability of the physical and spiritual:

> It's difficult…to think…of these things as separate entities…that you can't talk about the physical without looking at the spiritual…It's almost impossible or

> maybe meaningless to discuss only one area of who we are…they're all connected parts…I guess that's who we are too…as human beings.

Mountain Woman further emphasized that her practices are informed by sacred ancestral teachings and cultural responsibilities:

> There are seven sacred values or seven sacred teachings…they vary by nation…for Blackfoot people…some values…come back to the land, to our ancestors, to the spiritual laws…those are always there and…we can always turn to those.

Finally, Mountain Woman described medicinal plant use as a way to support continuous healing from colonial disruption:

> It's not always about…the idea of healing as something we're trying to achieve or an end result. It's about…being reminded…that I am on a constant path of healing. And how do I protect and maintain that?...That is sacred. That is sacred in that.

For participants, medicinal plant use was described as an intervention important to their practice and an ancestral part of being Indigenous, having relationships, and as traditional ways that support client healing from the ongoing impacts of colonization. The theme is further illustrated through the following four subthemes: (a) reciprocity and relationships, (b) Indigenous knowledge as a source of wholistic guidance, (c) interconnectedness of healing methods and knowledge, and (d) balance in practice.

Reciprocity and Relationships. All seven participants described medicinal plant use as part of reciprocal relationships with the land, ancestors, and their communities. All

the seven participants held the perspective the act of using, harvesting, and sharing medicinal plants as more than a professional practice where it was a way of giving back, showing care, and upholding Indigenous ancestral responsibilities. One participant, Wolf Woman, explained, “When I look back on our ancestors’ teaching of reciprocity and community…it’s often not about us, it’s about how we can give back and help our communities.” All participants emphasized that medicinal plant knowledge involves more than technical understanding, as it requires a deep ancestral connection to and respect for the land. Eagle Woman reflected relational aspect of the ancestral knowledge, “It’s not just about learning which plants to use. It’s about building a relationship with the land and respect for it.” Similarly, Sun Woman shared, “I care about the land, and I care about the people…that’s part of social work practice.” The collective seven Indigenous social worker reflections underscore connection to RQ1 that reciprocity is a cultural teaching and foundational value embedded in how participants conceptualize healing, professional ethics, and their use of medicinal plants in response to colonization.

Indigenous Knowledge as A Source of Wholistic Guidance. All the seven participants described medicinal plant use as rooted in Indigenous oral traditions, ancestral teachings, and knowledge passed down through generations. All the seven participants emphasized that their understanding and application of medicinal plants in practice originates from teaching received from Elders, Knowledge Keepers, and cultural relationships within their communities. One participant, Mountain Woman, described how ancestral knowledge frames her approach to social work “a lot of the…work I do makes sense through stories…through our ancestors, through our elders and our

knowledge Keepers, and using our natural world." All the seven participants expressed that understanding of medicinal plant use requires learning protocols and engaging in ongoing relational learning. As Star Woman explained:

> And then you might learn how to…put the tobacco down when you pick your plant. But then…it goes further into what's the protocol? Because I need support or guidance from an Elder or knowledge holder…A lot could be taught through relationship and then medicinal medicines.

The shared experiences of the seven Indigenous social workers highlight how medicinal plant knowledge is passed down through relationships and cultural teachings, highlighting the importance of intergenerational guidance for their Indigenous practice. The seven participants collectively illustrated how their medicinal plant use contributes to client trauma healing by drawing on Indigenous sources of knowledge, aligning with the focus of RQ1.

Interconnectedness of Healing Methods and Knowledge. All seven participants emphasized that medicinal plant use is intertwined with cultural teachings, storytelling, and relational knowledge transmission. The seven participants described interconnectedness as a core aspect of their social work practice, where healing is understood as occurring through relationships, land-based connection, and spiritual teachings. Mountain Woman shared:

> The way that we pick them is medicine. The way that we teach is medicine. The way that we support is medicine. The way we share the stories and where it came from and how we learn to use it is medicine.

All the seven participants also reflected on how their use of medicinal plants reinforces cultural identity and belonging. As Wolf Woman explained, “The sage I have at home is from a huge batch that I picked when I was still living in Saskatchewan…it brings me back to that identity of like, I do belong to a people.” Further reinforcing the sense of sacredness, Wolf Woman added, “When I’m using those plants…those plants bring me back again to that grounding and remembering of the sacredness of what I’m trying to do each day.” The seven participant reflections collectively demonstrate that their medicinal plant use is rooted in cultural teachings, and spiritual purpose that informs their healing work with clients. In support of RQ1 the seven participants have described how their interconnected healing approaches are intentionally applied in their work with clients affected by colonization.

Balance in Practice. The seven Indigenous social workers described balance in practice as a process of integrating Indigenous teachings, spirituality, and awareness of personal identity into their daily social work. All seven participants explained balance was maintained through daily integration of cultural ways such as smudging, ceremony teachings, and reflection on traditional values as guidance for their social work. Star Woman explained, “teaching that we’re given is that you should be smudging…everyday when you wake up…because it’s like a gift to wake up…just start in a good way.” The concept of balance was framed as spiritual centering that allowed all the seven participants to navigate both Indigenous and Western paradigms. Mountain Woman reflected, “We have all these different parts…we’re a physical being…but there’s that center stem that’s …pretty strong…almost unbreakable…that’s our spirit.” All the seven

participants described how their spiritual grounding enabled them to bring Indigenous knowledge forward into their social work practice with confidence and integrity. As Mountain Woman shared, “Being aware of who that makes me personally, professionally and being really, really firm in what that is so that I can go forward with those teachings.” Together, the seven participant reflections highlight that balance is a lived, daily commitment that sustains both the practitioner and their capacity to support client healing. The collective participant findings address RQ1 by demonstrating how the Indigenous social workers’ use of medicinal plant and cultural teachings promote the client and their own balance, healing and resilience in response to trauma from colonization.

Research Question 2 (RQ2)

RQ2: How do Canadian Indigenous social workers practicing in the Treaty 7 region describe their experiences of using medicinal plants to address Indigenous client trauma related to colonization in the context of challenges and opportunities?

Theme 1: Land-Based Knowledge

The theme of land-based knowledge reflects how the Indigenous social workers practicing in Treaty 7 describe their experiences of using medicinal plants to address Indigenous client trauma related to colonization in the context of challenges and opportunities, directly aligning with RQ2. The seven study participants emphasized that land holds cultural significance as a source of both knowledge and medicine, with healing medicinal plant practices deeply rooted in the relationship to place. As Mountain Woman shared:

> Medicinal plant usage would have, I would think started with really practical and tangible purpose…bringing that forward…is a key part of passing on traditions and maintaining culture…and not losing…those pieces of cultural identity…are pretty crucial

In response to RQ2, participants shared that one of the central challenges involved working on unfamiliar Treaty 7 territory when their own ancestral knowledge originated elsewhere. Four participants described how being unfamiliar with Treaty 7 required humility, respect, and a commitment to learning from local Elders in order to engage appropriately in harvesting and healing traditions. As Mountain Woman explained:

> Making sure that we have access to medicines, that they know where that comes from and a variety of different medicines from maybe different visiting Elders or Knowledge Keepers…might not be central to this territory because we also have clients from other regions.

The land was described by all seven participants as a physical space and a site of ancestral connection, cultural protocol, and environmental stewardship. the land-based teachings of Treaty 7 as developed from the teaching of the original peoples who have historically cared for and sustained the land. All the seven participants emphasized the sacredness of the land, the need for environmental stewardship, and the importance of respecting harvesting protocols to sustain future generations access to healing. As Mountain Woman noted, “Understanding that when we are identifying what those plants are or where they grow…the ceremony of offering when we’re harvesting them…and even the respect just that cultural value…only taking what we need and also sharing

that." The theme is further illustrated through the subtheme ancestral land, territory, and environmental stewardship.

Ancestral Land, Territory, and Environmental Stewardship. Participants described how ancestral land-based knowledge forms the foundation of medicinal plant use, with protocols guided by Treaty 7 Indigenous teachings and environmental responsibility. All the seven study participants viewed the land as a living source of medicine and learning, where each plant and practice is embedded in cultural context.

The seven participants of the study emphasized the need to acknowledge the caretakers of the land and to engage in respectful harvesting practices. One Indigenous social worker, Star Woman, reflected on the caretaker responsibilities:

> It always is super important to be curious about who resided on this on this land before you, who took care of this land before you…being very mindful and respectful and curious about who were the original caretakers of the land.

All of the seven participants identified their awareness of Indigenous land caretakers and respect for Treaty 7 teachings as being ethical in practice and a professional opportunity for cultural alignment. The participant, Mountain Woman, emphasized, "When we are identifying what those plants are or where they grow or what they do…the ceremony of offering…only taking what we need and also sharing that."

Two of the seven participants described the additional challenge of learning Treaty 7 protocols when their own ancestral knowledge was tied to different territories. Sky Woman shared:

> I grew up with…traditional use of medicinal plants…different than what I see here…So I'm trying to…learn more about what is available in this area…rather than trying to bring in the plants I would traditionally use.

Sky Woman's reflection was echoed by Bear Woman, who spoke to the importance of honoring Treaty 7 teachings:

> You went along with the teachings that came from the people who cared for that land…knowing who is here before you…can really guide the way that you make your decisions and what you will maybe take from the land.

Together, the seven participant reflections demonstrate how the use of medicinal plants in Treaty 7 is both a cultural and relational practice, influenced by local protocols and land stewardship. The seven participants through their storytelling address RQ2 by identifying how Indigenous social workers navigate the complexities of their practice within Treaty 7 region with their own learning and healing journeys.

Theme 2: Decolonization of Social Work Practice

The theme of Decolonization of Social Work Practice focuses on reflections of the seven Indigenous social worker participants and is the story of how they navigate the systemic and structural realities of working within western organizations while upholding traditional medicinal plant practices. The seven participants described tensions between organizational policies and Indigenous healing traditions, highlighting both barriers and opportunities for advocacy for medicinal plant use. While the seven participants experienced some organizations that upheld colonial norms that limited ceremony and medicinal plant use, others embraced Indigenous ways of knowing, providing

opportunities for cultural acceptance and relational leadership. The seven participants revealed how organizational context can either restrict or enable decolonized, culturally grounded practice, informing RQ2. The theme is further illustrated through the following two subthemes: (a) organizational policy barriers on medicinal plant practice, and (b) organizational colonialism and support of medicinal plant practice.

Organizational Policy Barriers on Medicinal Plant Practice. The seven participants described a range of organizational policies that hindered their ability to fully integrate medicinal plant use into client healing intervention. The participants collectively discussed experiencing fire safety restrictions, limitations on smudging indoors, and a general lack of organizational support for attending cultural ceremonies. The seven Indigenous social workers elaborated on how even routine ceremonial practices like smudging were met with suspicion or required justification within western organizations. One participant Bear Woman reflected:

> This idea that we have to go outside every single time we smudge is colonialism…calling out some of these outdated and unfounded principles around where you can smudge and how you smudge…that's colonialism. And by us being able to share that information, those are processes of decolonization.

Further, Bear Woman, explained that challenging policies around indoor smudging is necessary to advance culturally safe practice, "It's great to be able to smudge outside. But…we live in Canada, and it's going to get cold…you're going to have those days where you're going to have to do it inside." The seven participants also described the emotional and professional toll of navigating organization work environments where

participation in ceremony was not recognized as legitimate professional development. One social worker, Wolf Woman, shared:

> If I wanted to go to a pipe ceremony that took place during work, I would not be allowed to go. Or…I'd have to take vacation pay…there was no concept of…actually, me learning and participating in these activities is…an important part of my work.

The seven participants highlighted how their experiences of western organization policy structures often undermine Indigenous healing practices and place burdens on Indigenous social workers advocating for client healing cultural ways.

Organizational Colonialism and Support of Medicinal Plant Practice. The seven participants highlighted a range of organizational responses to Indigenous medicinal plant use, identifying both structural support and ongoing colonial barriers informative for RQ2. In supportive organization environments, the seven Indigenous social workers were encouraged to integrate medicinal plants into their daily practice, including harvesting, ceremony, and staff education. One participant, Wolf Woman, reflected, "I can go in my job now and go medicine picking, and that it's not only allowed, but it's encouraged…honoring my ancestors by continuing those practices that they weren't allowed to do for a long time." The seven participants found the moments of organizational encouragement to be meaningful expressions of hope, healing, and cultural continuity.

The seven participants also described how their roles allowed them to mentor clients in cultural knowledge, thereby contributing to organizational indigenization. As

one social worker, Wolf Woman, explained, “I’m trying to role model, I suppose, as much as I can indigenization…to invite [staff] to those functions as well, and to teach them…or to bring in people to teach them…about the different herbs.” The seven Indigenous social workers in the context of supportive organizational environments were permitted to use medicinal plants and were recognized as leaders in creation of culturally inclusive environments.

The seven participants also noted that organizational support was not always consistent, even in settings with formal indigenization policies. One participant, Wolf Woman’s, story was:

> So I have a long history as a social worker working for a health region…I really…did get a lot of pushback anytime I tried…anything that was Indigenous…colonial practices, they will push back…And so I had a client that I was working with that wanted to smudge…on their unit…which they’re allowed to do…even though we have policy in place where we…connect with maintenance to have them shut off…the fire alarm in their room while they’re smudging…The steps to take were so simple, especially because I was the one that was organizing everything…I received so much pushback from the unit…to not allow this to happen. And there was a lot of judgement. You could tell there was a lot of …disdain…towards just the simple act of smudging.

The seven Indigenous social worker reflections focus on how meaningful organizational support can foster cultural resurgence and empower Indigenous social

workers to lead with integrity, while also emphasizing the need for ongoing advocacy to address the persistence of colonial mindsets within organizations.

Theme 3: West – Indigenous Identity, Decolonization, and Cultural Resurgence

The themes of West – Indigenous Identity, Decolonization, and Cultural Resurgence revisits the west direction in the context of RQ2 to explore how Indigenous social workers engage in systemic and structural forms of resistance when using medicinal plants in professional practice. All seven participants described how the use of medicinal plants extends beyond individual or relational healing to include intentional acts of cultural resurgence within organizations. Wolf Woman expressed concern about being reprimanded for harvesting practices, explaining:

> I was worried somebody was going to come get mad at me, you know, because we're often not allowed to pick the plants or pick this or that. You know, in a colonial structure, everything is owned, everything is property.

For the seven Indigenous social workers, using medicinal plants in practice was a healing tool for clients and a means of reclaiming space, visibility, and voice in organizational environments often shaped by settler institutional logics. Sun Woman emphasized the importance of using traditional plants to restore cultural identity among youth, sharing, "We use the medicinal plants, you know, and we want to create that balance. We'll give the child a gift of, like, even tobacco when we do an offering with tobacco…these children need to learn these stories." The west theme illustrates how participants engaged in relational and ceremonial leadership within their organizations to advance cultural understanding and shift organizational practices toward decolonization.

The theme is further illustrated through a single subtheme of decolonization and colonial resistance.

Decolonization and Colonial Resistance. The seven participants described their use of medicinal plants in social work settings as a conscious act of resistance to colonial systems that have historically attempted to erase Indigenous traditional knowledge and ceremonial practices. Engaging with medicinal plants at work allowed the seven practitioners to assert cultural identity, challenge dominant organizational norms, and promote healing grounded in traditional ways of knowing. One participant, Wolf Woman, described this intentional resistance as:

> When I do smudge or…engage in ceremony with those plants at work…it's a beautiful resistance. It's not a negative thing…it's a beautiful resistance because…we're still here and that we now live in a world where I can actually practice those things in my practice.

The intentional practice of reclaiming space was seen as symbolic and practical thereby allowing the seven social workers to recenter Indigenous protocols in their intervention with clients. The participant, Mountain Woman, explained the symbolism and practicality, "I use ceremony and our medicines in every part of my work…as a way to be really intentional about decolonizing my practice." The seven participants also highlighted how engaging settler professionals in Indigenous healing spaces created opportunities for broader organizational change. One participant, Mountain Woman, described the importance of including settler professionals in ceremonies:

> Another opportunity…for learning is inviting people into those circles who may be part of…that colonial history…to find out ways that they can…decolonize their thinking or decolonize spaces…You strengthen the relationships…and you create an opportunity…for people to kind of move together…move ahead in a good way.

Through their reflections, the seven participants informed RQ2 revealing how Indigenous medicinal plant use functions as relational and decolonizing tools that disrupt colonial systems, build interprofessional understanding, and reinforce cultural continuity with their organizations.

Unexpected and Discrepant Findings

While the findings of this Indigenous social worker study aligned with the guiding framework of indigenous wholistic theory, informed the RQ1 and RQ2, a number of unexpected insights emerged. One unexpected finding was the variation in participants' confidence and depth of knowledge regarding medicinal plant use in their social work professional practice. Although all seven participants expressed personal familiarity and cultural connection to medicinal plant traditions, they also described that their formal use of these practices in social work settings is evolving. The seven participants described themselves as learners on a healing journey, identifying colonization, lack of mentorship, and constraints of professional boundaries as factors shaping their growth. The perspectives of the seven participants challenge assumptions that Indigenous social workers uniformly hold and apply extensive medicinal plant knowledge in their roles (George et al., 2018).

Another unexpected insight was the gap between organizational indigenization policies and their enactment in daily organization practice. While all seven participants described their organizations as supportive of land-based and ceremonial healing, three have encountered institutional barriers to smudging, ceremony attendance, or the integration of medicinal plant use into client work. Though organizational policies formally permitted Indigenous traditional cultural practices, participants described a colonial resistance from colleagues or administrative gatekeeping could undermine implementation. The colonial discrepancies highlight the complex and inconsistent organizational environments that Indigenous social workers navigate when integrating traditional medicinal plant healing methods into their professional practice (Nelson & Wilson, 2018) .

Summary

The findings presented from this study described how Indigenous social workers in the Treaty 7 region use medicinal plants in their practice to support client healing from trauma related to colonization. The study findings were organized according to the seven directional teachings of indigenous wholistic theory domains of center, north, south, east, west, land-based, and decolonization. The themes represented in the findings reflect the wholistic, interconnected, and culturally informed knowledge of Indigenous healing practices, in relation to medicinal plant use.

In response to RQ1, the participants described their medicinal plant use as a spiritually grounded, relational, and culturally informed practice informed by Indigenous ancestral teachings and ceremony. Medicinal plants were used by participants as client

interventions to support emotional regulation, cultural identity, spiritual restoration, and community connection. The study participants emphasized that their medicinal plant healing practices were taught through Elder, Knowledge Keepers, oral traditons, and land-based learning. The study participants further highlighted that their medicinal plant use with clients was practiced as intentional acts of balance, reciprocity, and relational accountability. The participants' client interventions included, smudging, harvesting, ceremonial teachings, and distribution of medicinal kits, from trauma-informed and empowering social work approaches. The findings in relation to RQ1 demonstrate that their medicinal plant use in social work is a cultural and professional practice that contributes to client individual and collective healing from the ongoing impacts of colonization.

In response to RQ2, the participants reflected on their organizational context in which medicinal plant use occurs for them, identifying both challenges and opportunities. The challenges for particpants, creating barriers for medicinal plant use, included organizational policies, lack of support for ceremonial participation, and systemic colonial resistance to Indigenous healing practices. Alternately, some of the study participants described their organizational environments as those that fostered Indigenous cultural inclusion, supported land-based education, and encouraged medicinal plant learning integration as included in professional development and client support. Acts of advocacy, relational leadership, and ceremonial inclusion were described as decolonizing efforts used by the participants to resist organizational colonial systems and for promotion of cultural resurgence within their organizations.

Together, the study findings revealed how participants are actively integrating medicinal plant knowledge in their professional practice with clients in ways the center Indigenous identity, healing, and transformation. Medicinal plant use according to participants is an individual practice that is culturally based client intervention informed by Indigenous ways of knowing, ceremonial protocols, and organizational structures. Additionally, the findings confirmed that the medicinal plant use practices of participants is an approach for client care, cultural revitalization, and organizational change.

The discussion to follow describes how the findings apply to professional ethics, provides recommendations for social work practice, and proposes implications for positive social change.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this generic qualitative study was to explore the experiences of Canadian Indigenous social workers in the Treaty 7 region who used traditional medicinal plant practices to address Indigenous client trauma related to colonization in the context of the challenges and opportunities they encountered. Indigenous wholistic theory served as the framework that guided the study's design, data collection, and analysis.

The data for this study were collected through semi-structured interviews with seven self-identified Indigenous social workers currently practicing in the Treaty 7 region. Thematic analysis was used to identify patterns within the data and to construct meaningful insights. A top-down framework approach, informed by the indigenous wholistic theory, was applied to categorize the codes into seven main themes of center, north, south, east, west, land-based, and decolonization. The seven main themes reflected important domains of Indigenous knowledge, ceremonial practices, community healing, environmental stewardship, and resistance to colonial systems.

The findings from the study provided insights into how Indigenous social workers integrated traditional healing practices of using medicinal plants into their interventions with clients. Systemic challenges of medicinal plant use were also identified, including policy restrictions within human service organizations, lack of organizational support, and the persistence of colonial frameworks in professional settings. The study participants described opportunities that exist for overcoming organizational barriers by using interventions informed by ancestral medicinal plant healing, elder teachings,

development of cultural identity, land-based knowledge, and promoting traditional relational practices to support client wellness and healing.

This chapter presents a discussion and interpretation of the research findings, including their alignment with existing literature and implications for professional social work practice. In addition, this chapter addresses the study's limitations, offers recommendations for future research, and explores the potential implications for positive social change. The goal of this chapter is to position the findings within the broader discourse on Indigenous social work and medicinal plant healing, emphasizing the importance of culturally informed approaches in advancing ethical, inclusive, and decolonial practices in human services.

Application to Professional Ethics in Social Work Practice

The findings of this Indigenous social worker study support the ethical values and principles of the National Association of Social Workers (NASW, 2021), particularly those related to social justice, dignity and worth of the person, and cultural competence. The NASW principles served as the foundation for the research process and were demonstrated in how Indigenous social workers engaged in ancestral healing through traditional medicinal plant use in ways that resisted colonial harm and promoted culturally informed interventions.

One relevant value from the NASW (2021) Code of Ethics is social justice, which focuses on the principle that social workers should challenge social injustice and advocate for equity, particularly for marginalized populations. The Indigenous social worker participants in this study spoke to how they used traditional medicinal plant

knowledge as their professional tool of resistance, community restoration, and self-determination. The study findings reflect how Indigenous social workers use medicinal plant practices aligned with social justice by reclaiming cultural traditions that had been suppressed under colonial systems. As understood in the findings, the Indigenous social worker's use of medicinal plants in smudging and ceremony were healing tools and acts of cultural resurgence. Through traditional use of medicinal plants, participants enacted their ethical duty to dismantle systemic inequities and reassert Indigenous centered frameworks in social work service delivery.

A second ethical principle guiding this study was respect for the inherent dignity and worth of the person, which calls social workers to regard individuals in a caring and culturally respectful way (NASW, 2021). The Indigenous social workers' stories demonstrated how medicinal plant use helped clients reconnect with identities and spiritual paths. For instance, ceremonial use of smudging created safety for trauma-affected clients, supported emotional regulation, and allowed for reconnection with ancestral teachings. The ceremonial culturally informed interventions highlighted how Indigenous social workers upheld client dignity by embedding healing within the cultural frameworks that gave their lives meaning. Findings of this Indigenous social worker study suggest that the participants fulfill the ethical principle of dignity and worth (NASW, 2021) by making space for client spiritual and cultural needs within practice environments.

The third relevant ethical responsibility guiding this study was cultural competence, which includes social workers understanding the function of culture in

society and addressing oppression and systemic inequities (NASW, 2021). The study findings indicated that participants adapted their social work practices to include cultural teachings and ceremonies and actively worked to dismantle organizational policies that prohibited indoor smudging or failed to support Indigenous healing. The ethical obligation of Indigenous social workers was reflected in their requirement to engage in culturally informed practice and to challenge barriers that prevent equitable service delivery. For example, Bear Woman's efforts to challenge colonial workplace policies around smudging demonstrated how ethical principles are enacted in frontline field work advocacy.

Collectively, the study's findings on medicinal plant use, ceremonial practices, and decolonizing client care revealed how the ethical principles of the NASW Code of Ethics can potentially be operationalized through culturally relevant decolonizing practice (NASW, 2021). Indigenous social workers exemplified what ethical practice looks like when grounded in relational knowledge, spiritual wellness, and cultural resurgence. The work of these Indigenous social workers challenged mainstream services and organizations to broaden definitions of ethical care by recognizing the centrality of land, ceremony, and culture to Indigenous clients' well-being.

Recommendations for Social Work Practice

The following four recommendations for social work practice are informed by the study's findings which explored how Indigenous social workers in Treaty 7 region use medicinal plants to address client trauma related to colonization, along with the context of these challenges and opportunities. The practice recommendations are intended to

support social workers and administrators leading human service organizations in implementing approaches that uphold Indigenous ways of being, doing, and seeing.

Recommendation 1

The first recommendation is to strengthen human services organizational support for medicinal plant use, elders, and Indigenous ceremony practices. This first recommendation responds directly to the study's finding that demonstrated how Indigenous social workers engaged in medicinal plant use, elder knowledge, and ceremonial healing as both relational and cultural intervention, despite organizational barriers. Wolf Woman described tensions between organizational policies and traditional harvesting, noting that "we're often not allowed to pick the plants…everything is owned, everything is property," reflecting how colonial structures limit ceremonial access to medicinal plants. Social work human services organizations are encouraged to develop policies that support the integration of medicinal plant use, elders, knowledge keepers, and Indigenous ceremonial practices. To reduce barriers, social work organizations should co-create policies with elders and knowledge keepers that protect medicinal plant use in ceremony, smudging protocols, and harvesting access. The policies should include guidance for social worker's ceremonial leave, land-based healing opportunities, and embed elders in client service delivery. These Indigenous worldview focused organizational policy recommendations align with anti-colonial social work approaches that support First Nation, Metis, and Inuit culturally informed programs (Blackdeer, 2025; Christianson et al., 2024).

When Indigenous ceremonial protocols are embedded in organizations, they promote client cultural continuance, restoring client identity, and fostering healing environments that counteract historical and ongoing colonial harm (Baskin et al., 2020; Blackstock, 2020). As Sun Woman noted, offering traditional medicines to children was part of restoring cultural balance and story-based teachings, especially for those "lost" from cultural connection. The Indigenous social worker study emphasized that medicinal plant use and the land were their tools of practice. For example, participants viewed medicinal plants as a "real healing," passed down to maintain "cultural identity."

The findings from this study revealed that when Indigenous social workers had organizational backing to engage in smudging, land-based medicinal plant gathering, ceremony, and spiritual practices, they were able to support cultural and spiritual healing interventions for their clients. Organization administrators who foster cultural environments by collaborating with elders, knowledge keepers, and Indigenous social work practitioners to develop practice guidelines that remove colonial restrictions can embed cultural policies for medicinal plant use and ceremony.

Recommendation 2

The second recommendation is the incorporation of Indigenous ways of being, doing, and seeing into social work professional development training and supervision processes. Professional development training for social workers should include content on Indigenous ways of being, doing, and seeing including ancestral teaching on ceremonial healing, elder and knowledge keeper mentorship, and the role of the land which participants in this study identified as foundational to their understanding of

medicinal plant use (Christianson et al., 2024). Participants consistently discussed that their understanding of medicinal plant traditional healing came from Indigenous intergenerational learning and community teachings. For example, Star Woman emphasized, “a lot could be taught through relationship and then medicinal medicines,” highlighting that ceremonial learning occurred through oral teachings and elder guided practice rather than agency training. Similarly, Sky Woman reflected that cultural knowledge only recently became part of her work, noting, “It’s definitely an area where I’ve been growing my knowledge and learning more,” underscoring a gap in organizational support for Indigenous professional development.

Embedding Indigenous ways of knowing in professional development training and supervision process offers an opportunity to restore cultural knowledge while supporting wholistic practice. This interpretation aligns with Absolon’s (2019) indigenous wholistic theory, particularly the East direction, which represents vision, knowledge, and new beginnings. In this study, the East theme emerged through participants’ use of smudging, offerings, and spiritual preparation as foundational learning strategies passed through elders and ceremony.

In correlation with recommendation two is that organizational leaders consult with Indigenous elders and knowledge keepers in the design and delivery of the professional development training opportunities. Participants shared the elders held cultural teachings and relational knowledge transmission necessary for traditional healing practice. Mountain Woman’s description of how an elder “brings in bear root and bear

grease and use[s] that as a salve" demonstrates that this knowledge is ceremonial and relational, promoting effective supervision design.

The social work professional development and human service organizational recommendations are supported by the recent literature. Christianson et al. (2024) emphasized the need to incorporate Indigenous protocols in professional social work training to foster anti-colonial and culturally safe environments. BlackDeer (2025) argued that decolonial education must center Indigenous knowledge systems as legitimate sources of healing and theory in social work. Khan et al. (2020) and Churchill et al. (2020) both noted that traditional teachings, including medicinal plant knowledge and ceremony, are essential components of culturally informed social work practice.

Recommendation 3

The third recommendation is to promote medicinal plant use as an Indigenous cultural land-based healing social work therapeutic intervention for client programs and services. This third recommendation is supported by Redvers (2020) who emphasized that land is an integral source of healing in Indigenous worldviews, describing how land-based practices foster cultural identity, spiritual balance, and wellness. This land-based healing recommendation is grounded in the study's findings that highlighted how participants used medicinal plant-based healing to support their client's spiritual balance, emotional regulation, and connection to land and identity. The participants described land as a sacred teacher and the medicinal plants as spiritual relatives, emphasizing that healing practices were inseparable from land-based knowledge. As discussed by Bear

Woman, “doing something together, like going for a walk and taking a look at the medicines and harvesting…becomes like therapeutic.”

The study identified through the participant findings the theme of land-based knowledge and the north direction as central to the integration of medicinal plants in client interventions. The north direction in indigenous wholistic theory reflects a land-based theme emphasizing the responsibility to learn local protocols and develop respectful relationships with the land (Absolon, 2019). The study participants described how their medicinal plant knowledge was based in harvesting traditional rituals, tobacco offerings, environmental ethics, and Treaty 7 teachings. Mountain Woman emphasized, “when we are identifying what those plants are or where they grow or what they do…the ceremony of offering…only taking what we need and also sharing that.”

Social workers are encouraged to create land-based programming by establishing partnerships with elders and knowledge keepers, co-developing medicinal plant harvesting initiatives, and implementing traditional ceremony activities. The Indigenous cultural initiatives and activities support relational healing by reconnecting clients with their cultural identity, the natural world, and ancestral teachings (Christianson et al., 2025). As Wolf Woman noted, the land offers an opportunity to restore balance and remove intergenerational grief through connection and prayer.

Further recommended is that organizational leaders develop Indigenous ceremonial leave polices, and policy that provide services for clients to have access to land-based programming. The organizational recommendation aligns with the Indigenous worldview that land is a living partner in the client healing process (Absolon, 2019). The

study participants shared that their most effective healing client work took place outdoors on the land, during shared medicinal plant harvesting, preparation, and ceremony. Medicinal plant land-based ancestral harvesting and ceremony were identified by participants as promoting emotional regulations, cultural identity, and community connection for their clients. Christianson et al. (2024) also emphasized that land-based ceremonies and spiritual interventions should be prioritized in Indigenous cultural and anti-colonial practice frameworks. This third recommendation identifies the participant findings of a need to move out of the office for client service and onto the land for healing interventions.

Recommendation 4

The fourth recommendation is to advocate for decolonial practice and Indigenous cultural resurgence across social work practice, organizational policy, and human services leadership approaches. Recommendation four is based on the study findings that demonstrated how Indigenous social workers use medicinal plant knowledge as cultural resistance, spiritual connection, and identity reclamation. As emphasized by Mountain Woman that using traditional plant medicines in social work practice was a way to "carry on that knowledge." Further highlighted by Star Woman that to ensure cultural traditions are not "taken away from somebody that's already been through so much loss and grief." The participant stories reflect Redvers' (2020) emphasis on Indigenous land-based practices as cultural resilience and resurgence.

Social workers in both frontline and leadership roles are encouraged to act toward challenging organizational norms that marginalize Indigenous ways of knowing, doing,

and being. BlackDeer (2025) described, decolonial practice in social work challenges colonial ideologies while centering Indigenous ways of knowing. Participant findings described how organizational polices restrict smudging ceremonial practice which reflected colonial structures that suppress Indigenous identity. Bear Woman, described having to go outside of the worksite building to smudge as "colonialism…calling out some of these outdated and unfounded principles around where you can…and how you smudge."

Decolonial social work practice requires practitioners to deconstruct power, valuing Indigenous ways of knowing, and affirming client identity through cultural interventions. Wolf Woman framed her use of medicinal plant-based ceremony as "a beautiful resistance," While Star Woman emphasized that Indigenous healing "includes medicines" and traditional ways that "shouldn't be taken away" This aligns with Absolon's (2019) indigenous wholistic theory specific to the domain of West direction, which encourages reflection, courage, and cultural identity reclamation in response to colonial harm.

To advance social work decolonial practice, human service organizations should review internal policies, supervision models, and ethics frameworks to identify where colonial assumptions are embedded. Christianson et al. (2024) emphasized the Indigenous led models create safer, more equitable organizational spaces by dismantling structures that reinforce colonial violence. The organizational policy review should be conducted in collaboration with Indigenous elders and knowledge keepers to develop culturally and spiritually inclusive alternatives. Participants of this study described the

importance of including elders, land-based practice, and spiritual protocol as essential elements of decolonial healing and organizational transformation. Baskin et. (2020) similarly called for embedding traditional healing and cultural teachings into organization service delivery models.

These four recommendations reflect the core message of the study that focused on Indigenous social workers in the Treaty 7 region who are practicing their land-based ancestral ways which are spiritually centered advancing ethical and effective medicinal plant healing interventions. Social work practice, professional development, and human services organizational policy needs to continue to transform in ways that center Indigenous ways of knowing, being, doing, and seeing that will ultimately strengthen a capacity for decolonizing change.

Findings Impact on Advanced Practitioner

As an advanced practitioner, the findings from this study have deepened my commitment to integrating Indigenous ways of knowing, being, doing, and seeing into social work practice. I will advance the integration of medicinal plant use, elder and knowledge keeper ceremonial teachings, land-based healing opportunities, and Indigenous identity affirming practices within client services. I am committed to advocating within human services organizations for policy change that permits medicinal plant use for smudging indoors, and Indigenous ways of knowing within the context of cultural healing ceremony interventions on the land. I will seek to educate social work colleagues on the importance of ancestral medicinal plant use for Indigenous healing. The study reinforces my ethical responsibility to challenge human service organizational

policy barriers and remain committed to promoting Indigenous ways of knowing, being, doing, and seeing within client cultural healing interventions.

Transferability of Findings

The findings of this Indigenous social worker study may be transferable to other First Nation, Metis, and Inuit communities across Canada who share similar colonial histories, cultural teachings, and healing traditions (Ambtman-Smith et al., 2024). Although this research focused on the Treaty 7 region, many First Nations, Metis, and Inuit communities also engage in medicinal plant use, ceremonial practices, and land-based healing. Social work practitioners working in Indigenous contexts beyond Treaty 7 region may therefore find resonance in the approaches described by participants, particularly in terms of integrating cultural identity, spiritual healing, and traditional knowledge into trauma-informed care (Ambtman-Smith et al., 2024). The study also offers transferable insights for non-Indigenous social work practitioners seeking to engage in culturally humble, relational, and ethically informed practice with Indigenous clients.

Usefulness of Findings to the Broader Field of Social Work Practice

The Indigenous social worker study offers meaningful contributions to the broader social work profession by highlighting Indigenous cultural ways of knowing, and spiritually centered, decolonizing approaches to trauma healing. The study findings call for the growth of Indigenous culturally relevant social work practice interventions. The social work interventions recommended include medicinal plant use, ceremony, elder teachings, and land based traditional healing (Dennis & Minor, 2019). Participants

described how traditional knowledge, including the use of smudging, prayer, and medicinal plant harvesting, restored spiritual balance and cultural identity of clients. As highlighted by Mountain Woman she explained that client healing comes from "using the plant and connecting with prayer to ask for balance," demonstrating how spiritual healing and traditional protocol are central to provision of effective support.

The theme-based analysis of the study demonstrated that embedding indigenous wholistic frameworks contributes to culturally safe and effective interventions as discussed by Christianson et al. (2024), who emphasized the importance of Indigenous ceremony and these protocols in fostering anti-colonial care. The participants described that "doing something together" through medicine walks and harvesting rituals created opportunities for therapeutic relationship building, emotional regulation, and identity restoration.

In policy, the study findings support the development of human service organizational guidelines and policies that formally recognize Indigenous medicinal plant gathering, healing modalities, smudging ceremony, and elder involvement. Bear Woman's description of forced outdoor smudging policies as "colonialism" reflects the need of organizational policy change to create cultural healing supports. The guidelines and policy should include culturally informed supervision models and ceremonial access structures to uphold the organizational accountability (Ambtman-Smith et al., 2024).

In research, the study affirms the value of indigenous wholistic theory and relational methodologies. This Indigenous social worker study modeled an approach that privileges Indigenous voices and community informed teachings. Indigenous social

worker traditional teachings and medicinal plant knowledge were passed through elder relationship and ceremony, suggesting that research must reflect these relational methods. BlackDeer (2025) emphasized that decolonial approaches to social work research are informed by Indigenous ways of knowing, being, and doing.

The Indigenous social worker study findings potentially can inform social work professional development and organizational program design and human services. The study findings highlight that Indigenous cultural inclusion requires social workers to frame their practice with a focus on their client's identity, the land, ceremony, and resisting colonial organizational structures. BlackDeer (2025) emphasized that practitioner frameworks be focused on Indigenous worldview, culture, and relationship.

Limitations of the Study and Recommendation for Future Research

The Indigenous social work study findings should be interpreted within the scope of several limitations. The sample size was limited to Indigenous social workers practicing within the Treaty 7 region of Alberta, which affects applicability of the findings to other geographic or cultural contexts. The qualitative nature and small sample size of the study limit the breadth of representation across the diverse experiences of Indigenous social work practitioners in Canada. Additionally, as the researcher holds shared cultural knowledge and relational proximity to the study topic, reflexivity was maintained throughout the study to ensure trustworthiness, however the potential for interpretive bias remains. The Indigenous social worker study limitations highlight the need for continued inquiry and Indigenous cultural contextualization in future research.

Dissemination of Findings

To ensure the findings of this Indigenous social worker study are shared respectfully and meaningfully, two dissemination strategies are proposed. The first dissemination strategy focuses on Indigenous community knowledge sharing gatherings. Strategy one involves hosting collaborative knowledge sharing events led by study participants and elders. The knowledge sharing gatherings would present the Indigenous social worker study findings in culturally appropriate ways of being, doing, and seeing such as talking circles and community feasts. The first dissemination strategy strategically focuses on honoring the ancestral ways of oral traditions and centering cultural understanding of relational accountability by engaging Indigenous community members directly in the interpretation and application of the study findings.

The second dissemination strategy focuses on integrating the Indigenous social worker study findings into professional development for social work practitioners and human service administrators. Professional development sessions potentially would support learning around Indigenous ways of knowing that are specific to medicinal plant use, ceremony, and land-based healing, thereby promoting cultural safety. The professional development training could be facilitated by Indigenous elders, knowledge keepers, and participants. The structure of the professional training sessions would be workshops and learning circles encouraging reflective discussions focusing on supporting culturally responsive and decolonizing practice within organizational environments. Through professional development for administrators and social work practitioners, efforts could potentially connect research and practice, while advancing Indigenous

people's equity, cultural attunement for non-Indigenous settlers, and ethical human service delivery aligned with social work values.

Implications for Social Change

While the study focused on Indigenous social workers in the Treaty 7 region, the findings could potentially be transferable to the wider social work Canadian treaty region contexts. Indigenous communities across Canada's treaty regions share similar experiences of colonial trauma as the First Nation, Metis, and Inuit peoples of Treaty 7 (Sinclair, 2020). The practitioners across Canada can potentially draw on the Indigenous social workers of Treaty 7 region study findings to advocate for use of medicinal plant healing interventions, cultural resurgence, integration of ceremonial healing, and organizational policies that center Indigenous ways of knowing, being, and doing. This social change aligns with BlackDeer's (2025) framing of decolonial practice as rooted in Indigenous cultural integrity and ancestral continuity.

The participant findings in this Indigenous social worker study described medicinal plant use as a spiritual, relational, and land-based act of resistance and transformation. As Wolf Woman described ceremonial healing was "a beautiful resistance," while Mountain Woman emphasized that she was "honoring my ancestors by continuing those practice that they weren't allowed to do." The participant reflections demonstrate how social change begins through practitioner acts of Indigenous cultural reclamation within their practice.

The Indigenous social worker of Treaty 7 region findings offered useful insights for the broader social work profession by contributing to the practitioner and human

service organization decolonization discourse. As BlackDeer (2025) emphasized, decolonial practice must be guided by Indigenous worldviews that prioritize relational responsibility, cultural resurgence, and spiritual connection. For social work practice, the study findings encourage social work practitioners to move beyond token inclusion of Indigenous medicinal plant traditional healing ways and instead embed them into service delivery policy. For integration into organizational policy, the findings support the need for medicinal plant use, smudging protocols, funding for elders and knowledge keepers, healing ceremony, and land-based programming (Ambtman-Smith et al., 2024). In research, this study demonstrates the value of relational methodologies that are founded in reciprocity, cultural respect, interconnection, and align with Indigenous wholistic frameworks, providing a model for future inquiries centered in Indigenous worldviews (Ambtman-Smith et al., 2024).

Future research is needed to explore the perspective of Indigenous clients receiving care that integrates use of medicinal plant practice to gain a fuller understanding of intervention outcomes and preferences. Expanding regionally to other treaty areas of Canada could contextualize findings and highlight diverse ways of knowing, being, doing, and seeing across Indigenous Nations.

Summary

This doctoral capstone project explored the decolonizing practices of Indigenous social workers in the Treaty 7 region who utilized medicinal plants to support client healing from colonial trauma. Through their lived experiences, the participants described how use of medicinal plants, cultural resurgence, ceremonial ways of knowing, and land-

based healing formed the foundation for client transformation and community wellness. The doctoral capstone findings emphasized the ethical responsibility of the social work profession to respect Indigenous ways of knowing, being, doing, and seeing. Additionally, the Indigenous social worker study findings further emphasized practitioner responsibility to support Indigenous cultural ways of healing. In addition, study findings highlighted the social work practitioner responsibility of challenging policy barriers found in human service organizations surrounding Indigenous ancestral ways of providing cultural support to clients. The Indigenous social worker study contributes to the social work profession by offering practice, policy, and professional development recommendations centered in an Indigenous worldview. The highlights of this doctoral capstone study are the role of Indigenous social workers as leaders in shaping cultural, ethical, relational, and spiritually informed approaches to colonial trauma healing. By centering Indigenous social worker voices, this doctoral capstone study reinforces the need for relational accountability and provides a meaningful future way forward for advancing First Nation, Metis, and Inuit equity, social justice, and cultural attunement within professional social work practice.

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Appendix: Interview Guide

1. Minobimaadsiwin - the Good life
    a) Living Holistically
        1. How would you describe what living holistically means in the context of your practice as an Indigenous social worker using medicinal plants?
        2. How do you integrate the principles of holistic living when using medicinal plants in your professional work?

    b) Balance the Mental, Emotional, Spiritual, and Physical Realms
        1. How do you balance the mental, emotional, spiritual, and physical realms in your approach to social work when using medicinal plants?
        2. What are example where this use of medicinal plants created balance that significantly impacted your work or the outcomes for a client?

2. Indigenous sacred concepts of circle using its four directions, and center
    a) East direction (Vision, Past, Present, Future, Renewal)
        1. How does the east direction, with its emphasis on vision and renewal influence, your social work practice when using medicinal plants?
    b) Southern Direction (Relationship, Community, and Individual Roles)
        1. In what ways do the concepts of relationship, community, and individual roles from the southern direction shape your approach to social work when using medicinal plants?
    c) East Spirituality (Identity, Past, Healing, Sacredness)
        1. How do you incorporate east spirituality and its aspects of identity, healing and sacredness into your social work when using medicinal plants
    d) Southern Direction (Colonization's social problems)
        1. How do you acknowledge and address the impact of colonization in your social work practice when using medicinal plants?
    e) West Direction values (Values, Indigenous Knowledge)

1. What understanding of the role of west direction values and Indigenous knowledge is in your approach to social work, especially regarding traditional practices and plant medicine?

f) North (Physical Healing processes, Diversity)
   1. How do you integrate the concepts of physical healing and diversity from the north direction into your practice when using medicinal plants?

g) Center (Nourishing the Realms)
   1. How do you focus on the center, nourishing the spiritual, mental, physical, and emotional realms in your work when using medicinal plants?

3. Medicine Wheel concepts
   1. How do you interpret and apply the Medicine Wheel concepts in your social work practice when using medicinal plants?

4. Innovative, Culturally Appropriate Approaches
   1. How do you describe some innovative, culturally appropriate approaches you have developed or used in your work with diverse client populations when using medicinal plants?

5. Social Work Practice Using the Medicinal Plant

a) Traditional Ancestral Land-Based Knowledge
   1. How does traditional ancestral land-based knoweldge inform your use of medicinal plants in social work?

b) Cultural Relationship to Medicinal Plants
   1. How would you describe the cultural relationship Indigenous communities have with medicinal plants?

c) Medicinal Plant Use and Interventions
   1. How do you incorporate medicinal plants as a culturally therapeutic intervention in your practice?

6. Ancestral Land-based Knowledge of the Land
   1. How does ancestral land-based knoweldge of the land influence your social work practice with medicinal plants?

7. Traditional Knowledge
   1. How does cultural ways of knowing help in accurately identifying medicinal plants?

8. Traditional Medicinal Plants
    a) Health Care Resource
        1. How do you view traditional medicinal plants as a resource for health care, especially in healing and rcovering from disease?
    b) Complex Health Concerns
        1. What are examples of how traditional medicinal plants are used to treat multiple and complex health concerns?
    c) Preparation and Treatment
        1. What are the various methodologies of preparing medicinal plants and their applications in treatment?
    d) Treatments Derived (Boiling, Juicing, etc.)
        1. What are the different medicinal plant treatment methods like boiling, juicing, etc., and their significance in your practice?
    e) Methodologies from Ancestral Knowledge
        1. How does ancestral medicinal plan land-based knoweldge influence the methodologies used in traditional healing and health care?