

**THE INDIAN RESIDENTIAL SCHOOL LEGACY & THE IMPACT ON INDIGENOUS
HEALTH: WORKSHOP FOR NURSING INSTRUCTORS & FACULTY**

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Dedication

To my son Ladainian, you are my greatest motivation in life. Without you, I never would have been able to reach this accomplishment. I want you to know you can do anything you set your mind to. I love you so much.

To Kolton, for your unconditional love and support. You were the one I turned to when I would reach my breaking points. Thank you for being there to bring me back up from the moments I thought I could not get over. You have no idea how much this means to me. I love you.

To my grandpa Woodrow, who always supported my educational endeavors. I am saddened you will not be present to see this next accomplishment, but I know you will be looking down on me with your praise.

To my family, thank you for your continued support and encouragement. I hope you are ready for the next journey.

Abstract

The effects of the Indian Residential School (IRS) system “continues to undermine the well-being of today’s Indigenous population, and having familial history of IRS attendance has also been linked with more frequent contemporary stressor experiences and relatively greater effects of stressors on well-being” (Bombay, Matheson & Anisman, 2013, p.320). The effects of the IRS system have been shown to present itself in the healthcare setting, therefore, Registered Nurses need the knowledge and understanding in practice to appropriately care for these individuals. The project purpose was to develop a workshop to assist NESA faculty and instructors inform their nursing students about the IRS system, how this history affects Indigenous health, and how this education can help develop empathy and understanding for this population within their nursing students.

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SECTION 1: INTRODUCTION

The Indian Residential School (IRS) system was one of the many ways the Federal Government of Canada attempted to assimilate the Indigenous population into mainstream society between approximately 1831 and 1996. (Ross, Dion, Cantinotti, Collin-Verzina & Paquette, 2015). The goal of the IRS system was to educate, assimilate and integrate Indigenous people into Euro-Canadian society (Elias et al., 2012). Attendance was mandatory, and those parents who refused to send their children were often punished or imprisoned (Elias et al., 2012). As a result, many Indigenous children were forcibly removed from their homes and families, sometimes by long distances, and prohibited from seeing them outside of permitted family visits (Legacy of Hope Foundation, 2014).

Residential schools suppressed Indigenous children's languages, cultures, and imposed Christian ideologies and belief systems (Legacy of Hope Foundation, 2014). According to Kasper (2014), abuse in the IRS system ranged from: sexual abuse, beatings, eating of rotten food, hunger, thirst, bondage, confinement, to forced labour and punishment for speaking traditional languages. The Legacy of Hope Foundation (2014) reports survivors also endured: mental abuse, emotional abuse, overcrowding, use of students as medical experiments, illness and disease, and sometimes death. Consequently, generations of Indigenous people today have memories of trauma, neglect and shame. These unresolved and untreated memories can lead to unhealthy coping mechanisms, anxiety, social isolation and chronic diseases (Center for Health Care Strategies, 2016). As Elias et al., (2012) reports, continued abuse, self-harm and other negative behaviours have been experienced by IRS survivors years after attending these schools. Survivors have expressed more needs to be done to provide support and understanding of the experiences endured in the IRS system (Kasper, 2014). In the context of this project, nurses

should be educated about IRS trauma and its potential effects on Indigenous peoples health. Recognizing the impact of Residential School trauma on health and well-being is a step forward for nurses in achieving better outcomes for this population in the health care setting. As Kasper (2014) states attendance at these schools “is a significant health determinant in the Indigenous population and is adversely associated with subsequent health status both directly and through the effects of attendance on socioeconomic and community-level risks” (p. 2184).

Rationale for Project

The legacy of the Indian Residential School system in Canada is still very much part of Indigenous lives and communities today. Over the past few decades Indigenous people have seen formal apologies from churches, the Federal Government of Canada, and a settlement agreement was initiated in 2007 (Historica Canada, n.d.). This settlement which was the Indian Residential School Settlement Agreement (IRSSA), was signed by First Nation and Inuit representatives, the Federal Government of Canada and the churches (Government of Canada, n.d.). According to the Government of Canada (n.d.), this was the largest class action settlement in Canadian history, and from this the Truth and Reconciliation Commission (TRC) of Canada was established. The mandate of this commission was to communicate the truth about what happened in the IRS system, and from that truth, inform the rest of Canada (Aboriginal Healing Foundation, 2008). The goal of the TRC was to aid Indigenous people, and all Canadians, in a process of truth and healing to reconcile and improve relationships based on mutual understanding and respect.

In June 2015, the Truth and Reconciliation Commission produced its executive summary of their findings, which included 94 “Calls to Action”, to help reconcile relationships between Canadians and Indigenous peoples; it is encouraged that all Canadians read the summary to learn more about this dark part of Canadian history (Government of Canada, n.d.). Of these 94 “Calls

to Action”, one of them relates specifically to nursing school education, and that is Call to Action #24:

we call upon medical and nursing schools in Canada to require all students to take a course dealing with Indigenous health issues, *including the history and legacy of residential schools*, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism (Truth and Reconciliation Commission of Canada, 2015, p.3).

It is important for educational institutions to acknowledge the work and recommendations completed by the TRC of Canada. Doing so can help build upon the TRC’s commitments and help schools integrate the “Calls to Action” into their programs. Educational institutions, and their programs, need to be committed to teaching the history and content as outlined by the TRC. There is a need to advocate and work with schools to acknowledge negative historical practices so institutions, faculty, instructors, and their students may learn from this dark past.

Kasper (2014) found IRS attendance is shown to be an Indigenous specific determinant of health. Evidence has shown the effects of IRS trauma on the mental and physical well-being of the survivors (Ross et al., 2015). The effects of the IRS system “continues to undermine the well-being of today’s Indigenous population, and having familial history of IRS attendance has also been linked with more frequent contemporary stressor experiences and relatively greater effects of stressors on well-being” (Bombay, Matheson & Anisman, 2013, p.320). The TRC of Canada noted there was little understanding within the health care setting, from schooling to practice, of how the Federal Government of Canada contributed to ongoing problems faced by

Indigenous people through the Residential School system. Understanding not only the historical context of the Indian Residential School system, but also how this history has affected Indigenous health, can help faculty and instructors promote appropriate care, treatment, interventions, and help develop empathy and understanding for this population within their nursing students.

Purpose of Project

The Nursing Education in Southwestern Alberta (NESA) Bachelor of Nursing (BN) Curriculum Coordinating Committee are currently in the process of implementing the TRC's (2015) Call to Action #24. From this Call to Action, the NESA BN Curriculum Committee has developed a course beginning the Fall of 2019 that explicitly addresses Indigenous people and their history, which includes teaching of the IRS legacy. Engaging with the NESA BN Curriculum Committee, and reading course outlines for Intersectionality and Health, there are gaps in their work in how the IRS history affects the health of Indigenous people. Also, based on reactions and questions posed during this engagement, it does not seem as if there is a clear understanding on why this teaching is taking place, and if there is cultural safety taking place during these teachings. In a study done by Milne (2017), she found that although teachers were open to teaching material related to history and culture of Indigenous people, they often had challenges of misinterpreting the information and generalizing and grouping. Meaningful connections need to be made to the content to assist nursing students in understanding the IRS history, and how that history can present itself in nursing practice. As well, when it comes to instructors teaching this material, it is essential to avoid perpetuating stereotypes, generalizing, and recognize when there are culturally sensitive topics there is the option of bringing in the expert, for example an Elder or Indigenous educator.

The projects purpose is to assist nursing faculty develop further understanding and knowledge on Indigenous health issues associated with the IRS system, and help nursing faculty and staff develop empathy and understanding for this population in their nursing students. For this project, a workshop was developed for NESA BN Program Faculty, and the purpose of this workshop was to help instructors and faculty members:

- Understand the historical context of the Indian Residential Schools
- Gain knowledge on the traumatic events experienced and how it effects Indigenous health
- Develop empathy and understanding within their nursing students to help promote appropriate care, treatment and interventions for this population.

SECTION 2: LITERATURE REVIEW

A systemic review of the literature was conducted for this project involving database searches within the University of Lethbridge library that included Native Health, PubMed, Medline, Google Scholar and the Cumulative Index to Nursing and Allied Health Literature (CINAHL). Government websites and documents, as well as Indigenous organization materials were also utilized in this literature review. The review included studies and documents from the years 2003 to 2018. It will begin by providing information on what the Indian Residential School was, the history of the Indian Residential School system, cultural safety in the classroom, impact on clients/patients/residents, impact on the nursing profession and future considerations.

What was the Indian Residential School System

The IRS system was a collaboration between the Government of Canada and the mainstream churches (Anglican, Catholic, Presbyterian and United churches) to educate Indigenous children (ages four to sixteen) in an environment that removed them from their families, communities and cultures (Union of Ontario Indians, 2013). According to the Union of Ontario Indians (2013), teachings within these schools were aimed at boys understanding basic trades, and girls learning domestic skills in an aim to further assimilate them into mainstream Canadian society. The main goal of the IRS's was to remove "the Indian" from the child by "civilizing" and "christianizing" them (Kasper, 2014). The IRS system significantly undermined Indigenous cultures across Canada, and has contributed to the loss of culture and language in many Indigenous communities.

History of the Indian Residential School System

The first Canadian IRS opened in 1831, with the last closing in 1996; they were overseen by Anglican, Catholic, Presbyterian and United churches (Union of Ontario Indians, 2013).

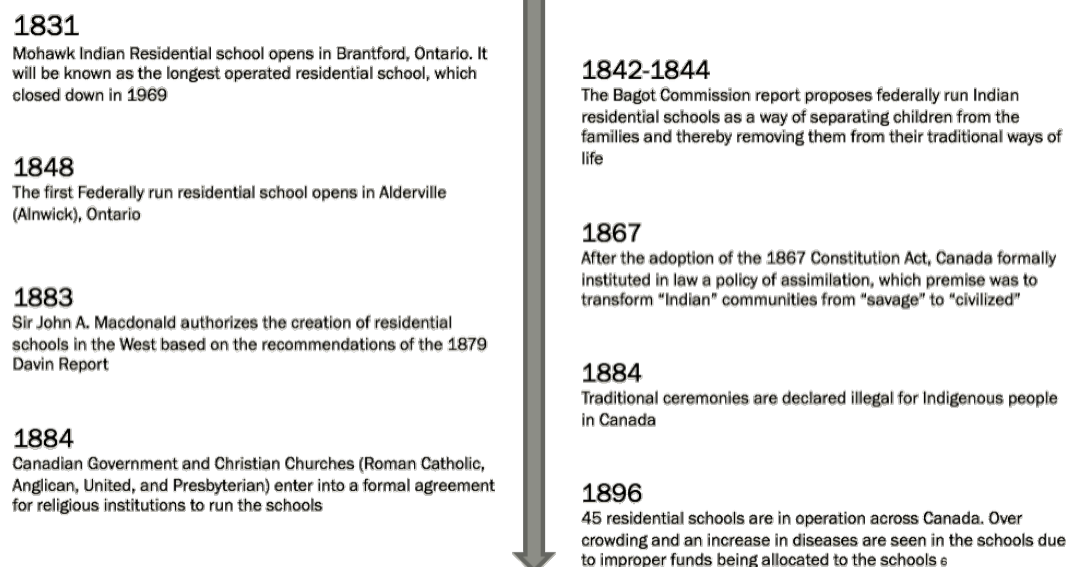
Approximately 150,000 children ages four to sixteen were in attendance at IRS across Canada; these children were forced from their homes and forbidden to speak their language, dress in traditional wear, practice their culture and were punished if they failed to do so (Union of Ontario Indians, 2013). As a result, many children lost their traditional ways of knowing, their language and connections to their communities (Union of Ontario Indians, 2013). Individuals who attended IRS were exposed to impoverished living conditions, mistreatment, lack of proper health care, harsh disciplinary practices, physical abuse, mental abuse and sexual violence (Kaspar, 2014). Acts of documented punishments ranged from needles to the tongue for speaking their language, fist beatings, burning, the strap, sexual abuse and imprisonment in cages and closets (Union of Ontario Indians, 2013). This kind of abuse elicited a sense of powerlessness, guilt and shame which has been shown to be held onto by these survivors years after leaving the IRS system (Dionne & Nixon, 2014). The trauma experienced by the survivors has had long lasting effects on the health and well-being of not only the individual, but subsequent generations (Wilk, Maltby, & Cooke, 2017).

After the closing down of the last Residential School in 1996, and receiving the apology from the Federal Government of Canada in 2008, the health and well-being of Indigenous people continues to be lower than that of the non-Indigenous population (Bethune et al., 2018). With the high rates of abuse and neglect that has been documented by the TRC for those who attended IRS, there is now evidence to show how it affects the mental and physical health of the survivors. Studies are showing a link between attendance at IRS and alcoholism and suicide, as well as the continuation of abuse to those around them (children, spouse, etc.,) (Ross et al., 2015). *Figure 1* displays a timeline from the opening of the first IRS in Canada, to the TRC's final report in 2015.

Intergenerational trauma is also a consequence of the trauma experienced by those who attended the IRS system. Intergenerational trauma impacts are the unresolved trauma of survivors who endured physical and/or sexual abuse in the IRS system. It is then passed down from generation to generation through family violence, drug abuse, alcohol dependency, substance abuse, physical abuse, sexual abuse, loss of parenting skills and self-destructive behaviour (Legacy of Hope Foundation, 2014). IRS trauma “continues to undermine the well-being of today’s aboriginal population, and having familial history of IRS attendance has also been linked with more frequent contemporary stressor experiences and relatively greater effects of stressors on well-being” (Bombay, Matheson, & Anisman, 2013, p. 320). Therefore, familial history of IRS attendance contributes to intergenerational trauma within today’s Indigenous families and communities.

Figure 1

Timeline of the Indian Residential School’s in Canada



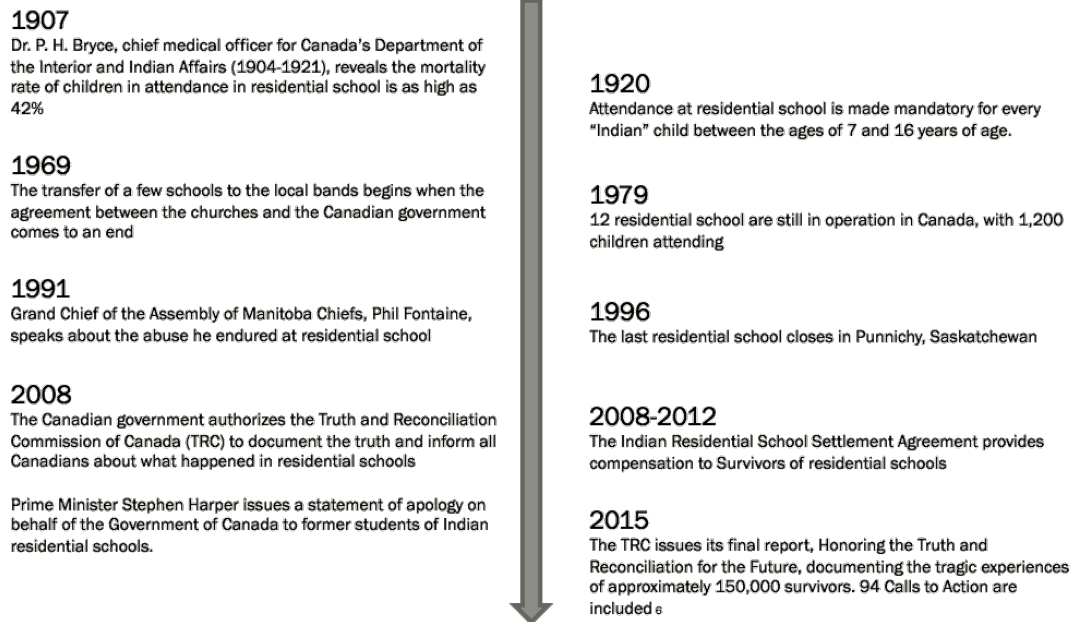


Figure 1. A comprehensive look from the opening of the first school to the TRC's final report. Adapted from Residential schools in Canada: Education Guide. Historica Canada (n.d.)

Cultural Safety and Sensitivity in the Classroom

Culturally safety and sensitivity is acknowledged in different contexts in the literature, no matter the setting. However, cultural safety is especially important in the healthcare setting, as it benefits both the healthcare worker and the recipients of care (Wilson, Sanner, & McAllister, 2010). Fostering awareness and sensitivity within the classroom can assist nursing students translate that knowledge into their nursing practice, as the subject matter on the history and legacy of the IRS's may be difficult for teachers and students to deal with. Many of the topics discussed include sexual and physical abuse, and emotional responses may be triggered, especially for those participants where these impacts hit close to home. It is important participants and their students are given a safe environment, where they can speak openly about

their thoughts and feelings (First Nations Steering Committee, n.d.). In order to develop professionals that are culturally sensitive, there must be culturally sensitive education in place (Wilson, Sanner, & McAllister, 2010).

First and foremost it is important to deal with the topic of the IRS system with sensitivity. Faculty and instructors, are not expected to be experts on the legacy and history of the IRS system, as their role is to be guides and facilitators in the classroom (First Nations Steering Committee, n.d.). As facilitators, they must be aware of students reactions as they move through the IRS material. Some students may have personal connections with the content (e.g., parents or grandparents may be survivors). Topics can be controversial, as some students may feel they have no connection with the material. Although students, and even instructors, may feel they do not “connect” with the material it is still the reality for Indigenous people. Also, instructors, faculty and students need to remember they may have the potential to be in contact and caring for individuals and families who have IRS history.

It is imperative for faculty and instructors to create a supportive environment when presenting material on the IRS system, one in which participants can express their feelings and thoughts openly. Instructors and faculty may find the role of educator of this material difficult. It is important to keep in mind that learning this part of Indigenous history can be an important part of learning, reconciliation and the healing process (First Nations Steering Committee, n.d.). It is ok to ask for support and assistance from colleagues, subject matter experts, Elders and other community members. When taking the proper precautions and necessary steps when educating on this topic, it can assist in making the learning experience safe and a powerful one for everyone involved.

Impact on Clients/Patients/Residents

Indian Residential School history and its effects has rarely been acknowledged within education institutions in Canada. It was not until the TRC's (2015) recommendations that these institutions began to incorporate IRS history into their curriculums. Therefore, when nurses encounter individuals with trauma from these schools in practice, there is no knowledge to guide their care for them. The health impact on the Residential School survivors has become evident in my nursing practice. As an Indigenous person and a registered nurse, I provided care for a middle aged Indigenous man with type 2 diabetes in an Indigenous community. As some nurses would state, he was "non-compliant", because whenever he accessed nursing services his blood sugar readings would be high or he had new wounds on his lower extremities. Both are symptoms of uncontrolled blood sugars for individuals with diabetes. On our first couple of meetings he was very quiet and soft spoken, and never conversed more than to answer the questions asked. It took a couple of our meetings before he became comfortable with me, and began to open up about his concerns. The client's doctor had expressed the need for the client to begin insulin therapy, but the client had refused without explanation. As the client developed trust in the nursing care provided, the client explained to me that the last time he listened to a "white man" he was taken from his family and put into Residential School. He began to open up about some of his experiences, and the effect it has had on his life since then. He stated that he was in a dark place after he left the school and expressed "I can't even begin to explain how I was treated while I was there". The client stated he fell into an addiction with alcohol, which didn't make things better, but that it was a way he could escape some of the memories he had. He then went on to say how his experiences impacted the relationships he has had as an adult, and that "we were never shown love or how to love, I did not know how to love my wife or my child, and I ended up losing them". He explained how he has not spoken to his daughter since

she was a young child, and to this day she refuses to acknowledge him. He stated he gave up drinking “a few years back” and began to explore his traditional ways. He stated “half the time I do not know what I am doing, but I try to learn”, he stated his anger in not knowing or understanding the “old ways”.

The expression of my clients time at Residential School showed how each person’s experiences are different, and how the trauma can manifest itself differently for each individual and family. Now as adults, survivors have learned to mistrust the “white man” and therefore affecting their ability to feel comfortable with the health regimes provided by health professionals. This Indigenous man’s words reflect on many survivors experiences where they suffered many forms of loss: loss of identity, loss of family, loss of language and loss of culture. Learning about individuals history and experiences is an essential part of nursing care, as it can assist with improved communication and relationships that lead to better health outcomes for those we care for.

Impact on the Nursing Profession

When looking at the survivors of the IRS system, many of them were exposed to sexual abuse. Given the nature of the nursing profession, many of our interactions with our patients/clients require intimate care (Starvropoulou, 2012), and that care can trigger past experiences of the sexual abuse endured. Indigenous people can be seen in many different care settings and for a multitude of reasons, and procedures such as personal care, catheterization, enemas, application of restraints and even listening to chest sounds has the potential to feel threatening to the patient (Hellman & Clark, 2014). Nurses need to be able to approach every situation carefully, and need to remember to listen to the patient, advocate for them, respect them, and care for them in a culturally safe manner.

With the last IRS closing in Saskatchewan in 1996, the effects of Residential School trauma has only recently began to be fully understood (Union of Ontario Indians, 2013). The concept of IRS trauma needs to be better understood in the nursing profession, as nurses need to be aware of how this trauma affects the health and well-being of Indigenous people. A better understanding of IRS must be integrated across all areas of nursing from students to advanced practitioners, in all practice settings. An increase in knowledge related to the traumas experiences in IRS will help nurses develop empathy when dealing with patients who suffer from the effects of Residential School trauma. Further, understanding the effects of the IRS system will help nurses assess and identify patients who may be suffering from this type of trauma, and possibly develop criteria to help with intervention strategies for these individuals and families.

Future Considerations

The effects of Residential School on the health and well-being of Indigenous people is only beginning to be understood for not only the nursing profession but in society as a whole. The Truth and Reconciliation Commission of Canada's report provided a glimpse of understanding of why the Indigenous communities cannot simply "get over" the experiences of the Residential School system. Indigenous communities state that the Truth and Reconciliation's efforts were a good step in healing the damage experienced by the Indigenous population, but there is still a ways to go for reconciliation to be reached between the Indigenous and non-Indigenous communities (Kaufmann, 2015). Many of the IRS survivors had repressed their experiences and when they were interviewed during the process it opened up memories of the assaults placed upon them. Without adequate follow-up many of the survivors could not deal with reopening old hurts and thus the increase in self destructive behaviors (Aboriginal Healing Foundation, 2003). Although a greater understanding can be achieved, there needs to be more

tools available to help the change occur and help make improvements in the area of helping these individuals and families heal.

SECTION 3: PROJECT DESCRIPTION

For this Master of Nursing project, stakeholder engagement was present throughout the process to determine project direction and target audience. The planning and design of the project was guided by using the ADDIE (Analyze Design Develop Implement and Evaluate) Model of Instructional Design (Kurt, 2017), and the Transformative Learning Theory (Mezirow, 1978). As a result, a workshop was created utilizing these underpinnings titled: The Indian Residential School Legacy & the Impact on Indigenous Health – Workshop for Nursing Instructors and Faculty.

Project Goals

The purpose of this project is to develop further understanding and knowledge on Indigenous health issues, and help nursing faculty and staff develop empathy and understanding for this population in their nursing students.

The workshop's purpose is to help instructors and faculty members:

1. Understand the historical context of the Indian Residential Schools
2. Gain knowledge on the traumatic events experienced and how it effects Indigenous health
3. Develop empathy and understanding within their nursing students to help promote appropriate care, treatment and interventions for this population.

Audience & Stakeholders

Target audience for this project are the Nursing Education in Southwestern Alberta (NESA) instructors and faculty at the University of Lethbridge. Stakeholders included the NESA Curriculum Coordinating Committee members, faculty member of the University of Lethbridge (UofL) Health Science programs, and an Indigenous educator from the Blood Reserve. The stakeholders were engaged to enhance components of the workshop for future implementation.

The first stakeholder, from the NESA curriculum committee, reviewed the workshop to determine if the information aligned with the courses they would be implementing in their program. The second, the UofL faculty member, reviewed the lesson plan for the workshop and assisted with helping to get audience members engaged during implementation. The third, the Indigenous educator, was utilized to review the history and appropriateness of material used within the workshop.

Ethical Considerations

A pRoject Ethics Community Consensus Initiative (ARECCI) Screening Tool was completed prior to development of the workshop (See Appendix A – ARECCI screening tool links). The screening tool aims to find the purpose behind projects, identify ethical risks associated with the project, and recommendations for the type of ethics review to complete the project (Alberta Innovates, 2017). Questions posed in this tool relate to usefulness of proposed projects, ensuring selection process is fair and appropriate, and if the rights of those involved will be respected throughout the project. For this project, all information in the workshop was obtained from the literature, as no individual was interviewed for the project material. Recruitment for participation in the workshop was voluntary, and there is debriefing time allotted at the end of the workshop for participants.

Timeline

The Indian Residential School Legacy & the Impact on Indigenous Health workshop was prepared over the course of two academic semesters. In the first semester, project ideas were brainstormed on how to deliver selected material to the target audience. Stakeholder engagement was of great significance during this stage as it transformed what the deliverable would look like and how it would be implemented. During the second semester, after the project proposal was

completed, stakeholder engagement was utilized to review components of the workshop. The project went through three reviews for formative evaluation. Formative evaluation was conducted during program development to ensure the workshop and intended goals were being met. The first review, was done to review the lesson plan and to determine if the learning objectives were met after completion of the workshop. The second review, was done to determine if content within the workshop aligned with the courses being implemented within the NESA program. The last review was done to review appropriateness of the material as it related to the history of the Indian Residential School system. From these reviews, feedback was gathered and final revisions to the workshop was completed for future implementation at a later date.

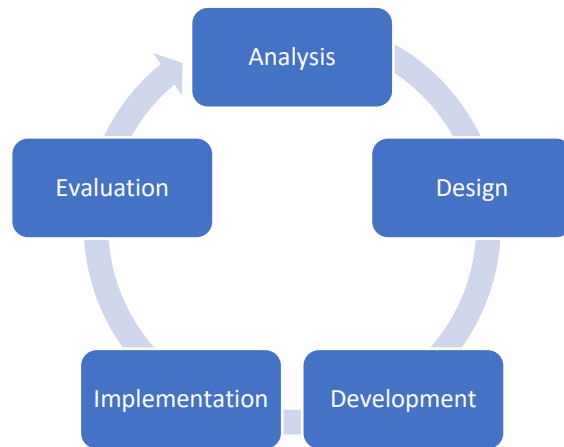
Participant feedback forms, which would be utilized in future workshop implementation, were also sent as part of the formative evaluation. Those stakeholders who were chosen to review the content, were also given the chance to answer some of the questions in the feedback forms. The questions in the form are qualitative in nature, to allow for more reasoning and a broader understanding of how to improve the project further.

ADDIE Model of Instructional Design

The ADDIE model of Instructional Design (Figure 2) assisted in the development of the project and completion of the workshop. This instructional model has been utilized from educators as it does not impose a strict linear process through each step (Kurt, 2017). This was helpful throughout project development as the deliverable changed during stakeholder engagement. The model consists of five steps: analysis, design, development, implementation and evaluation. This approach aims to move away from a traditional teacher-centered approach, to a more learner-centered approach so effective learning can take place (McGriff, 2000)

Figure 2

ADDIE Instructional Design Model



ADDIE Instructional Design Phases

Analyze

Questions asked in this phase (Kurt, 2017):

1. What is the background of the participants?
2. Who is the target group, and what are their knowledge levels and experiences?
3. What are the learners needs?
4. What are the desired learning outcomes?
5. What delivery option will be chosen?
6. What are the limiting factors (technical, human resources, etc.,)?

The first phase of the design process, is often referred to as the goal setting stage (McGriff, 2000). This was where the target audience was distinguished for the implementation of the workshop. Initially, the target audience was NESAs nursing students, however, through

stakeholder engagement it was decided the target audience would be NESAs nursing instructors and faculty. Also, stakeholder meetings provided knowledge on what the target audience already knew about the subject, and what should be incorporated into the workshop. This helped to avoid duplicating topics, and allowed the focus to be on new areas to explore and learn.

Design

Questions asked in this phase (Kurt 2017):

1. What resources are needed to complete the project?
2. What types of media will be utilized?
3. What are the time frames of activities/sections?

This phase included the process of describing how material in the project will be delivered (McGriff, 2000). This was accomplished by developing the learning objectives/outcomes. Which helped organize the workshop in a way that flowed easy from one section to the other. The lesson plan (See Appendix B – Lesson Plan) was also developed in this stage, which again aided in the organization of my presentation.

Development

Questions asked in this phase (Kurt, 2017):

1. Are materials being created as per schedule?
2. Are participants contributing to activities as they were intended?
3. Are the materials produced in which they were intended for?

This phase included producing the materials and testing of the project (McGriff, 2000). In this stage the workshop was drafted, the presentation was produced so it aligned with the learning outcomes, and evaluation of the overall cohesiveness of the workshop was completed. Due to certain constraints (COVID-19/global pandemic) and restrictions during this portion of

the project development, it only allowed for development and pretesting with certain stakeholders and subject matter experts.

Implementation

Questions asked in this phase (Kurt, 2017):

1. What is the emotional feedback from participants?
2. Are they genuinely interested? Are they Resistant?
3. What is the scale of implementation? Small scale or large scale?

This phase of design reflects the continuous adjustments and modifications for the project to take place to ensure maximum efficiency and that positive results are obtained (McGriff, 2000). In this phase the workshop was analyzed, and redesigned to enhance the project to ensure it would be delivered effectively. Evaluation from stakeholders and subject matter experts aided in this process, and as a result revisions were made to areas that required enhancement to make the workshop more effective and successful. Revisions including grammar, reorganizing the layout of slides, adding in visual components and formatting.

Evaluation

Questions asked in this phase (Kurt, 2017):

1. On what factors or criteria will the effectiveness of the project be determined?
2. Determine the way you will implement data collection, as well as the timing at which it will be effectively made. When will the data related to the project's overall effectiveness be collected and how?
3. On what basis will you arrive at a decision to revise certain aspects of the project before its full implementation?

The last stage of the ADDIE model is evaluation. This stage helped determine if and how things were accomplished, or not accomplished (McGriff, 2000). Although this phase is found at the end of the ADDIE Model, evaluation is done through each phase of this model. For this project, a formative evaluation process was used as the evaluation method for this project. Questions (See Appendix C – Feedback Questions) were given to the pretesters to determine if learning outcomes were met, and what is required moving forward in order to improve the success and efficiency of the project.

Theoretical Framework

The Transformative Learning Theory (Mezirow, 1978), was utilized for the development of this project. Mezirow's (2000) Transformative Learning Theory focuses on adult education and young adult learning, as it requires learners to have emotional maturity, awareness, control and empathy. The topics and issues discussed in the workshop are of a sensitive nature, and will require the emotional maturity this framework asks for. Mezirow's theory has 10 steps for the transformative learning process (Kitchenham, 2008):

Step 1 - A disorientating dilemma

Step 2 - A self-examination with feelings of fear, anger, guilt, or shame

Step 3 - A critical reflection of assumptions

Step 4 - Recognition that one's discontent and the process of transformation are shared

Step 5 - Exploration of options for new roles, relationships and actions

Step 6 - Planning a course of action

Step 7 - Acquiring knowledge and skills for implementing one's plans

Step 8 - Provisional trying of new roles

Step 9 - Building of competence and self-confidence in new roles and relationships

Step 10 - A reintegration into one's life on the basis of conditions dictated by one's perspective.

For the purpose of this project, I have chosen to highlight three of the major phases of the Transformative Learning Theory:

Disorientating Dilemma – The first phase of Transformative Learning, is a situation where a learner finds that what they thought or believed in the past may not be accurate (Mezirow, 2000). For the workshop this is highlighted in the first section of the presentation: *History of the Indian Residential School System*. One misinterpretation of the IRS system was it happened years ago. When in fact, the last IRS closed down in 1996. Another, is it was focused solely on learning for Indigenous children. However, Residential schools suppressed Indigenous languages and cultures, imposed Christian Ideologies and belief systems, had inadequate standards for student health and safety, and was a place where physical and sexual abuse were common.

Critical Reflection – This phase allows learners to take a comprehensive look at their past assumptions and review them critically. They are able to accept that perhaps some of their past assumptions were wrong, and are thereby more open to new information and thoughts (Mezirow, 2000). This creates perspective transformation as they are able to look with more unbiased eyes at their own past.

At the beginning of the workshop there is a question period that includes the following: What is your current knowledge about the Indian Residential School System? Where did this knowledge come from? I also highlight *Common Misconceptions* of the Indian Residential School system:

- Indigenous families where given the option to attend these schools

- Not many Indigenous children attended the schools (approximately 150,000 in attendance)
- Residential schools occurred a long time ago. Therefore, Indigenous people need to get on with their lives

Acquisition of New Knowledge – Learners can progress in their transformational learning. They may have to learn new things and consider different perspectives in order to fully enhance their learning (Mezirow, 2000). This phase happens at the end of the presentation. When participants have completed the workshop it is up to them to take what they have learned, and change their perspective to ensure their new understanding about the facts and realities of Indigenous peoples in the Indian Residential School system.

Implementation Plan

Plans for implementation included conducting two workshop sessions for NESA nursing faculty and instructors at the University of Lethbridge and Lethbridge College. The workshops would run between 45 – 60 minutes each, and would include the same information presented to two different groups. However, due to not having the opportunity to present the workshop in the manner in which it was developed (COVID-19 restrictions), I utilized a formative evaluation to enhance the workshop and its material for future implementation. The formative evaluation included qualitative questions to gauge participants emotions from the workshop (See Appendix C – Feedback Questions). With the formative evaluation three pretests were completed, and the entire workshop presentation and its components were given to each individual to review. One pretest was done with a University of Lethbridge instructor, who reviewed the lesson plan for the workshop and assisted with helping to get audience members engaged during the

implementation. The second pretest was done with a NESA curriculum committee member, who reviewed the workshop to determine if the information aligned with the courses they would be implementing in their nursing program. Lastly, the third pretest was done with an Indigenous educator, who was utilized to review the history and appropriateness of material used within the workshop.

Pretest #1 Feedback

The first pretester was a University of Lethbridge instructor, and the feedback gained after this review included lesson plan changes to help with organization of time, and help material transition from one section to another. As well, changes were made to my feedback questions, as it was pointed out some of them were repetitive in nature. The following was an overall comment on the presentation:

“Your presentation goes a long way to making visible the influence of residential schools (past/present/future) and to opening the conversation about addressing the impacts of this on Indigenous peoples”

Pretest #2 Feedback

The second pretester was a NESA coordinating committee member. Changes were made to expand on some of the content shared, as they felt they needed more information. Visual aids were also added to help add more context. At the end of this feedback the following summary was given:

“This content is incredibly important. I hope you will be sharing it with our nursing instructors. There are parts that are specifically for the development of the instructors (classroom tips), and other parts that should also be shown to students early in the program as part of the first year course on Intersectionality”

Pretest #3 Feedback

The last pretester utilized was an Indigenous educator. The following was their overall feedback on the presentation:

“The whole presentation is important but there are a couple of concepts that stand out for me: The Blackfoot greeting and the prayer in the beginning are important inclusions, as the start of the loss of our First Language in that era was, arguably, the most significant loss; The video clips that are included provide valuable context to the presentation, we see real people talking about their experiences; lastly, the strategies that you present on the ‘how tos’ of approaching this subject are excellent”

Limitations of the Project

Timing played a part in the limitations of this project. When the project reached the implementation phase, we were facing a global pandemic, which saw restrictions to in-person classes and meetings. As a result, there was no option to provide the workshops in-person, and because of the nature of the material discussed, it would not be appropriate to not offer the in-person debriefing provided at the end of the workshop.

Section 4: Reflection

Impact of COVID-19 Pandemic

Conducting this project during a global pandemic posed challenges for the completion of it. The first challenge was not being able to have face-to-face interactions and conversations with peers and instructors. Although this challenge was mitigated by offering online meetings, it was not the same structure we were used to in previous semesters. The second, stakeholder engagement was limited to a few individuals. In the first semester I was able to attend the NESA curriculum coordinating committees meetings, which included a diverse group of nursing instructors and faculty. Following COVID restrictions, I had contact with only one of the committee members. Thirdly, staying in contact with the stakeholders during the pandemic. Due to the changes on campus, as well as personal life changes, communication was sometimes delayed for circumstances out of people's hands. Lastly, challenges faced by myself in completing this project. Working on the front-lines during this pandemic, homeschooling my child, and attempting to complete my masters, took its toll on the completion of this project.

Lessons Learned

There have been many lessons learned in the development of this project. One of the biggest lessons was learning how much time and effort goes into the development of educational material and projects. From this, I have a greater appreciation for instructors, faculty and course development. During initial stakeholder engagement I had the opportunity to take part in the NESA curriculum coordinating committee meetings, and there were times where meetings would run all day. Watching these meetings take place, and seeing the level of organization and collaboration between each member, shows how a single individual cannot partake in project development without the support of others.

Another lesson, was learning to be directed by the needs of my target audience. When I started this project I had a set direction of what I wanted this project to look like, and where I wanted it to go. It was frustrating when I had to change the direction of my project after my first stakeholder meeting. However, during this process it became evident how important stakeholder engagement is to the development of a project. Had I not listened to the needs of my target audience I would have developed a project with no audience to present it to.

Project Sustainability

It is essential for educational institutions to understand the effects of colonialism, and that includes the Indian Residential School system and its impact on Indigenous peoples health. Failure to be committed to the Truth and Reconciliation Commission of Canadas “Calls to Actions” would not be honouring the survivors and their families. Given the complexities underlying the health status of Indigenous people, it is important to understand this part of history, as it can help promote culturally safe care within nursing students and their future practice. Acknowledging this portion of Canadian history, which continues to have an impact on the health of Indigenous people and their communities, is an important step in the journey to reconciliation.

Reflection

I have a personal connection to the material shared within this project. One of my parents attended the Indian Residential School system, and at times topics researched and developed would cause me to take a step back due to the emotional response experienced. Our own family did not realize the extent of the abuse until after the Truth and Reconciliation Commission of Canada began its investigation. During this time my parent was encouraged to open up about their experiences; this was a tough period for our family, and for my parent having to relive the

traumas experienced. This was a learning period for us all, as my own parent began to explain to us why certain actions were taken by them. My brother and myself were never taught our Blackfoot language in our home, and this was due to my parent's fear of us being beaten as they were for speaking their language. Growing up we had a strict upbringing, only certain adults were trusted with taking care of us, as my parent did not want us kids abused like how they were by the adults that were in charge of taking care of them. Addiction was also present with my parent, as it was expressed it helped "numb" their memories and emotions from their time in the IRS system. This is a journey of learning, healing and understanding for my family that is still taking place to this day, and will be ongoing for our future.

Implications of Future Practice

There is a need to increase understanding of residential school trauma within the nursing profession, as nurses need to be aware of how this trauma effects the health and well-being of Indigenous people. An increase in knowledge will provide nurses with understanding when dealing with patients who suffer from the effects of residential school trauma. Further, being able to comprehend the effects of this concept will help nurses identify patients who may be suffering this type of trauma, and possibly develop criteria to help with intervention strategies for these individuals and families.

Conclusion

Given the nature of the nursing profession, many of our interactions with our patients/clients require intimate care, and that care can trigger past experiences of the abuse endured. Indigenous people can be seen in many different care settings and for a multitude of reasons, and procedures such as personal care, catheterization, enemas, application of restraints and even listening to chest sounds have the potential to feel threatening to the patient.

Nurses need to be able to approach every situation carefully, and need to remember to listen to the patient, advocate for them, respect them, and care for them in a culturally safe manner.

The effects of residential school on the health and well-being of Indigenous people is only beginning to be understood for not only the nursing profession but in society as a whole. The Truth and Reconciliation Commission of Canada's report provided a glimpse of understanding of why the Indigenous communities cannot simply "get over" the experiences of the residential school system. Indigenous communities state that the Truth and Reconciliation's efforts were a good step in healing the damage experienced by the Indigenous population, but there is still a ways to go for reconciliation to be reached between the Indigenous and non-Indigenous communities. Although a greater understanding can be achieved, there needs to be more tools available to help this change occur, and help make improvements in the area of helping these individuals and families heal.

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Appendix A: ARRECCI Screening Tool Links

ARECCI Ethics Guideline Tool

<https://albertainnovates.ca/wp-content/uploads/2017/11/ARECCI-Ethics-Guideline-Tool.pdf>

ARECCI Ethics Screening Tool

<http://www.aihealthsolutions.ca/arecci/screening/451965/8a43a884820350081be2a34f71325016>

Appendix B: Lesson Plan

INDIAN RESIDENTIAL SCHOOL LEGACY & THE IMPACT ON INDIGENOUS HEALTH: WORKSHOP FOR FACULTY & INSTRUCTORS

LEARNING OBJECTIVES:

- ⇒ To build a basic understanding of what the Indian Residential Schools (IRS) were, who operated them, and impact on Indigenous ways of life.
- ⇒ Increase knowledge and understanding on how the Indian Residential school system impacted/impacts Indigenous peoples health.
- ⇒ Increase knowledge and provide strategies on how to approach Indian Residential school education in a culturally safe and sensitive manner.

THE WORKSHOP IS DIVIDED INTO 3 SECTIONS:

1. HISTORY OF THE INDIAN RESIDENTIAL SCHOOL SYSTEM

Suggested activities:

i. Understanding prior knowledge:

- Discuss with the faculty and instructors what they currently know about the Indian Residential school system
- Where did this knowledge come from? (news, school, internet, etc.,)
- Ask the group to formulate questions they would like to know about the IRS system, or understand better.

ii. Video played here of the Canadian Residential School propaganda in 1955

- Link: https://youtu.be/s_V4d7sXoqU
- Have the group discuss how they would feel as a child or parent seeing the “positive light” these propaganda videos portrayed of the IRS

iii. Power Point

- Provide foundational knowledge on the IRS system
- Questions to ask to engage in the group during the presentation:

- Why is it important to learn about the IRS system?
- What did Indigenous people lose as a result of the implementation of the IRS system?
- What are the lasting impacts?
- Can you name the two residential schools that are located on the Blackfoot territory?

iv. Reality of the IRS

- Discuss the groups thoughts and feelings on this reality
- Allow for personal reflection, and engage group in a discussion
- Knowledge Check

2. IMPACT OF THE INDIAN RESIDENTIAL SCHOOL SYSTEM ON INDIGENOUS HEALTH

Suggested activities:

i. Case study

- Provide the group with the case study for them to work on individually
 - Implement prior to teaching the material for this section
- Discuss as a group what the plan of care would be for the client

ii. Power Point

- Effect on the health of Indigenous people, families and communities.
- Intergenerational impact
- Examples from practice
- Videos from survivors: Discuss thoughts and feelings

iii. Case study

- Now that the group has been given knowledge regarding the IRS on health, have them look back at their previous answers to case study
 - Would they change their plan of care?
 - How would they change it?
- Discuss my own experience with the client in the case study, and what the individual shared with me during our encounters

iv. Reflection

- Give the group time to reflect
- Have them discuss their own experiences working with the Indigenous population
- What would they change with the knowledge they have been given?

3. STRATEGIES ON HOW TO APPROACH INDIAN RESIDENTIAL SCHOOL EDUCATION IN A CULTURALLY SAFE AND SENSITIVE MANNER.

Suggested activities:

i. Power Point

- Importance of teaching about the IRS system/ TRC's Calls to action
- Dealing with the sensitivity of the IRS system
 - o A Sensitive Approach with the Topic of the Indian Residential Schools
 - o Establish Rules to Ensure a Safe Environment
 - o Presenting Fairly and With Sensitivity
 - o Providing the foundation that it is important to understand the past in order to work on a more positive future

4. CONCLUSION

i. Provide closing remarks

ii. Discuss my own lived experience of having a father who attended the IRS system

iii. Reflection and Questions

Appendix C: Feedback Questions

THE INDIAN RESIDENTIAL SCHOOL LEGACY & THE IMPACT ON INDIGENOUS HEALTH

Workshop for Nursing Instructors and Faculty

By Constance Day Chief RN, BN

Questions for feedback

1. After going through the presentation what was the most important concept/idea you took away from it?
2. Is there an area of the presentation I could have left out? Which part and why?
3. Is there an area of the presentation where I could have provided more information? Which section and why?
4. Did the video clips fit in with the sections they were placed? Were the videos needed? In other words did they add value to the presentation? Please explain answer.
5. Were the learning objectives met? Explain how.
6. How did the presentation make you feel? What kind of emotions did you experience?
7. How important is it to add the topic of the Indian Residential School to the nursing curriculum?
8. Would you recommend this workshop to your colleague(s)?

Please provide any further feedback where needed.

Thank you.

**Appendix D: The Indian Residential School Legacy & the Impact on Indigenous Health:
Workshop for Nursing Instructors and Faculty**

THE INDIAN RESIDENTIAL SCHOOL LEGACY & THE IMPACT ON INDIGENOUS HEALTH

Workshop for Nursing Instructors and Faculty
By Constance Day Chief RN, BN

I'taamikskanaotoni
Good Morning

Agenda

- Introductions
- Blackfoot Prayer
- Workshop Overview
 - *Learning outcomes*
- Part 1: Residential School History
- Part 2: Impact of the Indian Residential School System on Indigenous Health
 - *Why is this important for the nursing profession?*
- Part 3: Strategies On How To Approach Indian Residential School Education In A Culturally Safe And Sensitive Manner.
 - *Translating Knowledge in your Classrooms*
- Conclusion
 - *Reflection*
 - *Questions*

Blackfoot Prayer

Ayao lihtsiipaitapiyo'pa Kitsiksimatsimmohpinnaan
Calling on the Creator "We shake hands with you/greet you"

Isspommookinnaan Ksiistsikoihk
Help us today

Kimmokinnaan Ais'stamattsookinnann
Be kind to us, show us

Soka'piyi Ikkina'piyi Mokamo'ta'piyi
All that is good, all that is gentle, all that is honest

Ayao Kimma'tookinnaan Nookoossinnaaniksi
(Calling upon) Be kind to our children

Ninnaaniksi Niksisstsinnaaniksi
Fathers, Mothers

Naahsinnaaniksi okki Kaamotaani
Grandparents and now be saved

Miisamipaitapiysinni
A long life

Learning Outcomes

- To build a basic understanding of what the Indian Residential Schools (IRS) were, who operated them, and impact on Indigenous ways of life.
- Increase knowledge and understanding on how the Indian Residential school system impacted/impacts Indigenous peoples health.
- Increase knowledge and provide strategies on how to approach Indian Residential school education in a culturally safe and sensitive manner.

History Of The Indian Residential School System



Question Period

What is your current knowledge about the Indian Residential School System?

Where did this knowledge come from?

Common Misconceptions Of The Indian Residential School System

- Indigenous families were given the option to attend the schools
- Not many Indigenous children attended the schools.
- Residential schools occurred a long time ago. Therefore, Indigenous people need to get on with their lives.

Canadian Indian Residential School Propaganda 1955

Video clip:

https://youtu.be/s_V4d7sXoqU

Questions:

As a parent, what feelings do you have after seeing the promotion of the residential schools to the public?

How would you feel sending your child to residential school?

As a child, would you want to attend these schools?

Timeline

1831

Mohawk Indian Residential school opens in Brantford, Ontario. It will be known as the longest operated residential school, which closed down in 1969

1848

The first Federally run residential school opens in Alderville (Alnwick), Ontario

1883

Sir John A. Macdonald authorizes the creation of residential schools in the West based on the recommendations of the 1879 Davin Report

1884

Canadian Government and Christian Churches (Roman Catholic, Anglican, United, and Presbyterian) enter into a formal agreement for religious institutions to run the schools

1842-1844

The Bagot Commission report proposes federally run Indian residential schools as a way of separating children from the families and thereby removing them from their traditional ways of life

1867

After the adoption of the 1867 Constitution Act, Canada formally instituted in law a policy of assimilation, which premise was to transform "Indian" communities from "savage" to "civilized"

1884

Traditional ceremonies are declared illegal for Indigenous people in Canada

1896

45 residential schools are in operation across Canada. Over crowding and an increase in diseases are seen in the schools due to improper funds being allocated to the schools

1907

Dr. P. H. Bryce, chief medical officer for Canada's Department of the Interior and Indian Affairs (1904-1921), reveals the mortality rate of children in attendance in residential school is as high as 42%

1969

The transfer of a few schools to the local bands begins when the agreement between the churches and the Canadian government comes to an end

1991

Grand Chief of the Assembly of Manitoba Chiefs, Phil Fontaine, speaks about the abuse he endured at residential school

2008

The Canadian government authorizes the Truth and Reconciliation Commission of Canada (TRC) to document the truth and inform all Canadians about what happened in residential schools

Prime Minister Stephen Harper issues a statement of apology on behalf of the Government of Canada to former students of Indian residential schools.

1920

Attendance at residential school is made mandatory for every "Indian" child between the ages of 7 and 16 years of age.

1979

12 residential school are still in operation in Canada, with 1,200 children attending

1996

The last residential school closes in Punnichy, Saskatchewan

2008-2012

The Indian Residential School Settlement Agreement provides compensation to Survivors of residential schools

2015

The TRC issues its final report, Honoring the Truth and Reconciliation for the Future, documenting the tragic experiences of approximately 150,000 survivors. 94 Calls to Action are included

What was the Indian Residential School System?

The Indian Residential School (IRS) system was a collaboration between the Government of Canada and the mainstream churches (Anglican, Catholic, Presbyterian and United churches) to educate Indigenous children (ages four to sixteen) in an environment that removed them from their families, communities and cultures ¹¹

The main goal of these schools was to:

- Civilize &
- Christianize

"I want to get rid of the Indian problem. I do not think as a matter of fact, that the country ought to continuously protect a class of people who are able to stand alone... Our objective is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic and there is no Indian question, and no Indian Department, that is the whole object of this Bill."

– Duncan Campbell Scott, Department of Indian Affairs, 1920

The Indian Residential School System

The Canadian residential school system operated for more than 160 years, with approximately 150,000 in attendance ²

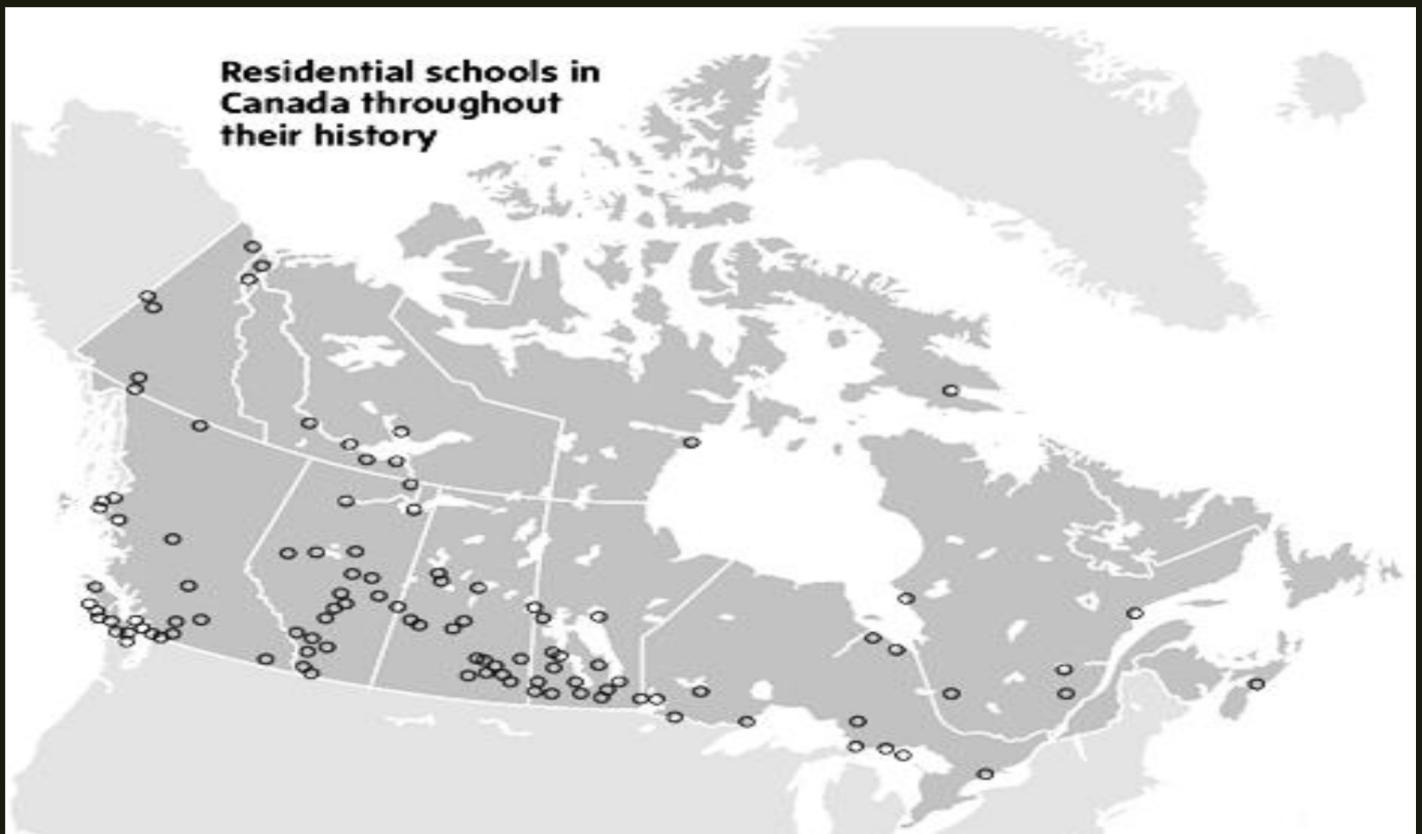
Prince Edward Island, Newfoundland and New Brunswick were the only provinces that did not have the federally funded, church run schools ²



Indigenous children were forcefully taken from their homes, removed from their families, communities and placed into the residential schools 11

The Indian residential school system was one of the many ways the Federal Government of Canada tried to assimilate the Indigenous population into mainstream society 8

As a result, Indigenous people, children and communities lost their languages, cultural practices and traditions 2



Residential Schools in Canada

Institution Name	Religious Affiliation	Institution Name	Religious Affiliation
Assumption	Roman Catholic	Old Sun	Anglican
Blue Quills	Roman Catholic	Red Deer	United Church
Crowfoot	Roman Catholic	Sacred Heart	Roman Catholic
Desmarais	Roman Catholic	Sarcee	Anglican
Edmonton	United Church	St. Albert	Roman Catholic
Ermineskin	Roman Catholic	St. Augustine	Roman Catholic
Fort Vermillion	Roman Catholic	St. Cyprian's	Anglican
Grouard	Roman Catholic	St. Joseph's	Roman Catholic
Holy Angels	Roman Catholic	St. Mary's	Roman Catholic
Joussard	Roman Catholic	St. Paul's	Anglican
Lac La Biche	Roman Catholic	Sturgeon Lake	Roman Catholic
Lesser Slave Lake	Anglican	Wabasca	Anglican
Morley	United Church	Whitefish Lake	Anglican 10

Question Period

Q: Can you name the Residential schools that are located in Southern Alberta?

A: St. Mary's (Blood Reserve)– Catholic. Housed Red Crow Community College from 1995, and burned down August 2015.

St. Paul's (Blood Reserve)– Anglican. Still stands and is used as living quarters for Blood Tribe members.

Knowledge Check

1. What were the purposes behind the Indian residential school system?
2. What did Indigenous people lose as a result of the imposition of the Indian residential schools?

The Indian Residential School System's Impact On Indigenous People's Health



“The residential school experience is one of the darkest, most troubling chapters in our collective history.”

– Justice Murray Sinclair, the Commission Chairman, in his final remarks on the TRC report

Case Study

You are the case manager for a middle aged man with type 2 diabetes who resides in an Indigenous community. He has presented on more than one occasion with high blood sugar readings, and new wounds on his lower extremities. In discussion with the clients care team at the neighboring hospital, the nurses refer to your client as being “non-compliant”. The doctor has discussed with you the need to start the client on insulin therapy, however, the client refused the doctor at his office. At your next home visit with the client, you bring up the insulin therapy again, but the client states he does not want to start taking insulin at this time.

Questions:

1. As the nurse, how would you respond to your client?
2. What would your plan of care be at this time?

Stories from Residential School Survivors

Video Clips:

- A residential school survivor shares his story of trauma and healing

<https://www.youtube.com/watch?v=ddZEeeaozDE>

- Residential school survivor says being separated from her family was the worst

https://www.youtube.com/watch?v=bt6iOj_pkfw

Physical and Emotional Abuse

Physical and emotional abuse was the most common method used to discipline children who refused to follow the strict rules enforced in the Indian Residential Schools ¹¹

Due to lack of funding, children also had to endure inadequate facilities (poor ventilation and heating), and neglect of basic needs (food and clothing) 9

Overcrowding was also common in these schools, which often lead to disease and death 9



Individuals who attended residential schools were exposed to:

- Impoverished living conditions
- Mistreatment
- Lack of proper health care
- Harsh disciplinary practices
- Physical abuse
- Mental abuse
- Sexual violence 7

Acts of documented punishment ranged from, but were not limited to:

- Needles to the tongue (for speaking their traditional language)
- Fist beatings
- Burning
- The strap
- Sexual abuse
- Imprisonments in cages and closets 11

“I remember the one young fellow that hung himself in the gym, and they brought us in there and showed... showed us, as kids, and they just left him hanging there, and, like, what was that supposed to teach us? I'm 55 years old and I still remember that.”

- Residential school survivor

“A sister, a nun started talking to me in English and French, and yelling at me. I did not speak English, and didn't understand what she, what she was asking. She got very upset, and started hitting me all over my body, hands, legs and back. I began to cry, yell, and became very scared, and this infuriated her more. She got a black strap and hit me some more.”

- Residential school survivor

Abuse and Trauma

The abuse endured by the children elicited a sense of powerlessness, guilt and shame which has been shown to be held onto by these survivors years after leaving the residential school system ³

In 2015, there were 37,951 claims of physical and sexual abuse in the schools, which was reported by nearly half of all living survivors ¹⁰

The trauma experienced by the survivors has been shown to have had long lasting effect on the health and well-being of not only the individual, but subsequent generations ¹²



Health and Well-Being



After the closing down of the last residential school, and receiving the apology from the federal government of Canada, the health and well-being of Indigenous people continues to be lower than that of the non-Indigenous population ¹

With the high rates of abuse and neglect that has been documented for those who attended residential schools, there is now evidence to show how it effects the mental and physical health of the survivors ⁸

Individual and Intergenerational Trauma

Studies are showing a link between attendance at these schools with alcoholism and suicide, as well as the continuation of abuse to those around them (children, spouse, etc.). ⁸

Intergenerational trauma for residential school survivors means that the experiences did not only have an effect on the students who attended, but their children and their children's children. ⁸

Video Clip:

<https://youtu.be/ZdnEPvNGUYy>

“Residential school trauma continues to undermine the well-being of today’s aboriginal population, and having familial history of IRS attendance has also been linked with more frequent contemporary stressor experiences and relatively greater effects of stressors on well-being” ¹

Why Is This Important For The Nursing Instructors and Faculty?

Given the nature of the nursing profession, many of our interactions with our patients/clients require intimate care, and that care can trigger past experiences of the sexual abuse endured. Providing students with knowledge of understanding patient history can mitigate potential harm in these situations.

Faculty and instructors can enhance student understanding of this historical event of Indigenous people and how these factors can manifest themselves in the healthcare setting

Question Period

How many of you have stopped to consider the history of Indigenous clients/patients before you provide intimate care?

Future Nursing Considerations

There is a need to increase understanding of residential school trauma within the nursing profession, as nurses need to be aware of how this trauma effects the health and well-being of Indigenous people.

An increase in knowledge will provide nurses with empathy when dealing with patients who suffer from the effects of residential school trauma.

Further, understanding the effects of this concept will help nurses identify patients who may be suffering this this type of trauma, and possibly develop criteria to help with intervention strategies for these individuals and families.

Case Study

You are the case manager for a middle aged man with type 2 diabetes who resides in an Indigenous community. He has presented on more than one occasion with high blood sugar readings, and new wounds on his lower extremities. In discussion with the clients care team at the neighboring hospital, the nurses refer to your client as being “non-compliant”. The doctor has discussed with you the need to start the client on insulin therapy, however, the client refused the doctor at his office. At your next home visit with the client, you bring up the insulin therapy again, but the client states he does not want to start taking insulin at this time.

Questions:

1. As the nurse, how would you respond to your client?
2. What would your plan of care be at this time?

Case Study

On one of my visit with the client, I asked the him what he thought about the doctors request for insulin therapy. The client took a deep breath, and explained to me that the last time he listened to a “white man” he was taken from his family and put into residential school. He began to open up to me about some of his experiences, and the effect it has had on his life since then. He stated that he was in a dark place after he left the school and told me “I can’t even begin to explain how I was treated while I was there”. The client stated he fell into an addiction with alcohol, which didn’t make things better, but that it was a way he could escape some of the memories he had. He then went on to say how his experiences effected the relationships he has had as an adult, and that “we were never shown love or how to love, I did not know how to love my wife or my child, and I ended up losing them”. He explained how he has not spoken to his daughter since she was a young child, and to this day she refuses to acknowledge him. He stated he gave up drinking “a few years back”, and began to explore his traditional ways. He stated “half the time I do not know what I am doing, but I try to learn”, he stated his anger in not knowing or understanding the “old ways”. He then apologized to me about his refusal to start the insulin therapy, and that if maybe I understood where he was coming from I would understand his refusal.

Case Study

The expression of my clients time at residential school showed how each person's experiences are different, and the trauma manifests itself differently for each individual and family.

As children attending these schools, they lived in fear, loneliness, and shown lack of affection. They learned to obey or be humiliated amongst their peers with physical punishment; as adults they learned to mistrust the "white man" and therefore affecting their ability to conform to health regimes provided by health professions.

Understanding not only the historical context of residential schools, but also how this history has effected Indigenous health can help promote culturally appropriate care, treatment and interventions for this population.

"The attempt to transform us failed. The true legacy of the survivors, then, will be the transformation of Canada."

- Phil Fontaine

Strategies On How To Approach Indian Residential School Education In A Culturally Safe And Sensitive Manner.

Translating Knowledge in your Classrooms

A Sensitive Approach with the Topic of the Indian Residential Schools

- First and foremost it is important to deal with the topic of the Indian Residential School system with sensitivity.
- As faculty and instructors, it is not expected of you to be experts on the legacy and history of the IRS system. Your role will be as guides and facilitators.
- Always be aware of students reactions as you move through the material
- Some students may have personal connections with the content (e.g., parents or grandparents may be survivors)
- Topics can be controversial, as some students may feel they have no connection with the material ⁴

Establish Rules to Ensure a Safe Environment

Setting ground rules prior to instruction of the material is important so students are able to share their thoughts and opinions. Ways to facilitate this:

- Go around the room and have each student present a rule they wish to have for the discussion
- Place these rules where the entire class can see them
- Ensure students are respecting and placing value in what others are bringing to the discussion
- As the facilitator, know when to step in when topics diverge into areas where conflict arises between students
- Know that it is okay to feel discomfort ⁴

Presenting fairly and with Sensitivity

It is important to understand:

- The topic of the IRS system is best taught through discussion rather than instruction
- You want to promote understanding, and as the instructor you want to ensure issues are being explored to their entirety
- Allow time to deal with concerns and questions
- Be aware of discussions that are happening within the group and amongst students individually
- Play a role in ensuring potential conflict is dealt with in the context of the classroom
- Understand that this material has the potential to elicit an emotional response from students ⁴

It is important to convey to your students that the purpose for understanding the past is to be part of a more positive future.



Conclusion

Conclusion

The effects of residential school on the health and well-being of Indigenous people is only beginning to be understood for not only the nursing profession but in society as a whole

The Truth and Reconciliation Commission of Canada's report provided a glimpse of understanding of why the Indigenous communities cannot simply "get over" the experiences of the residential school system

Indigenous communities state that the Truth and Reconciliation's efforts were a good step in healing the damage experienced by the Indigenous population, but there is still a ways to go for reconciliation to be reached between the Indigenous and non-Indigenous communities

Although a greater understanding can be achieved, there needs to be more tools available to help the change occur and help make improvements in the area of helping these individuals and families heal.

"Our children are now being taught the culture, and can express their identity without fear of punishment. This painting is a reminder to our own people of the struggles of our ancestors and a reminder to others to never again do this to any people"

- David Kanietakeron Fadden (Mohawk)



FINAL THOUGHTS

Resources

Truth and Reconciliation Commission of Canada. (2016). *A knock on the door*. University of Manitoba Press.

National Centre for Truth and Reconciliation – University of Manitoba. Website:
<https://memorial.nctr.ca>

Video: Justice Murray Sinclair on Reconciliation. This is a powerful video from Justice Murray Sinclair from the Truth and Reconciliation Commission to introduce residential schools and the need for reconciliation <https://goo.gl/LmhSLP>

The National Centre for Truth and Reconciliation Website. Teacher Resources, TRC Archives, Survivor Supports: Residential School Survivor Support Line:1-866-925-4419
<http://nctr.ca/educator-newbackup.php>

Speak Truth to Power: Truth and Reconciliation. Wilton Littlechild. Lesson plans on Reconciliation with interviews and videos <https://goo.gl/CpDEfa>

Project of Heart. projectofheart.ca. This website has a lot of background information for teachers: Survivor reflection and testimony, Maps of where Residential Schools were. Recommended reading, Videos and Historical Documents. Teacher Guides/Lesson Plans
<http://projectofheart.ca/teacher-guideslesson-plans/>

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12. Wilk, P., Maltby, A., & Cooke, M. (2017). Residential schools and the effects on Indigenous health and well-being in Canada – a scoping review. *Public Health Reviews*, 38(8).