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Indigenization in Clinical and Counselling Psychology Curriculum in Canada: A Framework for Enhancing Indigenous Education

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This article considers how to advance Indigenous education in counselling and clinical psychology in Canada, particularly at the intersection of curriculum, programmatic, and systemic shifts in graduate education. This article focuses on the curricular practices that the counselling and clinical psychology field could enact in efforts to advance reconciliation, reduce educational and mental health disparities that exist among Indigenous peoples in Canada, and strengthen Indigenous education in the field. To do this, the authors present a literature review on the status of Indigenous education research in counselling and clinical psychology and related fields in Canada and in similar international contexts. Centering analysis on the concept of Indigenization, a project concerned with infusing mainstream courses with content and pedagogical processes which speak to some experiences and concerns of Indigenous people, the authors present a framework for targeted changes in graduate curriculum. This framework organizes around the primary curricular domains of professional psychology, as well as some emerging domains of relevance for the fields of counselling and clinical psychology. The authors provide examples of Indigenous-specific psychological curricula and resources for Indigenization within psychology curriculum. Finally, the authors discuss the challenges and opportunities that Indigenization efforts in advanced psychological education present currently, as well as consider the role of self-determination in the future of Indigenous psychological education.

Public Significance Statement
This study advances the idea that clinical and counselling psychology curriculum should be revised to reflect a commitment to Indigenous education through a process of Indigenization. Additionally, it highlights a range of resources to help support these efforts in curriculum development.

Keywords: Indigenous education, Indigenous mental health, Indigenization, education and training in psychology, diversity

Indigenous peoples, including First Nations, Métis, and Inuit (Dyck & Tannas, 2019), are projected to exceed 2.5 million within the next 15 years in Canada (Statistics Canada, 2016) and have resisted many forms of colonization including attempted cultural suppression, residential schools, assimilative education systems, the Indian Act, and removal from traditional lands (Dyck & Tannas, 2019; Truth & Reconciliation Commission of Canada [TRC], 2015a, 2015b). Some national efforts to redress the harms of colonization include the TRC (2015a, 2015b), the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG, 2019a), and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP, 2007). These three seminal documents invoke calls to action, requiring engagement of all sectors of Canadian society to improve Indigenous well-being and address multisystemic forms of inequity for Indigenous peoples.

Several of the TRC's calls to action (2015a, 2015b) are particularly relevant to the field of clinical and counselling psychology (CCP) and have vital importance in how this era of contemporary psychological education and professional training of psychologists might be imagined. In particular, Number 7 advises the federal government to collaborate with Indigenous peoples in reducing educational disparities; Number 18 requests governmental acknowledgement that their policies hold responsibility regarding the current landscape of Indigenous health; Number 19 seeks measurable contributions to reduce Indigenous health disparities; Number 22 calls for the inclusion of self-determined Indigenous healing practices within the Canadian healthcare system; Number 23 appeals for

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increased recruitment and retention of Indigenous peoples within health care; and Number 24 advocates for mandatory coursework across medical and nursing schools in Canada to promote competencies in working against anti-Indigenous racism and beneficent health care for Indigenous peoples. The implementation of the calls to action (TRC, 2015a, 2015b) outlined above have been identified as critically important in the context of reforms to professional training and education in psychology, with specific consideration of systemic barriers, curricular and pedagogical challenges within the fields of CCP (Ansloos et al., 2019).

An important complementary document to the TRC (2015a, 2015b) is the National Inquiry into MMIWG, which produced powerful calls to justice (2019b) in efforts to address "... human rights and Indigenous rights abuses committed and condoned by the Canadian state represent[ing] genocide against Indigenous women, girls, and Two-Spirit, Trans, and Queer (2SLGBTQQIA) people" (MMIWG, 2019b, p. 1). The introduction to the calls to justice asserts that anticolonial systemic interventions to prevent ongoing Indigenous genocide must take place within four areas, including: "1) historical, multigenerational, and intergenerational trauma; 2) social and economic marginalization; 3) maintaining the status quo and institutional lack of will; and 4) ignoring the agency and expertise of Indigenous women, girls, and 2SLGBTQQIA people" (MMIWG, 2019b, p. 1).

Although many professional bodies must work towards ending Indigenous genocide in these four areas, the authors of this article envision clinical and counselling psychologists as playing an instrumental role. Clinical and counselling psychologists work interpersonally with people who have experienced intergenerational trauma; we should strive to address social and economic marginalization through research and interpersonal advocacy to promote equitable models of mental health care; we should utilize our professional power to progress institutional change within academic, intervention, and policy work; and we should actively honour and encourage the agency and wisdom of Indigenous women, girls, and 2SLGBTQQIA people in our clinical work and research. Although this article cannot critically interrogate all aspects of the MMIWG (2019b) calls to justice, this clearly outlines the relevance for all CCP professionals to deeply familiarize themselves with the necessary documentation to engage with ending Indigenous genocide. Including MMIWG information within CCP education along within CCP faculty professional development must occur; there is no excuse for members of our field to ignore publicly voiced human and Indigenous rights abuses and violations.

In the present article, considering these calls to action (TRC, 2015a, 2015b) and the context of the calls to justice (MMIWG, 2019b), we take stock of the possibilities of how to advance Indigenous education in CCP, particularly at the intersection of curriculum, programmatic, and systemic shifts in graduate education. This article focuses on the curricular practices that the CCP field could enact in efforts to advance reconciliation, reduce educational and mental health disparities that exist among Indigenous peoples in Canada, and strengthen Indigenous education in the field.

To do this, we first present a literature review on the status of Indigenous education research in CCP and related fields in Canada and in similar international contexts. Centering our analysis on the concept of Indigenization, a project concerned with infusing mainstream courses with content and pedagogical processes which speak to some experiences and concerns of Indigenous people, we present a framework of targeted changes in graduate curriculum. This framework organizes around the primary curricular domains as well as some emerging domains of relevance for the fields of CCP. We also curate examples of Indigenous-specific psychological curricula and resources for Indigenization within psychology curriculum that already exist. Finally, we conclude with a discussion of the challenges and opportunities that Indigenization efforts in advanced psychological education present currently, as well as consider the role of self-determination in the future of Indigenous psychological education.

Literature Review

Indigenous Education in CCP

A hard to break cycle in psychological education exists, where Indigenization efforts are minimal due to low Indigenous student enrollment; however, low Indigenous student enrollment persists in part due to lack of Indigenization, cultural safety, educational, personal, and professional relevance for Indigenous students. As indicated by the TRC (2015a, 2015b), there is a significant gap in educational attainment between Indigenous and non-Indigenous people. Statistics Canada (2016) reported that 11% of Indigenous peoples aged 25–64 years in Canada held a university degree, comprised of 10% of First Nations, 13% of Métis, and 5% of Inuit; whereas, 29% of the non-Indigenous population aged between 25 and 64 years held a university degree. Publicly available collated data on enrollment numbers of Indigenous CCP graduate students across Canada are nonexistent; however, based upon the authors' experiences, it is typical for only one or two Indigenous students to be admitted annually (if at all), into mainstream CCP programmes nationwide.

The lack of Indigenous CCP student enrollment numbers is alarming, as disproportionately poor mental health outcomes and limited accessibility of mental health services for Indigenous peoples are reported in Canada (Canadian Psychological Association [CPA], 2018; Fellner et al., 2020; McCormick, 1997; TRC, 2015a, 2015b). Furthermore, detrimental health outcomes are frequently ascribed to the historical and continual impacts of colonization (Duran, 2019; Duran & Duran, 1995; Fellner, 2018), and these enrollment challenges contribute to maintaining an insufficient breadth of Indigenous mental health providers in the field. Trenholm et al. (2019) indicate an absence of research on Indigenous perspectives within Canadian CCP education, which this article seeks to address. Additionally, Ansloos et al. (2019) voice that CCP programmes are slow to embrace critical academic training adaptations that would encourage the disciplines of psychology to move closer to adequately addressing the necessary and complex mental health issues of CCP with Indigenous peoples and communities in Canada. Furthermore, Fellner et al. (2020) argue that CCP education is entirely grounded in colonization and oppression, which is largely unrecognized within the field.

Indigenous psychologists working within the Canadian context voice strong recommendations and critical perspectives that can assist with advancing CCP curricular and pedagogical training to promote adequate, unharmful, and responsive professional practice to the needs of Indigenous people and communities. Ansloos et al. (2019), CPA (2018), and Fellner et al. (2020) share consensus that advancements towards the inclusion of Indigenous curriculum and pedagogies in

CCP higher education is necessary threefold: (a) improve overall educational experience and relevance for Indigenous CCP students, including the disruption of perpetual colonization through mainstream education; (b) enhance awareness and competence of Indigenous peoples and current contextual contributors to their mental health among non-Indigenous CCP students; and (c) objectives one and two extend to decreasing mental health disparities and supporting self-determination and preexisting healing strengths among Indigenous peoples in Canada. Next, a brief overview of Indigenous postsecondary experience is discussed to provide insight into the realities that many Indigenous students face, and the implications these have on our responsibilities as leaders in the CCP field to improve these realities.

Common Indigenous Student Experience in Higher Education

There is a dearth of literature that uncovers Indigenous graduate student experience in CCP programmes across Canada; however, in general, literature often uncovers negative Indigenous student experience pursuing higher education. For instance, Indigenous postsecondary students often report faculty and peer mentorship as vital to their programme retention (Ansloos et al., 2019; Barney, 2013; CPA, 2018; Fish & Syed, 2018; Gallop & Bastien, 2016; Guillory & Wolverton, 2008; Martin & Kipling, 2006; Mosholder et al., 2016; Rochecouste et al., 2017; Stewart & Reeves, 2013; Weaver, 2000), but insufficient interdisciplinary Indigenous faculty poses a challenge for Indigenous students, who often struggle to receive meaningful and culturally relevant mentorship.

Specific to CCP, Ansloos et al. (2019) lament that the negligent number of Indigenous faculty in these programmes prohibits a flourishing mentorship network between Indigenous psychologists and Indigenous CCP students—there simply is not infrastructure capacity to champion a mentorship network given the innumerable academic, community, and familial responsibilities that fall on the shoulders of many Indigenous psychologists. As we continue forward on the path to incorporating Indigenous curricular development in CCP, a guiding compass that many, if not all, Indigenous psychologists look to is meaningfully summarized by Goodwill (as cited in Ansloos et al., 2019), "I think that the only reason that there are any Indigenous psychologists practicing and serving in academia in Canada is due to the personal and professional labour of another Indigenous psychologist" (pp. 268–269). We must continue to work towards CCP educational evolution to promote Indigenous student enrollment and retention, to build a network of Indigenous psychologists who can help realize Goodwill's words for years to come.

In general, many Indigenous students across interdisciplinary postsecondary programmes experience cultural, social, and academic isolation (Andersen et al., 2008; Bailey, 2016; Barney, 2013; Brayboy et al., 2015; Fish & Syed, 2018; Masta, 2018; Shield, 2009). Cultural isolation results from perceptions, values, beliefs, worldviews, and communication styles diverse from mainstream ways of being and knowing (Brayboy et al., 2015; Fish & Syed, 2018; Guillory & Wolverton, 2008). Further examples of cultural isolation include racism, stereotyping, and colonial curriculum and pedagogy (Brayboy et al., 2015; Fish & Syed, 2018; Guillory & Wolverton, 2008). Loneliness arises from social isolation; for example, this sense is fostered through emotional, mental, and academic stress, and limited institutional presence of Indigenous students, staff, and faculty (Brayboy et al., 2015). Additionally, geographic distance from family, community, and elders contributes to social isolation (Guillory & Wolverton, 2008). Finally, academic isolation may result from experiences as outsiders within the classroom (Canel-Çınarbaş & Yohani, 2019), being the only Indigenous student in the programme, discomfort surrounding limited interest or knowledge of Indigenous perspectives among peers, curriculum and pedagogy often lacking discussions about Indigenous perspectives (Bailey, 2016; Masta, 2018), and challenges finding an Indigenous graduate supervisor (Barney, 2013).

It is imperative that the field reflects upon the experiences of Indigenous postsecondary students to develop curricular and pedagogical practices that will better support them on their educational journey. Namely, Indigenous students may feel increasingly valued and drawn to CCP programmes if the potentially harmful experiences recounted above are institutionally prioritized and addressed (Ansloos et al., 2019; CPA, 2018), and if curriculum and pedagogical approaches relevant to them exist and are not only tolerated, but respected. Examples of curricular and pedagogical adaptations may include teaching the complex intersection between colonization and Indigenous mental health, and interweaving Indigenous strengths and healing practices (Fellner, 2018). Additionally, teaching from Indigenous-centered pedagogical frameworks of reciprocity, respect, community, and authenticity (Baskin, 2016; Stewart & Reeves, 2013) may further assist with redressing the harmful impacts of cultural, social, and academic isolation experienced by Indigenous students. Research that practically demonstrates how to integrate Indigenous pedagogical and curricular approaches within CCP education is sorely needed in Canada, and this article aims to serve as a step towards addressing this need.

Indigenous Curriculum and Pedagogy

A myopic view that singularly emphasizes positivism can perpetuate colonialism at the exclusion of other valid scientific approaches. This epistemic injustice (Fricker, 2007) occurs at the expense of nonpositivist paradigms (i.e., narrative, constructionist, phenomenological, critical, poststructuralist), as well as Indigenous methodologies, which are often viewed to have less credibility than Western knowledge (Barney, 2013; CPA, 2018; Fellner, 2018; Martin, 2012; Nakata, 2006; Stewart & Reeves, 2013). Fellner (2016, 2018) and Trenholm et al. (2019) highlight that positivist paradigms are prevalent in CCP higher education. The authors, along with many Indigenous scholars, disagree that positivist paradigms are to be held in higher regard than Indigenous paradigms, which value holism, collectivism, reciprocity, responsibility, and epistemological pluralism (Ansloos et al., 2019; Fellner et al., 2020; Loppie, 2007; McCormick, 2009; Shield, 2009). Furthermore, Indigenous students in CCP often face pressure to suppress their worldviews and, instead, uphold Western CCP paradigms to competitively succeed in school (CPA, 2018). Psycholonization, a term introduced by Todd and Wade (1994), which Fellner (2016) further describes as the permeation of colonialism within psychology, is pervasive throughout CCP higher education. Perilously, psycholonization within CCP reinforces a tension between the harm that colonial violence perpetrates as illustrated through disparate and adverse mental health outcomes for Indigenous peoples, and colonial CCP interventions (i.e., theoretical

and practical) that are taught to remedy the problems they cause. For example, Goodman and Gorski (2015) state,

> . . . colonizing practices in counseling and psychology training a[re] educational practices that reproduce the existing conditions of oppression by failing to challenge the hegemonic views that marginalize groups of people, perpetuate deficit-based ideologies, and continue to disenfranchise the diverse clients and communities with whom our students will work. (p. 148)

It seems apparent that the field of psychology should be receptive to the notion that the current educational and practical requirements and standards engage in actions as described in the above quote, thus requiring profession-wide reparation and reform.

Weaver (2000) dispersed a survey to Indigenous students in psychology, social work, and nursing, which found that cultural content was not meaningfully included in their programmes of study. Specific to CCP, Ansloos et al. (2019) highlight that curriculum in psychology programmes is often void of the existing needs, lived experiences, and approaches to wellness of Indigenous communities and students, thus perpetuating colonial psychological practice. It is particularly concerning that approximately 20 years have passed, yet the field of CCP has minimally progressed in meeting the needs of both Indigenous graduate students, as well as the Indigenous population at large who stand to benefit from Indigenous-specific mental health and wellness competencies in graduating practitioners.

As we look towards igniting the largely stagnant progress of meaningful Indigenous curricular inclusion in CCP higher education, Fellner (2018) proposes a promising framework for change. She conceptualizes a braid (i.e., three strands) of sweetgrass in which the strands represent the following: (a) dismantling ineffective practices with Indigenous communities; (b) shifting community-led Indigenous perspectives into the forefront of colonial institutions and narratives; and (c) honouring community-based Indigenous wise practices. Fellner's (2018) framework provides a possible avenue for the work that lies ahead in CCP curriculum and pedagogical development with the goal of benefitting Indigenous students, communities, and the current mental health inequities that exist.

Institutional Considerations of Indigenous Curricular Development in CCP

The CPA taskforce (2018), created in response to the TRC's calls to action (2015a, 2015b), sought to redress mental health disparities and inequities among the field of psychology and Indigenous peoples in Canada. Recommendations regarding CCP higher education included institutional support for Indigenous epistemologies, praxis, and pedagogies and mandatory programme competencies of Indigenous knowledges and cultural literacy (CPA, 2018). Although Fellner et al. (2020) indicate that counselling psychology programmes have attempted to increase Indigenous faculty, they state this effort has been more challenging with clinical and school psychology programmes. One barrier to nationwide implementation of the CPA's (2018) recommendations is Ansloos et al.'s (2019) estimation that only 12 (that number has grown to at least 15, as of the time of this article) Indigenous practicing and/or teaching doctoral-level psychologists are dispersed among Canadian higher educational institutions.

Looking back to 1997, no Indigenous counsellor higher education programmes existed (McCormick, 1997). Promisingly, there have since been two iterations of Indigenous counsellor education programmes run at the University of Victoria (UVic); initially named the Aboriginal Communities Counselling Program, and next called the Indigenous Communities Counselling Program. This was the first Indigenous-focused graduate-level counselling degree programme in Canada (UVic News, 2007; Westad, 2014), run from a two-eyed seeing perspective (Marshall et al., 2015; Martin, 2012; Rowett, 2018) that taught Western and Indigenous paradigms (Marshall et al., 2016). Unfortunately, only two cohorts, in 2008 and 2014, completed the programme due to insufficient staff, faculty, and financial resources (UVic, n.d.). This indefinite programme suspension reifies the CPA's (2018) and Fellner et al.'s (2020) assertion that more funding is required to initiate and maintain Indigenous-focused CCP programming. Given UVic's dissolved Indigenous-oriented master's programme, we again find ourselves in the same position as McCormick highlighted in 1997—without an Indigenous graduate degree programme in CCP in Canada.

Relatedly, at least two graduate-level certificates in Canada presently exist related to Indigenous counselling; however, they are not tailored specifically for psychologists in training, and they do not replace a degree programme. The University of Calgary (UofC) offers a graduate certificate for teachers and health care professionals, Poo'miikapii: Niitsitapii Approaches to Wellness, as part of an interdisciplinary Master of Education programme (UofC, 2017); the University of New Brunswick (UNB) began a Graduate Certificate in Indigenous Counselling (UNB, 2021) which aims to serve social workers, council members, nurses, and education and employment directors. It can be celebrated that these innovative and hopeful graduate certificates exist; however, two graduate certificates that incorporate Indigenous counselling considerations are severely insufficient to prepare an adequate number of Indigenous and allied professionals competent to serve the entire Indigenous population in Canada.

Another approach has been to essentially link CCP programmes to other collaborative programmes focused on Indigenous health or Indigenous education. Functionally, this has helped to develop professionals with specialty knowledge in psychology, who also hold Indigenous health or education expertise. One example is the University of Toronto's (UofT) Collaborative Specialization in Indigenous Health programme, run in partnership with the Dalla Lana School of Public Health and the Waakebiness-Bryce Institute for Indigenous Health (UofT, 2021). Students must complete a core course on Indigenous health, attend workshops, participate in land-based activities, attend Indigenous research seminar series, and focus thesis/dissertation research on Indigenous health-related topics. One significant limitation in this case is that it is difficult for students to add additional course requirements for the collaborative specialization in addition to existing CCP demands, including coursework, research lab work, dissertation development, and intensive practica and internships. Furthermore, it is worth noting that this specialization does not focus specifically on CCP considerations.

Finally, an environmental scan of Indigenous mental health and related courses within fields of clinical psychology, counselling psychology, school and clinical child psychology, psychology, educational psychology and leadership studies, Indigenous studies, and public health at major universities in Canada was conducted in preparation for this article; there are a limited number of Indigenous-focused mental health courses dispersed across some universities

(see Appendix A). These courses are usually offered as an elective and are not required as part of the registration process as a psychologist. A larger scale organized effort must be attempted to achieve educational continuity in CCP nationwide.

International Approaches to Training Indigenous Students in CCP

While contexts are substantially different, Indigenous education in psychology has been diversely approached and more widely advanced, in New Zealand, Australia, and the United States. These contributions to Indigenous CCP education and training may provide supportive insight relevant to the evolution of CCP training in Canada. There is marginal literature addressing the training of Indigenous students within CCP programmes across the United States, New Zealand, and Australia (all of which were impacted by violent colonization efforts like Canada). However, globally within each of these countries resides a desire to increase the number of Indigenous students in both undergraduate and graduate psychology programmes (Evans et al., 2010; Goforth et al., 2016; Harris et al., 2012; Scarf et al., 2019; Thomason, 1999). At a time in which government bodies are beginning to recognize the impacts of colonization, it is noted that for "psychology to truly embrace reconciliation, a greater representation of Indigenous Australian psychology professionals is required" (Harris et al., 2012, p. 128). To answer this call for reconciliation and begin redressing the harms caused by colonial violence across our communities, the discipline of psychology must transform and adapt to provide relevant and applicable CCP training to Indigenous students.

CCP programmes must be prepared to train Indigenous students once they obtain enrollment. There have been calls to increase the degree of cultural competency within professional psychology programmes in New Zealand (Evans et al., 2010), the United States (Goforth et al., 2016; Weaver, 2000), and Australia (Harris et al., 2012). For instance, Waitoki and Levy (2016) describe an Indigenous psychology that resists deficit models and moves towards embracing traditional Indigenous knowledges, or in this case, honouring Mātauranga Māori (p. 284). Additionally, Evans et al. (2010) implores the significance of understanding treaty rights as important to the clinical training of Māori clinicians for service delivery with Māori clients. Further, it is recognized internationally that psychology is a Western-oriented discipline that has inflicted violence upon Indigenous populations to benefit colonial powers (Harris et al., 2012).

There is evidence of this harm in the history of intelligence testing of Aboriginal and Torres Strait Islander people to portray them as having lower intelligence (Garvey et al., 2000; Ranzijin et al., 2009), and in the acknowledgement that the profession of psychology did not advocate against the removal of Indigenous children from their homes despite the field recognizing the psychological harm of this practice (Harris et al., 2012). Thus, CCP programmes should be prepared to reconcile with their violent histories against Indigenous peoples and recognize their complicity in furthering the goals of colonial settlement and assimilation. The remembering of past and present-day harms on behalf of the profession should be interwoven within course-based curriculum, accompanying an important increase in culturally relevant content that embraces traditional Indigenous knowledge and resists current psychopathological narratives of Indigenous peoples.

Methodological Approach and Process

This article provides a framework for curricular possibilities for Indigenous education in the field of CCP. Methodologically, the framework offered is informed by an approach to knowledge production which centers Indigenous knowledges, practice-informed evidence, and consensus-based decision-making in the generation of practical recommendations for Indigenous education in the fields of CCP.

Indigenous knowledges and values are subjective, reciprocal, relational, humble, and pluralistic (Absolon & Willet, 2005; Brant Castellano, 2000; Hart, 2010; Simpson, 2000). All contributing authors of this work are Indigenous psychologists, PhD psychology-trained academics, or PhD students in clinical and counselling-related fields. As such, a diversity of Indigenous knowledges came together as the foundation to sharing practice-informed evidence, wise practices, and consensus-based knowledge of possible pathways of Indigenous educational development within CCP. Additionally, a variety of historical and scholarly Indigenous knowledges are highlighted within the following section that substantiate the authors' recommendations for Indigenous-focused CCP training development.

As indicated in the literature review, representation of Indigenous curriculum and pedagogy is severely lacking in CCP educational training. This further translates to a somewhat limited, though promisingly emergent, body of research that supports and provides wise practices and outcome measures for the effectiveness of integrating Indigenous curriculum and pedagogy into CCP programming. Thus, the authors of this article share practice-informed evidence, which includes the "... contexts, experiences, and practices of healthcare providers working in real-world practice settings" (Leeman & Sandelowski, 2012, p. 171). The generation of practice-informed evidence in this article aligns with the authors' use of wise practices, first introduced by the Canadian Aboriginal AIDS Network (Thoms, 2007), which aim to introduce a diversity of Indigenous knowledges, wisdom, cultures, identities, and strengths into meaningful action and discussions that can promote change (Calliou & Wesley-Esquimaux, 2015).

Finally, consensus-based knowledge was formulated about wise practices and practice-based evidence moving forward in the CCP Indigenous education field. Consensus-based knowledge pairs well with practice-informed evidence and wise practices, as it is sought in the presence of limited available knowledge and explores the degree of consensus among professionals within these limited knowledge realms (Fink et al., 1984). Importantly, Chatwood et al. (2015) found that the consensus-based knowledge approach, combined with valuation of Indigenous knowledges (i.e., two-eyed seeing), was critical to advancing insights in the Indigenous health field, particularly due to Indigenous experts utilizing their practice-based knowledge to inform programmatic and structural changes in the absence of relevant peer-reviewed literature. For this same reason within the CCP field and Indigenous education considerations, consensus-based knowledge was deemed appropriate for the purpose of generating a framework for this article.

This article also includes a table (Table 1) which identifies recommended curriculum for CCP which was developed similarly through knowledge exchange in terms of what has been useful for practitioners involved in the authoring of this article. These resources were supplemented by a nonsystematic brief review to address gaps. It is important to note that the resources indicated here are not exhaustive or definitive, but represent a starting place

Table 1
Recommended Curriculum for CCP

Domain	Indigenization considerations
Biological bases of behaviour	This domain explores indigenizing considerations about biological assumptions utilized to form mental health diagnoses and conceptualizations, psychopharmacological uses and lacking research with Indigenous people, and the biological impacts of eugenics on Indigenous people in Canada. CCP largely focuses on biological and genetic factors rooted in Western data in mental health (e.g., *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* [*DSM-5*]), which may exacerbate deficit-based conceptualizations of Indigenous people and mental health among CCP clinicians. In fact, Matheson et al. (2018) state that the interaction of culture and mental health for Indigenous people is lacking in current research and practice, and that "... Western assumptions to identification, etiology, and treatment of mental disorders" (p. 3) with nondominant and/or culturally diverse people are insufficient. Matheson et al. (2018) highlight that although no data presently exist to reflect potential interactions between genetic and epigenetic markers and cultural and psychosocial processes among Indigenous people, it would be helpful for mental health professionals to be aware that differences may exist here, and thus currently available biological data on mental health may be unusable, and in fact detrimental, to Indigenous mental health. For instance, narratives of damage plague Indigenous peoples and communities as researchers and clinicians alike continue to explore the biological (and psychosocial) underpinnings of mental disorders within Indigenous contexts. As Indigenous psychologists, clinicians, and graduate students in psychology, we urge those to consider the "long-term repercussions of thinking of ourselves [or Indigenous peoples at-large] as broken" (Tuck, 2009, p. 409), particularly in teaching, researching, and working with Indigenous communities from frames of reference that rely on damage (e.g., crisis, pathology, genetic predisposition, trauma, among many others). Another biological consideration in the biological bases of behaviour is psychopharmacological care. An indigenizing approach to this competency may first introduce the notion that Indigenous peoples and the effects, usages, benefits, and/or consequences of psychopharmacology are severely underresearched and may sustain current health inequities (Henderson et al., 2018)—this may be protective given the history of harmful, extractive, and appropriative medical scientific research with Indigenous peoples (Matheson et al., 2018; Smith, 2012); however, it positions Indigenous peoples as nearly invisible within this area of study, leaving room for neglectful, inadequate, and/or inaccurate psychopharmacological care. Additionally, discussion of the insidious history of eugenics in Canada, that is, Alberta (1928–1972) and British Columbia (1933–1979) Eugenics Acts; Indian hospitals; malnutrition experiments in Indian Residential Schools; inadequate health care, which targeted Indigenous peoples and the mentally instituted, and the biological impacts on Indigenous peoples would instill greater competency in the biological bases of behaviour for CCP trainees.
Cognitive–affective bases of behaviour	Indigenous theories of health, conceptions of mental distress, and ecological factors on cognitive–affective bases of behaviour are critical to consider from an Indigenization lens in CCP. Indigenizing the areas of cognitive and affective bases of behaviour may begin with acknowledging Indigenous theories of health that distinguish and recognize the importance of balance across various quadrants of well-being. For instance, the medicine wheel is an Indigenous wholistic theory of health that embraces four domains of well-being: physical, spiritual, emotional, and mental (Ansloos, 2017a; Hart, 2002; Young et al., 2013). Discussing the intraconnected nature of these components could speak to the importance of caring for the whole self (which includes our mental and emotional selves), but also our physical and spiritual selves. Thus, acknowledging a diverse range of health philosophies can allow students to think critically about how psychological interventions may be narrow in scope when applied to Indigenous contexts and communities. Further, indigenizing cognitive and affective bases of behaviour could expand conceptual understandings and framings of mental distress. For instance, it has become commonplace for scholars to discuss colonial violence and its impacts on Indigenous peoples and communities through the lens of intergenerational trauma (Bombay et al., 2014; Hackett et al., 2016; Nelson & Wilson, 2017). Additional conceptualizations include that of Duran and Duran (1995) who describe the hostility of the colonial world as inflicting destruction deep within the environment and the psyche of Indigenous peoples. Problems and disorder observed within Indigenous communities were described as symptoms of a deeper wound—the soul wound (Duran & Duran, 1995, p. 195). Moreover, indigenizing connections to cognitive and affective aspects of behaviour could include the work of Bombay et al. (2010) who explore the relationship between discrimination and depressive symptoms within First Nations adults in Canada. Or the work of Million (2009, 2013) who describes the ways in which Indigenous women spoke their felt knowledges of the moral and affective impacts of colonialism.
Social and cultural bases of behaviour	Topics including colonialism, externalization of problems, comparison of etic and emic therapy orientations, and broadened learning on the intersections of sexual and gender diversity and mental health would support Indigenization of this domain. Settler colonialism, acculturation, prejudice, and discrimination negatively impact Indigenous peoples' mental health (e.g., Dupuis-Rossi, 2020; Duran, 2019; Duran & Duran, 1995) and should be adequately integrated into the conceptualization of Indigenization within social and cultural bases of behaviour curricula. These additions are imperative to externalize problematic and inaccurate ideas of maladaptive inner workings of Indigenous peoples into the social and cultural context. Further, critical comparison and contrast of the usage of etic therapy orientations, including the norming of mainstream psychotherapies with Indigenous peoples (i.e., focusing therapy, trauma-focused cognitive behavioural therapy, narrative therapy), with emic therapy orientations, which are rooted in Indigenous knowledges (i.e., Indigenous healing) is crucial in discussing best practice for therapy with Indigenous peoples. Further, the inclusion of Two-Spirit within discussions around sexual diversity, gender, and mental health outcomes would broaden inclusivity, understanding, and competency of the social and cultural impacts among mental health providers.
Growth and lifespan development	Exploring the effects of the social determinants of health, strengths-based Indigenous child and family development approaches, and tensions surrounding historically rooted mental health concerns with Indigenous children are discussed in this domain. An indigenizing approach to growth and lifespan development would introduce social determinants of health within appraisals of neglect and failures for young Indigenous people to thrive (Reading, 2018). Gone et al. (2019) highlight a wealth of literature that examines the impact of historical wrongdoings including Indian Residential Schools, Sixties Scoop, and presently, disproportionately high rates of Indigenous child apprehension into government care, which are closely tied to

(*table continues*)

Table 1 (*continued*)

Domain	Indigenization considerations
	childhood trauma and inequitable opportunity for Indigenous children and youth to achieve what mainstream psychology terms "normal" growth and lifespan development. Indigenizing a course on lifespan and development may critically consider the impacts on the identity, cultural connection, and well-being of Indigenous children and youth who have been forcibly removed from their homes, and communities through settler colonial mechanisms (e.g., residential schools or child welfare). Sinclair (2007, 2016) has discussed the negative impacts of the disproportionate removal of Indigenous children from their homes by child welfare agencies. This practice was largely motivated by an economic incentive for child welfare agencies, rather than any neglect or abuse perpetuated by Indigenous families (Sinclair, 2007, p. 67). Further focus on social determinants of health from a lifespan and development standpoint emphasizes collectivism, wherein Indigenous young people's development is impacted by familial, communal, systemic, and structural factors (Halseth & Greenwood, 2019). It would be wise for CCP curricula to incorporate strengths-based Indigenous approaches to healthy families and communities, which extend beyond pathologization to programmatic, political, and systemic intervention to promote environments conducive to easeful growth and development. For instance, de Finney et al. (2019) has explored the concept of "kinscapes" as a means to consider the types of community-level responses that can address gender-based, and sexual violence, as well as racialized poverty. Kinscapes are described as constellations of relations that implicate and maintain cohesiveness across people, families, communities, place, and land (de Finney et al., 2019, p. 91). Additionally, community-based models for intervening upon Indigenous youth suicide have explored the use of "culture camps" and getting Indigenous youth involved in the creation of a suicide prevention manual (Harder et al., 2015). Moreover, indigenizing lifespan and development curriculum could highlight scholarship on Indigenous parenting such as the work by Ball (2012) on Indigenous fatherhood, or Brant (2019) on Indigenous mothering. It is also vital that Indigenous-specific developmental stages (e.g., Findlay et al., 2014) and relationships to elders are taught, as Indigenous experiences of familial contexts can differ from the normative individualized Western vision of family, growth, and development. Finally, in-depth discussion of key issues that have a complex history among Indigenous children including attention-deficit/hyperactivity disorder (Loh et al., 2017) and foetal alcohol spectrum disorder (Tait, 2009) would enhance competency in this area.
Assessment and diagnosis	This domain explores indigenizing assessment and diagnosis education regarding Indigenous people, through recommending critical analyses of the applicability of psychometric testing, highly medicalized psychodiagnostic processes, and culturally relevant assessment tools. An indigenizing approach to addressing assessment and diagnosis would require instructors to become familiarized with the current extent literature on the appraisals of psychometric testing with Indigenous peoples, attending to issues of validity, cultural contextualization, cultural idioms of distress, and the tensions of norming within psychometric instrumentation (Dingwall & Cairney, 2010). Critically, psychological education in this area should consider the adverse impact of an ahistorical and decontextualized approach to psychological assessment with Indigenous and other racialized peoples (i.e., the legacy of racism within educational testing, the overrepresentation of certain diagnoses within racial groups; (Jacklin et al., 2020). Further, curriculum should expose students to the range of critiques of highly medicalized approaches to diagnosis and their effects on Indigenous peoples (Matheson et al., 2018). That said, there are several emerging instruments worth noting in the Canadian context. In particular, the Native Wellness Assessment (Thunderbird Partnership Foundation, 2015) is a novel holistic and strengths-based psychological assessment tool (self-report as well as observer rating forms) intended to measure the impacts of cultural interventions on mental wellness that could be taught in CCP assessment courses as a form of Indigenization. Further, Indigenous-focused cultural adaptations to the Child and Adolescent Needs and Strengths tool (Evidence Exchange Network, 2014) and Aaniish Naa Gegii, also known as the Aboriginal Children's Health and Well-being Measure (Evidence Exchange Network, 2014; Glauser, 2020), are examples of culturally relevant children and youth well-being measures. A more mainstream assessment tool that should also be given greater emphasis in CCP education is the Cultural Formulation Interview (CFI) in the *DSM-5* (American Psychiatric Association, 2013). The authors posit that the CFI is insufficient and does not address Indigenous people specifically; however, its exploration of cultural identity, conceptualizations of distress, psychosocial stressors and culturally related resiliencies and vulnerabilities, and cultural implications of the therapeutic relationship are important considerations for all CCP professionals to critically engage with in all psychological assessments.
Prevention	This domain explores the benefits of broader conceptualizations of mental health, self-determination, and cultural connectedness as necessary for the Indigenization of mental health prevention. The field of psychology emphasizes individualized and internalized factors as primary in mental health assessment, prevention, and treatment (CPA, 2018). An indigenizing approach to mental health prevention for Indigenous people would expand scope of mental health considerations beyond individuals, to families, communities, nations, and networks, along with considering working on social and environmental determinants of health as forms of prevention (Trimble et al., 2019). If Indigenous people are afforded self-determined, supportive, equitable, environmentally healthy living conditions, it is likely mental health challenges would significantly decrease. For example, if Indigenous people began to see positive change (i.e., redress of human and Indigenous rights and abuses) resultant from the MMIWG (2019a) report and their family and community members stopped going missing and being found murdered, perhaps they would begin to feel they possess human value within Canada, thus improving mental health. Additionally, Masotti et al. (2020) conducted a study that showed positive correlation between cultural connectedness and Indigenous mental health and well-being. This supports the notion that deep discussions of culture belong within CCP education. CCP students would benefit to learn these concepts, both in mandatory prerequisite courses, and through the enhanced development of Indigenous mental health courses in CCP programmes. An additional facet of prevention work that would be important to raise in relation to indigenizing CCP curriculum would be the inclusion of Indigenous suicide prevention and life promotion scholarship. For instance, the seminal work of Chandler and Lalonde (1998) on cultural continuity and suicide has greatly influenced theories of Indigenous suicide prevention in Canada for decades. Further, the work of Ansloos (2018) has critiqued current approaches to suicide prevention calling for a meaningful inclusion of cultural considerations and decolonial approaches to suicide prevention. Moreover, Ansloos and Peltier (2022) have argued for theories of Indigenous suicide prevention and life promotion that centre affect, land-based relations and biosociality. There has been preliminary work on Indigenous child suicide in Canada through the perspectives of

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Domain	Indigenization considerations
	educators (McVittie, 2022). The work of Wexler et al. (2015) and Wexler and Gone (2012) contain recommendations for further advancing suicide prevention research with Indigenous populations. Specific to Inuit, the *national Inuit suicide prevention strategy* (Kanatami, 2016) is an excellent resource that could further the goals of Indigenization. Métis-specific resources are limited regarding suicide prevention, and this is a marked, and unjust invisibility for the field of psychology (Ansloos, 2018; National Collaborating Centre for Aboriginal Health, 2011). Lastly, the report prepared for the Aboriginal Healing Foundation (2007) on suicide and Aboriginal people in Canada, as well as the following works on life promotion (Assembly of First Nations, 2016; White & Mushquash, 2016) would benefit any curriculum Indigenization efforts on Indigenous suicide prevention.
Treatment and intervention	An indigenizing approach to psychotherapy treatment and intervention would include meaningful embodiment of cultural safety, culture-infused counselling (Arthur, 2018), trauma-informed practice, traditional Indigenous healing, and attention to diversity within the classroom, in vivo therapeutic practice sessions, and practica. An emerging way of working beyond trauma-informed practice is healing-centred engagement, which steers away from encompassing Indigenous people within an individualized deficit-based trauma framework, to existing within a world of possibilities, collective healing, cultural connection, and strength (Ginwright, 2018). Presently, the majority of CCP programmes emphasize downstream approaches (i.e., individual-focused, inner psyche, individual behaviour) over upstream approaches (i.e., systems-focused, structural determinants of health). Deeper consideration of the relevance of upstream approaches to Indigenous peoples along with teaching specific therapies such as systems and family therapy approaches are necessary as these therapies consider familial and systemic context—a central thread critical to Indigenous mental health and well-being (CPA, 2018). A step beyond familiarizing CCP students with upstream approaches would be to introduce them to research on the positive effects of traditional healing (CPA, 2018; Duran, 2019; Gone, 2008; McCabe, 2007; Trimble et al., 2019) and trauma-informed care from a decolonized lens (Linklater, 2014). For example, the CPA (2018) state the importance of land-based interventions, meaningful consideration of the medicine wheel elements, and integration of Indigenous focusing-oriented therapy if appropriate, within Indigenous mental health treatment. The authors caution non-Indigenous professors from teaching traditional healing methods on their own—this is an area where it is appropriate to bring in guest speakers and Indigenous community members to determine appropriate knowledge to share, particularly with non-Indigenous students.
Supervision	This domain speaks to necessary Indigenization efforts with CCP students who encounter two significant supervisory relationships in their educational programmes: thesis/dissertation supervisor and committee, and practicum/internship clinical supervisors. Although there is not a significant amount of peer-reviewed research on the topic of Indigenous CCP student experience with either type of supervisor, the authors have all either personally or anecdotally experienced interpersonal and cultural incongruencies with both types of CCP supervisors (e.g., Day, 2021). In fact, the Society of Indian Psychologists published a commentary on the APA's Code of Ethics (Garcia & Teehee, 2014), in which they state that graduate training programmes and practicing psychologists often ignore and fail to receive adequate supervision themselves, to work with Indigenous students. Barney (2013) explored Indigenous graduate student experience not specific to CCP, in which students reported feeling culturally isolated within their supervisory relationship due to lack of cultural competence from non-Indigenous supervisors, and the inability to obtain Indigenous supervisors due to lack of faculty presence. Day (2007) asserts that non-Indigenous academic supervisors should be prepared to engage in active and culturally inclusive supervision that includes a holistic connection with Indigenous students as opposed to strictly academic, while Beaulieu and Reeves (2022) recommend CCP trainees receive clinical supervision from Indigenous or allied clinicians to support cultural humility and safety development. Patallo (2019) further stresses the necessary shift within psychological and supervisory practice from cultural competence to cultural humility, which emphasizes practitioner introspection into culture, power, privilege, and prejudice and how these factors influence professional judgements and relationships. Garcia and Teehee (2014) share a story from an Indigenous PhD student who was able to continue with their Indigenous-focused dissertation research because their non-Indigenous supervisor/department chair took the initiative to enroll in the same qualitative research methods course that the student was involved in, to be able to support the student through their research journey. While it is unclear how many CCP faculty members would willingly enroll in a semester long course in qualitative and/or Indigenous research methods to better support their Indigenous graduate students to succeed, such measures are needed and require broader systemic support, to collectivize such responsibilities. Finally, Indigenization within supervision may include new conceptions of dual/multiple relationships, which are common and deeply valued within Indigenous communities and networks not only in rural, but urban contexts too (Garcia & Teehee, 2014). Psychology, and thus, supervisors, must broaden their acceptance of multiple relationships when Indigenous practitioners and people are concerned, and diligently work to broaden accessibility within the field to promote increased enrollment among Indigenous individuals in the field.
Research methods and statistics	This domain explores mixed-methods approaches to research (i.e., epistemic pluralism and two-eyed seeing), Indigenous and qualitative methodologies within CCP, and critical perspectives on the utilization of statistics both as a curricular and practice-informing concept. This Indigenization approach is in response to the epistemic injustice within psychology that tends to privilege scientific, biomedical, individualistic, and expert narratives (Rimke, 2016; White, 2020). One indigenizing approach to CCP research methods curriculum would broadly attend to epistemic pluralism (Ansloos et al., 2019; Smith et al., 2021) and two-eyed seeing (Marshall et al., 2015; Martin, 2012; Rowett, 2018). Epistemic pluralism invites many ways of knowing to engage in meaningfully constructed research. Two-eyed seeing acknowledges the strength and value that lies within concurrent use of Indigenous and Western knowledges within research frameworks. Examples of epistemic pluralism may include, but are not limited to, curriculum on mixed-methods, participatory action (e.g., Cochran et al., 2008), arts-based (e.g., Ansloos, 2017b), and community-led (e.g., Laveaux & Christopher, 2009; McGregor, 2018) research methods. An action beyond epistemic pluralism and two-eyed seeing is teaching Indigenous research methodologies and for non-Indigenous researchers to become "active disruptors" of systems of power (e.g., whiteness, racism, colonialism; Anderson, 2019). Indigenous methodologies are often subjective to the researcher (Absolon & Willet, 2005),

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Domain	Indigenization considerations
	incorporate diverse Indigenous worldviews throughout all research aspects (Hart, 2010), and centrally value relationship (i.e., to the topic, research participants, and intersectional things or beings that may be impacted by it such as the Earth, animals, or systems; Kovach, 2015; Wilson, 2008). Indigenous storytelling (Archibald, 2008; Bird et al., 2009; Willox et al., 2012) is one example of an Indigenous research methodology, with diverse authors and researchers illustrating the fluidity within the methodology. The field of CCP must shift its view of Indigenous methodologies as a fringe way of working, to a valid and respected way of working as more future Indigenous psychologists emerge to work in ways that reflect the values and needs of Indigenous people. Furthermore, CCP programmes may recognize that two dominant Indigenous research policies already exist that can be looked to for indigenizing research methods. First, the *Tri-Council Policy Statement: Ethical Conduct for Research involving Humans* (Tri-council Policy Statement 2, 2018) acknowledges the importance of reciprocity and responsible ethical engagement and collaboration among all research relations and activities with Indigenous peoples. Second, the First Nations Information Governance Council (FNIGC, 2021) introduces ethical principles of ownership, control, access, and possession (OCAP®) that should be adhered to promote Indigenous data sovereignty and self-determination. While developed initially for First Nations, the principles of OCAP® have relevance for Indigenous communities navigating relationships with research institutions. Statistical data are a heavily valued and frequently used argumentative tool that often highlights the mental health needs of Indigenous peoples (e.g., rates of depression, substance use, and suicide). Indigenizing curricula related to statistics would contextualize statistical data within the context of colonial processes and structures (Nelson & Wilson, 2017). Additionally, Ansloos and Peltier (2022) note that statistics related to Indigenous peoples have considerable variability dependent on demographic information, which warrants a cautious interpretation. Further, Chandler (2011) describes broad statistical data as "actuarial fictions" when aggregated to erode essential cultural dimensions of difference for Indigenous peoples and communities. There are Indigenous research methodology resources that focus specifically on quantitative analysis that should inform statistical education (Walter & Andersen, 2013).
Ethical, legal, and professional issues	Integration of Indigenous-relevant law, jurisprudence, legislative frameworks, provincial and federal Indigenous health programmes, and professional responsibility within Indigenous jurisdictions should be considered for CCP Indigenization efforts. An indigenizing approach to curriculum in legal issues would ensure that in addition to standard jurisprudence, consideration of Canadian law and jurisprudence that specifically involve Indigenous peoples should be integrated (i.e., Section 35 of the Canadian constitution which recognizes Indigenous peoples, affording specific rights, the Indian Act). There are other critical legislative frameworks which shape Indigenous people's engagement in health, social, and educational services relevant to psychologists: the United Nations Declarations of the Rights of Indigenous Peoples (2007), the Royal Commission on Aboriginal Peoples (Government of Canada, 1996), the Truth and Reconciliation Commission of Canada on Indian Residential Schools (2015a, 2015b), the Public Inquiry Commission on Relations between Indigenous Peoples and Certain Public Services in Québec (Government of Québec, 2019), and the MMIWG (2019a). The MMIWG final report (2019a) conveys interpersonal and physical violence against Indigenous women, girls, and Two-Spirit, Trans, and Queer (2SLGBTQQIA) people as a health issue in which relief is sometimes sought in the form of isolation, substance use, and suicidal ideation; an ethical framework for psychologists should contain a human and Indigenous rights-based approach to mental health care that serves Indigenous women, girls, and 2SLGBTQQIA people as valuable and with equity. It is also imperative that CCP professionals familiarize themselves with provincial and federal health programmes, such as Jordan's Principle, which financially supports First Nations children in Canada to obtain goods and services related to their health, social, and educational needs (Government of Canada, 2022b), so they are prepared to recommend and support application processes to these types of services when working with Indigenous people. Furthermore, a profession-wide organizational responsibility lays within gaining clarity with provincial and federal health programme policy leaders, to ensure access to mental health care is not only easily gained by status First Nations (i.e., First Nations Health Authority and Non-Insured Health Benefits funded mental health programme) but for off-reserve non-status First Nations, Inuit, and Métis people as well (Richmond & Cook, 2016). Ethical issues to be considered might also include navigating intersections of ethical commitments, regulatory mandates, and their unintended impacts on Indigenous peoples (e.g., in the domains of child welfare or the legal system). Professional issues might attend specifically to contextual scopes of practice and regulation for psychologists working within Indigenous jurisdictions and agencies (Garcia & Teehee, 2014).
History and systems	In-depth learning about the intersections of colonial practices and Indigenous mental health, Indigenous philosophies of well-being and ethics, and Indigenous land-based relations could support Indigenization of this domain in CCP. Indigenizing curriculum related to the history and systems of psychology could pay special attention to critical and anticolonial analyses of Indian Residential Schools (TRC, 2015a, 2015b), the Sixties Scoop (Sinclair, 2007), and Indian Hospitals and Asylums. Accompanying the origins of theories related to applied psychology, there could be an examination of Indigenous philosophies of well-being (e.g., medicine wheel) and ethics (e.g., seven teachings) that predate the development of the psychological discipline. Further, an exploration of Indigenous land-based relations (de Finney, 2017; Redvers, 2020), displacement, treaty rights, and environmental injustice (Wiebe, 2016) could serve as additional topics in understanding the historical, political, and system-level underpinnings of research and practice issues with Indigenous peoples. History and systems curriculum could add works that acknowledge the influence, and resulting appropriation of Indigenous philosophies and worldviews by the discipline of psychology, for example, in the case of Maslow's hierarchy of needs and connections to the Siksika Nation (Michel, 2014). Moreover, psychology could acknowledge and grapple with its harmful historical foundations. For example, Freud's theory of "savages" versus "civilized" minds (Frosh, 2013), or in the establishment and promotion of race-based differences in intelligence testing and achievement (Richards, 1997).
E-health and telehealth	Indigenization within CCP programming would include critical discussions on e-health and telehealth with Indigenous populations. Attention to technological barriers in northern and rural Indigenous communities may include screen freezing, audio and video delay, lack of available consultation for mental health practitioners, slower rapport formation, language barriers, confidentiality concerns, lack of accessibility, culturally incongruent services, and lack of trust of mental health professionals (Toombs et al., 2021). Conversely, benefits of e-health within Indigenous communities include preexisting competency and

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Domain	Indigenization considerations
	comfort with technology as beneficial for this therapeutic modality, ability to access culturally relevant apps and websites, opportunity for familial engagement, and increased accessibility (Toombs et al., 2021). Overall, there is consensus that greater research is necessary to assess the functionality of e-health and telehealth with Indigenous peoples in rural and remote communities (Dawson et al., 2020; Toombs et al., 2021) and CCP programmes could be pioneers in advancing this area to contribute to improved mental health of Indigenous peoples.
Health psychology	This domain scrutinizes the roles of health promotion and policy, disproportionate disease, and ecological factors such as climate change among Indigenous people and health psychology. Indigenization of CCP may interweave critical health psychology, which explores the significant impacts of social, political, racial, and ecological realities and experiences and their intersections in producing (un)just societies and inequitable (mental) health outcomes, depending upon the context one resides within (Sundararajan et al., 2013). For example, Matheson et al. (2018) state that declining access to traditional food sources due to climate change, hunting regulations, and increased urban living uptake for many Indigenous people can swiftly change diet, which can foster metabolic diseases (i.e., diabetes, heart disease) and mental health adversities. Moreover, there has been some preliminary research on the connection between quality of drinking water and health outcomes within Indigenous communities, to which mental stress was an identified health issue when the drinking water quality is poor (Bradford et al., 2016). Another example is the relationship between colonization, present-day socioeconomic inequities that limit healthy lifestyle, intergenerational trauma, and Type 2 diabetes, which Indigenous people in Canada encounter in high rates and risk (Crowshoe et al., 2018). Mental health implications of Type 2 diabetes prevalence can permeate through communities through early loss of life of elders and knowledge keepers, which can exacerbate the stagnation of culture and language connections required to maintain Indigenous wellness (Cyr, 2021). Relational circle work focused on overcoming aetiology as opposed to symptomatology, in conjunction with monitoring mino-bimadzowiin (i.e., living the good life), is recommended by Cyr (2021) to communally navigate the health psychology aspects of Type 2 diabetes. Furthermore, Loppie (2018) emphasizes that health promotion efforts must be designed, implemented, and assessed within locally situated Indigenous cultures as opposed to pan-cultural generalizations; the CCP field may be wise to consider region-specific curricula that target self-determined holistic health goals of local nations, all of which could fit into a broader CPA accreditation requirement. Finally, Richmond and Cook (2016) lament unacceptably high chronic, circulatory, respiratory, cancerous, and infectious disease rates among Indigenous people due in part to the social determinants of health and further argue that negative national educational curricula and media coverage portraying Indigenous people as burdensome stereotypes exacerbate Indigenous peoples' own negative experiences and perceptions of health. Implementation of these critical health psychology considerations within CCP curriculum would inform a departure from objective observation, replicability, and equality that is oft-practiced in mainstream psychology; instead, diversity of perspectives on psychopharmacology, interdisciplinary practice, and contextuality within Indigenous mental health and wellness spheres would be deeply interrogated and understood which could benefit individual psychotherapy and systemic psychological considerations.
Educational and school psychology	There are many diverse Indigenous pedagogies that instructors in CCP programming could familiarize themselves with to enhance instruction, assessment, and curricular modes of engagement for Indigenous and allied students in CCP. Indigenous pedagogies incorporate principles of relationality, respect, freedom, empowerment, authenticity, subjectivity, experientialism, personal transformation, collectivism (Andersen et al., 2008; Antoine et al., 2018; Fish & Syed, 2018; Stewart & Reeves, 2013). These pedagogical principles are particularly relevant within CCP due to trainee direct engagement with sensitive disclosures and interpersonal dynamics in their field work. Thus, this is important twofold: (a) instructors may need to engage in professional development to acquire and/or foster leadership skills that encourage intra- and interpersonal reflection and relating skills and (b) simultaneously, these competencies align with Indigenous pedagogies conducive to relational learning environments that value Indigenous ways of being as opposed to solely Westernized standards and practices.
Forensic and correctional psychology	When considering forensic and correctional psychology among Indigenous people, topics may entail correctional sentencing and services, discriminatory assessments, and tension-fraught police relations. An indigenizing approach to forensic and correctional psychology would critically examine the overrepresentation of Indigenous adults and youth in Canadian correctional services (e.g., Malakieh, 2020). The MMIWG final report (2019a) highlighted the overrepresentation of incarcerated Indigenous women in Canada, who often are young, experience mental health and substance use issues, have lower educational attainment, and have disproportionately experienced violence; the carceral system perpetuates colonialism and violence, thus prohibiting Indigenous women from receiving potentially healing and culturally resonant care (MMIWG, 2019a). Clark (2019) further discusses the overrepresentation of Indigenous people in the criminal justice system; the causes for which he describes are colonialism, socioeconomic marginalization, systemic discrimination (i.e., in policing, courts, and corrections), and cultural incongruence. This calls for discussion and scrutinizing of the Gladue sentencing principles, which require the criminal justice system to consider intergenerational impacts of colonization, and stresses various healing-based and restorative justice methods of justice as opposed to carceral representation (Aboriginal Legal Aid BC, 2021). Please see Clark (2019) for further reading on this topic. Additionally, discrimination and invisibilization of Indigenous peoples occur in forensic psychological assessment (Gillies, 2013), which utilizes objective data gathering methods void from the complex intersections of colonization, institutional racism, systematic bias, Indigenous social policies (i.e., the Indian Act), social determinants of health, cultural validity, and intergenerational trauma. Relatedly, parenting capacity assessments, which may be utilized by child protection and intervention programmes in which parents are entrenched in social services or correctional systems, require critical examination due to their incongruence with Indigenous family systems, values, and interwoven impacts of intergenerational trauma, lack of norming among Indigenous peoples, and ultimately complicity in upholding colonization among Indigenous parents, children, and families (Choate & Lindstrom, 2017). Further, significant tension surrounds police relations with Indigenous peoples, stemming historically to police enforcement and apprehension of Indigenous children from their homes (Gillies, 2013), and continuing in the present day to violent, dehumanizing, and sometimes fatal interactions in response to first-responding mental health calls

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Domain	Indigenization considerations
	for aid (e.g., McKay, 2021). Finally, interrogation of the similarities, differences, benefits, drawbacks, and efficacy of restorative justice and Indigenous legal traditions (e.g., Chartrand & Horn, 2016) would support greater competence of future forensic psychologists in working with Indigenous peoples.
Substance use	Many considerations are integral to the conversation of indigenizing substance use education, including trauma-informed care, Indigenous sciences and epistemologies, spirituality and cultural practices, and harm reduction. A CPA taskforce (2019) published *Recommendations for Addressing the Opioid Crisis in Canada*, in which they name "trauma, loss, poverty, and family separation resulting from colonization …" (p. 6) and inadequate health care accessibility as significant contributors to disproportionate opioid overdose events and deaths among Indigenous people in British Columbia. Tied to these significant contributors, Pride et al. (2021) indicate that substance use care with Indigenous people must be trauma informed. Curricula developments in substance use could include the introduction of works that support the Indigenization of practical substance use considerations. Researchers must engage with Indigenous sciences and epistemologies which include collaborating with plants and interrogating the categorization and conceptualization of "drug" (Dev, 2018). For instance, negative attributions against psychedelic plants ("drugs") used in traditional Indigenous ceremonies have been motivated by colonial conquest and desires for the dominance of Christianity (Calabrese, 2013). Further, considerations regarding substance use could include the work of Duran (2019) who entangles the Western model of addiction with that of the spiritual realm and who critiques the "naming ceremony" perpetuated by the psychological discipline (e.g., "alcoholic/addict", pp. 63–65). There has been extensive scholarship related to substance use prevention and intervention within Indigenous communities that could be used to indigenize curricula. For instance, Venner et al.'s (2021) work on culturally tailored substance use treatments, or Mushquash's (2014) writings about First Nations mental health and substance use. The CPA (2019) consider a two-eyed seeing approach to opioid substance use treatment, in which traditional Indigenous (i.e., plant medicines, cultural connection) and Western (i.e., opioid agonist treatment) forms of care are intertwined in collaboration with the Indigenous people seeking treatment, while simultaneously working to address contributing factors such as social determinants of health. Pride et al. (2021) illuminate several studies from a scoping review, which support the necessary integration of traditional practices in substance use treatment. Further, exploring decriminalization and harm reduction in response to substance use are essential to Indigenization (Lavalley et al., 2018; Lavallee & Poole, 2010; Medley et al., 2021) and providing a heightened (and safer) level of care for Indigenous peoples and communities.

Note. CCP = clinical and counselling psychology; CPA = Canadian Psychological Association; APA = American Psychological Association; MMIWG = missing and murdered indigenous women and girls.

based on the perspectives, opinions, and practice-based experience of the authors.

We wish to also acknowledge the uneven representation of First Nations, Métis, and Inuit research around mental health, and these inequities are reflected in the materials curated here. Notably, there is also significant absence of Québec-focused Indigenization research. This unevenness reflects the current state of our field; however, ongoing research should attend to distinction-based differences such as First Nations, Métis, and Inuit (Government of Canada, 2022a); geographical diversity such as urban, northern, rural, reserve, off-reserve (Wendt & Gone, 2016), gender, and sexuality-based diversity (Ansloos et al., 2021; Hunt, 2016; Sharma et al., 2016); Indigenous languages and linguistic factors (McIvor et al., 2009), and other factors. These all have massive implications for psychological service design and access. It is important for readers of this article to understand that these resources reflect mere snapshots of entire concurrent fields of study and are meant to be starting places for future learning.

Indigenizing Curriculum and Pedagogy in CCP

While the modernist instincts of CCP are geared towards the universalizing of the changes that are needed in terms of Indigenous education, our position is that to advance justice in CCP, multiple approaches or modes of change are needed. There must be engagement in programmatic development in Indigenous education, as well as broader curricular and pedagogical integration and renewal in existing mainstream programming. Both tasks are vital.

Over the last 3 decades, the mainstream approach to curricular and pedagogical change in CCP has been increasingly informed by liberal notions of equity, diversity, and inclusion (EDI; e.g., College of Psychologists of Ontario, 2022). This prioritizes the integration or infusion of Indigenous curriculum and pedagogical considerations into mainstream educational programming. In terms of equity, this approach acknowledges and works to address barriers and biases that Indigenous peoples have been systemically marginalized through and by vis-a-vis education, and this has had effects on both educational outcomes, as well as health and social service disparities for Indigenous peoples. In terms of diversity, this approach is concerned with acknowledging a range of perspectives and lived experiences within society and by extension within education.

Finally, inclusion as an approach is ensuring that Indigenous peoples and perspectives are reflected and respected within educational experiences. Popularly described after the TRC as Indigenization, this approach considers how to infuse mainstream courses with content and pedagogical processes which speak to some experiences and concerns of Indigenous peoples. Taking seriously the work of EDI in the context of Indigenous education in CCP in Canada, we propose that a comprehensive infusion of curriculum and pedagogy is needed across mainstream CCP programming.

Indigenization is often *framed* as widely beneficial, feasible, and necessary to address the priorities of change in Canadian universities in the wake of the TRC and the field at large. As Gaudry and Lorenz (2018) suggest:

> Regardless, of approach, the most common theme at the heart of the Indigenization discourse is an oft-stated need for change, regularly accompanied by the argument that universities "need" to better serve Indigenous students and communities and need to better support Indigenous faculty and staff. (p. 219)

In terms of benefit, it is often suggested that given the profound mental health service needs and inequities in Indigenous communities, all psychologists should be prepared to support Indigenous clients and communities at some stage of their career, and it is vital that they should be educated in ways that enhance their likelihood to provide better quality of service to Indigenous peoples. Finding ways to integrate Indigenous curriculum and pedagogy is crucial from a harm reduction and health equity lens.

From an institutional lens, this Indigenization approach can be seen as particularly feasible because it is perceived to be more expedient to infuse existing structures with Indigenous curricular content and pedagogical processes than it is to add new courses which bloat already demanding programme requirements or to build new programmes which inevitably intersect with both accrediting and regulatory concerns. From a resource standpoint, it is also often framed as pragmatic because it is seen as more economically feasible to integrate curricula and pedagogy than to invest in new infrastructure. In the absence of a large Indigenous psychologist workforce, this approach which does not necessarily require Indigenous faculty to facilitate can be feasible within current human resources capacity.

The considerations outlined in Table 1 map Indigenization efforts in curriculum across the domains of the examination of professional practice in psychology, including biological bases of behaviour, cognitive–affective bases of behaviour, social and cultural bases of behaviour, growth and lifespan development, assessment and diagnosis, treatment, intervention, prevention and supervision, research methods and statistics, and ethical/legal/professional issues. Further, we have also added consideration of the domains of history and systems of psychology, health psychology, educational and school psychology, and e-health and telehealth psychology. Table 1 provides concrete examples of how this could be taken up at the level of curricular design, content, and pedagogy. See Appendix B for associated readings with each domain.

Other Indigenization efforts at the level of curriculum might include consideration of ways to promote health equity in advancing all peoples, especially potential health providers with exposure to basic foundational histories related to Indigenous peoples. Courses such as an Introduction to Indigenous Peoples' History and Contemporary Experience in Canada could, for example, become a standard prerequisite for entry into graduate programming in CCP in Canada. This prerequisite would be an extension of the increasing number of universities across the country making it a requirement for students to take a course with Indigenous content. For instance, Laurentian University requires all new BA students to take at minimum six credits of Indigenous content courses during their degree (Laurentian University, 2022). Similarly, when students are involved in practicum training contexts where they are likely to be engaged in service provision with Indigenous clients, it might make sense to require specialized graduate coursework in Indigenous mental health as a pre- or concurrent requirement. For instance, the Department of Applied Psychology and Human Development at the Ontario Institute for Studies in Education within the University of Toronto offers an Indigenous-specific course to graduate counselling students. The course is entitled, "Indigenous Healing and Counselling and Psychoeducation" and can be completed in an elective or in a social bases of behaviour course requirement capacity. These measures have the advantage of both reducing harms in the absence of culturally safe practice, as well as promote an opportunity to advance the broader preparedness of the profession to respond to Indigenous mental health concerns.

Challenges for Indigenizing CCP and Paths Towards Self-Determination

Preparing the mental health field to respond adequately while upholding cultural safety for the needs of Indigenous peoples and communities requires a widespread commitment by institutions, administration, faculty, and students. We have produced these recommendations for those willing to commit to redressing the harms perpetuated by the field of psychology towards Indigenous peoples, some of which we outlined in this article. Further, we hope that the recommended curricular developments are embraced, which could be considered a step in the direction of reconciliation. This article is a pragmatic offering, and a first step in indigenizing curriculum for the betterment of Indigenous communities, and clients who will be accessing mental health services in a variety of ways.

Our goal with this article was to present actionable opportunities at the level of courses and curriculum to advance Indigenous education in CCP. However, we recognize that Indigenization of largely non-Indigenous programmes presents major challenges and opportunities for learning with administrators, faculty, programmes, and universities. A real tension that exists at this intersection is the small number of Indigenous faculty to build and sustain this type of work. Further, there also exists a lack of accountability measures even if there are Indigenous faculty present or non-Indigenous faculty willing to implement these types of changes. This lack of any measurable outcome or accountability allows institutions to continue making lofty Indigenization commitments. We need to make use of accrediting systems to ensure that curricular Indigenization is incentivized and evaluated for programmes. Additionally, we must ensure that recruitment and retention of Indigenous faculty remain a priority. An extension of increasing Indigenous faculty is the considerable opportunity for future Indigenous students to receive supervision and mentorship from an Indigenous psychology supervisor.

Indigenization without increasing Indigenous student enrollment in psychological education presents a clear challenge to the field. Institutions, administrations, and faculty must address not only tactics of recruitment and student success but also shift structurally by engaging in reflection, reevaluation, and action on the accessibility of pathways into the CCP field. Registration as a psychologist is the result of a very long journey beginning within the early years of development, and Indigenous communities continue to experience inequity in education, health care, housing, food insecurity, financial stability, law enforcement and the justice system, child welfare, and environmental destruction (e.g., boil water advisories and climate change). Thus, these intersectional inequities must be considered when forming plans for Indigenous CCP student recruitment and retention.

Finally, CCP needs to consider and define in collaboration with Indigenous peoples what successful Indigenization looks like in our programmes, especially at the level of curriculum. Likely, outcomes of our proposed Indigenization efforts include reduced mental health inequities in part due to culturally safe practitioners, Indigenous and non-Indigenous alike; increased presence of Indigenous peoples as faculty members, guest speakers, and knowledge holders (i.e., elders and knowledge keepers) to guide increased Indigenous representation within curricula; adoption of Indigenous pedagogical considerations in teaching, learning, and evaluation, including widespread use of

Indigenous knowledges; and professional development efforts including Indigenous-led psychological mentorship networks and national and international Indigenous-focused CCP academic sharing circles (i.e., conferences). It is vital that such efforts towards increased representation are accompanied by material commitment and fair compensation. This is paramount in the treatment of elders and knowledge keepers. As Indigenous representation increases within the CCP field, our collective ability to raise awareness and recognition of necessary mental health system, service, and policy adaptations has potential for broader positive impact.

From the vantage point of programmatic changes, many existing Indigenous educational research findings in CCP indicate that there is a tremendous need and interest for Indigenous education which centres the onto-epistemologies, axiologies, methodologies, and praxis of Indigenous peoples (Fellner, 2018; Fellner et al., 2020; Wilson, 2008). As an alternative to mainstream Indigenization, this is not a project of mainstream educational reform, but instead, a project of Indigenous educational innovation. Put another way, many Indigenous psychologists, students, and communities want to vitalize an approach to CCP that is Indigenous from the ground up and is disentangled from the norms, assumptions, and hegemonies of mainstream psychological theory, practice, and regulation. To build such a field is to root Indigenous psychological education within the sociopolitical project of Indigenous self-determination and reflects substantively on the diversity of needs, desires, and voices of Indigenous peoples. Such an approach pushes back against liberal notions of diversity and inclusion and instead centers the self-governance of Indigenous peoples to establish Indigenous norms of theory, practice, and regulation. Although we have discussed the few CCP-related degree and certificate programmes that attempt, true Indigenous self-determination in CCP still requires focused Indigenous community (on-reserve and urban) engagement and epistemological flexibility within institutions.

Conclusion

Advancing Indigenous education within the CCP field must become an acted upon priority area for institutions, faculty, administrators, and students (Indigenous and non-Indigenous alike). Indigenous peoples and communities within Canada face stark inequities due to ongoing and historical colonial violence that maintain disproportionate rates of mental health service needs for Indigenous clients. Psychologists working from within the borders of a colonial state such as Canada should be prepared to support Indigenous clients and communities in a variety of ways within their programmes. In this article, we offered targeted suggestions for indigenizing courses necessary for psychological registration in Canada. We further describe more institutionally and structurally complex changes that involve an introduction to Indigenous-specific counselling courses and programme specializations. These efforts are not only necessary to fulfill the calls to action by the TRC (2015a, 2015b), but additionally, are obligatory to adhere to the Canadian Code of Ethics for Psychologists. Psychologists in Canada must uphold *Principle I: Respect for the Dignity of Persons or Peoples*, which is of the upmost importance in priority over Principles II–IV (CPA, 2017). As such, psychologists must strive to develop and maintain relationships that reflect equal inherent worth, nondiscrimination, moral rights, and distributive, social, and natural justice (CPA, 2017, p. 11).

Psychologists have a responsibility to promote and protect the rights of persons and peoples in self-determination, liberty, cultural identity, cultural survival, social participation, and justice (p. 11). In this article, we offer pragmatic, immediate, and curricular suggestions for the discipline to enact ethical and accountable education within CCP. These suggestions are offered as a first step towards a future where Indigenous people are no longer unintentionally harmed by psychological practice, and Indigenous faculty do not alone carry the burden of change. These proposed changes can assist Indigenous CCP students in receiving a respectful and relevant education related to their desires to help their communities as a psychologists. Overall, this piece was constructed by Indigenous psychologists, faculty, and psychology graduate students envisioning profession-wide improvements to provide quality and culturally safe service to Indigenous people.

Résumé

Cet article examine comment faire progresser l'éducation autochtone en counseling et en psychologie clinique au Canada, en particulier à l'intersection des programmes d'études, des programmes et des changements systémiques dans l'enseignement supérieur. Cet article se concentre sur les pratiques curriculaires que les domaines du counseling et de la psychologie clinique pourraient adopter dans le but de faire progresser la réconciliation, de réduire les disparités en matière d'éducation et de santé mentale qui existent parmi les peuples autochtones au Canada, et de renforcer l'éducation autochtone dans ces domaines. Pour ce faire, les auteurs présentent une analyse documentaire sur l'état de la recherche sur l'éducation autochtone en counseling et en psychologie clinique et dans les domaines connexes au Canada et dans des contextes internationaux similaires. Centrant l'analyse sur le concept de l'autochtonisation, un projet visant à insuffler aux cours traditionnels un contenu et des processus pédagogiques qui correspondent à certaines expériences et préoccupations des peuples autochtones, les auteurs présentent un cadre pour des changements ciblés dans les programmes d'études supérieures. Ce cadre s'organise autour des principaux domaines d'enseignement de la psychologie professionnelle, ainsi que de certains domaines émergents pertinents pour les domaines du counseling et de la psychologie clinique. Les auteurs fournissent des exemples de programmes d'études psychologiques spécifiques aux autochtones et des ressources pour l'autochtonisation au sein des programmes d'études en psychologie. Enfin, les auteurs discutent des défis et des opportunités que présentent actuellement les efforts d'autochtonisation dans l'enseignement supérieur de la psychologie, et considèrent le rôle de l'autodétermination dans l'avenir de l'enseignement de la psychologie autochtone.

Mots-clés : éducation autochtone, santé mentale autochtone, autochtonisation, éducation et formation en psychologie, diversité

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(*Appendices follow*)

Appendix A

Indigenous Mental Health Syllabi Examples Across Canada

University	Undergraduate	Graduate
University of Victoria	1. PSYC 491: Promoting Reconciliation Between the Field of Psychology and Indigenous Peoples 2. ED-D 419: Introduction to Indigenous Approaches to Helping and Healing	ED-D 591D: Indigenous Mental Health and Healing (*not currently offered)*
University of Calgary	PSYC 492: Indigenous Psychology	1. EDPS 645: Indigenous Approaches to Therapy 2. Poo'miikapii: Niitsitapii Approaches to Wellness Graduate Certificate
University of Regina	INDG 390AO: Indigenous Families and Healing in Treaty 4	1. EPSY 870AB: Aboriginal Family Therapies 2. EPSY 870AC: Multiple Ways of Healing
University of Saskatchewan	1. Directed readings course INDG 201.3: Introduction to the Health and Well-Being of Indigenous Peoples	
University of Manitoba	NATV 3100: Indigenous Healing Ways	
University of Toronto		1. APD 1290: Indigenous Healing 2. Collaborative Specialization in Indigenous Health
University of Western Ontario		9204: Indigeneity and Decolonizing Research
Lakehead University	PSYC 4014: Indigenous Mental Health	PSYC 6751: Cultural Issues for Clinical Psychologists
Seneca College	1. CMH 381: Indigenous Perspectives on Community Mental Health	
University of New Brunswick		Mi'kmaq-Wolastoqey Centre: Graduate Certificate in Indigenous Counselling

Appendix B

Resources for Indigenization Within Psychology Curriculum

Biological Bases of Behaviour

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Cognitive–Affective Bases of Behaviour

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Correction to Ali and Sichel (2021)

In the article "Reenvisioning Undergraduate Teaching in Psychology Through Structural Competency and Radical Justice," by Alisha Ali and Corianna E. Sichel (*Canadian Psychology / Psychologie canadienne*, 2021, Vol. 62, No. 4, pp. 385–390, https://doi.org/10.1037/cap0000306), the affiliation for Corianna E. Sichel listed in the byline was incorrect. The correct affiliation is the Department of Psychiatry, Columbia University. The online version of this article has been corrected.

https://doi.org/10.1037/cap0000340