MOOKA'AM SEXUAL ABUSE TREATMENT PROGRAM

Program Description and Planning Guidelines

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Α.	INTRODUCTION	Page 1
В.	THE MOOKA'AM MODEL: A DESCRIPTION	Page 6
C.	SHOULD YOUR AGENCY CONSIDER USING THE MOOKA'AM MODEL?	Page 26
D.	GUIDELINES FOR PLANNING AND PREPARING FOR SERVICES	Page 27

APPENDICES

SECTION A: INTRODUCTION

What is Sexual Abuse?

Sexual abuse is sexual activity imposed upon a victim by an adult or older adolescent who

has violated a position of trust, or authority, or a care-taker role. The authority and power enable the offender, implicitly or explicitly, to coerce the victim into sexual compliance and secrecy.

The activities involved may be successful or unsuccesful attempts at: exposure; genital fondling; breast fondling; oral/genital contact; digital penetration; masturbation; inappropriate kissing; and/or vaginal or anal intercourse as perceived by the victim. Other forms of sexual abuse may include: child pornography; verbal threats of abuse; inappropriate observation of adult sexual activity or inappropriate observation of the victim.

What is The Mooka'am Program?

The Mooka'am Sexual Abuse Treatment Program has been established to help the victims of sexual abuse and their families. "Mooka'am" is an Ojibway word for "new dawn". The Mooka'am Program is an innovative service for Aboriginal adults and children. It is culture-based in the sense that resources, techniques and the organization of services are compatible with Aboriginal culture. The program was developed at Native Child and Family Services of Toronto (NCFST) for an urban clientele, as part of comprehensive preventive and healing services.

Mooka'am offers services to adults and their families, who have been directly or indirectly affected by sexual abuse. The Program is also available to children who have been abused or are suspected victims. Also, program staff provides community and professional education, primarily concerning sexual abuse and its treatment.

For adults, the program aims to help clients restore holistic health. Special attention is given to building strong identities and relationships, helping clients get in touch with feelings, and addressing practical issues and needs, such as housing, employment, problem-solving and decision-making.

Working with Aboriginal children, the goal is to help them deal with the trauma of sexual, physical and emotional abuse. Staff also work with children who have grown up in an environment of alcohol abuse. Mooka'am activities and relationships are designed to strengthen their children's self-esteem, Aboriginal pride, and self-protection. In recent months, a "Children's Circle Program" has been added to focus upon alcohol abuse prevention as well as family issues.

An important part of the Mooka'am program involves helping both adults and children to learn about, and value their Aboriginal identity and traditional culture. To this end, staff use traditional Aboriginal healing as well as contemporary social work and psychotherapeutic methods.

<u>Program activities</u> include healing circles, sweat lodges, fasting, ceremonies, individual counselling and therapy, relaxation and visualization techniques, cultural awareness sessions, non-directive creative methods (such as diaries, writing, art therapy, poetry);

family therapy, and summer camp. Depending on the client's wishes, the four traditional medicines (tobacco, sweet grass, cedar, and sage) are used throughout. Section B provides additional details on program activities

Mooka'am's growth benefitted from on-going training, consultation and other development activities, to which we now turn.

How did Mooka'am develop?

The Mooka'am Program first developed in response to the large number of sexual abuse victims appearing in the NCFST case-load. Staff realized that a specialized sexual abuse treatment program was needed, one that responded to all sexual abuse victims' needs while operating within the agency's culture-based philosophy. Fortunately, NCFST raised development funds and utilized existing staff members. Two staff members had the expertise, background, and commitment to blend contemporary and traditional techniques into a healing program.

While drawing upon existing staff's treatment and community experience, the program development process also used the wisdom of local professionals and Elders. The program opened its doors to clients in 1990, and used the experience of the early years to fine-tune its services. During that time the progress of the program was monitored closely in staff and management meetings. Also, the staff honed their skills through team discussions and training.

Elders and cultural teachers made enormous contributions to Mooka'am's development, either through consultation or direct service delivery in healing circles and summer camps.

Finally, the Mooka'am program organized two major evaluations, both funded by the Family Violence Division, Health and Welfare Canada. The first project (1992) examined the process of implementing the program, and the various challenges in putting such services into place. The second evaluation project, completed during 1994, assessed the program's impact on clients. A summary of the latter is included as Appendix "A" of these materials.

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In its traditional aspects, the program as developed in Toronto was influenced mainly by Ojibway culture. In other areas, we anticipate that many services will be re-designed and delivered to suit local cultures.

How can these materials help other Aboriginal agencies or programs?

These materials have been designed to help you adapt the Mooka'am model to your own circumstances. Specifically, they will ...

- acquaint you with the Mooka'am Sexual Abuse Treatment Services as these have been delivered in Toronto;
- help you decide if this model is appropriate for your organization's needs and community conditions;
- help you plan and prepare for the implementation of the model, should you decide that it is appropriate; and
- suggest ways to maintain the program after it is put in place.

What kinds of materials are in this package?

It is difficult to anticipate all the needs and conditions within your agency. Therefore, our approach is to provide a package that will help <u>you</u> to choose what is most suitable, and get you started. The materials consist of....

- a description of the Mooka'am model;
- check-lists of questions to help you decide whether the model is suitable;
- general principles to help you plan the implementation;
- examples of activities that the NCFST Mooka'm staff carried out to help them with their early implementation of the program;

These materials provide guidelines and resources for involving members of your organization in decision-making, and then fine-tuning the model to meet your needs. Also, these materials will provide guidelines and tips for personal learning.

An important holistic principle is at the core of these materials. Putting into place a new program may require development in other parts of your organization and community. For example: Service providers in the community need to know about the program so that they can refer clients who need your help. Also, they should be committed to certain traditional ways of healing. Other agency staff who work with sexual abuse victims should have basic information about their needs.

What these materials will not do

Unlike a "cook-book", these guidelines do not contain specific directions or procedures on what to do. In offering the materials, we assume that a successful implementation of the Mooka'am program will require at least some modification of objectives, techniques and resources in order to fit well with the unique characteristics of various agencies and communities. To facilitate this process, we present general ideas, principles, and examples drawn from the Toronto experience.

More importantly, **these guidelines do not replace creativity!** Program development and implementation are typically the product of intuitive and spontaneous processes which emerge from the imaginations of a group of dedicated staff. The writing in these pages may suggest a linear development of one idea or decision following another. This is not the case; nor should it be. We hope that the ideas blend with, and complement your imagination, producing creativity's "difficult delight".

AN OVERVIEW OF THE SECTIONS

Section B describes the Mooka'am model.

Section C helps you decide whether Mooka'am is appropriate for your organization.

Section D assists you in planning for implementation.

Format

The format of this document is like a workbook. It will challenge you to do some hard thinking about important matters. In several places it asks you to write down your ideas. It gives examples from the Mooka'am Program in NCFST. In short, this document is a tool for planning and decision-making. It will not give ready-made answers; it respects your own creativity!

SECTION B: THE MOOKA'AM MODEL

Native Child And Family Services of Toronto, which began its service operations in September 1988, is unique in that it is Ontario's only off reserve full service child welfare related agency under the control of the Aboriginal community. With a diversity of programs, such as casework, customary care, Mooka'am and youth outreach, it has developed a culturally based service approach and is on its way to being Canada's first "authority" under

the Child and Family Services Act in an urban setting.

MOOKA'AM'S BEGINNING

The Mooka'am Program (Ojibway for "New Dawn") was established in 1990 when staff at N.C.F.S.T. realized that Aboriginal survivors of sexual abuse were not making use of mainstream agencies for treatment. Cultural differences, a negative history with mainstream service providers and a lack of trust in the system combined to make many Aboriginal people wary of conventional therapy.

In response to that concern, attempts have been made to make the Mooka'am Program culture-based and sensitive to its clients' needs. Thus, the program combines contemporary approaches to healing with Aboriginal traditional teachings, values and practices. In addition to a review of current sexual abuse treatment literature and training in the area, staff also consulted a number of traditional teachers and Elders for guidance and direction in designing the program.

OUR PHILOSOPHY

The Mooka'am Program emphasizes that healing must be grounded in the culture. Thus, the program's approach and its activities stem from the values of Aboriginal traditional life. Since the Mooka'am Program is located in Ontario, the majority of the Elders and traditional teachers who have been involved in its services are Ojibway. Thus, it is their teachings and traditions that primarily form the culture-base of the program. For example: Our Elders have taught us that when a child is abused, their spirit jumps out. Therefore, in treatment we always look to heal the spiritual part through spiritual healing techniques. Teachers from other Nations (eg. Mohawk, Cree), however, have also participated in the program reflecting the diversity of Mooka'am's clientele. Mooka'am stresses the importance of involving Elders and teachers who are a part of the specific community that chooses to develop a program.

A strong value within Aboriginal culture and a central part of Mooka'am's healing approach is non-intrusiveness. Healing, therefore, is client directed and may move slowly. Clients are allowed ample time to deal with the layers of issues they present to staff. Although it is sexual abuse that brings people to the programs, for some it may take several months before they are ready to begin actual work in this area.

The relationship between Mooka'am staff and clients is based on equality, sharing and some self-disclosure on the part of staff. In healing circles, both staff and clients share their experiences, pain and wishes. In addition, clients and staff attend cultural events and spiritual ceremonies together, such as summer camp, the sweat lodge and full moon ceremonies.

As well as dealing with the issues of sexual abuse, clients also learn about the history and traditions of Aboriginal people to help build self-esteem and restore lost dignity -- key areas of healing and preventing future abuse.

Mooka'am's philosophy of healing is also based on the importance of restoring balance in a person in a holistic manner. This comes from the understanding that if one aspect of a person is harmed, it affects all the other aspects. Therefore, treatment focuses on healing all parts of the individual -- spiritual, psychological, emotional and physical. Holistic healing refers to helping families rather than only individuals. Thus, many of Mooka'am's clients are parents and their children.

Another area in Mooka'am's philosophy is the recognition that our Elders carry the knowledge of spiritual teachings and practices. Because of this, certain Elders have remained a part of the ongoing development of the program. They conduct spiritual ceremonies, take part in healing circles and other group work and provide direction and support to Mooka'am staff.

Mooka'am staff also stress the necessity of help for the helpers. This not only includes ongoing up to date training in clinical treatment, but also self-care for staff. Many of us who get into the helping professions come from abusive backgrounds ourselves and it is crucial that we do our own healing before getting into the difficult work of sexual abuse treatment. In addition, because healing is an ongoing, life long process, helpers -- like their clients -- often need support throughout their lives.

THE ENVIRONMENT

Although housed within N.C.F.S.T., the Mooka'am Program's offices and treatment rooms are separated from the other programs, thereby providing privacy and safety for clients. Without such a physical environment, it is unlikely that clients would feel secure enough to release the pain and anger they carry. Rooms are small, dimly lit and contain comfortable furniture giving off a calming effect. The four sacred medicines -- tobacco, cedar, sage and sweetgrass -- plus a candle for fire and a rock or feather for holding are always available to clients in both individual and group sessions. Staff and clients often open sessions with a smudge and prayer for help and guidance.

Because Mooka'am makes use of many different healing activities, clients also have access to an art therapy room and an abreactive room. In these rooms, clients can release their emotions through painting and other creative arts and by punching pillows and a tackle dummy and can learn meditation and relaxation. As "talk therapy" is not enough for everyone, staff have found that these other activities can provide effective tools for reaching clients and helping them to express deep emotions such as anger in a safe way.

POSSIBLE INDICATORS AND PRESENTING PROBLEMS OF ABUSE

Treatment workers need to have an awareness of the signs in adults and children that possibly indicate sexual abuse and the presenting problems that clients often bring to the treatment setting. This is important as indicators and presenting problems tell workers what issues need to be dealt with in the healing process. Although the following lists are not

proof of sexual abuse, the presence of some of these indicators or presenting problems is at least a sign that someone may be in need of help. In addition, both the literature on sexual abuse and the findings of the Mooka'am Program support a connection between these indicators and presenting problems and abuse.

For adults:

- 1) Poor self-image
- 2) Low self-esteem
- 3) Lack of positive Aboriginal identity
- 4) Depression/suicide attempts
- 5) Alcohol/drug abuse
- 6) Eating disorders (obesity, anorexia)
- 7) Multiple personalities
- 8) Promiscuity or avoidance of sex
- 9) Revictimization (abusive relationships with partners)
- 10) Victimizing others
- 11) Difficulty with intimacy
- 12) Lack of appropriate parenting

For children:

- 1) Crying with little or no apparent reason
- 2) Dramatic change in school behaviour/sudden drop in academic performance
- 3) Inability to concentrate
- 4) Arriving early at school and leaving late with few absences or extreme truancy
- 5) Aggressive, destructive behavior
- 6) Non-participation in school and extra-curricular activities
- 7) Anxiety/depression
- 8) Excessive fear of: being touched, males, going home
- 9) Evidence of bribes for silence (eg. toys, money)
- 10) Indications of age inappropriate sexual knowledge
- 11) Hints about sexual activity
- 12) Overly obedient behaviour
- 13) Low self-esteem
- 14) Evidence of poor overall care
- 15) Regressive or pseudomature behaviour (acting much younger or older than age)
- 16) Seductive behavior with males
- 17) Compulsive lying and/or confusion with regard to personal reality

WHAT WE TRY TO DO

Programs need goals and treatment objectives in addition to a philosophy and awareness of the presenting problems to guide the work. Based on the negative impact that sexual abuse has on people (eg. self-blame, low self-esteem, depression, etc.), the Mooka'am

Program's goals and objectives are geared towards client changes which centre on four broad areas: identity, relationships, feelings and life skills.

Goals refer to long range client changes which can be seen once a client has completed the Mooka'am Program. Some goals include:

- developing a positive Aboriginal identity while enhancing self-esteem
- developing healthy relationships with peers, children and intimate partners based on non-victimization
- increasing the ability to identify, trust and express feelings
- improving holistic health and self-empowerment
- developing healthy coping behaviours for dealing with life's demands and stresses rather than using self-destructive ones such as alcohol/drug abuse
- increasing self-help, including participation in a healing, supportive community

Treatment objectives are specific client changes that result from certain Mooka'am healing practices. These healing practices help clients reach the objectives. The objectives are like steps leading to the above mentioned goals. Objectives of the program include helping clients to:

- know who they are
- understand why the abuse happened to them
- establish or redefine a set of fundamental values
- remove negative self labels
- value their Aboriginal culture
- accept and connect with their bodies
- heighten their degree of empathy which is seen as the foundation of a relationship
- learn to appropriately trust others
- interpret their own behaviour and present events which trigger responses based on past abuse
- appropriately parent
- take risks which lead to positive changes
- establish appropriate boundaries
- become aware of their feelings and release them in safe ways
- see that their feelings are normal given past or present events or circumstances
- believe in the validity of their feelings
- reframe their interpretations of experiences so that associated feelings make sense
- acknowledge and honour the feelings associated with childhood
- improve personal care
- effectively make decisions
- improve problem-solving abilities
- access healing resources, including both medical and Aboriginal traditional ones
- establish their own natural support systems

The following diagram of Mooka'am's goals and objectives depicted within a medicine wheel represents the program's overall approach to healing. The program combines contemporary therapeutic techniques with Aboriginal traditional teachings, values and practices. The diagram reflects this combination.

HOW WE DO IT

Although staff of the Mooka'am Program work with men, women, youth, adolescents and children, for the sake of simplicity, the healing practices will be addressed under three client groups: adults, adolescents and children. Also, for simplicity's sake, female gender pronouns are used throughout. For adults, the practices are further categorized according to the four broad areas -- identity, relationships, feelings and life skills.

WORKING WITH ADULTS

Identity

Sexual abuse victims, by virtue of their trauma and later life experiences, come to Mooka'am with self-experiences such as:

They don't feel very good about themselves as Aboriginal people.

They have poor opinions about themselves in general, or in specific ways, such as parenting, their ability to relate to others, or as lovers.

They have negative ways of thinking about, and evaluating themselves, often describing themselves as "victims", "poor parents", "alcoholic abusers", etc.

They often don't have a clear direction in life, linked to an unclear sense of "who they are", and where they are going.

They lack clear ides and beliefs concerning what is important in life (values), and what they would like to achieve (life goals).

An important treatment issue related to identity is "the second class citizen syndrome". This refers to individuals who not only have been sexual abused and feel damaged, dirty and soiled, but to all Aboriginal people who have been abused by the total society. They feel very different, stigmatized within their families and society. They carry the shame of their abuse and the shame imposed on them through years of colonization.

Treatment is intended to help strengthen client identity by thinking through the question "Who Am I?" Workers see clients as experts about themselves and so emphasis is placed on helping them make role choices in life based on their own needs and values, rather than according to society's expectations.

The <u>learning of culture and spirituality</u> which is essential to the growth of a positive Aboriginal identity and self-esteem happens in two ways through the Mooka'am Program. First, clients learn Aboriginal values, teachings and practices through participation in sweat lodges, fasting, healing circles and full moon ceremonies. On one level, these are healing activities, but on another, they are opportunities for learning through doing. The second source of cultural learning takes place through the teachings of Elders and traditional teachers who conduct the circles and spiritual ceremonies and through staff. These methods of cultural learning also help ease often socially isolated clients into the Aboriginal community, thereby providing sources of support outside of Mooka'am.

The spiritual ceremonies already mentioned above are major healing activities for Mooka'am clients as they address all four aspects of a person -- physical, emotional, psychological and spiritual -- and aim to restore balance within. These ceremonies cleanse the body, help release deep feelings such as sadness, develop social and emotional connections with others, clear and relax the mind and connect clients to the Creator and their own spiritual power through prayer, offerings and song.

Also basic to the Mooka'am Program is <u>the healing circle</u>. Healing circles occur for groups of both women and men and are constantly evolving to meet clients' needs. These circles, held on a regular basis, are attended by clients and staff and usually led by an Elder or

traditional teacher. Smudging medicines, fire, water, a healing food such as strawberries and a sacred rock or eagle feather for passing around the circle are always present. Participants are free to discuss whatever issue they choose and express any feelings related to it. Each speaker takes as long as she needs. The Elder or traditional teacher offers support and teachings geared towards the issues raised.

Healing circles provide cultural learning, build a positive Aboriginal identity, reduce social isolation and help develop interpersonal skills. In addition, by bringing clients together, circles help clients realize that their feelings, self attitudes and behaviours are similar to others who have been sexually abused. Through group sharing, participants learn that they are not alone, their feelings are normalized and they gain support and friendship.

The issues raised in healing circles have led Mooka'am staff to begin more focused group work with clients. Staff learned, for example, that not only had women clients been sexually abused as children, but that many are presently in abusive relationships with partners. Seeking to address the needs of its clients, Mooka'am now deals with this issue in a group setting.

These circles are held on a weekly basis with two staff members and usually an Elder in attendance. They deal with issues more directly, build on information gained week by week and involve more interaction among participants.

Further healing, cultural learning and participation in spiritual ceremonies is offered to adult clients each summer through Mooka'am's summer camp. For a few days each summer, clients and their children may join a staff member and an Elder or traditional teacher at N.C.F.S.T.'s camp in northern Ontario. This provides a break from city life and an opportunity to be close to mother earth while, at the same time, helping to build closer relationships between clients, staff and the Elder. In addition to swimming, hiking and canoeing, adults participate in healing circles and spiritual ceremonies such as the sweat lodge. At the same time, camp staff supervise clients' children in several different outdoor activities.

[Insert Picture of summer camp]

Relationships

Sexual abuse survivors bring different kinds of relationship problems to the Mooka'am program, and the one-to-one therapeutic relationship is an important part of the healing process.

Sexual abuse victims often have serious <u>problems with intimate relationships and sex.</u> Often clients will confuse the two, or separate them completely. That is, sex is either equated with love or is merely mechanical, not intimate. Relationship difficulty is the number reason that people seek help.

Most often sexual abuse survivors have a repeating pattern of one of three approaches o relationships:

- **Isolation**, avoiding intimate relationships as a way of risking being hurt.
- Short-term conflictual relationships: This is quite common. Often in early relationships, survivors "fuse" with their partners and have few boundaries. Shortly in the relationship they may start to back away, often alternating between "fusing" (confluence) and distancing. Often the survivor will begin to test the partner, provoking and creating an atmosphere of conflict and tension. This is an unaware attempt to create the abusive childhood situation, with survivors believing they will

be abused in any intimate relationship. Often, the less cooperation the partner gives in playing out the role of the abuser, the more intense the testing and goading becomes. Eventualy the partner leaves or does something the survivor may interpret as abuse. This may reinforce the survivor's belief who then leaves. Either way the "script" of the survivor as a victim in the relationship is played out.

• **Staying in the abusive relationship:** Again, this is due to the survivor's belief that abuse is part of the price of intimacy, as they learned in the abusive childhood home.

Underscoring these types of relationships is an attitude of "this is the best I can hope for", a belief that this type of relationship is all they deserve ("settling for crumbs"). Frequently, two survivors form a relationship, compounding these patterns.

What are the implications for therapy? The therapist\client relationship may be the first truly intimate relationship for the client. Therapists **model healthy intimacy** for them, and it is essential that they are aware of their boundaries with clients. Clients will test the therapist, trying to form relationships as they have in the past.

The Mooka'am therapist gently provides **feedback** to clients as to how they are relating to the therapist, and to others. In this way they become aware of their own self-defeating behaviors, and how they came to be.

Sexual issues are another area of great difficulty with abuse survivors, and are often hard to discuss with clients. We are sexual beings; our sexuality is a root part of who we are.

Sexual abuse survivors have had their natural development disrupted. They often confuse sexuality and intimacy. They have learned that sex is what you do with those who care for them, so all future relationships become sexualized. Some may feel that all they have to offer is their bodies. Other clients may separate sex and intimacy completely becoming non-sexual or sexually mechanical. Sometimes, sex becomes a trigger for body flashbacks.

Thus, there is a **sexual continuum**:

Healthy balance

Compulsive non-sexual	Compulsively sexual
•	
(rigid control due to shame)	(recreating the abuse)

Therapists need to be **aware of their own boundaries**, especially in cross-gender counselling. It is not uncommon for clients to be attached to their therapists, and vice-versa.

Personal awareness is crucial to avoid problems. It is always abusive to have a sexual relationship with clients. Also, sexual suggestiveness through words or actions are abusive.

The therapist **encourages open discussion** of sex and gender issues. Or, **reading material** is suggested. Traditional **teachings** about gender relationships are used to guide men and women back to healthy relationships. As this is often a source of conflict in relationships, the **partner** may want to talk about these issues as well.

The therapist is often the focus of healthy change with the client in these two areas. It is essential that they constantly **work on their relationships and sexual growth.** This provides healthy examples. As in all therapeutic encounters, establishing a relationship between helper and client is important to the healing process. Helpers provide opportunities for clients to experience different kinds of relationships within the program. From this experience, clients learn the qualities of a good relationship and thus realize new potentials and choices within relationships.

Sexual abuse survivors also experience <u>difficulties with trust</u>. This can take the form of overly trusting others, or having no trust at all. Difficulties in trusting others make it problematic for clients to establish relationships or, once relationships are established, the trust issues may produce conflicts and other personal problems.

Therefore, it is crucial that the client-helper relationship be built on trust because the experience of a trusting therapeutic encounter can be carried into outside relationships. For example, clients learn to take risks in the therapeutic relationship, experience the benefits and then take similar risks with others. Also, they can learn how to recognize and deal with trust-related areas such as resolving conflict.

Establishing trust may be very slow and touchy, and it may take many months to achieve. One can expect considerable testing, as both adults and children displace their anger on to the therapist. Several therapeutic principles are important:

- therapists must have patience and stamina
- they must procede at a pace where the client can feel safe and at home
- give constant praise and encouragement
- recognize that the victim's inability to trust is related to low self-esteem and past experiences of betrayal
- be available to clients; share your own pain when it supports the therapeutic process

Another major issue in the area of relationships is the <u>establishment of appropriate</u> <u>boundaries</u>. Some sexual abuse survivors, partly as a result of their early family relationships, have not learned to distinguish between appropriate and inappropriate

boundaries with others. Most victims experience role confusion due to the inevitable blurring of roles between the abuser and the child. Sex is supposed to be part of an adult's world, not part of a child's. When a child is engaged in sex, she is treated as an adult, and the rest of the time she is treated as a child.

Thus, the victim's own need to behave in certain ways or receive certain responses from others will take precedence in all situations, or they may be unskilled at reading cues from people who attempt to define appropriate boundaries within relationships. In addition, like their past abusive situations, their current relationships may be abusive and controlling, thus preventing opportunities to negotiate appropriate boundaries within them.

Attending to difficulties around client-helper boundaries within the Mooka'am Program is important as it may be an indicator of similar difficulties in outside relationships. The client-helper relationship is used as a vehicle for teaching the importance of appropriate boundaries and the interpersonal skills for establishing them. In the process of establishing appropriate boundaries, the helper models both role behaviour and how to create and sustain relationships. Thus, matters such as the use of physical space, time available, appointment-keeping and what can and cannot be shared are addressed. In addition, the issue of boundaries between client and helper extends outside the treatment setting. For example, staff avoid being drawn into conversations and behaviours with clients around treatment areas in social situations. By remaining consistent in modelling and maintaining such boundaries, staff reinforce trust by giving the message that private information is not available outside the program.

<u>Control</u> is another issue for clients in the Mooka'am Program. Sexual abuse involves a violation of the victim's body, privacy and rights. It has many lasting effects. In the extreme cases, there are those may be out of control, and those who are over-controlling. But staff may also see victims who are somewhere between these extremes, or who may even shift between the two extremes.

For those who believe they have no control over anything, healing techniques help empower the victim, giving her the opportunity to make choices and decisions. For clients who believe they must be in control of everything, the therapist helps them recognize what they can and cannot control. Then, they are helped to let go of what they cannot control.

A sexual abuse victim's difficulties in relationships may be related to her low self-esteem and feelings of inadequacy. Often there are feelings of being unworthy, unloved and undeserving. Confidence is very low, and substance abuse is used to give false courage and pride. Goals my be set which are either too high and impossible to achieve, or nonexistent, leading to apathy and depression.

There are different implications for their relationships. The relationships may be abusive and reinforce low self-esteem. With low self-esteem, jealousy prevails, thus creating more isolation, bad feelings and poor peer relationships. 18

For these kinds of issues, the following healing techniques have been found useful:

- Encouragement
- Focusing on positives
- Helping set goals that can be accomplished
- Activities that enhance self-esteem
- Cultural activities and ceremonies

Finally, for Mooka'am staff working with adults, encouraging an authentic relationship is another treatment objective. Simply put, with authenticity comes an awareness or perhaps a response to "here and now". "Experiencing the now" or acting in the present will likely produce an authentic relationship with others. People are likely to know what they need in relationship, and act out of a position of self-trust.

<u>Feelings</u>

Sexual abuse victims come into the Mooka'am Program with several difficulties associated with their feelings:

- there may be a discrepancy between their feelings, their thinking, and how they express feelings; such discrepancies may affect relationships
- clients may label their feelings as abnormal in some way
- clients may not trust experienced feelings
- clients may not express or even experience their own feelings-an issue of emotional control
- they are anxious and tend to worry about everything; they cannot relax

How do Mooka'am staff work with the issues related to feelings? Therapy with adults is mostly talking. The women share their stories, and they are helped to focus on their feelings round the abuse. More than anything else, the program deals with feelings-helping the people to experience and express their feelings, and understand how they affect the present.

The staff also suggest books on sexual abuse that women can read. Books are loaned out. Each woman is given a journal for writing their thoughts and feelings. The women also write letters to their abusers, non-offending parents, etc.-talking about what the abuse did to them. They may or may not send these letters.

Some women draw pictures, punch a punching bag, learn affirmations, scream or crywhatever they are comfortable with, and whatever they need.

In sessions, clients share their stories about themselves -- both past and present -- while staff help them to focus on their feelings about the abuse. Through this encounter, the worker helps the client to believe in the validity of the feelings and that they are normal. The worker also assists the client to arrive at a new interpretation of past sexual abuse. This reframing of events helps adults come to realize that as children they were not responsible for the abuse, nor could they do anything to stop it.

A healing practice used by Mooka'am staff which addresses both feelings and the reframing of events is working with wounded and hurt parts of self. Through this, helpers assist clients to go back to an earlier stage of life, possibly when the trauma occurred, to acknowledge their powerlessness and vulnerability as children. Then comes the recognition that, with limited power, strength and understanding, the child was helpless to protect herself and so was victimized.

Workers also help clients to self nurture, support and look after the needs of the wounded self. This provides clients with a tool to take away.

In addition, helping a client acknowledge various parts of self involves creating a respect for different behaviours which are entirely appropriate in adult life. Thus, imagination, creativity, spontaneity and having fun are encouraged in sessions. Also encouraged is the exploration of qualities and feelings that are viewed as inappropriate such as cruelty, rage, jealousy, hatefulness, etc. By focusing on feelings, adults learn how to identify, express and eventually let go of those feelings surrounding the abuse.

Releasing feelings surrounding past abuse may happen through verbal encouragement, art or the physical actions of abreactive work. This helps clients to let go of pent up emotions such as sadness, anger and fear, thereby freeing up energy and ending the harmful response of displacing such emotions on others or inflicting hurt onto oneself.

Mooka'am therapists may also help clients go back and work on "unfinished business". They see how unfinished business affects their current lives, and if possible address these issues in their thoughts or actions.

A final issue related to feelings is anger. With abuse victims, anger is supressed because they don't even know they are angry. Of note, is that one definition of depression is "anger turned inward". Also, "passive/aggressive" tendencies are noted in Mooka'am clients, meaning that they are sometimes passive and sometimes aggressive. With some, their aggressive tendencies lead to violence. What are the imlpications for program activities? Staff help these clients to get in touch with their anger and ventilate it in a safe way. Healing techniques for this are talking, drawing and abreactive work. Abreactive work is an acting out of feelings in an experiential way (eg., screaming, punching pillows).

Expressive Therapy in the Mooka'am Program

People have several ways to convey information about themselves. For many reasons, clients are more comfortable with some means of self-expression over others. In some cases, the information about self is so connected to emotional trauma, that it is outside of awareness. For these reasons, Mooka'am staff use several techniques to supplement verbal self-expression. Journal or diary-keeping, poetry-writing, story-telling and visual expression (eg. art therapy) are woven into the healing process.

Mooka'am's art therapy takes place through many activities, including painting, working with clay, drama, (role playing), body-mapping, mask-making, music and other sound-making, movement, poetry and writing. Consistent with holistic philosophy, these honour the full range of the individual's senses. Art therapy utilizes the visual, movement and sound as a way of communicating, such that the clients and therapists have richer information with which to work.

The products of art can be examined, and like a mirror, reflect back to the client. With the help of the therapist, clients become more aware of feelings, fears, self-esteem, and other inner states. These subjective experiences are projected onto the forms they create.

Artistic activities may themselves contribute directly to personal change. Clients may feel good about their artistic endeavours, and about the activity itself. Moreover, the visual concreteness of artistic activities are helpful, as clients may readily remember through sensual activities than through conversations with the therapist.

Art therapy encourages both individual and shared activities. Like ritual, it contains and releases emotional energy and personal experience while creating in the prsence of others. Sharing happens through both artistic process and product.

Through the development of concrete products (pictures, clay models, movement), art therapy contributes to "the breakdown of the mass of inner experiences" (eg. generalized pain) into specific fragments which are more easily examined. Both therapist and client look at the product together. The client feels far less disorganized, as she sees and

clarifies what she has been feeling.

Like other Mooka'am program activities, art therapy is an optional therapeutic activity. Many clients have done artistic work before and bring their own instruments and creations. Others do it for the first time.

There are several benefits of art therapy. Clients are working with material created by themselves rather than someone else. There is an important sense of authorship of "one's own product". In itself, this enhances self-esteem.

By interpreting their art, clients can engage their inner world, and make important selfdiscoveries. Although in many cases the techniques can comfortably encourage selfexpression and knowledge, some adults are not at ease with artistic expression. Children work on art projects at school, and typically are more responsive to art over "talk therapy". Another benefit is that clients can take the healing method away, and do it on their own.

Art therapy helps clients become more spontaneous. Consistent with Aboriginal philosophy, art therapy encourages attention to "little things around us", thus balancing the human and material environment. Clients develop a stronger sense of life in its interdependence.

How is art therapy useful for sexual abuse victims? First, sexual abuse trauma in some cases prevents easy memory of, and ability to talk about, the events. Tapping into the mind's less conscious material, images and themes in art often give strong suggestions of sexual abuse and other themes of violence. This is useful for assessment and therapy.

Secondly, sexual abuse victims often are blocked in self-expression. With therapeutic guidance, artistic activity encourages self-expression. Therapists support, rather than push, this expression.

Art therapy is always used in conjunction with other modalities. A key question is how art therapy will further the on-going work with the client as an individual.

Although art therapy contributes to on-going assessment, a thorough assessment is done before art therapy is used. Knowing the client well helps the therapist decide when art therapy should be introduced, and what art materials are appropriate. The therapist helps to structure the timing, the selection of materials, and the pace of art therapy.

Like all therapies, the therapist attends to the therapeutic relationship and the effects of art work. Therapeutic sensitivity helps to build and sustain client comfort. Some may fear the product of their art work, for example, because it brings them closer to deeply-held memories, pain and self-revelations. Consistent with Mooka'am principles, the client's needs and responses direct the art therapeutic process.

In the core therapeutic activities in art work the therapist helps the client focus on the content of their product. What patterns are evident? What themes does the work suggest?

What symbolism predominates? These and similar questions encourage clients to interpret their work, and take steps into important psychological events and issues.

Finally, the therapist notes the client's relationship with her work, and the implications for self and healing. Is the work something to be shared, for example? Or is it something private? Can it go into a file, or does the client wish to take the art away? How does the client respond to her own obvious creativity?

Living Skills

Since the helping relationship is practice for the real world, the area of life skills is also addressed in the Mooka'am Program. Clients slowly learn how to care for their holistic health on their own. Within the treatment setting, clients practice decision making, problem-solving and the setting of realistic goals. They eventually become self-empowered.

For example, since powerlessness is often a major issue for sexual abuse survivors, Mooka'am clients are given opportunities to make choices and decisions. It is they who decide which healing practices they will or will not participate in, what issues they wish to work on and the goals of their healing process. These opportunities mirror real life situations where people must make decisions on a daily basis.

Helpers also assist clients with alternatives to self-destructive coping behaviours such as alcohol and drug abuse. Healthy coping behaviours to life's demands and stresses such as relaxation, recreational and cultural activities, journal writing and talking to a supportive friend are taught and practiced in the Mooka'am Program.

Clients learn too how to access and participate in a natural community support system. Although helpers are often the doorway to such support, clients learn how to approach Elders and traditional teachers, how to make use of resources, know their rights and make friends based on equality.

WORKING WITH ADOLESCENTS

In working with sexually abused adolescents, the Mooka'am Program offers both individual and group sessions. As with adult clients, several types of healing activities are used such as talking, drawing, abreactive work, play, poetry and journal writing, role playing -- creative methods to help adolescents tell their stories and express their feelings.

Because it is important to assess how the sexual abuse has affected adolescents, staff sometimes use written exercises to gain access to this information. Thus, exercises have been designed to deal with issues such as an adolescents' feeling of responsibility for the abuse, the degree of support she may or may not receive from family members and additional significant others and her feelings towards the abuser. Like adult clients, adolescents also need to feel that they are not alone with their feelings and experiences. Thus, occasional healing circles and other group work have been offered to them. These circles, conducted by an Elder and a staff member, combine the healing methods already mentioned, cultural learning and prevention of future abuse. Through these circles, adolescents learn that they are not along and develop long lasting friendships with one another.

Cultural learning for adolescents focuses on the values and traditional teachings specific to young Aboriginal women and men. This is intended to increase a positive identity and pride in who they are which, in turn, is aimed at preventing future abuse such as alcohol and drug use and entering abusive relationships with partners. Therefore, teachings centre on puberty rights, roles and responsibilities of women and men and self-respect and care of themselves.

Also like the adults, further healing and participation in cultural activities and spiritual ceremonies takes place at Mooka'am's summer camp. Each summer, adolescents too may join a staff member and Elder for a few days in this outside environment. Here adolescents participate in arts and crafts such as the making of dream catchers and medicine pouches, they sit in healing circles, take hikes looking for medicines, begin their day by greeting grandfather sun with a sunrise ceremony, fast for part of a day and take part in a sweat.

WORKING WITH CHILDREN

Like adult victims, children may come into the program with very low self-esteem and feelings of inadequacy. These feelings are reflected in their relationships and schooling. Their social skills are usually lacking. They become aggressive and hostile with other children, or they become withdrawn, shy, forlorn and timid. School work suffers as concentration is lacking.

Although healing work with children is similar in some ways to that of other clients -- it includes cultural learning and participation in summer camp -- it involves a different approach because of their age. Children, who are obviously at an early developmental stage in life, usually do not have the words to express what has happened to them or how they feel about it. Thus, talking and writing about the abuse tends to be an unrealistic expectation of children.

Working effectively with children requires that helpers enter the child's world -- the world of play. Play tells us everything about children -- their family life, emotional development, how they make decisions, etc. It is also the rehearsal for life. It is through play that children express their thoughts and feelings related to the sexual abuse.

An obvious necessity to working with children is a play room filled with toys that will help children to express themselves, such as puppets, a doll house and sand box. In addition, Mooka'am's play room contains anatomically correct Aboriginal dolls and the usual

medicines for smudging.

This work with children, referred to as "play therapy", requires that staff be trained in this area. There are many books and trainers available to assist staff. It is important that helpers honour the play therapy process, understanding that children know where they need to go. Children must be given the power to do this with helpers patiently following. Like adult victims, children may also come with very low self-esteem and feelings of inadequacy. These feelings are reflected in their relationships and schooling. Their social skills are usually lacking. They become aggressive and hostile with other children, or they become withdrawn, shy, forlorn and timid. School work suffers as concentration is lacking.

In addition, helpers need to learn and use the language of play since children explain through association and metaphor. They also need to accept that play therapy is often a slow, circular process with repetitive themes and so children cannot be pushed faster than they need to go. Even so, staff must be consistent with children, providing them with some structure

There are two types of play therapy -- non-directive and directive -- both of which are used in the Mooka'am Program. A brief, simple sketch of these two methods is as follows. With **non-directive play therapy** staff do not focus specifically on the sexual abuse, but rather allow children the freedom to play as they please. This is particularly useful for developing a relationship with a child, for working with very young children and for assessing whether or not children have been sexually abused, although staff use it with all children. Over time, staff gather information on themes coming out of the play, a child's emotional and physical responses and interpret the meaning of toys used and the play acted out. Staff then communicate their interpretations back to the child and offer ways of expressing emotions and letting them go.

Directive play therapy involves planning and structure on the part of staff and is used when children have clearly disclosed sexual abuse. It could involve drawing pictures to represent how a child feels about being sexually abused or, when therapeutically appropriate, directly playing out the abusive experience with dolls. Direct play therapy is also used to prepare a frightened child for attendance in court. Finally, direct play therapy can also be combined with non-directive therapy, in cases of non-identified trauma.

It is important for children to feel special with the therapist. The therapist should be supportive and encouraging. This is why the directive work should include activities (eg. making mobiles, winning at games, etc.) in which children can feel good about themelves.

The relationship between the child and helper is also of primary importance. Developing trust, security and a protected environment is crucial. In many cases, the helper may be the first safe adult in the child's life. This can be communicated to the child through encouragement, praise, role modelling and the reinforcement of a positive Aboriginal identity. Thus, children too are taught the values and practices of the culture and also participate in cultural activities such as summer camp and spiritual ceremonies like the

sweat lodge.

The importance of Aboriginal specific materials, such as smudging medicines, in the play room can be seen through the following example. One time, a nine year old child who comes from a particulary abusive background, used the sweetgrass to help him overcome the pain of his abuse. After playing out an intensely violent scene, he lit the braid of sweetgrass and smudged the toys, play room, himself and the helper. When asked about his actions, the boy explained he needed to clean everything in the room of the evil he had just played out.

As with adolescents, working with children also involves prevention of future abuse. To help achieve this, staff designed a poster that combines both preventative education and Aboriginal traditional teachings. The poster tells children to trust their feelings, say no to a bad touch, and tell trusted adults about people who make them feel uncomfortable. It also includes the Aboriginal circle of life with the four directions, their gifts, the four sacred medicines and the four races of people. These guidelines and teachings are also shared verbally with the children.

Children coming to the Mooka'am Program often come from multiple abuse backgrounds, meaning that sexual abuse is not the only abuse they have suffered. What tends to happen is that other forms of abuse will become evident through play therapy or, once the child grows to trust the helper, she will directly disclose other painful events. Staff have come to realize that for the child, the most harmful aspect of her life may not be past sexual abuse, but rather the ongoing problems of alcoholism in the family. If necessary, these other issues need to be addressed.

MOOKA'AM'S HOLISTIC APPROACH TO HEALING

The following diagram is a visual representation of the program's holistic approach to healing all four aspects of a person. It identifies the problems caused by sexual abuse, the healing activities used to deal with these problems and the changes that clients have reported as a result of the activities. It needs to be noted, however, that there is a great deal of cross over in terms of which healing activity affects what individual aspect. For example, participation in spiritual ceremonies, such as the sweat lodge, not only affects a person's spiritual part, but her psychological, physical and emotional parts as well.

WHERE WE ARE GOING

The Mooka'am Program will continue with the healing process of adults, adolescents and children in the area of sexual abuse. However, because the program has a firm commitment to the identified needs of its clients, it is expanding in two main areas.

The first area involves a response to those women in the program who are involved in abusive relationships with intimate partners. Mooka'am has begun a community education and advocacy project that will address both the prevention of family violence and the service needs of women and children who are victims of violence. *Individual counselling, group work, community education workshops, and advocacy are the core methods in the program.*

The second area responds to the number of children who are living in families affected by substance abuse. This project, *The Children's Circle Project*, aims at breaking the cycle of addiction within Toronto's Aboriginal community and includes both prevention and healing for children and adolescents.

Thus, the Mooka'am Program continues to grow with a culture-based response to the identified needs of Toronto's Aboriginal community.

[Insert opening shot of Medicine from Children's Circle]

SECTION C. SHOULD YOUR AGENCY CONSIDER USING THE MOOKA'AM MODEL?

All agencies will have different ways of responding to the problem of sexual abuse in their communities. The Mooka'am Program was designed originally for the <u>urban</u> Aboriginal community in Toronto. The program in the previous section may not be generally appropriate for your agency. This section will help you decide whether the model is appropriate for your agency's particular needs. If "yes", Section D will help you plan what you might need to get a Mooka'am program "up and running".

Try to involve someone with program development experience to help you decide whether Mooka'am is appropriate. If you are not the person to do this, it is important to select someone from staff, the Board of Directors, a consultant, or an Elder. If possible, those who may eventually participate in actually implementing the program could be involved in this assessment and decision-making process.

Criteria for judging appropriateness of Mooka'am

Questions

Following is a series of questions to help you make a decision on whether to develop Mooka'am, or something like it, in your organization.

Your Comments

Questions	rour comments
Is there sexual abuse in your communities?	
Given community needs, is the focus (eg. victim needs) appropriate ?	
What existing community services do you have to address sexual abuse issues?	
What gaps will Mooka'am fill?	
Will the community support this	
program?	
What is the organizational "readiness" in terms of its mission, compatibility with	
service approach, existing resources,	
skills and knowledge, etc.?	
What funding exists?	

PART D: GUIDELINES FOR PLANNING AND PREPARING FOR SERVICES

The materials in this section will be useful for organizations who <u>do</u> decide to use some or all of the ideas in the Mooka'm model. These are planning ideas for implementing the model.

How can a program developed in Toronto work for your communities?

The Mooka'am Program as described in Part B of this document may not be fully appropriate to your situation. These guidelines will help you <u>adapt</u> the technical ideas to your needs and special circumstances, an important part of program development. To assist this process, the section will

- * raise questions to guide your thinking
- * provide general principles
- * give examples of service practices
- * providing sample tools
- * share descriptions of the work being done in Toronto

The first step in developing a good implementation plan is to think about what we mean by implementation.

What is implementation?

The word "implementation" has been used in many ways. In these guidelines we are referring to ...

- The processes of preparing for, and carrying out, the core Mooka'am activities, such as therapy and healing circles, or whatever is useful in your situation
- The processes (e.g. team meetings, problem-solving, evaluation) for examining the way Mooka'm program activities are actually carried out in your organization initially, including making any program changes for making the program more appropriate for your situation

What are the main components of the implementation plan?

The success of the program will depend on the technical details of the program, good

quality service and staff relations. Also, good implementation planning involves thinking through how to respond to early problems. The guidelines in this section will help you consider several important factors which are known to affect program implementation.

We begin with **general guidelines on the implementation process**, including the importance of a planning group, four important ingrediants for adaptation of Mooka'am, phasing in the program, and establishing a fit with the agency at large.

From there, we move on to specific ideas to help you plan for ...

- (i) assuring program knowledge and skills
- (ii) establishing organizational support for your program
- (iii) building **community support**
- (iv) **monitoring** early service delivery

PUT TOGETHER A PLANNING AND DEVELOPMENT GROUP.....

Someone in your organization or community should have clear responsibility for planning the implementation of Mooka'am, seeing it through the early stages, and solving early problems of making the program work.

Participation by <u>service providers</u> and other involved parties in the planning of a new program is very beneficial. When selecting other participants for the planning and development group, also consider their

- . technical expertise in sexual abuse treatment
- . knowledge and expertise in local culture
- . position in the agency **authority** structure
- . **style** which encourages experimentation with new ideas, speculation, team work, and problem-solving
- . potential for **building links** to other agencies and programs
- . capacity to **share community expectations** for a sensitive new program
- . expertise in developmental evaluation

Given the above reasons and criteria.....

 WHO ARE THE BEST PEOPLE IN YOUR AGENCY AND COMMUNITY TO HELP **Gramminenteg**UR NEW ISEXUAL.ABUSE.TREATMENT.PROGRAM, AND SEE IT THROUGH ITS EARLY STAGES?

 2

 3

 4

 5

ONE VERY IMPORTANT POINT...GIVE SPECIAL ATTENTION TO WORKING RELATIONSHIPS!

As you adapt the program to your circumstances, think through the implications for <u>working</u> relationships of all program participants.

With each new change in program details from beginning to end, ask yourself the following

questions:

- 1. What are people doing differently?
- 2. Are new people involved in the program?
- 3. What are their roles, tasks and responsibilities?
- 4. With whom will they interact on a regular basis?
- 5. What roles and tasks will these "others" be required to do?
- 6. How will they come together to review and fine-tune their work and working relationships?
- 7. How can you assure that staff share and learn from early program experiences?

CONSIDER "PHASING-IN" THE PROGRAM......

Although our description of the Mooka'am Program includes all components, **you may not need to implement everything at once**. The structure of the program will allow a phased-in approach.

Example of Phasing In

* Start with a community workshop on sexual abuse

- * Next, begin a 1-1 counselling program (or a healing circle, or a group); assess after 1 year
- * Follow this with a healing circle; assess
- * Next follow with children's program; assess
- * Finally, introduce summer camp; assess

To start gradually, carefully consider which program component to introduce first. To make this decision, ask yourself:

What are the priority needs? Adult or child victims?

Which parts of the program can you realistically offer?

What might yield the most immediate success?

What would fit most easily into your current agency?

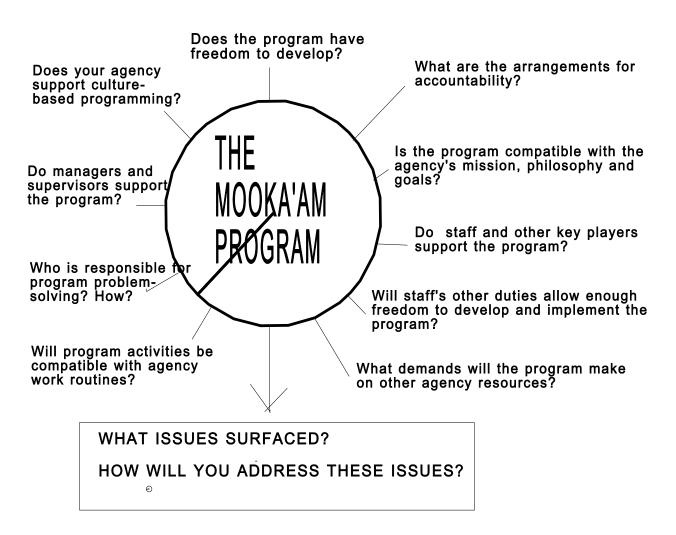
What will finances allow?

Is a "contemporary" or "culture-based" approach more suitable?

What program activities would create the strongest initial community support?

ESTABLISH A GOOD "FIT" BETWEEN THE PROGRAM AND THE AGENCY AT LARGE....

Sometimes new programs run into difficulty because they are "out of sync" with their agency. For example: There may not be anybody to supervise the program. Or, the new program becomes isolated, and the other staff don't know much about it. The following <u>check-list</u> will help you build a good fit.



BUILDING KNOWLEDGE AND SKILLS....

When implementing a new program the key players must be well-informed about the program. Some people, the staff and supervisors for instance, should have more detailed knowledge than others.

Staff should be technically skilled and knowledgeable to meet the needs of sexual abuse victims. Other agency members, those having contact with the clients, should have basic knowledge of sexual abuse and how to interact with victims.

Outsiders, such as community service providers, should be well informed about the program, so that they can refer people, or perhaps participate in service delivery. Community members at large should know about the program too, since they are potential clients or sources of information to others.

Not everyone needs to be fully informed about program details. Nor do all the players need to be skilled or technically knowledgable. To guide your planning, the following list identifies the basic skills and knowledge for program staff.

Knowledge and Skills for Implementing the Mooka'am Program

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1. <u>The Problem</u>	What would you add?
. The nature of sexual abuse and its effects	
. Other possible presenting issues and problems	
. The situations or contexts in which sexual abuse occurs	
2. <u>The Program</u>	
. Philosophy	
. Goals and treatment Objectives	
. Service principles	
. Program activities	
. Resources3. <u>Technical Knowledge</u> and Skills <u>As Appropriate for Your Program</u>	What would you add?
. Sexual abuse: patterns, situations, consequences, indicators	
. Knowledgement of therapeutic process: assessment, treatment, planning, case review, referrals, termination.	
. Traditional healing strategies	

4. Working with Others

. Networking with clinical consultants,	
Elders, program advisors, service	
providers	
	••••••
. Team work with colleagues	

Organize your program for on-going learning.....

Having skilled staff and on-going training are two ways that can assure quality service to sexual abuse survivors. Also, agencies can be organized as "learning communities" to keep staff kept up-to-date on information and techniques. Here are some tips...

- 1. Establish agency procedures for **collecting information** on needs and conditions
- 2. Create a **resource centre** or library
- 3. Keep an open mind and "open ear" for **other ideas from your community**.
- 4. **Avoid becoming stuck on particular methods**; review alternatives.
- 5. Commit yourself to **documenting** what you are doing, particularly how your **program reflects the local culture**.
- 7. Service providers are a wealth of information about local services and service

delivery.

8. Arrange to clarify the details concerning services and techniques.

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TO BECOME CLEARER ABOUT THE DETAILS OF
SERVICES, arranged find OKAgAMar consolitation
wTERONTClinical Psychologist
         take training in Play Therapy
Group Therapy,
                 and working
                               with
                                     adul
survivors
         hold regular staff meetings to
discuss specific cases and the details of
their work
         consult with cultural teachers
          attend traditional ceremonies
          read books and articles
         pursue
                   personal
                              growth
                                       and
development
                                               Organize
                                            Your
                                           Training and
```

to Assist Program Implementation....

Staff

Development

If your staff do not possess all the skills and knowledge to carry out the program, make plans for specific training. Training can involve a university or college course, a customdesigned in-service program, workshops or conferences, or staff teaching each other.

Training resources should contribute to practical, "hands-on" learning of competencies which are directly relevant to the program. If possible, try to secure case histories or stories of Native survivors, films or videos, talks by Aboriginal teachers or Elders, and presentations by experienced service providers. The sharing of practice descriptions and treatment issues by staff may also be useful.

ADAPTING TRAINING PRINCIPLES TO YOUR NEEDS

Principles

- 1. Concentrate on the new skills and knowledge needed to <u>implement</u> the program.
- 2. Give attention to training for interpersonal skills
- 3. Evaluate training in terms of application at work
- 4. Schedule preliminary training, followed by <u>on-going training</u> which address early problems
- 5. Establish close contact with a trainer to identify implementation problems, one who is sensitive to staff organizational issues and emotional needs.
- 6. Incorporate training in culturebased services and treatment

What ideas do you have for applying these ideas to your situation?

Program and Service Principles...The Core of The Program!

As indicated earlier, those planning to adopt the Mooka'am model can take a flexible approach to offering the program. Some program details may be somewhat different in your area, in comparison to Mooka'am as it is offered in Toronto. Having said this, certain core characteristics constitute the "essential character" of the program, and should be retained as much as possible. These are discussed on pages.....in section B.

For each core principle listed below, please identify some important service activities or operations which will reflect these principles in <u>your</u> program...a good <u>group</u> exercise!

MOOKA'AM PRINCIPLES	HOW WILL YOU APPLY THESE PRINCIPLES?
Respect for clients' cultural and social situations	
Responsiveness to the whole person: physical, spiritual, psychological, emotional	
Principle of non-intrusiveness (client- directedness)	
Recognition of the importance of help for the helpers (eg. therapy, cultural healing)	
Flexible program rules to accomodate clients' lives or unpredicatble reactions	
Individualized programming	
Personal staff\client relationship	
Non-judgemental relationship with clients	
Recognition that healing may be a life- long process	
Client participation in a healing community of clients	
Recognition of Elders as important carriers of the knowledge of spiritual techniques and practices Building Aboriginal Culture into Your Prog	aramAn Important Principle!

Like other Aboriginal service programs throughout Canada, the Mooka'am Program is culture-based: Resources, techniques, and service organization are compatible with traditional culture. The following diagram summarizes the various components of a culture-based program (inside circle) and how to create these in your program (outside circle).

