

Native Child and Family Services of Toronto

AN EVALUATION CASE STUDY

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ACKNOWLEDGEMENTS

Most research projects require the time, energy, and good will of many people. Evaluation projects, particularly those at the early program developmental stage, are even more demanding. This project was no exception.

I thank the Mooka'am staff - particularly Charlie Avalos, Todd Solomon, and Michelle Smith - for their generous help throughout. They made themselves available at various times through the project, when service delivery obviously takes priority. I appreciated their spirit of openness, reflection, and, of course, trust - as I asked them about what is essentially a work in progress. It is always difficult to talk about a program when it is still very much in flux.

I wish to single out Todd Solomon for his special contributions. As the principal Treatment Worker, he was called upon to give many hours of his time. As well, he shared case notes and other records without hesitation. Above all, he is sufficiently comfortable to share practice ideas, knowing full well that he may revise them later. For these, and other contributions to the program and my work – thanks Todd! I learned a lot from you.

Finally, I would be negligent if I did not thank the clients in this program. Although they were not interviewed, their lives were very much part of my work. In a very real sense, I felt their presence in case notes and interviews. Like Todd, Michelle and Charlene - clients were important partners in this program learning journey.

Thank you all!

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INTRODUCTION

The Mooka'am Men's Healing Program has just completed its pilot phase. The program is a specialized unit within the existing Mooka'am treatment unit at Native Child and Family

Services (NCFST). Combining contemporary and traditional healing methods, the initiative addresses needs of men affected by the legacy of residential schools. Special attention is given to anger management, dysfunctional relationships, confused identity and family relationships. This report documents the implementation process, identifies significant developmental challenges, and recommends areas for improvement.

Native Child and Family Services of Toronto

Since its inception, NCFST has provided a variety of prevention services and programs for Toronto's Aboriginal population. These include family support services; youth services; home visitations (Ninoshe or visiting aunty program); children's services (Children's Circle Program); treatment services for sexual abuse and family violence (Mooka'am Program); and customary care (licenced Customary Care Program). The agency is currently preparing a submission for designation as a Provincially mandated child protection agency.

Mooka'am Treatment and Healing Services

Initially established for sexual abuse victims, Mooka'am (Ojibway for "new awakening") Treatment and Healing Services now offers additional services to the emotionally and physically abused adult and child victims of family violence, as well as a host of other individual and family problems. Services are healing and prevention services for an urban Aboriginal clientele. Other programs within Mooka'am are funded by the Aboriginal Healing and Wellness Strategy.

For adults, programs within the unit aim to help clients restore holistic health. Special attention is given to restoring strong identities and relationships, helping clients get in touch with their feelings concerning the violence, abuse and stressors in their lives. As well, Mooka'am services address practical issues and needs related to finances, housing, employment, decision-making and problem-solving.

Mooka'am Treatment and Healing Services also works with Aboriginal children, helping them to deal with the trauma of sexual, physical or emotional abuse, as well as other problems facing Aboriginal families.

All Mooka'am services help both adults and children learn and value their Aboriginal identity and traditional culture. To this end, staff use traditional healing and contemporary social work and psychotherapeutic methods. Program activities include healing circles, sweat lodges, fasting, traditional teachings and ceremonies, individual counselling and therapy, relaxation and visualization techniques, cultural awareness sessions, non-directive creative methods (eg. Diaries, writing, art therapy, poetry), and summer camps. Depending on the client's wishes, the four traditional medicines (tobacco, sweet grass, cedar and sage) are also used.

In the new initiative for men, services target the needs of Aboriginal men who were directly or indirectly affected by the legacy of residential schools. These men lead very troubled lives,

plagued by alcoholism, drug abuse, low self-esteem, and difficulties in relationships. Those with children often have limited parenting skills, placing their children at risk for abuse or neglect.

The Mooka'am Men's Healing Program was designed to meet their needs, through a comprehensive program of contemporary and traditional healing.

Treatment Vision: The Mooka'am Framework

Initially, planners projected that a new Mooka'am's men's healing program would benefit from the unit's extensively used, well-documented and evaluated healing framework. All Mooka'am services integrate traditional Aboriginal healing and contemporary methods. These promote holistic healing of the physical, emotional, spiritual, and mental dimensions of self.

Within this framework, healing focuses on individual, interactional and family functioning: identity, relationships, feelings, and living skills. Total health or well-being prevails when individual and family functioning reflect a balance in the various components.

Again, original planners anticipated that individual healing work and Circles would help Aboriginal men work on their personal issues and growth needs related to their past (including residential school experiences), identities, destructive relationships toward other family members, parenting and unhealthy coping styles (eg. substance abuse). Healing would also take place in a men's summer camp context of healing Circles, cultural education, fasting, and outdoor activities.

It was proposed that these healing methods would help restore damaged self-esteem, strengthen culture-based identity, surface deeply hidden feelings, help with the clarification of values and life direction, and in some cases deal with the emotional and behavioral results of victimization.

Family Circles (family system therapy) would involve all family members in a holistic healing journey. They would help restore relationships destroyed by past abuses, and build healthy, protective family environments for adults and children. More specifically, family Circles would help build appropriate interactions for conflict resolution, maintaining relationship boundaries, healthy communications, and gender roles. Depending on their needs, family Circles assist families learn problem solving methods through healthy influence, rather than rigid control.

Consultation with Elders would benefit program development, as well as the needs of particular clients and families who opt for traditional healing approaches. Depending on specific expertise, Elders would offer such traditional methods as cultural education and healing Circles; ceremonies; workshops on traditional values, family and parenting roles; and traditional medicines.

Planners proposed that Elder involvement would be organized in two ways. First, a Traditional Healer would be hired on a half-time basis, to provide (i) regular healing Circles (ii) program consultation, and (ii) ongoing staff consultation. Second, a working relationship with Anishnaabe Health and their Elder services would be established, to assure a varied and consistent

involvement of local Elders who will provide services as needed.

Pilot Phase Goals

The first year of operations was planned as a pilot phase year of development, training and evaluation. The following eight results were projected for the end of the pilot phase.

1. Development and early implementation of a men's healing component, comprising men's healing circles, and individual therapy for men.
2. Development and early implementation of family circles (family treatment or therapy) for all family members.
3. Development and early implementation of Elders' healing services, comprising regular weekly traditional healing circles, extensive monthly day-long healing sessions, and individual consultation.
4. Development and early implementation of community Elders consultation, training and healing in collaboration with Anishnaabe Health.
5. Establishment of working relationships with other local Aboriginal services, in particular Anishnaabe Health, and Aboriginal Legal Services.
6. Training of new and on-going staff to implement these services.
7. Formative (developmental) evaluation and documentation of all new services.
8. Dissemination of program description and evaluation program results to local Aboriginal service organizations, and other agencies across Canada.

The Evaluation Project

This is a formative evaluation report on the program. Evaluation has two phases. Phase 1 has two major goals (i) to assist program development and implementation, and (ii) to prepare for an evaluation of program outcomes. Phase 2 will be an *outcome analysis* in which the program's effect on clients will be examined. (See Appendix).

Evaluation Goal and Objectives: Phase One

Overall evaluation goals for the pilot phase are (i) to assist program development and implementation, and (ii) to prepare for an outcome evaluation phase (Phase 2). The evaluation process accomplishes the first goal by providing information to staff and management concerning program functioning and challenges. With this information, staff and management are better able to assess accomplishments, and consider the need for program fine-tuning.

Preparation for a Phase 2 outcome evaluation will be accomplished through (i) clarification of the program model, (ii) development of information-gathering strategies and tools, and (iii) assessment of program realities affecting the feasibility of an outcome study.

This report provides the following:

1. Description of service activities, staff roles, techniques, resources, organizational support and community linkages, for putting into place the main program elements. (Program implementation)
2. Identification of challenges to service delivery, the program adaptations to such challenges, and evolution of the original program design.
3. Identification of an evaluation strategy, design and instruments for Phase 2.

The Evaluation Approach

This evaluation does not use a quantitative approach to the study of program implementation. I believe that getting close to the “lived experience” of the program is far superior for program learning – particularly during the pilot phase. This report is limited in its analysis, in the sense that only the staff experiences are available. With time and a suitable budget, the evaluation would be enormously strengthened by knowing client experiences as well. Even so, I believe that the core of program implementation is the staff responsible for carrying out program related roles and activities. Moreover, their experiences of themselves, their actions, client behaviour, and the program settings are all enormously important. One can say that staff experiences mediate between the program as expected or defined, and what actually goes on between themselves and their clients.

For these reasons, much of what follows rests on the documentation and commentary concerning staff experiences and interpretations. In doing this work, I stay close to the words used as staff talk about their work. What I provide is a description of staff “doing the program” – in particular, the problematics of carrying out what they intend, and are expected, to do.

Data - Gathering Techniques

Four techniques were used to collect information:

- Interviews with treatment staff
- Document analysis of staff case notes, circle notes and memos
- Feedback of information to staff

Presentation and Style

To convey the lived experience of the program, I present many quotations from interviews and documents. This is consistent with qualitative program evaluation, which often tries to “bring to life” the experiences of program participants.

This was a pilot phase, with considerable experimentation, stops and starts. Accordingly, I try to convey a sense of process and development - essentially to portray the program as it unfolds. I avoid giving the impression of stability and structure. Hopefully, what will come across is people working with ideas and trying things out. People doing the program!

The writing style combines informality and analytical writing. For the most part, I write in an informal style, making frequent use of the first and third person. Todd Solomon kindly gave his permission to use his name in the text. The confidentiality of clients is protected, as is one treatment centre.

At times in the report, I step back from the staff’s experiences of the program, and their words - to move into a more analytical realm. At these points, I use technical language from the world of program evaluation and sociology.

I begin by introducing the staff.

STAFFING

Enter Todd Solomon and Michelle Smith.

It is fair to say that the Mooka'am Men's Healing Program has special staffing needs. Located in an urban setting, the program services a heterogeneous, sometimes mobile Native population. Planners anticipated that the clientele would be somewhat varied and unpredictable in their urbanization, acculturation and demographic characteristics. They also expected clients to be diverse in their orientation to cultural traditions and lifestyle. Finally, because the program is in a developmental pilot phase, there was a special need for a diversity of staff work experiences and skills, and flexible attitudes toward requirements for program success.

The two staff members - Todd and Michelle - provide a good fit with the needs of the program. Todd Solomon is a male therapist of Aboriginal heritage. Although primarily urban in background, he is familiar with rural, reserve Aboriginal people. As a former Treatment Worker in the Mooka'am program, he is familiar with the Mooka'am treatment philosophy and healing framework. Todd also worked at the Aboriginal Treatment Centre in the addiction field, and is experienced with that clientele. As well, he is a trained and experienced gestalt therapist, and has done individual treatment work with men in the addiction field. His professional growth is complemented with Aboriginal cultural education through consultations and workshops with Elders and cultural teachers. Finally, Todd's father is a residential school survivor.

Todd has a post-secondary education in psychology, supplemented with numerous training experiences in counselling, human services and group facilitation. He has a three-year certificate in gestalt therapy, plus a one-year supervised practicum. Also, he participated in addiction counselling training.

Todd's main limitations in relation to this program's "ideal" staffing requirements, is limited previous work with men's groups. Nor was he experienced in administration and community outreach. However, Todd is comfortable with learning on the job. Upon starting, he looked forward to acquiring the requisite skills as the program evolves.

Michelle Smith has considerable experience in family work, group work, individual and couple therapy, children and youth work. Despite limited experience with men's groups, she has performed individual and couple therapy with men. Michelle's post-secondary education is in child and youth work, and she, too, has worked in the addiction field. Like Todd, Michelle has background experience in programs with traditional Aboriginal activities, particularly in northern Aboriginal cultures. She brings a community work background where flexibility of work routines was expected.

Todd delivers the program's individual treatment; he and Michelle co-facilitate the circle program. By working as a team, they support each other in less familiar parts of their work. The co-leader arrangement has also encouraged learning during the pilot phase; each has participated in planning, debriefing, and revising the healing and learning assignments. To help build relationships, Michelle and Todd modelled healthy gender relationships.

Although both co-facilitated circle sessions, they divided responsibilities for other functions. Todd, for example, undertook program administration duties, wrote circle notes, and organized sweat lodges. Michelle contributed special resources for the circles, such as learning exercises, and performed traditional women's roles in preparation for the sweat lodge. She herself did not initially participate in the sweat lodge ceremony, but later was invited by the Elder to participate.

PROGRAM DEVELOPMENT

How a program is developed often affects the quality of its implementation. For example,

programs developed without consulting the implementors often flounder during the initial stages. For this reason, I begin present a section on how the Mooka'am's men's healing project evolved. This will provide a context for program delivery.

Mooka'am Treatment Philosophy and Framework

The Mooka'am's men healing program is a natural evolution from NCFST's Mooka'am healing unit. From the early years, staff realized that significant changes could not be made with women and children abuse victims, without the active participation of their male partners and fathers. Further, it is known that many clients in the original Mooka'am program were descendants of residential school survivors. Finally, NCFST's Mooka'am healing unit already had established a strong infrastructure of staff, internal integration with the agency, and a vast network of relations with Aboriginal and non-Aboriginal community resources. Of particular importance, are Mooka'am's working relationships with Metro Women's Abuse Council, the Family Violence Roundtable, Aboriginal Legal Services, Anishnaabe Health, and the Aboriginal Treatment Centre. The funding opportunity from the Aboriginal Healing Foundation provided an opportunity to support general Mooka'am program growth, as well as respond to the needs of troubled Aboriginal men.

The men's healing project was built upon the healing framework and principles of the Mooka'am program. It incorporates a holistic healing philosophy addressing physical, emotional, spiritual and mental needs. The focus of healing was originally the four interdependent dimensions of individual, interaction and family functioning - giving special attention to identity, relationships, feelings and living skills. Like the general Mooka'am unit, the men's healing component combines contemporary and traditional Aboriginal healing methods, including: individual therapy and healing circles.

Two persons, Mooka'am's Program Manager (Charlene Avalos) and Todd Solomon were important links between the two program levels. As indicated, Todd's familiarity with the Mooka'am unit was enormously helpful in integrating the programs. As well, during the pilot phase a previous employer was an early referral source for the men's program.

Staff and Community Consultation

Initial planning for the men's healing component benefited from extensive consultation with Charlene Avalos. While preparing the initial program description and funding proposal, a consultant worked extensively with her, ensuring that program details were consistent with Mooka'am's philosophy and practice. This consultation also established details for program integration with community resources. Generally, initial collaboration assured a relatively smooth early incorporation of the new services into the larger Mooka'am program.

The Aboriginal Healing Foundation required that program development should demonstrate linkage with the survivors of residential schools. For this project, there was extensive consultation with survivors. An Aboriginal woman, a residential school survivor, interviewed several survivors for their perceptions of men's needs, and recommendations for treatment. This consultation process culminated in a program planning paper entitled "The Effects of Residential

School and Implications for Treatment". This was supplemented by a review of relevant research literature (see bibliography in initial proposal).

Program development did not stop with preparatory work for the initial program description and proposal. Values, principles and objectives required translation into specific healing structures and practices. This process was primarily undertaken by the Program Manager and treatment staff before and during early program delivery.

Program Promotion and Community Linkages

Shortly after being hired, Todd began promoting the program within the agency and in the community at large. In promoting the program, Todd ...

- described the program
- asked for input, and
- established channels for referrals.

This process began with discussions with NCFST program staff, particularly Family Service Workers. Initially hoping to receive several referrals from existing caseloads, Todd was somewhat disappointed in the numbers. He explains this in terms of the workers' busyness and the initial newness of the program within the agency.

Todd also visited agencies within the community, "talking up the program", asking for suggestions, and seeking referrals. Explaining that the program was in a pilot phase, he looked for concrete suggestions for program content. Finally, Todd wrote a program description paper for the Family Violence Roundtable. No initial personal visits were made to the Roundtable.

Half - way through the pilot year, Todd was not fully satisfied with the fruits of the promotional process. Staff began to anticipate that community awareness was likely a two-year process. They hoped that increased promotional efforts would heighten community awareness, and lessen reliance on the Aboriginal Treatment Centre for referrals. Staff also wanted increased referrals from within the agency itself.

As well, during early program promotion, and during early implementation, a few challenges were experienced. First, skepticism surfaced concerning the potential success of a men's program, particularly one intent on improving *relationships*. There was a perception that, particularly for the Circle, men would not attend. As Todd said, he felt challenged to "*prove them wrong*", and "*demystify the concept of relationships*".

Another challenge relates to the criticism of the Aboriginal Treatment Centre. Several men in the program criticized the opportunities at the Centre. Todd, faced with the option of providing specific feedback to the Centre, took another position. He opted for maintaining relative separation between the two programs, although he did provide general feedback without naming

clients. Maintaining confidentiality was an important principle, even with fellow treatment agencies.

Development During Service Delivery

Thus far, we have discussed how program development occurred during planning, preparation, and promotion. Development processes also continued throughout the early months of service delivery. We illustrate this with reference to the development of the healing Circle.

Interviews and analysis of Circle notes indicate that Circle development progressed on several levels: overall structure, delivery process, the healing approach and techniques, organization of staff, learning about learning, and learning about resources.

Before discussing these, a question arises concerning what program features prompted learning and Circle development. As indicated, the Circle component was provided by two staff members, one man and one woman. Each brought to the Circle program their own orientations, expertise and techniques. Michelle was experienced in designing group exercises, and provided more initial input to design and delivery. Working as a team, each took major responsibility on a session - by - session basis. For the most part, clients expressed comfort with having a woman co-leader, although one's man resistance was handled eventually within the therapeutic context. Both Todd and Michelle were satisfied with how they worked together.

Our analysis suggests that, **from the outset, treatment staff were able to identify program limitations and make improvements.** This learning was helped by

1. Planning initially as a team, and reviewing sessions after they were delivered
2. Taking notes after each Circle session
3. Allowing for client participation during the planning of sessions
4. Encouraging client feedback at the end of the program
5. A pilot "anger management" workshop

Through these processes, staff was able to consider the following future changes:

1. Extending the length of the program to 12 weeks, allowing the development of closer relationships among clients, and possibly involving Elders in client learning and treatment
2. Allowing one full session for program planning with clients, thus building relationships and obtaining ownership
3. Considering the use of smaller Circles of 4-6 men - to build relationships and intimacy.

4. Reducing the number of Circle sessions on specific topics such as "where we came from".
5. Screening out men with violent tendencies, helped staff realize that a later Circle for violent men should be designed.
6. Reducing the amount of time on agenda items such as "checking in"
7. Identifying the importance of specific tasks in Circles, and assessing the value of specific techniques such as drawing exercises and other visuals.
8. Leaving sessions 6 to 10 open, allowing Circle response to client needs and interests
9. Keeping notes after each Circle kept a focus on individual patterns and group dynamics
10. The client - directed program philosophy and practice, helped staff identify priority client issues, and session - by - session Circle focus
11. Early client feedback supported a woman's involvement as co-leader, and helped staff appreciate the positive responses to her presence (eg. having a woman brought a different sense of safety in the group).
12. Holding a special Circle on "anger management" with an outside consultant, prompted a critical analysis of Circle format and leadership style.

From the above analysis, I conclude that **program staff and session organization encouraged critical reflection about the program, and ongoing change**. I now turn to a description of one important learning event.

Special Anger Management Workshop

Another important phase of the development process was a special anger management workshop. This workshop was held during the last half of the pilot phase to respond to anger issues. As well, it contributed to program development and staff training. During the first pilot months, it was evident that uncontrollable anger was a significant dynamic in client relationships. Staff concluded that "anger management" should be a special program focus. As well, an anger management component of the evaluation instrument was drafted (See Appendix)

To develop that part of the program, management and staff contracted a local expert, and arranged for Todd and another staff member to coordinate and observe. This event confirmed the importance of anger management in the program, and staff capacity to adapt and integrate the Circle into the program. Later in this report, I provide more details on content and implications

for program development.

Problem Solving

Opportunities for solving service, organizational and practice problems are important in the early development and implementation of a program. My interviews suggest that **four arrangements** were available for problem solving during the pilot phase. First, staff members had opportunities to raise program or practice issues in their regular **supervisory meetings**. This was identified by Todd as possibly the most used arrangement.

Secondly, the two **co-leaders of the healing Circle met regularly** to review their experiences in past Circles, and plan for the future. These meetings surfaced inappropriate format arrangements, practices and techniques. Theoretically, the teamwork arrangement helped build morale and manage the stress and challenges of introducing a new program.

Thirdly, providing **opportunities for client participation and feedback** in the Circle program, identified service delivery problems. With this feedback, problems and corrections were identified immediately.

Finally, **formative evaluation** such as this, helps raise issues which may not be evident to those delivering the program. To this end, staff and the evaluator co-participated in a critical, learning process.

Our overall conclusion is that the process of program development unfolded appropriately, and contained several arrangements for monitoring and problem-solving.

CLIENT ACCESSIBILITY

In this section we examine whether target clients could access and participate in the program. In program evaluation, “access” refers to organizational arrangements that facilitate participation by the clients for whom the program was established.

Client recruitment and referrals

The client recruitment strategy was one of encouraging referrals from within the agency, and outreaching to various Aboriginal programs in the community. **Program planners anticipated that NCFST’s Aboriginal service network would be a strong source of referrals for the new program. This indeed turned out to be the case:**

During the first six months or so, the Aboriginal Treatment Centre was the main *initial* referral source for seven out of nine clients in individual therapy, although dependency on the Centre decreased over the pilot phase. Other clients were self-referred or sent from Aboriginal Legal Services.

This program benefited initially from the working relationship with the Aboriginal Treatment Centre. However, as we will see later, this relationship had its challenges. Toward the end of the pilot phase, Todd began to rethink the relationship with the Centre. Although he recognizes its benefit for those who entered and stayed in the program, he faced many administrative challenges throughout the year. Generally, Todd now acknowledges that program success depends on receiving referrals from many sources. As we work through this report, we return to the Aboriginal Treatment Centre theme, and the challenges involved with parallel participation in programs.

During the last months of the pilot phase, sources of referral broadened beyond the Aboriginal Treatment Centre. Todd saw one client from the Centre, a man who asked to attend the program. Now, the program is less dependent on Aboriginal Treatment Centre. Most clients come from other sources, including the Toronto Bail Program, word-of-mouth, Aboriginal Legal Services, and NCFST's Family Services. Self-referrals and referrals from NCFST's Family Services are presently the greatest sources.

As the pilot phase draws to a close, Todd has a short waiting list. One man in family therapy comes from the Mooka'am program: *“Not as many as we would like, at this point”*. Three men are partners of women in the Mooka'am Program, and staff is talking more and more about integrating the two Mooka'am services into holistic family treatment.

Reasons for referral

Clients were referred to the program for many reasons. Referrals are made from Aboriginal Treatment Centre primarily for the purpose of receiving support for alcohol and drug addiction treatment. Eight referrals came from Aboriginal Legal Services' Community Council, part of a court diversion process. In at least one case, the program assisted the diversion process by making an assessment and recommendation for an appropriate program.

Another man - perhaps the most challenging case - was referred through the court system for grief counseling. This man's mother had recently died, and he also was experiencing legal trouble. Because of this, his children had been apprehended by a Children's Aid Society. The Aboriginal Community Crisis Program was also the source of at least one referral, although treatment for this person was not successful.

"Off the street" clients either self-refer, or are informally encouraged by others. This pattern has increased markedly over the pilot phase - possibly indicating increased community awareness and program acceptance. One man is the husband of a female client in the Mooka'am program; another is a partner of an NCFST staff member.

One case illustrates a unique way that the program assisted residential school survivors or descendants. A man was referred from Aboriginal Legal Services for help in completing forms for a legal claim against a residential school. Several form questions were very painful for the man. Over five sessions, Todd helped him through the emotions of completing the questionnaire. As well, an assessment was completed, and included in the package. This case

vignette also illustrates how therapeutic work on the emotional level can build on cognitive tasks.

How many clients participated in the various services?

By the end of the pilot year, a total of sixty-three clients had participated in the program. This includes participants in all four services. The majority participated in individual therapy, with the remainder taking part in healing circles, family or couple therapy. One family each participated as a couple or family.

Table 1. Number of Clients in Mooka'am Men's Healing Program, by Type of Service: Pilot Phase

Services	First Six Months	Last Six Months	Totals
Individual Therapy	9	30	39
Healing Circle	8	11	19
Family Therapy	-	3	3
Couple Therapy	-	2	2
Total	17	46	63

As indicated in Table 1, the overall caseload increased as time went on. During the early months, staff contributed more time to program development, evaluation planning and program promotion. As well, two other treatment modalities - couple and family therapy - began to have a presence in the program.

What is not evident in Table 1 is that clients began to stay longer in treatment. For example, by April, only three clients had attended over four sessions of individual treatment before leaving. As the program evolved, considerably more men were staying longer. Although the challenges of retention are beginning to sort themselves out, the issue will be taken up later.

Clientele: The Vision

According to the original program vision, the men's healing component of the Mooka'am Treatment Program would serve the male partners and fathers of women and children who are living in multi-problemmed Aboriginal families, including those who have been victimized by family violence. Family treatment circles (family therapy) would serve whole families. The proposed men's program would also provide healing services to men who are not with partners or other family members.

It was envisioned that clients would enter with a variety of presenting problems. These include

family problems (fighting, stress, alcohol-related issues, breakup, etc), marital difficulties (eg. communication problems, emotional or physical abuse), parenting problems, or children's problems (eg. difficulties at school, fighting). They may also enter the program because of serious physical, sexual or emotional violence - including child abuse or neglect, personal or community violence.

An estimated 85% of NCFST's current caseload are residential school survivors or the children of such survivors. Typically, second generation children of survivors are impoverished, socially isolated Aboriginal families or individuals with limited education and marketable skills. Their social and parenting skills are limited, and many are far removed from their immediate and extended families, or other sources of support. Although some may have ties to the Aboriginal community in Toronto, many lead isolated, disorganized lives with little or no sense of their Aboriginal identity. Many men entering this program will be isolated individuals, without partners, immediate family or community ties.

Planners also anticipated that clients would be referred through (i) the existing Mooka'am Treatment Program (ii) NCFST's Family Services unit (iii) other Aboriginal women's and children's services within Toronto (iv) the Family Violence Roundtable, and (v) the Aboriginal Women's Abuse Council. It was further expected that the majority of clients would reside in Toronto's Aboriginal communities. However, given the lack of Aboriginal men's healing and family treatment programs in Southern Ontario, referrals were also anticipated from nearby cities.

Who were served during the pilot phase?

Age

Analysis of available information indicates that the program attracted men of all ages. The clients ranged in age from a young eighteen to a middle-aged fifty - three, with fairly even distribution over the twenties, thirties, and combined forties and fifties. A large majority of men tended to be over thirty.

Residence

Clients referred from Aboriginal Treatment Centre were currently in treatment at the Aboriginal Treatment Centre, and lived in residence. Most Centre clients were originally from reserves. One man had previously lived in a small town. Those not from the Aboriginal Treatment Centre lived in various locations in Toronto while in treatment.

Marital and parental status

Although information on marital status is incomplete, most clients during the pilot year were single or separated. At least twelve men had children.

Client Native Identity and Cultural Orientation

Although our data is incomplete, difficulty with Native identity is clearly an issue with some clients. One man admitted feeling uncomfortable around Native people, describing himself as having problems with his own identity. Another described himself as “three-quarter native”, and reported difficulties with racism. Still another described a split in his identity, despite being quite interested in the cultural teachings. He reported good experiences with traditional ceremonies at the Aboriginal Treatment Centre.

With exceptions, most men in individual therapy were interested in cultural traditions and treatment, but were not comfortable with becoming involved immediately. Those uncomfortable with traditional healing methods preferred Todd’s contemporary approach at the outset.

Even so, there were exceptions. Describing one, Todd said that . . .

"Everything he spoke about he spoke of in cultural terms, in terms of prayer and spirit, etc. . . . We spent a lot of time praying, and talking about what we were praying about, the gifts of the grandfather, etc."

Still another client, suspected of mental illness, was familiar with cultural teachings. His preference was to use them in negative ways:

"During a session he spoke of Native teachings, that he should eat the heart of his enemies and this is the Native way"

Capitalizing on certain clients’ cultural interests and experience was important, although as Todd indicated, *"for the most part, most of the men don't want the cultural traditions, most of them aren't comfortable with them . . . "*

Current Family Life

We do not have full information on the current family life of all clients, but we can safely say that men currently in family relationships are experiencing at least some issues. To illustrate, three men with children clearly have disturbed family relationships with their children and/or partners. Risk of abuse or neglect may be an issue. For further details, I present the following case material. To respect their confidentiality, real names are not used.

Burt is the father of a two-year-old child. He reports a strained relationship with the child's mother which makes him feel very sad. In therapy, Burt wants to explore relationship issues - particular those with his ex-partner and his own parents. He is interested in cultural teachings, feeling a "split in his identity". He reports positive experiences with traditional ceremonies at the Aboriginal Treatment Centre.

Harry has two daughters, age four and five. He was married for seven years, but recently

separated. Harry's wife asked him to leave because of verbal and emotional abuse. He is confused emotionally, having realized that he verbally and emotionally abused his wife and children. Harry is ashamed of his behaviour and confused about what to do. During therapy, he related several instances where he feels that he scarred his children and put his wife down. He has never been physically abusive with them. While married, Harry would drink 32 - 40 beers daily, but has since quit. His wife recently began seeing another person, claiming that reconciliation was not an option. Harry is hurt by this, but is glad to know the truth. Even so, he is shocked by his wife's disinterest in reconciliation.

While together, Harry continually blamed his partner, criticizing her "laziness" around the house and irresponsibility in handling bill payments and child care. He called her a "slob", and a "bad" person and mother. Harry never gave his wife a chance to talk. Even when she wanted to speak of her problems, he would continue watching a hockey game on television.

Harry admits to controlling his wife's behaviour, and having a "hair trigger temper" with friends and family – something which affected his interaction with his spouse. He now realizes how his angry outbursts are harmful to his children, and future relationships with them. He appears devoted to them.

While in therapy, Harry became intimate with his ex-partner, and sensed a possible interest in reconciliation. This turned out not to be the case, however, since her new boyfriend had asked her to marry. Harry felt betrayed.

Jim reports confused emotional relationships with his current and past families. During therapy, his younger sister is hospitalized with a terminal illness. He is afraid to visit her, and is torn between leaving the Aboriginal Treatment Centre, possibly losing his place in the program, and attending to family members. Despite this, he decides to visit his sister. Jim also talks about confused feelings toward his mother.

Jim had inflicted abuse on his wife and children during his drinking days. Guilt about his children manifests itself in wanting to run away. Despite feeling guilty, he blames his family, particularly his ex-partner, for many difficulties. He also talks of breached trust by another family member. Jim attributes many of his confused emotional life to his families.

Andy's family relationships seem even more complicated. He has two female children, age three and six. Separated from his partner, he and the daughters experience difficulties in losing their mother and grandmother. Andy's mother recently died. To support grieving, he sometimes allowed his daughters to skip school. Comments in treatment suggest that he is quite attached to his daughters, as they are to him. He reports parenting difficulties, particularly setting limits.

Since a recent arrest, Andy's children have been in CAS care. Having declined to accept supervised access, he seeks legal advice. A Family Service Worker suspects a drinking problem.

Andy's emotions are clear when he speaks of his deceased mother. He refers to her as his only source of support. Even so, he believes that his mother broke a contract with him, by letting a

half - sister visit while in his care.

Another aspect of Andy's family relationships relates to the processes around settling his mother's estate. There is disagreement among the family concerning the will. He wants to hurt his family members emotionally, believing that healing will help him find the peace and strength to carry this out. He reports attempting to bribe a priest at his mother's Memorial, to criticize and publicly humiliate his relatives. Andy wants this captured on videotape, to use against family members in the future. He believes that they are "all against him", and seeks revenge to feel better. He hopes that Indian medicine can help him achieve this end.

Case materials strongly confirm an important program development decision - the need for a strong capacity to work with families.

Parenting

Case note analysis of clients with children clearly indicates the dysfunctional nature of parent-child interaction, and the risk potential in their emotional lives. One man describes a fear of loving his children, and desire to "run away from them". He associates these feelings with his own neglect as a child, and his general fear of being hurt. He is ashamed of neglecting his own children. This man's fears extend to physical contact. Todd writes in his case notes:

"Jim speaks of his concern about touching. He is a sexual abuse survivor and has difficulty knowing what is appropriate or not with his children. He has spoken of being afraid when he hugs them, and that when they were in diapers he would be very concerned about changing them. He and I spoke about his intentions when touching, and how intentions are more important than action. He was able to relate this to his own experience; seemingly innocuous actions feeling very different depending on the person's intent. Also discussed setting appropriate physical boundaries around hugs, etc. -- while in treatment."

Another client case history shows how family environment and events affect parent-child interaction. Andy reported difficulties with his two daughters around the loss of their mother (separation) and their recently deceased grandmother. Although quite attached to his daughters, he experiences difficulty in setting limits for their behaviour, and preventing them from manipulating him.

Andy's feelings, experiences and interaction with children are affected by child welfare authorities. Andy suspects that his children were abused while in care in another Province, and that they need treatment. He reports ongoing difficulties with the local Children's Aid Society - difficulties related to access arrangements, information, signatures and the like.

Confused attitudes toward his children are indicated by his comment that "if it weren't for their presence he would be able to make lots of money illegally". Even so, he regards his children as the "only decent people in the world". He hates everyone else equally.

Previous family history

Several clients in individual treatment report difficult, often dysfunctional, relationships in their original families. From case descriptions and other comments, clients associate their current dysfunctions with their own past family histories.

Although information is inconsistent, the following observations provide a sense of client family backgrounds. At least two men report foster care and later adoption experiences. Others spoke of experiences with physical abuse, sexual abuse or a "cold, brutal upbringing". One client's mixed emotions toward his mother resulted from his perception of not being protected against his father's violence. One man left the reserve for Toronto, at the age of 14.

Problem history

Most Mooka'am clients had experienced a history of problems and unpleasant life experiences. Many report up-and-down experiences with alcohol abuse, for which they have or are being treated. Some have a history of alcohol - related violence or theft, leading to court and prison experiences. A few had witnessed or experienced sexual abuse as foster children. Another reported a history of gang life. The man with children in Children's Aid Society, had been diagnosed as schizophrenic.

During treatment, some experienced stress related to long -standing issues of homelessness, addiction relapse, past or present family problems, difficulties in opposite sex relationships, and emotional abuse of family members. Coping with ongoing issues affects treatment -- either attendance, focus of treatment, or (in the Circle) the need for rules to avoid violence. Some clients reported a history of difficulty with alcohol abuse, but had been clean and sober for several weeks.

Current and previous treatment

As noted, for the first few months most clients in individual treatment were referred from the Aboriginal Treatment Centre, where they lived in residence while in treatment. Such programs include alcohol and drug abuse counseling, group work, and life skills training.

At least two clients, and possibly others, had received earlier treatment. One man was ordered by the court to seek treatment; another arrived through a diversion program. One man had received alcohol abuse counseling prior to the Aboriginal Treatment Centre; another had done prison time.

At least four clients did not bring a positive treatment experiences into the Mooka'am program. They were either critical of their current program at the Aboriginal Treatment Centre, or dissatisfied with previous treatments in other settings.

Client issues

Analysis indicates that most client issues brought into individual therapy were anticipated in original program planning. Planning research indicates that such issues are legacies of the residential school experience - either directly or through the generations. Thus, individual therapy so far has focussed upon the following client issues:

1. Substance abuse
2. relationship difficulties with the opposite sex and/or others in their lives
3. parenting issues (eg. apprehension about sexual abuse, emotional and child neglect)
4. issues with original family (eg. unresolved grief and anger)
5. troubled emotions (eg. anger, fear, emotional abuse) toward friends and family
6. self-neglect, isolation or alienation from others and community
7. issues experienced with other treatment or child welfare programs
8. mental health problems: depression, suicidal tendencies, etc.

Based on this descriptive information, I suggest the following ...

1. The program is on track in its attention to relationship difficulties, particularly anger management
2. The program should create a strong working relationship with a substance abuse treatment centre
3. To respond to the clientele's mental health needs, the program is advised to establish strong liaison with Peter Menzies, the new Co-ordinator of "Aboriginal Services" at the Centre for Addiction and Mental Health.
4. To help clients overcome their sense of loneliness and isolation, the program should develop a capacity to foster friendships and community involvement
5. The program is on track in developing their family healing or family therapy capacity. Because of many client issues with absent family members, I recommend that staff develop a proficiency in "trans-generational interventions". (See Maidman, F. Strengthening the Family Circle: Ecological

9. identity issues

Substance abuse is a significant issue for most clients. Many were referred from a substance abuse treatment centre. Many not referred from that centre also had difficulties in this area.

As the pilot phase drew to a close, the single most common reason for referral from outside sources was “anger management”. Clients were entering the program “wanting to control their anger”. Although self-referred clients were more general in their presenting issues, they too talked about anger.

In the last three months of the first year, two clients entered the program for depression treatment. Both had been diagnosed elsewhere with depression.

THE IMPLEMENTATION OF TREATMENT

This section details specific treatment organization, activities and processes, including how they reflect original program principles and intentions. Conceptually, we regard implementation as a process of putting into place or delivering core elements of the program. We do not regard it as a linear process, but a *mutual adaptation* between the program’s initial ideas (e.g., objectives, principles, planned core activities) and various conditions of service delivery (eg. client needs, staff expertise, access to resources, facilities, and the like).

The program so far consists of interactions between staff and clients, staff and staff, and between clients. These interactions take place within two core treatment structures: “individual therapy” and a “healing circle”, named “Healing the Rifts Between Us”. These interactions should set in motion processes of personal change (“healing”, learning) for clients.

Between initial planning and these healing interactions, several factors shape the course of what actually takes place in individual therapy and Circles. They include such things as staff orientations to treatment, client characteristics, client involvement in parallel treatment programs, agency and community contexts. One of the key dimensions of implementation is the organization of treatment.

ORGANIZATION

Caseload

The size of the caseload varied through the first six months of the program. At its highest point, 14 clients were receiving individual treatment, while eight men participated in Circles. One Circle client was also in individual treatment. The caseload numbers were reduced when Aboriginal Treatment Centre clients finished their treatment, and returned to the reserves. Todd pointed out that caseload numbers tend to be in flux at the beginning, as clients "*drifted in and out!*"

Over time, however, the caseload tended to increase and stabilize. During the second six months, the high point was fourteen clients, once again. However, twelve men participated in two different circles.

Assignment of Clients to Circle

During the pilot year, participation in Circles was not open. Assigning clients to Circle initially involves an individual interview with every person. Todd asks each man's reasons for coming to Circle, basically determining his capability to participate. It is important to assure that the Circle is the right fit for clients. Excluded are persons with extreme violent tendencies. The interview is mainly a screening process, and Todd hopes to develop future Circles for violent clients.

As it turned out, many clients in one-to-one counseling were not ready for the Circle. They lacked the personal responsibility or appropriate attitude for Circle participation. Men deemed inappropriate for circles had the option of individual therapy. Doors were never closed on men needing help, although some were wait - listed.

Circle Notes

When he began the program, Todd was not fully experienced with men's groups. Although it is Mooka'am program policy for workers to take notes after every Circle, he decided that note-keeping would particularly facilitate learning about group work during the pilot phase. Tracking Circles on a session - by -session basis helped him maintain continuity, note individual patterns and analyze group dynamics. Circle notes also contributed to this evaluation.

Assessment

Explicitly or implicitly, all helping programs require arrangements for client assessment. Treatment workers are bombarded with information about clients, their history, their current circumstances, and the variety of potential services and techniques. The assessment process helps to simplify matters, as treatment workers commit themselves to a specific understanding of the problems, and ways to make improvements.

Simply stated, assessment involves seeking an understanding of the client's problems in living, where the helping focus should be, and how the helper can help. Assessment is interactional, using several pieces of information from several sources. In assessment interaction, the treatment worker and possibly the client, draw inferences from information concerning the problem, and how to proceed.

Assessment is a **socially constructed** phenomenon, in which the "meaning" of behavior and events, is created through conversation between people. This contrasts with locating a problem "within" an individual (as in the medical model of practice) or a material object, such as a broken bicycle. Socially constructed meanings of problems and solutions, are typically "objectified" in written documents and/or "taken for granted" understandings between people.

With this simple introduction, we now proceed to interpret how assessment occurs in the Mooka'am men's healing project. To highlight program distinctiveness, we make brief references to other ways of doing assessments. Our main source of information concerning assessment practice is the treatment worker's **case notes**. We recognize the limitations of this method; not all observations or interpretations find their way into the case notes.

Our first analytical challenge was to differentiate between what counts, and does not count, as assessment information. We made the analytical decision to take into account the following:

- information referring to, or categorizing, the clients' behavior or experiences as problems
- information suggesting antecedent or ongoing factors contributing ("causing", if you like) to these problems
- information describing, and possibly justifying, courses of short-term or long-term helping action

Assessment Process

Client assessment in the Mooka'am men's program is **not** a discrete action at one point in time, leading to a documented "assessment" and service plan. During the pilot stage of program development, assessment appears as an ongoing process, beginning with the intake document and preceding throughout the early sessions with the client. It appears also as if early communications between the treatment worker and his clients, may serve both assessment and intervention functions. This contrasts with programs where the purpose of first interviews is only assessment.

Another important feature of the assessment process presents itself - who is involved? and in what type of relationship? On the face of it, the assessment process involves the Treatment Worker and clients in discussions of problems, possible causes and consequences, the direction and focus of healing, and the like. This *negotiated* assessment, contrasts with the hierarchical, somewhat linear arrangement in other professions. In other words, clients participate in the process of understanding their problems in living, and what do about them.

Closer inspection of case note language, reveals a blending of ordinary language (eg. "Afraid to love others", "criticizes her laziness around the house") and technical jargon (eg. "defenses", "weak self-esteem", "adaptive feelings"). Also, analysis suggests that at least one component of assessment involves getting the client to accept reinterpretations of his behavior:

"He admits his reactions to her were controlling, and seemed to agree to the metaphor of 'critical parent and sullen daughter' in the relationship"

The practical implication, from a helping practice perspective, is that understanding and action is far more fluid and open-ended. Worker and client are less fixed on a premature understanding and plan. Culturally, the Western linear penchant for categorization, structure, problem solving technology, and planning - give way to a more Aboriginal holistic arrangement for the openness, emergence, relationship and circularity. Again contrasting Aboriginal and Western cultures, the orientation to time is less future - oriented, and more "being - in - becoming".

Sources of Assessment Information

Client assessment in the Mooka'am program is based on several sources of information. Information about the client and his problems in living first appears in the **intake form** available to the treatment worker. In some instances, the Treatment Worker may have previous client knowledge from other colleagues in the agency, or indeed from conversation in the community at large.

Communication between the Treatment Worker and client provides the richest source of assessment information. Selected reflection and interpretations of these communications are recorded in a second organizational tool - the Worker's case notes. Analysis of these notes reveals that communications address client perceptions of past life events, present cognitive interpretations, feelings, perceptions concerning "causality", documented worker observations and inferences about client behavior in the therapeutic setting, descriptions and plans for intervention.

What should be kept in mind, is that **actual** client behavior and **in situ** interpretations, are replaced by **textual accounts** documented by the Treatment Worker in his case notes. We do not assume that these texts directly reflect the behaviors and interpretations in the clinical encounter. Our own interpretations concerning assessment are based on the content of these texts.

Tools of Assessment

The Treatment Worker uses several tools to help organize information for assessment. The intake form organizes preliminary information. The worker's case notes also help. Keeping case notes becomes an organized routine and context for reflecting upon each treatment session. Notes organize the Worker's understanding of client problems, and document short - or long - term treatment strategies and tactics. As well, they make sense of actual treatment dynamics.

Todd's organizes his case notes according to a SOAP model:

S = subject discussed O= observed behavior A= assessment P= plan. This model for notes originally was developed in the medical profession.

Todd uses another tool during the actual treatment session - the "issues wheel". In an early session, Todd asks the client to draw a circle, and identify various issues (problems in living) around the circumference. As well, he asks the client to elaborate his words, to envision and draw connections between the issues. Worker and client then adopt the issues from this exercise as the focal issues for treatment.

The issue wheel had an unanticipated positive result - some clients reported positive therapeutic benefits. As Todd explains:

“ ... it helps them organize these things into discrete little packets for themselves. They can make decisions about where to start rather than being in one confusing mass”

The issues wheel makes other contributions to the helping process. First, it begins to organize Worker - client interaction, by enlisting the client's participation in a cooperative relationship. This sends a message about what will transpire in therapeutic sessions - defining the healing situation as one of ***joint action***. This action begins to establish expectations for mutuality, in contrast to a hierarchical model in which “healers solve problems”. The ***reciprocity in a relationship*** is consistent with Aboriginal culture.

Secondly, by using the issues wheel, Todd introduces the idea of the ***task or assignment*** - an intervention which Mooka'am treatment staff identify as an important adjunct to "talking therapy". Assignment of tasks or exercises is an important component of Mooka'am healing methodology.

Thirdly, the wheel graphic is a recognizable symbol in Aboriginal culture. It appears frequently in Aboriginal art, architecture and logos. But more than this - it is a metaphor for the circle of life, and the interdependence of all things. By guiding the client reflectively in the process of identifying issues and their interdependence, Todd begins to teach holistic thinking. For many, learning to think holistically is indeed a movement toward healing.

On a deeper level, the interactional process of working toward understanding and action, empowers the client. **With** (and not apart from) the other, the client begins to see himself as

"part of the problem". More important, he sees himself as "part of the solution", as he becomes sensitive to life's interdependencies. Theoretically at least, he begins to appreciate the value of engaging another (the Treatment Worker) in a praxis of understanding and action. He becomes an active "subject", not merely an "object" of another's actions.

Another assessment tool, still at the pilot stage, is a "Brief Assessment Worksheet". Eventually, staff will complete this form every client, early in the relationship. At present, it organizes the following information: name, birth date, the date of assessment, purpose of assessment, reason for treatment, client goals for treatment, why treatment now, relevant history, general medical conditions and other concerns, the client's presentation during the session, coping style, impressions, and staff initial recommendations.

Consultations with Colleagues

Initially, program planners recognized some value in the new initiative integration in an existing treatment unit, which in turn is part of a successful agency. To date, this organizational feature has given Todd several opportunities for working or consulting with colleagues. Over the first several months, he has worked closely with Family Service Workers, the agency nurse, his own Mooka'am Program Supervisor, the Program Manager of Family Services, and other Mooka'am Treatment Workers.

As well, Todd has consulted with colleagues on specific cases: to clarify background child protection situations, to tap into colleague perceptions of clients, to collaborate around clients' mental health status and suitability for counseling, to make arrangements for involving specialists, and to address issues related to court orders.

He also has opportunities to raise case or program issues within Mooka'am weekly team meetings. At the time of this report, he had not used this opportunity, but plans to do so in the future. Obviously, Todd also has extensive consultations with Michelle, his colleague who participates in Circle planning and delivery.

Liaison with Community Agencies and Concurrent Treatment

Human service programs are nested within agencies. Agencies, in turn, are part of a larger community network of services. We typically regard this as normal, although networking as a process requires staff time, energy and skill. Social service networks can be called upon for referrals, planning, shared resources and training. Networks create synergy for effective human services.

More often than not, funders look for evidence of a proposed new program's integration in a local community service network. Rarely do we think of such community organizational relationships as actually touching the immediate give-and-take of healing interaction.

In this section, we see that implementing the men's healing program rested on Todd's ability to coordinate organizational boundary roles, as well as treatment. We also see that

healing processes are affected by inter-organizational relationships. In this initiative at least, implementing a new program meant that, within the treatment relationship, Todd was face to face with his clients' other treatment worlds.

A number of Aboriginal treatment services are available in Toronto. Planners expected that clients in the men's program would be referred from one or more of these programs. As noted, initially the main referral source was the Aboriginal Treatment Centre, and to a lesser extent, Aboriginal Legal Services. With program development, the referral network grew larger - as the Aboriginal Treatment Centre shrank in importance.

In early community contacts, Todd received ideas and expectations concerning treatment. Feedback reinforced the need for building relationship skills and attending to family violence. As we shall see, these issues are both addressed in program Circles.

The Mooka'am program liaises with Children's Aid Societies, particularly to coordinate the treatment process of clients who are court - ordered to receive help. During this study, contacts were made with a Children's Aid Society concerning one client's need for a mental health worker. This client was reluctant to return telephone calls from that agency, necessitating Todd's intervention. Another client was on probation, and Todd had contacts with the probation officer to confirm counseling.

Clients referred from the Aboriginal Treatment Centre continued to participate in their alcohol and drug abuse counseling programs. Most were in residential treatment, living at the Centre. A condition of the Centre's program participation was that clients attend the Mooka'am program. As Todd pointed out, initially the Centre regarded Mooka'am services as supplemental to their own treatment goals.

Relationships with the Aboriginal Treatment Centre were beneficial, particularly at the outset. However, at this stage of program development, the relationship has experienced growing pains which needed to be addressed. On the positive side, the Centre was an early source of referrals - helping the program get started. As well, in some cases, client Centre participation provided experiences complementing Mooka'am's program. For example, one client expressed interest in cultural teachings, speaking positively of previous experiences with traditional ceremonies. As well, alcohol and drug abuse issues were receiving treatment, leaving other issues to Todd.

Client efforts to cope with the Centre's healing and social worlds, become a focus in Mooka'am treatment. Here, clients are encouraged to speak of bothersome events and issues. They receive counseling on how to cope, and develop adaptive skills for other life circumstances. This "here and now" approach may be more suitable than focusing upon events back home. Todd's previous employment at the Centre likely supported this process.

On the other hand, transition from the Centre to the Mooka'am program, and the ongoing participation in two healing environments, may affect the flow of healing. Clients referred from the Aboriginal Treatment Centre seemed ill - prepared for the men's healing project. Several were unaware of reasons for referral, or what the program was about. Responsibility for doing

this was unclear.

Clients often recount experiences in residence or Aboriginal Treatment Centre programs during Mooka'am treatment. One man spoke of his sexual attraction to another Centre resident, and the rules against sexual behavior. Another spoke of plans for saying goodbye to Centre participants. Todd helped him generate support for leaving. Still another spoke of feeling torn between visiting a hospitalized dying sister, and risking losing his place in the Centre's program. These issues, and others, surfaced in Mooka'am individual treatment.

Of importance, Todd strategically used experiences in other programs as a microcosm of how clients live their lives. He surfaced their experiences as information for processing during treatment.

Mooka'am was initially interrelated with the Aboriginal Treatment Centre's residential program. When clients completed the latter, they left Toronto for home. Even though participation in the Mooka'am program was expected for Centre clients, service planning was insufficiently coordinated to take into account time differences in completion.

Other problems were created by program scheduling conflicts and poor communications between the two agencies. More than once, clients were either absent or late for sessions. Still other sessions were cut short, due to scheduling difficulties.

Todd spent telephone time, attempting to resolving or avoid these difficulties. It is commendable that he willingly puts time and effort into coordinating programs. However, this may not be the most efficient use of time. In future, co-ordinating protocols might organize arrangements between agencies. Developing these with other programs may serve to create inter-agency standards concerning co-ordination, program communications and mutual feedback of client experiences. Such openness both requires and creates a high level of mutual trust. This will benefit the agency network, and clients.

Closing Files

Initially, stability of clientele in the Circle component was somewhat better than individual treatment. The eight men in the first circle, including court-mandated clients, were consistent in attendance. Some client files in the individual counseling component were closed. Todd described the situation:

"I had three men who have sort of just danced around in sessions, so I closed their files. And a couple of men who came in and talked, but it became clear that they didn't want to be here. They are here for some other person's agenda."

Todd clarifies the need for commitment to attendance and participation. Even if files need to be closed, they are welcome to return. This actually happened on one occasion when a man who had earlier left called back and wanted to start up again: ***"I may close the door on some men***

who are not ready, but I make sure that it's not locked".

Attendance improved during the second part of the pilot year. For example, those in the anger management circle were very stable. Of interest, self-referred clients in the "Healing the Rifts" circle were also very stable - although relapsed Aboriginal Treatment Centre clients who lost their place the lodge, also withdrew from the circle.

TREATMENT PROCESSES

Treatment and Healing: An Ecological Perspective

Increasingly, those responsible for evaluating programs are asked to present their perspectives "up-front". In this section, I offer a few ideas concerning my approach to understanding treatment and healing. Time and space does not allow full elaboration.

Treatment, in its dictionary meaning, is somewhat misleading. In Webster's New Collegiate dictionary we find the most relevant definition of treatment as follows "to act upon some agent, especially to improve or alter". Yet, the helping professionals more or less agree in thinking, if not in practice, that treatment involves *interaction* between people, not "acting upon". Even so, this dictionary definition has a kernel of truth, in the sense that the treatment goal is to improve or alter. In fact, the "assessment" process is in part an effort to search for an understanding of: what is the problem? what has brought on and sustains the problem? what can be done about it to make improvements or alteration? through what methods?

The dictionary definition of "healing" is "to make sound or whole", "to restore to health", "to cause an undesirable condition to be overcome", "to patch up a breach or division", as between friends, or "to restore to original purity or integrity", as in "she was healed of sin".

Following a holistic ecological perspective, my perspective in this report is to conceptualize healing as a process of interaction between "clients" and "treatment workers", and between clients and clients. This interaction has the purpose of helping to make change in the clients "problems in living".

This helping process, again thinking ecologically, is affected by a multitude of factors. These include past experiences (eg. childhood abuse in residential school), attitudes and orientations (eg. psychodynamic theories) brought into the helping interaction process, by both client and treatment staff.

Helping processes are also affected by interaction between people, and between people within the helping relationship and others in their work or personal life space. Clients involved in other healing programs may be affected by the time requirements of those programs, their evaluation of treatment success or process, or the compatibility between processes in the two programs.

Similarly, treatment workers may be affected by available opportunities for discussing cases with supervisors or colleagues, training events inside or outside the agency, and organizational

culture. Ecological analysis of healing attends to the interdependence of individual, healing relationships, group setting, agency and community at large.

The Mooka'am Treatment Vision

Our introduction indicated that the new men's healing service would integrate and reflect the Mooka'am treatment philosophy and focus. In brief, Mooka'am espouses a holistic treatment philosophy. Treatment considers that all persons are comprised of four integrated selves: the physical, emotional, mental and spiritual. Mooka'am staff blend traditional and contemporary methods to bring about positive changes in identity, relationships, feelings and living skills. In their work, staff use individual therapy, family circles, and Elder consultation.

Keeping in mind this vision, I now turn to the realities of the pilot year.

The Realities of Treatment

This section addresses the following questions:

- So far in the pilot phase, has treatment followed the principles of the Mooka'am framework as planned?
- Within the framework, what details of treatment are evident?
- What challenges were faced?

To answer these questions, I interviewed the two treatment workers, Todd and Michelle, about their practices. As well, I conducted a content analysis of case and Circle notes. Generally, **I found that treatment in the men's healing program is consistent with original plans.** Treatment aims to change present client behavior and relationships, by starting with past relationships and events in their lives and helping the client gain insight into how these affected present behavior. The legacy of colonization is a central focus in treatment, as it has shaped client biographical experiences of abandonment, denial of childhood privileges, residential school and abuse.

Although treatment begins with discussions and memories of past events, the focus is very much on the present and future. Clients are helped to appreciate how their emotions (eg. anger), behavior (eg. verbal or physical abuse toward family members) and relationships, reflect long-standing negative emotional and behavior patterns carried through life. Treatment also attends to the relationship between client and therapist.

Individual Therapy: Overall Structure

Mooka'am's Treatment Worker describes the overall structure of individual treatment as follows: Initially, early sessions are more structured than later ones. Todd tries to establish a relationship by "*getting to know each other*", then moving on after about four sessions to the therapeutic

tasks at hand. Little time is actually spent in orienting the client to the treatment process, although some attempt is made to emphasize that the treatment is *"about them, not about me"*. As well, Todd attempts to make it clear that he likes to *"work with what's under the words as much as possible"*. Unlike some mainstream therapists, he does not locate himself within a particular "school of therapy", relying on *"the basics"* – particularly reflective listening.

As in most helping approaches, the Mooka'am treatment process must first engage the client suitably. Engagement has the intertwined processes of getting to know the client, making him comfortable, providing an orientation to counseling (particularly if he has not been counseled before), and reviewing expectations and tasks for treatment. Todd describes the early phase as occurring over four sessions. He sets aside the first three for getting to know the client, and *"stabilizing the person in counseling"*. He learns about the client's background, a *"snapshot of their lives"*. Early sessions may surface feelings about the client's life events, although Todd says: *"feeling is a word that we don't get to quickly"*.

The fourth session is described as *"getting down to work . . . this is what I see . . . this is what I think we should do ... and go from there"*.

Engaging the client is a most challenging experience which hasn't worked well for all clients. Some simply are not consistent in their attendance. So *"those first three sessions may stretch to two months, and it's difficult to build a relationship . . . it almost becomes . . . Every time I see the men is a new start"*

Todd describes his main treatment methods as empathic listening, the use of traditional medicines and medicine wheel. On occasion he utilizes gestalt therapy methods, such as "polarity work" to surface the client's internal conflicts. On at least one occasion, abreactive work - eg. clients expressing feelings with a punching bag - is used to facilitate the expression of feelings. He also helps clients focus on the therapeutic relationship as a vehicle for change.

Individual Treatment Focus

It is generally assumed that the residential school experience and its impact over the generations create problems for men in their relationships with family members, in parenting, and in relationships with the opposite sex. To what extent are these themes addressed in individual treatment? What psychological or interpersonal processes are inferred by the Treatment Worker subsequent to the therapeutic dialogue?

In individual therapy, the treatment process involves Todd and clients entering into a relationship for conversation about many topics. "Relationships" are the focus of conversation - past and present relationships with family members, partners and friends, children, and their experiences with other treatment programs. The gist is that clients experience difficulties in these relationships.

"[He] also spoke quite a bit about his children and gives this counselor the impression of being devoted. [He is] concerned that his angry outbursts and

righteous indignation will be harmful to his children emotionally and possibly a future relationship"

Sometimes focus shifts to conversations about the client's self:

"Today, Jim works on his sense of self-neglect and isolation. Using reflective listening methods and guided focusing, Jim is able to explore his own self-neglect and relate this to his fear. He is very afraid to love others, such as children and is afraid he would be hurt . . . "

Treatment Worker case notes provide a window into his understanding of relationships, and possibly the understandings which are generated or negotiated within the therapeutic encounters. The therapist describes client actions toward others as *"emotionally harmful", "abusive", "judgmental", "verbally abusive", "neglecting", "blaming", and "manipulative"*. Essentially, these words described one side of the relationship - the clients' behavior toward others.

In part, any treatment process involves interpretations of behavior or relationships. Interpretations may be presented by worker to client, or from client to worker. Where interpretations shift through therapeutic dialogue, we speak of therapy as a "negotiation of interpretations". Interpretations also form part of the worker's reflections about his treatment practice. Some find their way into case notes.

In this study, Todd interprets his clients' various relational difficulties as reflecting their *"anger", "temper", "need to be correct", "fear", "righteous indignation", "emotional crisis", "fragility", "hurt", "grief", and "concern about touching"*. Again, such words locate causes of dysfunctional relationships within the client as in individual.

I offer two observations concerning the above analysis. **First, the topic focus on dysfunctional relationships is consistent with the spirit of the men's healing program, and the assumptions implicit in the original program plan. On one level, the program is being implemented as planned.**

My second observation concerns Todd's apparent perspective on the relationships under consideration. **My interpretation of these words for categorizing and interpreting relationships, is that, for the most part, Todd uses an individualistic perspective. However, in a later section on "Attending to the Therapeutic Relationship", I show how Todd uses his own relationship with the client as a tool.**

Confronting Structure

Although the first two sessions are somewhat structured, during the early pilot phase Todd experimented with various degrees of structure as he worked from session to session:

"In the early sessions, I tend to have structure and the later ones I don't. I am well aware that there is a danger in that, and I would just be doing little bits

and pieces of the work, session by session, instead of actually following through and having a longer-term plan. On occasion that's actually happened, I want to make sure that we can follow through . . . I tried to make sure I come back to [earlier] topics. Sometimes they are very difficult to keep on track. So in early sessions I structure it . . . partly for assessment reasons and evaluation reasons. I'm using the "wheel of issues", and then coming back to the issues -- What is your most important issue? Why are you here? And in early sessions I come back to that. How are you doing with this? And I'll start the conversation that way. I talk about a topic all the time."

Reflective Listening

Todd believes that men entering the Mooka'am program will benefit from reflective listening:

"The basics are always the best. For most of these men, what I'm doing is really reflective listening 80 percent the time. If I have any one thing that I cover in the orientation it is that I will listen very carefully to them and I will take what they say seriously".

Even so, he speculates about supplementing listening with other techniques:

"I'm not sure if that's enough for some of the men. I think some men walk in the door suspiciously, not necessarily with a burning desire to change. They are there because circumstances dictate that they need something. They get pressure from their spouse or sometimes they have been dumped on a lot. So, maybe I need to go little bit more with some of the men: how things work, how things happen . . . to give them a map"

"Giving them a map" suggests a complementary leaning toward cognitive therapy . . .

Interpretive Therapy: A Cognitive Educational Approach

In some instances, when implementing their programs, practitioners use methods of which they are not be aware - based on practice "theories - in - use" rather than espoused practice theories. Theories - in - use can be inferred from action, rather those the practitioner claims to use. Thus, although Todd was not trained in cognitive therapy, and does not consciously use this method, I suggest that he unwittingly uses some cognitive therapeutic approaches.

Earlier, I proposed that treatment in the men's program aims to bring about personal change, by starting with past relationships and events, and by helping the client gain insight into how these affected present behavior. The legacy of colonization is a central focus for treatment. I suggest that treatment partially involves helping clients interpret (or reinterpret) how colonization has shaped their biographical experiences such as abandonment, denial of childhood privileges, residential school and abuse. In a sense, whatever story the client brings concerning these past issues, is broadened to include the role of public policy and its immediate results.

How does the interpretation of public issues and private problems help the client now?

"I guess the focus is on looking forward not looking back. Yes, this has happened and yes it devastated so much, yes it will continue, but how do you move ahead? Because none of this is going to go away, how do you move ahead? So its really focusing more on the self-esteem to make different choices and teaching new ways to communicate"

Clearly, despite the interpretive process in therapy, Todd emphasizes making changes in the present. Much of the therapeutic dynamics leads to freeing up the client behaviorally and emotionally, so that he has more options and choices in his current life situation.

Working with this particular clientele has helped Todd move beyond a strict "talking therapy" approach:

"I don't think it's useful to just keep talking about something. I think it needs to be experienced a little deeper than just the words, so a major focus of my sessions once a relationship is established further on, is to get past what they are saying about it to what they are feeling about it . . . "

Feelings

Reflective listening is a technique of Todd's emotion - focused approach:

" Gestalt or emotion-focused - I might use those words interchangeably, because they're so close -- the emotion - focus terminology is a little bit gentler, more empathic approach"

Even so, he recognizes that with his clientele, working to surface feelings about themselves and the events in their lives is not an easy task. To repeat: ***"Feeling is a word that we don't get to quickly"***. For some, it is important that he listen and empathize, but he must also use their words to enter other parts of their selves.

Words

In both individual therapy and healing Circles, both Treatment Workers attend to the clients' words as a journey toward understanding and change. Todd strives to get ***"under the surface of the words"*** used by clients. He explains:

"... there's something about getting under the surface of the words that seems to be really needed with a lot of men. Because a lot of men do extremely well. They have been in treatment before. They know the story of what is going on. They can speak about it in great detail . . . I look for something that are known as 'markers'. Things that I notice, although they are quiet. Each marker or

flag tells me what is going on, and it is a slightly different approach. And that's the whole thing, to get past the words, to find whatever is going on beneath the surface. They are very good at not going there. This approach helps give me a structure to see what the person won't touch on, and what's going on under the surface. For a lot of men, that is very difficult . . . [By 'going on under the surface'] I mean their emotional life. I try to get them to understand how they are doing something as opposed to why. Many of these men are aware about why they are doing things. It's a mental game. Head game. They will talk for a long time about why they're doing things and they are bang on . . . "

For Todd, the words used by clients (more correctly, words not used by clients) offer clues to the uncomfortable areas of life - which they are protecting. Their words and stories may limit certain experiences of events, self or others. Such experiences need to be made more accessible for personal change.

Michelle introduced a similar theme. She discusses words in the context of her understanding of self, love and communications within relationships:

"I think that if the relationship with himself isn't healed first, then every other relationship to follow will never be to its full capacity . . . if there are things in them that they have stopped, in terms of communication. And one of the main things from this men's group that has come out is ' what is love?'. That is their question. The men in our group have no idea what that word means. Is love just sex? ... that is something that comes up in our group a lot. So coming back to the words, again, not just using the words, but what does "compassion" look like? What does trust look like? What does respect look like? If I say I love you and hit you, do those go hand-in-hand, or no? It's coming back, it's always brought back to the self. Because once you fully understand it within you, then you can fully give it out. If you don't understand within yourself, then you're not going to pass that to your wife, your partner, your family . . . "

[By attending to words] I look at things in a bigger way, not keep it so narrow. The word can be layers and layers and layers. What does it mean for you? It means something for me, it may be something different for you. Helping people to understand and honor that. We are different and will never be the same. I may feel something one way, you may feel it in another . . . "

Attending to words, feelings and interpretations. This challenges the therapist to sustain a structure in the ongoing therapeutic conversation:

" [Drawing out feelings] can lead to some very unusual directions. For instance, what he might be talking about is how someone did something to him on a streetcar, but it ends up being a discussion on how he was abandoned by his mother on a deep level. Or . . . We would be talking about that little boy inside and that sort of intra-psychic aspect. We can't stay focused on the topic,

because some of the human work leads into different directions. I don't want to digress to the point where ten sessions later we are way off the beam. So the three or four sessions is to try and establish that structure and we will talk about these topics, and as we let go of that structure it seems to be automatic that you come back to those topics. It's part of the relationship building."

I offer these reflections by the two Mooka'am therapists as partial evidence of how their work in the new program fits within the larger Mooka'am healing framework. This snapshots how they think about their work. Within these two accounts, we have an emerging working theory of the relationship between self, internal and external communications, relationships and personal change. For both therapists, personal change only comes if clients gain greater sensitivity to their emotional life and relationships. Attending to the client's words is an avenue for understanding and change.

Clearing a Path Toward 'Now'

In individual therapy, topics for discussion include client experiences of other treatment programs. The therapist listens to these experiences as a way of conveying a sense of "being heard", and "clearing the path" toward helping clients understand their typical response in various life settings.

As Todd helps clients understand how they typically manage issues, he helps them negotiate through life in better ways. For example, the client may be helped to understand how he constantly used anger as a way of coping. Clients discussing their experiences in family situations are taken through similar processes, as they consider how negative emotions and behaviors toward others reflect long-standing emotional patterns, controlling interpersonal tactics, and concepts of self and other.

Through individual therapy, Todd strives to help clients understand how their feelings and perceptions affect the way they deal with others. This helps the men move beyond verbalizations of why they behave as they do. By addressing "how" rather than "why", therapy helps clients focus on the "here and now" of interaction. This is an important step toward change, since some people become stuck in "antecedent" causes of their behavior – a perspective inhibiting change. Also, by focusing on "how", clients gradually learn to think in terms of interaction - in particular, their effect on others. At this level, "interactional" thinking is "holistic" thinking.

In general, healing Circles pursue similar goals, and attend to similar processes. One difference is that **tasks, assignments and exercises replace the dialogue of individual therapy**. Staff uses visuals such as drawings or written exercises to help clients learn about their present behavior, and envision options for change. For example, one routine asks clients to identify blocks to relationships with their partners. Another "family sculpting" exercise helps clients appreciate how historical circumstances (eg. residential schools) affected family structures and dynamics over the generations. This prompts discussions of how **they** were parented, and their own parenting practices.

At times, staff helps clients to bridge their violence against partners and children and their own previous life experiences and the legacy of colonialization. An important by-product of this process is that clients learn to interpret their present behavior in a larger context - Canada's treatment of Aboriginal people, and the family dynamics flowing from this treatment. In yet another way, clients learn to think holistically. This takes them beyond the linear thinking mode of blaming the "self" or "the other".

Attending to the Healing Relationship

More and more, Todd uses the client - therapist relationship, and not solely client psychological dynamics, as a topic for attention. Attending to this relationship becomes a vehicle for personal change.

This section was not written in the original draft of my report. As we reviewed the material, Todd sensed that I had developed a somewhat limited interpretation of his treatment approach. This feedback led me to modify my original interpretation - that Todd's therapeutic approach tended to be exclusively individualistic.

“In an individual session a person isn't really alone. It's a two-person system – client and therapist. Part of the therapy is just not what the man is saying, and how I interpret that, or what the man is feeling, and what that's about . . . It's the dynamic – that subtlety – between that person and myself”

In this process, Todd may question whether game playing is going on, and what is the nature of the client's relationship with him. Reflecting about the client - therapist relationship also takes Todd into the realm of thinking about his own responses, concerning honesty of feedback, difficulty in working with client, and so on . . .

“So it is a relational thing . It is a here and now ...dynamic thing, a quality in the relationship. More and more often, of late, I started directly addressing that, more so than the topic at hand. I'll start talking to a man about how we are relating – generally after we have been through the assessment phase.”

For more material on how the program gradually shifted its focus to a “here and now” attention to relationships, see that later section on “Traditional Healing”.

Negotiations Concerning Scheduling and Attendance

An important but demanding task involves negotiating scheduling arrangements and the client's commitment to attend each session. During the pilot phase, the program had missed appointments. Clients called and rescheduled appointments, sometimes expressing anger when Todd firmly organized appointments. Some also attended sessions with resistive, hostile attitudes.

This has not been easy. I have already alluded to case closings when clients simply did not live up to their commitments. Although not easy to explain, some have background experiences and

current living arrangements which do not lend themselves to establishing any relationships. A host of factors – manipulative styles, anger and alienation from helping programs, youthfulness, life stress, lacking a telephone - all contribute. Some clients resist, even though court-ordered to take counseling. Such men are faced with punitive consequences.

"In a case of one young man, one of the mandated ones – he's a teenager. He was mandated to take counseling and came here through the family service worker. He began skipping out of sessions. This week is a week that I am going to have a talk with him, because he's going to end up in jail".

Todd has used a series of strategies to enlist cooperation, ranging from negotiations to firmness. The following summary of case notes illustrates client dynamics, as well as Todd's thinking and tactics:

"[He] returns phone call and is very confronting about the meeting . . . [on the Worker's] terms. He agrees to come Friday 11 a.m. reluctantly, only after being confronted sternly about setting times and not showing up. He is quite vocal about having to do things for others so he could keep the kids . . . He agrees to meet once, but would not commit to any more meetings. Stern boundaries and unflinching conditions seem to be the only thing he can respond to . . . [The worker's] agenda for the session is defined . . . if he now is willing to attend sessions, and willing to work. [The worker] is prepared to terminate on the spot if the answer is no."

This quote usefully illustrates the dynamics of one client's response. He resists Todd's efforts to arrange appointments and make a commitment to treatment. His resistance is played out in anger ("quite vocal") and a presentation of a self - as - victim ***"having to do things for others so he can keep the kids."*** The resistance also has a context (child welfare authorities) which is external to the immediate therapeutic situation.

Todd engages clients not as individuals in a vacuum, but as participants in a wider social nexus of community program and family roles. In implementing the program, he is challenged to interpret their psychological state while making sense of their social worlds. His information is based on knowledge of these social worlds, and how they are both presented and interpreted by the client in therapy. This is another example of how treatment is not fully individualistic, but also attends to the realistic demands of clients' social roles in the ecological sense.

This is further illustrated as we consider the impact of clients participating in other treatment settings.

Client Participation in Parallel Treatments: A Special Challenge

Clearly, Mooka'am treatment staff must take into account the current life circumstances of clients. A social ecological treatment approach realistically consider the nature of client settings outside of treatment, the stresses experienced and the adaptations required of transitions through

various statuses and settings. Participation in parallel treatment programs is one such life situation. A good way to illustrate this is to describe and understand how Mooka'am client participation in the Aboriginal Treatment Centre program finds its way into Mooka'am's therapy.

As indicated, during treatment some Aboriginal Treatment Centre clients are critical of their treatment. For example, one was fearful about returning to the Centre, criticizing it as a poor environment for honesty. This client believed that he did not need the Centre to stay sober, and planned to use Mooka'am as his primary healing vehicle. The Aboriginal Treatment Centre was also criticized for reminding one client of "prison life". Staff was described as "abusive" toward residents, yelling during Pow Wows. Other phrases and descriptions include: "tested like guinea pigs", "... they provide no counseling and are inconsistent in the group work".

In considering these responses, the first point is that most residential treatment programs strategically introduce structure into residents' lives. Many clients in the Aboriginal Treatment Centre's treatment program, have lived in two social and psychological worlds. The social world of reserve communities contrasts markedly from the world of residential treatment centers. Next, there is the social psychological world of the person abusing alcohol or drugs. These worlds have different routines, structures and expectations. Substance abusers are known for their manipulation of others. Transition to a social world of firm expectations and rules concerning personal and social behavior, may create an adjustment crisis for residents. Todd may have experienced fallout from this adjustment.

How does the Treatment Worker respond to the criticisms leveled at Aboriginal Treatment Centre? He rejects a strategy of ignoring the complaints - in favor of listening. He describes some men as *"walking in the door with resentment, and grudges, and feelings of not being heard or listened to.."* The first step in working with such men is to *"let them beef"...., let them tell what is going on"*. He believes it best to *"clear that path for a couple of sessions"*. This begins with *"bitching and complaining that nothing was happening at the Centre ... a thousand miles from home . . . why are they even here?"* In a sense, *"what I was doing with that, was clearing the path to whatever was under that. It is also making sure that they have . . . that they were heard"*.

How does the Treatment Worker handle descriptions of grievances against other treatment programs? This is well illustrated in his explanation of what he means by "clearing the path":

"I think that whatever is happening in a person's life is a great stimulus for whatever work goes on in this room. For these particular men, it was what was going on at Aboriginal Treatment Centre. Their common complaints were that they were being treated very arbitrarily, they were not being heard, they were not given any attention, they were stuck behind the scenes, they were discouraged, distressed about nobody was doing anything. Now I'm sure that is a little exaggerated . . . that they were certainly getting some attention. But I was not just hearing it from one man, I was hearing it from all of them. So it is a great stimulus. 'How does this affect your life? What has been going on in your life that you feel hemmed in by rules, no room for your own individual

experience?' - and [this] became a part of the session . . . So the men would complain about the Centre, and then we would talk about how that related to their own life experience, how they can deal with it better . . . "

Unlike healing Circles, the structure and objectives within individual treatment allow clients to criticize other treatment experiences. In Circles, treatment staff did not address the experiences at Aboriginal Treatment Centre. They focused on particular issues within the Circle. Although allowing for give and take, each Circle is much more structured than individual sessions.

Clients were referred to Mooka'am for supplementary counseling to their alcohol and drug abuse treatment. This being true, Todd is challenged to support other programs. He must not allow clients to perceive Mooka'am as a treatment alternative. He is also challenged to provide treatment which does not evoke experiences of previous alienating treatments:

"I have one man who spent six months of his life in a psychiatric institution and describes his experiences as a series of tests. It never actually helped him. But they diagnosed him to death. That was 20 years ago. And now he's back, and that is interesting. He's a mandated client but this approach spends a lot of time listening to what is going on . . . "

Process Outcomes

In this section, I discuss three types of outcomes in the therapeutic process: attendance, client responsiveness to treatment, and staff satisfaction.

During the first pilot months, inconsistent attendance at individual therapy sessions and early withdrawal by some clients, presented one of the most serious challenges to staff. The following quote illustrates the dilemma:

"It is a program issue. I've had a lot of men who have been very inconsistent, a lot of start and stop. For instance, I'm seeing a man tomorrow. I've seen him for one session in November and he didn't show up two or three times. He called me and made an appointment for another session, then didn't show up. It's frustrating, because I'm putting time aside. At the same time, I have to recognize that that might be exactly what he needs to do. He's still interested, he's making the attempt, but he's just not actually coming in. Maybe it's just that process of fits and stops that some people have to do before they finally do it. But I have to address it somehow, because I'm ending up with a lot of men sort of on the books who aren't actually showing up . . . and frankly I'd rather work with people who are committed to work, but I understand that's not always possible."

As the problem persisted, Todd experimented with different ways of establishing a relationship. At times, he met with clients at their homes, or at work. One man, for example, was quite depressed, and couldn't attend a session. These were just initial opening sessions. Todd avoids

in-depth work outside of the office. However, he finds it useful to go out and at least make the contact to begin to establish a relationship

Although we do not have systematic information on client satisfaction with individual therapy, analysis of case notes suggests that for the most part clients were responding well. Some clients said directly to Todd that they had benefitted from the Circles and individual sessions. Also, a few staff members from another Aboriginal treatment centre self-referred for treatment, indirectly indicating positive responses to the program.

Another process outcome is the therapist's "sense of success" concerning how things are going in therapy, and what criteria affect this. Analysis of case notes generated the following observations or inferences which Todd notes concerning client responses to individual treatment. This material may be useful either for (i) the planning of future design of case notes, or (ii) sensitizing staff to their implicit framework for organizing their responses to client behavior and documentation. Thus, in writing about how clients responded to treatment, Todd focused on:

- client ability to link past experience with current behavior
- client opening up to exploring his experiences
- his own sense of a deepening alliance with client
- client sincerity in wishing to address behavior and desire to change
- client reaction to alternative interpretations from Todd
- client agreement with the overall therapeutic plan
- client giving impression of working hard in therapy
- client expression of relief from learning more about his behavior
- what the client appeared to want from therapy (ie. the meaning of therapy for him)
- cancellation of sessions
- client explicit comments on the benefits of therapy
- client responsiveness to traditional medicines
- client's apparent energy and communications during experiential learning tasks
- clients speaking about changes in their lives

The Healing Circle

The healing Circle is the other core program element in the Mooka'am's Men's Healing Program. To understand the challenges associated with delivery, I analyze the Circle and its sessions in terms of small group dynamics. Format, dynamics and leader interventions - all combine traditional healing (talking Circle) with modern group work. These two elements -- the traditional and the contemporary -- are interdependent and mutually sustaining. Challenges faced by staff are affected by the growth of the circle from a collection of individuals into a small group.

The Circle: General Structure

The evening begins with a meal, with the men arriving about 5:30. Each Circle continues for approximately two hours with a 10 minute break. Physically, the Circle is a true Circle, with men staying in the Circle throughout. All medicines are represented, introduced and discussed. The Circle fire is lit, and water is present.

The men decide who will lead the opening. An introductory smudge is followed by an exercise. The staff overview of the Circle is important, particularly for this group. Some men from Aboriginal Treatment Centre had no knowledge of the Circle and its purpose.

Staff do not perceive the Circle as purely traditional. In traditional talking or healing circles, there is talking - with limited interaction or confrontation. Todd believes that traditional Circles require a traditional Elder, but that neither staff feel qualified for that role. Mooka'am Circles blend contemporary group therapy and the traditional Circle. With this combination, staff strives *“to get below the surface”* to help clients resolve their issues. Mooka'am Circles have traditional openings and traditional closings. In between, staff uses the most appropriate techniques, while retaining the Circle's physical format.

Mooka'am staff, like all modern group leaders, believe that building client ownership and commitment to the Circle is important. This process begins initially with one staff person drawing out, and writing client expectations on flip chart pages. As well, staff facilitate development of group norms and emotional atmosphere for honest sharing. Again using the flip chart, staff asked what each man needs in order to feel sufficiently safe to share within the Circle. Facilitating the development of Circle rules (see below) is yet another technique for group building and creating ownership. The final step in the initial session involves asking each person what they are willing to give to each other. This was time-consuming. For some, it was difficult.

Traditional openings and program introduction were followed by a discussion of the legacy of colonialization, including residential schools, impact on families, and the results of separating parents and children. To help the men experience these impacts, staff use visual or movement exercises, including a sculpture followed by discussion of interpretations and feelings.

The Circle component is twelve weeks in duration. At the outset, there is a planned structure, with each session devoted to separate topics, such as “families” and “communications”. A sweat

lodge is held at session six, the approximate half-way point. Following this, the structure is set aside in favor of more open - ended sessions, guided by client needs. Even so, not much deviation occurred from issues of communication, family and current relationships. With facilitation, client needs and interests were linked to these basic themes. As one Treatment Worker said *"it pretty much stayed on course"*.

The Circle as Small Group: Structure and Dynamics

The Circle segment of the program is fundamentally a small group. My working assumption in this section is that the quality of implementation rested on the staff's ability to assume the roles of small group leaders. They help the participants become a group, and facilitate small group dynamics.

In group therapy, personal change is influenced by group structure and dynamics. At least three factors contributed to the dynamics within the Circle group: gender, client Circle and treatment experience, and participation at the Aboriginal Treatment Centre. With experience, the staff came to realize that group size was also a factor.

Healing group dynamics are affected by member perceptions and attitudes towards the leaders. Todd and Michelle are co-leaders. Given client issues related to women, they anticipated that gender might affect group dynamics. Todd and Michelle addressed this during their initial planning, and raised the issue with the members at the outset. The men did not resist having a female co- leader; in fact, it turned out to benefit the process. The two leaders modeled appropriate relationships, and Michelle capitalized on client transference.

Another issue facing small group leaders of therapy groups is member participation in the process. This is affected by previous experience. Circle group members varied in their previous healing and Circle experience. Even so, for the first half of the program, group participation was balanced - no one person dominated discussion. Indeed, differences were beneficial: the men learned to give and receive support from others. What seems to happen was that . . .

"One person who has done a significant amount of work, starts to talk and open the door for the person who hasn't. So they feel this is what they are supposed to do . . . It works perfectly, because certain men that have sat in the place of someone else in this group reach them and help . . . "

Staff feel that experienced, insightful and sensitive clients have an enormous impact on the others.

The third structural feature of the group, is common participation by some men at the Aboriginal Treatment Centre. These men co-participated in healing programs and residence. Their background relationships had the potential to create in-group/out-group dynamics. At the early development stage, staff recognized this potential, but did not see any significant repercussions.

Creating and Sustaining Group Commitment

All therapeutic or learning group staff faces the challenge of securing commitment to therapeutic group goals and participation. During the pilot months, Todd and Michelle used several methods: the meal, addressing structure and roles, establishing rules, traditional themes and symbols, and responding to personal needs.

The Meal

Ideally, the meal may make several contributions to the program. Eating together reflects traditional Aboriginal values and sentiments associated with communal meals (the feast). The meal also serves program goals of building group relationships while meeting basic needs. Offering a meal provides an incentive to attend, until group development reaches a stage where members are committed and motivated to participate.

Staff decided to offer a meal before each Circle, despite not having an appropriate budget for this. The meal took place in the agency kitchen. Even though Michelle and Todd often shared the preparation (spaghetti, soup, sandwiches, etc.), the most popular meal seemed to be order-in pizza!

How did the meal contribute to the overall group process? Todd elaborates:

“I think it is important for us in our community . . . it’s about coming together before the Circle starts, just as a small community, so we’re leaving the outside world behind. We come together and have this meal as a social activity before we actually do any work. They are totally relaxing, just to meet without any pressure to do anything. It allows our workers to sort of see who the men are. It allows them to get to know us in a different way, and I think the main therapeutic value is the socialization, or an opportunity to come together, no agenda, nothing. And to be cared for, and nurtured as well: ‘We will take care of you’. It’s not just about therapizing (sic) them.”

Building Ownership

Both Treatment Workers were heavily committed to building client ownership of the Circle. Todd explains:

“It was very helpful that we spent the first Circle doing nothing but setting out where we were going to go. We made it very clear to the men that this was their Circle, that we had a process to apply to it, but it was their work, their roles, and they could decide to a certain extent their topics to talk about. So they owned it, day one. I think that made all the difference.”

From time to time, staff made reference to topics which the men had previously identified, but never became an issue as to whether original ideas were followed to the letter. Another way of building ownership involved the men in establishing . . .

Circle Rules

At the outset, the men developed rules for the Circle. These were written on flip chart paper, and attached to the wall for each Circle. During the second session, rules were revisited for refining and reinforcement. Development of Circle rules is considered – along with clarifying roles and identifying topics – as an important process for helping clients own the program.

"The men create their own rules for the Circle, so that was part of our first session. We set the rules. They co-created the program so they have a lot of ownership and a lot of responsibility. And that's different for most traditional Circles where rules are sort of unspoken. And we hold onto it because they've made the rules."

This group characteristic - in both process and result - is consistent with the program emphasis on “relationships”, and the kinds of behavior standards the men should learn and practice. In content, Circle rules helped establish norms for appropriate relationships within the Circle:

"There are a lot of concerns about safety. A lot of concerns that within the Circle ... trusting other men basically. So there are things related to confidentiality. And what has emerged as important is being treated with respect and tact. They were really concerned about how to deal with each other's anger . . . "

Despite staff concern about the potential for anger from men with violence in their backgrounds, the three pilot year circles did not have experiences which disrupted group dynamics. Leaders used periodic angry outbursts for therapeutic gains. As one Worker noted, despite anger management issues in the group, the Circle itself was fairly gentle. Even so, it is an open question whether rules or norms against angry behavior were internalized and guided activities outside the group.

The rule emphasizing confidentiality seemed very important:

"There are so many people whose trust has been broken. We've reinforced that rule a lot. Last week we had an issue where a man was doing a pretty heavy piece of work, and in the middle of it became very afraid. He needed each group member to tell him that this is staying in this room. So calling on the group in that way again, saying 'reinforce' to them... 'this is your group' ..."

With the exception of the lateness rule, the group adhered to the rules quite well. Some men were late because of the Treatment Centre's programming schedule. Otherwise, rules or rule-breaking were never an issue within the group.

Semi-Structured Client-Focused Agenda

To a large extent, the Circle was structured to respond directly to client needs. Although structured at first, the Circle's organization became more fluid following the half-way point:

“...we deliberately left sessions 6 - 10 [open]; we didn't plan anything for them. We had everything up to the initial sweat, we had structure, but after the initial sweat, we left that wide-open and we literally did session by session. Michelle and I would sit down and say 'this is what is emerging, so let's do this'. So basically we started them off and then we just followed them, keeping them more on topic or on relationships. And it worked...”

Responding to Resistance: Gender Implications

Todd and Michelle also worked on sustaining group commitment and involvement by anticipating and processing issues of emotional discomfort and resistance within the group. Norms and actions supporting group feedback were important, and these were provided at the outset. As noted, they anticipated possible discomfort with a female co-facilitator.

On the first Circle evening, it was clear that the men did not realize that a woman would co-facilitate the Circle. Their reaction was identified as a possible indicator of discomfort and resistance. It was also disconcerting to staff. Michelle describes her reaction and actions:

“The first night was very uncomfortable, to be honest with you. The men didn't know there was going to be a woman in the Circle, and I didn't know that. They found out when we did our check-in...I actually brought that out to the group the first night: 'If this is going to be an issue, please let me know. I'm very open to hearing your feedback' . . . ”

Sometimes group relationships are established in unexpected ways. As it happened, Michelle and some group members smoked. Local smoking regulations required leaving the building during breaks. This common characteristic may have further cemented relationships, as well as furthering group objectives. As Michelle explained: *“they . . . say things outside that contribute to the group that I don't know if they would say inside”*.

Linking Colonialization, Its Legacy and Feelings

Early in the Circle program, there was a discussion of colonialization. Discussion turned to the impact of colonialization: residential schools, families and the results of separating parents and children. To facilitate discussion, the staff introduced specific experiential and visual exercises. For example, in a “sculpting” exercise, the men were physically positioned to symbolize their family structures and dynamics. The effect of separation from grandparents was dramatically communicated and intensely experienced. Staff also used “family trees” along with sculpting, to help the men deepen their experiences and feelings - now and in the past:

“After the break, Michelle led an exercise, having them sculpt the effect of residential schools and colonialization on the separation between their

grandparent's ways and younger generations. This exercise seemed to have an impact upon the man who contributed freely . . . Following this, Michelle led a discussion around the effect of men's and women's anger, and how men and women express themselves differently. The men seemed quite interested in this talk. "

Role Modeling

Our previous descriptions and analyses focus on how staff help clients establish a foundation for changing inappropriate behavior. For persons to change, however, they must acquire images of alternative behavior. In the Mooka'am program, men indeed had opportunities to observe and visualize healthy relationships. For example, this happened through their observation of leader interaction. The co-therapy arrangement with and male and female therapists was useful in this regard. Michelle describes the process:

"I think also, with Todd and I, it is about relationships. So in a bigger picture, role modeling healthy relationships . . . they see us communicate, they see us disagree, they see us not fight, and agree to resolve. We haven't done that a lot, but I have challenged here – so we can show them how that works"

Clients also have an opportunity to observe Michelle interact with other clients. Should they attempt to relate to her in negative ways, she responds by modeling other kinds of interaction. As well, with individuals who encounter her, she can utilize the transference dynamics. Michelle illustrates this in psycho - dynamic terms, as she comments about the potential for anger in the group:

"You never know who is going to trigger who. What would that look like?.... I had a man get angry with me. In the therapeutic context it was more about his mother and partner, but I was able to be there for him as a woman, to get that anger out. It was in the Circle. It was more a transfer thing, it was not that he had an issue with me. So I think having a woman in a man's group, I can represent those women in those man's lives whom they have had difficulties with. That's where they grow in the Circle in terms of relationships."

Other Techniques

The following are case examples of other Circle techniques:

- Wheel drawing: Each man draws himself at the centre, with significant others around the perimeter. Along the wheel's "spokes", men identify feelings and behaviors that they see as obstacles to closer relationships.

- Interpretation: A client describes his reluctance to share himself with his partner and children. Michelle interprets this as resulting from the long history of loss in his life. She understands why he avoids risking himself and face abandonment.
- Spirituality: The men talk about their personal relationships in the Circle, leading into the subject of spirituality.

TRADITIONAL HEALING METHODS

The vision for the men's healing program included an option for using traditional medicines, along with contemporary treatment. In this section, I examine how staff (particularly Todd) used traditional medicines during the pilot phase. I also comment on their appropriateness, their purpose, and how traditional values and relationships are reflected. As before, Treatment Worker roles are central to the analysis.

Traditional healing and methods, although always present, are not central to program activities. One senses an ebb and flow - particularly in individual treatment -- depending on client wishes. In the Circle component, the circle physical *format* is adhered to consistently. This symbolizes the Circle of life. It helps draw the clients together into healing community relationships.

Even in individual treatment, the traditional relationship is reinforced, as Todd **negotiates** with the client concerning the use of traditional methods. He refrains from hierarchically and unilaterally imposing traditional methods.

Why are traditional healing and medicines not used more frequently and consistently? The Mooka'am program is located in an urban setting, where many clients are unfamiliar with the traditional culture. Some may be in social or psychological transitions, with a "split identity", to use one man's words. This may be true for urban natives or those in transit from reserve to city, and back again. Even so, the option for incorporating traditional healing into practice is forever present.

Our evidence is that, however infrequently, the following traditional healing methods were used over the first six months of the pilot phase: smudging, the sweat lodge, the rascal teachings, the pipe ceremony, healing medicines (sweet grass, sage), the sacred elements (eg fire, water) the talking stick and feather. Some, like smudging, are used routinely and ceremoniously.

Through these methods, the program manages to integrate traditional healing practices and values, with contemporary beliefs about personal change. In brief, these methods helped

"Wholeness. All things are interrelated. Everything in the Universe is a part of a single whole. Everything is connected in some way to everything else. It is therefore possible to understand something only if we can understand how is connected to everything else."

Source: Bopp, Judy; Michael Bopp, Lee Brown and Phil Lane, The Sacred Tree, Lotus Light. 1989

to:

- organize clients and treatment staff into non - hierarchical relationships
- organize clients into a small, temporary community of mutual help
- teach values of respect and relationship
- teach holistic thinking by sensitizing clients to (i) the impact of public issues (eg. colonialization, residential schools, reserve life) on private individual problems, and (ii) how personal change comes from the holistic interdependence of personal effort, one's relationship with a creator, within a community of helpers, and the spiritual\natural environment.

Traditional methods also promote and reflect contemporary beliefs concerning the association of personal change and well-being with:

- participation in authentic relationships of listening, equality, openness and mutuality
- examining individual behavior as symptomatic of internalized dysfunctional relationships from the past (eg. blaming others), which contribute to faulty current relationships

Treatment workers in the Mooka'am program do not consider themselves traditional healers. However, to implement traditional culture and healing into the program, they carry out a number of roles :

- they create an environment of traditional symbols and medicines, and use specific medicines as requested by clients
- they learn about the clients' familiarity and comfort with traditional healing
- the facilitate choice - making concerning the use of traditional or contemporary healing
- they offer teachings concerning the significance of various traditional materials
- they teach traditional stories and legends, such as the rascal teachings, and offer interpretations concerning their relevance to client issues
- they access traditional resource people, for traditional activities such as the sweat lodge and the pipe ceremony.
- they adapt traditional symbols and relationship formats to the needs of program (eg the issues wheel, group therapy in a Circle, the sweat lodge)
- they engage clients in discussions of spirituality, acknowledging and attending to the presence and growth of the spiritual self

To illustrate, I describe five traditional activities within the program: the talking stick, pipe ceremony, the teachings, traditional teachings within the anger management sessions, and consultation with elders.

The Talking Stick

Todd discusses his use of traditional methods:

"On the traditional end - although I'm not a traditional healer -- I have had sessions with men that have been done completely over tobacco, using a talking stick. The medicines, sitting on the floor – as close to the earth as we can get. A lot of listening involved. Feedback and listing. Listening on my part, and as long as a person has the talking stick, he talks as long as he wants. With tobacco between us, only honest words can be spoken. For some men, that's very powerful because we're talking in the traditional way. And when I, . . . as the therapist with a talking stick, I tell exactly what I'm hearing and thinking. It's not advice, because I won't give advice. It's really a mirror for them, because most often - in so many ways it's very client - centered - with the addition of the ceremonial presence"

Todd's use of the traditional talking stick illustrates the linkage of traditional methods to contemporary principles. The talking stick was used with an client in individual therapy. Using the stick encourages open discussion between the worker and the client. Todd does not give advice, as in some mainstream hierarchical therapeutic relationships. Instead, an authentic relationship of equality is promoted, encouraging a "looking glass self".

Pipe Ceremony

The pipe ceremony occurs at the end of the Circle program, lasting for approximately one-half hour. In this context, the men give thanks for their progress in the Circle, and ask for guidance to continue healing. Initially the pipe is smoked, followed by a traditional talk. During this, clients are encouraged to share their experiences of the Circle. They anticipate next steps in their healing journeys. Each man talks, holding the sacred feather.

Although the men spoke about several topics, most talked about relationships - a pattern most satisfying to staff. As well, they talked about "messing up" in the past, and holding hope for the future. One man, although quiet throughout the program, spoke at length during the pipe ceremony. Traditional methods draw isolated clients into the helping community.

The ceremony closes with the traditional handshake.

Rupert Ross summed up what he had learned from Elders about traditional teachings:
--

The Teachings as Healing Resources

An important dynamic in the implementation of this program is how Mooka'am staff incorporated traditional teachings into their practice. It began with a straightforward teaching approach, but evolved into something new as the pilot phase continued.

“ Clearly, it was about traditional teachings, understandings about life which they felt everyone needed to think about and live by if they wished to have a good life for themselves and others . . . ”

(Returning to the Teachings , Page 254.)

Most traditional teachings emphasize values and norms for living. In contrast, the rascal teachings speak to the “blocks” - attitudes and behaviors preventing people from realizing such qualities as truthfulness and honesty. For example, teachings about the "rascal of inferiority" help people understand how inferiority flows from past blame, leading to unhealthy treatment of others. The rascal teaching is a cultural story for introducing such mainstream therapeutic concepts as “projection”. Todd uses these teachings to stimulate insight, and encourage thinking about behavior in different ways.

Toward the end of the year staff began to think about how relatively abstract cultural teachings could be adapted to more specific and concrete guidelines for living in the present. Todd explains it best:

“One thing being attempted, but haven’t been able to clarify in my own mind, and really put it forward until recently, is getting away from ‘talking about teachings’ and actually working the teachings into our sessions and in our circles. As an example, one of the teachings of the Medicine Wheel is about ‘relationships’. There is a lot of talk about relationships, but we want to change that from ‘talking about relationships’ to ‘relating’ – an activity, rather than just a topic to be discussed. So our medicine wheel reflects the practical application, as opposed to the theory, if you will, of what these teachings are..”

Adapting the content and form of traditional teachings to contemporary healing is a work in progress. The goal is clearly one of finding ways - possibly through experiential learning - of helping clients actively integrate teachings into their everyday lives. Traditional teachings were also used in a pilot anger management Circle . . .

Special Circle for Anger Management

A special Circle for anger management was offered during the second part of the pilot year. It was designed and delivered by a local Aboriginal consultant. The consultant- a former Mooka'am staff member - specializes in men's services, with special attention to domestic violence. She was contracted to offer this Circle. Todd coordinated and observed..

This special Circle was offered for three reasons. First, it was needed immediately in this year's program, since most clients had problems with anger. Second, it was a demonstration event for

future program development. Finally, it served as an in-service training opportunity for Todd Solomon and Elaine Levesque. Elaine, a Mooka'am staff member, specializes in violence against women.

The anger management Circle commenced in February and ended during the week of April 17th - ten sessions in all. It differed considerably from the "Healing Our Rifts" Circle, thus providing an appropriate comparison for development purposes.

Six men joined the Circle - all from various locations. All were violent at some point in their lives. These men were not involved in any other part of the Mooka'am program, although one had seen Todd briefly. One was mandated into the program by the court. Three were in the Aboriginal Treatment Centre program, and Todd invited them to participate.

Originally, ten men registered; only six showed up. Even so, Todd appreciated this response, since the Circle was not heavily advertised in Toronto. Other than the Aboriginal Treatment Centre invitation, the Circle was primarily promoted internally to NCFST Family Service Workers. The first two sessions were open to anyone; after that, the Circle was closed. Sessions were two hours long. The men were not given a meal in advance, as in the "Healing the Rifts" Circle, but there was a closing feast.

Each Circle began with an opening smudge, followed by stimulus exercises. The leader then talked about traditional teachings, such as the seven fires prophecy and the teachings of the first fire. She applied these to modern life. She also gave a series of talks on topics such as the root of anger, the cycle of anger, alternative ways of controlling one's temper, and power and control as the root of domestic violence.

The Circle leader completed an evaluation - three sessions into the program and at the end.

Learnings From the Anger Management Circle

Overall, Todd anticipated that the workshop could be easily adapted to the Mooka'am Men's Program, possibly in the fall. However, given certain philosophical and technical features of Mooka'am, he would modify some features.

In comparison to Todd and Michelle's "Healing the Rifts" Circle, the leader's sessions were more educational, with less process work and experiential learning. Todd and Michelle spend considerable time creating an atmosphere of trust, so that ***"people can come forward and work with what they are bringing forward"***.

The leader of the anger management circle provided interpretations concerning what is going on in the men's lives. She educated them, without attention to process - at least initially. This had mixed results, Todd suggested, particularly during the first half of the Circle. He sensed conflict between the leader and the men, even resistance. Todd concluded that he would facilitate the Circle differently. Assuming that men need to be heard, he will draw upon their experiences.

Well into the Circle - session six - the leader took time to process material. From then onward, Todd sensed improvement. He believed that the Circle became calmer, with the men becoming more open to the leader's teachings. Earlier, her style seemed *“parental and authoritative”*. According to Todd, it was fairly obvious for a couple of sessions that the clients were not happy with how the information was presented. During the sixth session there was processing time, and a lot of their feelings surfaced. The leader then processed with them. *“Before that, it was teacher - student, and then after that it was more of a relationship process”*.

Todd recalled a teaching from a Seneca man, many years ago. That man said that the very first thing that we need in order to develop strong self-esteem is to be heard and acknowledged - both as children and as adults. Todd believes that the men's program must include this as a key ingredient: *“The men very often have low self-esteem, and are wielding a big stick in order to feel some power in the world”*. Todd's goal is to empower them, to give them a sense of healthy pride and self-esteem.

Consultation with Elders

During the pilot phase, Elders were consulted at several stages. At the planning stage, several were interviewed during consultation with residential school survivors. In these interviews, Elders were asked to speak about the impact of residential schools on men, the nature of their healing needs, and potential services. These consultations were important in establishing focus, program direction and credibility.

Herb Nabigon, an Elder and cultural teacher consulted during the early developmental phase. He provided ideas for useful healing resources. For example, he introduced staff to the Cree medicine wheel, and the rascal teachings.

The sweat lodge and the pipe ceremonies were led by a cultural teacher. The sweat lodge was held at the Curve Lake First Nation, on his property. Todd briefed the teacher about the place of the sweat lodge in the larger program, but the teacher provided details for the ceremony.

Elders will play a significant part in upcoming development of an Aboriginal family therapy model. They were invited to a development workshop, to help formulate culture - based values and principles for family-focused practice. One woman brings extensive experience with traditional and contemporary healing. She has worked for several years in the Mooka'am program.

In original planning, it was anticipated that Elder services at Anishnaabe Health would be integrated into the program on a regular basis. This did not happen during the pilot phase. Staff learned that most men in the program did not strongly want a traditional healing approach. Should client characteristics or needs change, this option remains in the program.

ORGANIZATIONAL SUPPORT

New programs are not implemented in a vacuum. Typically, they are developed in a service agency, which is nested within the community at large. As well, developing programs are

affected by a broader institutional structure, including reporting requirements to funders, the court system, and the like. Interaction with agency, community and institutional environments may support or enhance early development. Indeed, they may make demands or even undermine an orderly developmental process. A two-way interdependence typically exists between the new initiative and various levels of its environment. We now turn to this topic.

The Information System and Computerization

Staff of human service programs typically record information about their clients and services. This information is used by management for planning and monitoring, by funders for monitoring, and by evaluators for assessment. Throughout the human service sector, the administrative or “paperwork” demands rank low in worker job satisfaction - to say the least!

Agency environments vary in their administrative support of individual programs. The “best scenario” for new programs is a fully operating, computerized information system, with administrative and data entry staff already in place. Training would support staff information-processing activities: collecting, recording and sharing information. Fully designed and pilot-tested code schemes is another element of this best scenario.

A significant factor in the pilot phase of the Mooka'am Men's Healing Project is that NCFST was in the process of developing an information system. This was still ongoing as the pilot phase neared completion. Three implications flowed from this.

First, information system development made time demands which likely exceeded those in a more stable information environment. On average, Todd estimates spending up to one half-hour in - putting information for a single client. If not done regularly and with discipline, it is easy to fall behind.

Secondly, there is still no regular way of keeping information about service delivery which could be easily transferred from intake sheets or case notes, to agency records. As well, keeping notes about services still has not become a routine and satisfactory part of the work. Headaches from developing the information system likely feed into the pre-existing negativity towards “paperwork”.

Finally, this evaluation process could not access client in-service information. In stable environments, such information is easily obtained and incorporated into evaluation. The ultimate completion of the computerization process, including staff training and possibly hiring administrative support staff, will support program implementation, monitoring and evaluation.

Integration with the Existing Mooka'am Unit

As indicated, the Mooka'am men's healing program was implemented into an existing healing unit, in which Todd had worked. There are several positive implications of this. First, the new program benefitted from ideas and techniques from Mooka'am's history. The Mooka'am model

provides a strong knowledge base for the innovative program. Although there is considerable flexibility to adapt ideas and strategies to the needs of men, the framework likely provided stability to the developmental phase. As well, the Program Manager and other staff members accumulated years of experience using Mooka'am ideas and techniques.

Supervision and Team Meetings

Unlike many new programs, Todd had opportunities for supervision, feedback and problem solving through an existing supervisory infrastructure. As well, the Mooka'am treatment team hold regular meetings. Members discuss case challenges, treatment ideas, larger agency issues, training opportunities, and the like. Support from colleagues and supervisors is valuable during an early implementation phase.

Training

Native Child and Family Services has developed a strong learning tradition over the years. This includes in-service training opportunities for staff. The agency's learning culture supports technical learning, traditional cultural education, and personal development. Mooka'am's men's healing program benefits from this tradition and culture. Two examples are: the special workshop on anger management and domestic violence (see previous section), and the training event on family therapy.

Family therapy training will take place in June. Mooka'am staff will participate in the workshop for the development of a family therapy model for Aboriginal families. This workshop will include the contributions of Elders and an experienced Aboriginal psychologist.

Finally, depending on next year's budget, Todd and the Program Supervisor will identify training needs which will further impact program quality.

These training opportunities are directly beneficial to the men's program. This sets them apart from in-service opportunities not directly relevant to early program implementation. As well, by using local training resource people, management and staff will have opportunities for follow-up consultation and training.

Organizational and Community Linkages

Native Child and Family Services has been operational for several years. Over time, several working relationships were established with other Aboriginal agencies. **So far in the pilot phase, this pre-existing service network has benefitted the new program. It has also been challenging.**

Referral opportunities from the Aboriginal Treatment Centre and Aboriginal Legal Services, grow out of long-standing relationships with these two programs. The men's program contributed by providing supplementary healing and learning opportunities. Aboriginal Treatment Centre, for example, lacks a general healing program for its residents. The Family

Violence Roundtable continues to benefit from the contributions of Mooka'am's Program Manager, the Treatment Worker, and Elaine Levesque.

Finally, Aboriginal Legal Services now has a treatment option for serious legal cases who are eligible for an alternative dispute mechanism. Modern options to incarceration are only viable when violent men have strong treatment opportunities.

Reaping benefits from organizational and community linkages requires ongoing effort. Todd admits coordinating his program with other services has been challenging. It may be that he will benefit from training in networking skills and knowledge.

Team - Work

Integration in the Mooka'am program has provided numerous opportunities for Todd to draw upon the expertise and help of colleagues. We spoke about Michelle's involvement in the Circle. She also contributed to the movement toward a family work approach with men and their partners in the Mooka'am program. As noted, movement toward family -focused techniques will be a significant future trend.

The program also benefits from collegueship with Elaine Levesque, who coordinates the women's Circle for victims of domestic abuse. If the anger management and domestic violence focus continues, Elaine's support will be invaluable.

Physical Context

The Mooka'am men's healing program is physically situated in the general Mooka'am program area. This area has its own location on the main floor of Native Child and Family Services. Here, all staff offices and treatment rooms are side by side. For meetings with other program staff, the Program Manager and staff frequently assemble elsewhere, either in the board-room or the Executive Director's office.

Each Mooka'am Treatment Worker works in a private office. They provide individual treatment in one or two therapy rooms. Healing Circles take place in a somewhat larger space, directly inside the door leading into the general Mooka'am area. Generally, staff finds the physical space acceptable -- although more room might benefit later healing experiences.

LOOKING TO THE FUTURE

The future of Mooka'am's Men's Healing Program includes at least four important developmental processes: (i) men's summer camp (ii) learning from the pilot phase (iii) the development of a family therapy component, and (iv) an evaluation of program impact.

Men's Summer Camp

Planning for this summer's men's camp is underway. Development of this activity reaps benefits from NCFST's long tradition of summer camps for adults and children. Usually, camps are organized for a relaxing time on a northern lake where participants socialize, heal, learn traditional culture, and make new friends. Staff-client relationships are enriched by the opportunities to play, live and work in an open traditional environment.

Learning from the pilot phase

The program staff and manager should spend the next few months digesting implications of the pilot phase. This should be done rigorously, because serious organizational matters were reviewed. I recommend a careful assessment of each issue in this review.

Specifically, I suggest a program review workshop for all Mooka'am staff. Different perspectives will strengthen the program. Each issue or recommendation should be considered separately, followed by extensive brain - storming on potential changes. From this review, I recommend the following change objectives:

1. To retain clients in the program for a longer time period than experienced in Phase 1.
2. To increase the scope of the referral process.
3. To strengthen co-ordination arrangements with the Aboriginal Treatment Centre, or any other partner agency.
4. To develop an assessment tool which utilizes information from the pilot phase.
5. To develop protocols for writing case and Circle notes.
6. To consider how the psycho - dynamic focus of individual therapy can be expanded to include a more holistic approach for understanding and facilitating personal change.
7. To introduce techniques in the Circle element which allow for assessing and developing relationships within the group.
8. To develop a family therapy model which would contribute to the treatment objectives for the Men's Healing Program.

Staff are already working on several of the above changes. For example, they are taking a serious look at retaining clients in the program for a longer time; this has started to pay off.

Todd's assessment tool for therapeutic planning has been adopted for all Mooka'am service activities. Finally, family therapy development is well underway . . .

Toward Family Therapy for Aboriginal Families

Several men in the caseload clearly had family issues. Some are unresolved matters with their

own parents or extended family. Other issues directly relate to present relationships with partners and children. As reported, staff is beginning to meet with whole families.

The severity of family issues points to the need for a family system focus in the treatment model. To address this need, two activities are underway. First, a **literature review** is near completion on the subject of “family therapy with Aboriginal families”. A central recommendation is that an **ecological family system model** is most culturally appropriate model for Aboriginal families. (See Appendix C for family therapy bibliography).

A second activity is the **family therapy workshop**. The workshop will cover culture - based principles for working with whole families, and contemporary family therapy practice. Such principles will be provided by visiting Elders. Principles of ecological family therapy and other models will be reviewed, and implications drawn for Aboriginal family therapy in urban contexts. Following the workshop, all staff members will assemble and derive specific implications for future family therapy development.

Evaluation of Program Outcomes

As indicated, the first evaluation phase also allocated time to prepare for the next phase - an assessment of the impact on clients. Appendix A , “Instruments for Program Impact Evaluation”, provides the instruments.

Research design

An important qualitative methodological principle for this project is that research design should respond to program needs, while remaining compatible with conditions surrounding the program. Consistent with this principle, the research design must be (i) flexible (ii) iterative, and (iii) continuous.

As a **flexible** design, the researcher will continue to seek ideas from participants concerning what was happening in the program, where the focus should be, and what research methods seem appropriate. Our design has been **iterative** - it slowly emerged as the program progressed. The design was, and will continue to be **continuous**: methods were revised as we learned about the program, and responded to unanticipated events.

Our experience during Phase 1 suggests that many male clients resist help and evaluation. Although we continue to review the instruments (see following section), we will review the feasibility of self-administered questionnaires and depth interviews.

Evaluation instruments

Draft instruments for assessing program impact are: (i) self - administered questionnaires (to be completed by the clients), and (ii) an interview guide (to be completed in a face-to-face interview). Some questions address the personal changes anticipated by the program (eg. self-

esteem, anger management). Others address factors potentially affecting program impact (eg. material circumstances, participation and satisfaction with the program).

Briefly, these instruments will allow the collection of information on:

- | | |
|--------------------------------|--|
| 1. Material Circumstances | 2. Learning Style |
| 2. Self-esteem | 3. Native Identity and Pride |
| 4. Emotional Well -Being | 5. Self-Assessment of Anger |
| 6. Locus of Control | 7. Self-Assessed Problems; Problem-Solving |
| 8. Trust | 9. Client-Therapist Interaction |
| 10. Family Relationships | 11. Help-Seeking |
| 12. Substance Use | 13. Program Participation and Satisfaction |
| 14. Client Readiness to Change | |

At this stage, these are first draft instruments. They will be revised from discussions of Phase 1 evaluation results.

Three important questions concerning revision of instruments are:

1. Does the experience with the program so far suggest a revision in instrument content?
2. Is a self-administered instrument of this length a feasible way to collect information on client change?
3. Can the instruments be used as materials in the therapeutic process, as part of an interesting visual exercise?

CONCLUSIONS

The following conclusions are organized according to the several objectives for the pilot phase, as summarized in the introduction.

Development and early implementation of a men's healing component

A men's healing component was successfully developed and implemented over the pilot phase of this project. Core healing activities included individual therapy and healing Circles.

Individual therapy was conducted by an Aboriginal man, using primarily contemporary treatment methods, combined with traditional healing. Retaining men in individual therapy is perhaps the most challenging issue.

The Circle component was delivered by this same Treatment Worker, accompanied by a female colleague from the Mooka'am program. A pilot anger management Circle was also provided, using the services of a local Aboriginal expert. This Circle was used for development and training purposes.

The development and early implementation of family Circles (family treatment or therapy) for all family members

Family - focused treatment or therapy has just begun in the program. Michelle, one of the co-leaders in the Circle component, brings extensive experience in family work. As well, she has completed development work and writing on the provision of family services to Aboriginal people. Her expertise and previous experience are central to Mooka'am program's incorporation of this modality.

Todd uses family therapy as the main treatment modality with one client family. His expertise with this approach will be augmented, as he receives training in family therapy over the next several months.

For the program as a whole, the most significant event is the upcoming family therapy workshop. This workshop will integrate family therapy literature, the wisdom of Elders, and expertise of professional therapists in the field. Following the workshop, management and staff will develop specific principles and practices for the Mooka'am program.

The development and early implementation of Elders healing services

The original program vision anticipated that Elders would be used in regular weekly traditional healing Circles, extensive monthly day long healing sessions, and individual consultation. Because of the clientele, this did not happen extensively during most of the pilot year - although an Elder directed the sweat lodges and pipe ceremonies. The use of Elders has increased lately, and will continue to do so.

The development and early implementation of community Elder consultation, training and healing in collaboration with Anishnaabe Health.

Elders were used in early program planning, development, and traditional healing. A foundation has been established for incorporating them on a regular basis in healing roles.

The establishment of working relationships with other local Aboriginal services

The men's program established several links with local Aboriginal services. In particular, staff were involved with the Aboriginal Treatment Centre, Aboriginal Legal Services, and The Family

Violence Roundtable. During the pilot phase, the Aboriginal Treatment Centre was a principal source of referrals. Cindy Baskin, a local Aboriginal consultant, delivered a lengthy workshop on anger management.

The training of new and ongoing staff to implement these services.

In-service training was, and will continue, as an important vehicle for upgrading staff skills and program evolution. During the pilot phase, the main training event was the anger management workshop. Two Mooka'am staff members observed at this workshop, and will incorporate anger management into future services.

The upcoming family therapy workshop will be the second major training event. Upon completion of this workshop, it is proposed that staff will receive follow-up skill development training and coaching.

Formative (developmental) evaluation and documentation of all new services.

This report is the product of the formative evaluation of the pilot phase. The report will be studied by program management and staff, leading to ideas for program improvement. A draft design for an impact study has also been completed.

Dissemination of program description and evaluation program results to local Aboriginal service organizations, and other agencies across Canada.

NCFST did not receive the requested budget for wide dissemination of information about the program across Canada. Program descriptions were provided locally through promotional efforts, talks given by staff, and participation on the Family Violence Round-table. Todd was a recent panel participant at a conference by the Niagara Chapter of Native Women. The topic - residential schools and healing - attracted 86 people. He believes that the presentation was well received, and has been invited back to work with the organization.

A final comment

My general conclusion is that **Mooka'am staff and management made significant steps in achieving most of its developmental objectives during the pilot phase.** Core services were implemented as planned, and numerous learning arrangements were put in place to monitor and improve upon of the program.

Staff is aware of limitations suggested in this report, and generally are in agreement with the suggested change objectives. With the plans for incorporating the family therapy modality, and the proposal for a program outcome evaluation, directions for future evolution have been well established. Todd captures the mood ...

“ At this point, we are poised for a leap forward. It's been a lot of shuffling of ideas and concepts....and there is a feeling in Mooka'am that we're ready to

leap forward, and solidify a number of things experimented with in this pilot phase.”

Across Canada, there are few Aboriginal programs for men’s healing. The Mooka’am initiative, as it continues to develop and improve, should stand as a model for other programs.

APPENDIX A

Plan for Program Outcome Evaluation

INTRODUCTION

This appendix outlines evaluation plans for the second year. Overall evaluation can be viewed as two phases. Phase 1 was a formative (process or developmental) evaluation, designed to assist development and implementation, and to prepare for Phase 2.

Evaluation for Phase 2 will focus on client outcomes, and generally asks whether the program benefits clients. The following sections summarize the general design.

Evaluation Goal and Objectives: Phase 2

The intent of this phase is to estimate as closely as possible whether clients of the Mooka'am men's program show any appreciable changes as they progress through the program. Because personal change typically results from a host of factors inside and

outside of the program, we will identify conditions in the clients life space which enhance program effects.

Specifically, program objectives are:

- To assess the impact of the program on client self-esteem, Native identity and pride, emotional well-being, anger management, problem-solving, capacity to trust, family relationships, help-seeking and coping.
- To assess whether program impact is affected by the clients' psychological characteristics (readiness to change, locus of control, learning style), and social integration (family, friendships, community involvement).
- To assess whether program impact is affected by the quality of client-staff interaction, and client program involvement and satisfaction.
- To identify unanticipated positive and negative program effects, and estimate their impact on client outcomes.

Research Design

Fulfilling the above objectives requires a combined structured and unstructured research design. We need quantifiable measures of specific variables (eg. self-esteem, anger management, etc.), and open-ended qualitative information.

Accordingly, we propose the administration of instruments according to a ***time-series design***. Information will be gathered from clients at three points in time roughly corresponding to program entry, mid-point participation, and termination. Assessments of change will be estimated by comparing the three sets of data.

Instruments

Draft instruments for quantitative data collection were designed during Phase 1. These will be reviewed as part of the learning process, and revised as needed. These instruments will provide measures of ...

- client outcomes: self-esteem, Native identity and pride, emotional well-being, anger management, problem-solving, capacity to trust, family relationships, help-seeking and coping.
- client change characteristics: readiness to change, locus of control, learning style.
- client social integration with: family, friends and community.

- client engagement with program: client-staff interaction, client involvement in program, and client satisfaction.

For draft versions of these instruments, see Appendix B.

Document Analysis

Quantitative measures will be supplemented by qualitative information through analysis of case notes, Circle notes, and other program documents (eg. memos, letters, reports, etc.). For case and Circle notes, staff will be asked to record information systematically - based on the leaning from first phase evaluation.

Staff Interviews

As well, staff will be interviewed at three points in time, roughly corresponding to data collection from clients. These interviews will provide information which “triangulates” (i.e. parallel measures) with quantitative measures of (i) client program participation and (ii) client-staff interaction during treatment.

Data Feedback

The final source of information will come from a data-feedback process in which research result is shared with staff. Feedback and ensuing discussion will serve to enrich the data, validate results, and stimulate discussions towards further program development.

APPENDIX B

Draft Instruments For Phase 2 Evaluation

(Please do not circulate)

LIST OF EVALUATION INSTRUMENTS

- | | | |
|----|---------------------------|--------|
| 1. | Material Circumstances | Page 1 |
| 2. | Learning Style | Page 4 |
| 3. | Self-Esteem | Page 5 |
| 4. | Native Identity and Pride | Page 6 |
| 5. | Emotional Well -Being | Page 8 |

6.	Self-Assessment of Anger	Page 9
7.	Locus of Control	Page 11
8.	Self-Assessed Problems and Problem-Solving	Page 12
9.	Trust	Page 16
10.	Client-Therapist Interaction	Page 17
11.	Family Relationships	Page 19
12.	Help-Seeking	Page 21
13.	Substance Use	Page 24
14.	Participation and Satisfaction with Mooka'am Program	Page 28

MATERIAL CIRCUMSTANCES

[INTERVIEWER: SOME OF THE FOLLOWING MATERIAL CAN BE TAKEN FROM INTAKE INTERVIEW]

Income

1. What are your current sources of income?

Employment Full-time Part-time

Old age security

Guaranteed Income Supplement

Pension Benefits

Other Government Income (eg. welfare, worker's compensation, etc.)

Other (Specify)

2. Does your income level or arrangements cause you any stress or problems in your life?

Yes No (skip next two questions)

3. Are you planning to take steps to improve your income? (Eg. either amount or source)

Yes No

4. If "yes", what steps? When?

Housing

1. In what kind of place do you live?

House own..... rent.....

Room or flat

Apartment

Shelter

Street Other (specify)

2. Does this living arrangement cause you any stress or problems in your life?

Yes No

3. Are you planning to make changes in your living arrangement?

Yes No

4. If "yes", what changes? When?

Education

1. What is your highest grade of elementary or high school?

2. Have you ever been to university?

Yes How many years did you complete at university?

No

3. Have you ever been to a school such as a trade school, a school of nursing, a school of hair dressing, or a community college?

Yes

No

4. Do you have any certificates, diplomas or degrees?

Yes Which ones?

No

5. Does your education or training cause you any stress or problems in life?

Yes

No

6. Are you planning to take steps towards further education or training?

Yes No

7. If "yes", what steps? When?

LEARNING STYLE

1. As you think about your past learning, please indicate your level of comfort with the following learning arrangements.....

Very Comfortable Comfortable Uncomfortable Very Uncomfortable.

Learning from **certified teachers**

Learning from **Elders**

Learning in **structured settings**

(lectures, expectations for studying, tests, etc.)

Learning in **casual atmospheres**

(few rules, expectations or formalities concerning such things as performance level, pace of learning, etc.)

Learning from **books, formal lectures and seminars** discussions.

Learning from **listening, observation, and informal chatting** with others.

2. Other than what you have already mentioned, what other approaches, styles or situations help you learn?

SELF-ESTEEM

Please Circle the answer that comes closest to the way you feel.

1. On the whole I am satisfied with myself.

Agree	Strongly Agree
Disagree	Strongly Disagree

2. I certainly feel useless at times.

Agree	Strongly Agree
Disagree	Strongly Disagree

3. I take a positive attitude towards myself. Agree Strongly Agree
Disagree Strongly Disagree

4. At times, I think I'm no good at all. Agree Strongly Agree
Disagree Strongly Disagree

5. I wish I had more respect for myself.
Agree Strongly Agree
Disagree Strongly Disagree

NATIVE IDENTITY AND PRIDE

1. Concerning your Aboriginal heritage, are you

Fully Aboriginal	.....	3\4 Aboriginal	.....
1\2 Aboriginal	.....	1\4 Aboriginal	.....
Not Aboriginal	.....	

ALTERNATIVE QUESTION

Which of the following people in your family have Aboriginal origins?

Father	Yes	No	Don't know
Mother	Yes	No	Don't know
Grandfather\father's side	Yes	No	Don't know
Grandmother\ father's side	Yes	No	Don't know
Grandfather\mother's side	Yes	No	Don't know
Grandmother\ mother's side	Yes	No	Don't know

2. When you think of your beliefs, values and behaviour, do you think of yourself as

a Native or Aboriginal person

A white person Both Native and white, but mainly Native

Both Native and white, but mainly white

A Metis person

None of the above. I think of myself as

3. As you think of your Native heritage, do you feel

Very proud of being Native Pretty proud of being Native

Not very proud Not at all proud

4. If you could be born again, would you like to be born

Fully Native Fully white (non-Native)

Partly Native, partly white

Other (specify)

5. Do you think you might be happier if you had **no** Native background?

Yes Maybe No

EMOTIONAL WELL-BEING

1. In the last three months or so, did you ever feel close to a nervous breakdown?

Yes, definitely ----- Yes, possibly -----

No, I don't think so ----- → Skip the next two questions.

No, definitely not ----- → Skip the next two questions.

2. At the time of such feelings, did you consider taking any steps to help those feelings go away?

Yes What steps did you consider?
.....
No
.....

3. What, if anything, did you finally do to deal with those feelings?
.....
.....
.....

4. Generally speaking, how would you describe your usual mood these days?

I am in a very good mood

I am in a good mood

I am in an unhappy mood

I am in a very unhappy mood

5. In the last three months or so, has anything ever made you consider ending your life?

Yes

No → Skip the next question.

6. At that time, what did you do to put such suicidal thoughts out of your mind?

SELF-ASSESSMENT OF ANGER

Most people get angry at one time or another, or in different circumstances. Please check off the answer that comes closest to what you think about yourself.

1. In **general, I get angry about:**
 - Almost none of the recent events in my life
 - Only one recent event in my life
 - Two or three recent events in my life
 - Many things that are happening in my life

- Everything that is happening in my life
2. During the last six months, I have found myself feeling
- A little disappointed
- Irritable and grouchy
- Angry
- Extremely angry
- So angry that I felt I was out of control
3. My anger is a problem for me:
- Not all
- In only one area of my life
- In some areas of my life
- In most areas of my life
- In all areas of my life
4. **I worry about losing control of my anger:**
- Never or rarely
- About once a month
- About once a week
- About several days a week
- Almost every day
5. **I think I could behave better if I controlled my anger:**
- Never Rarely Occasionally Often Always

6. **Please describe how you usually behave when you become angry.**

.....

.....

.....

LOCUS OF CONTROL

Check off the answer that comes closest to what you believe about yourself.

1. I am able to choose and make decisions about the important things in my life.

Never Rarely Occasionally Sometimes Often Very
Often

2. I am able to control my life through my own efforts.

Never Rarely Occasionally Sometimes Often Very
Often

3. I feel that my life is controlled by my family and friends.

Never RarelyOccasionally.....SometimesOften Very Often

4. It seems that government and society has the most control over my life.

Never Rarely Occasionally Sometimes Often Very Often

5. My ability to control my life comes from a higher power (God, religion, spiritual beliefs).

Never Rarely Occasionally Sometimes Often Very Often

SELF-ASSESSED PROBLEMS AND PROBLEM-SOLVING

[The following questions will be assisted by a diagram, in which the client will be asked to indicate certain things on a Circle.

1. Which of the following have been the most disturbing personal problems in your life?

Circle as many as apply to you.

Health

Loneliness

Sex

Work

Getting along with others

Income

Parents

Children

Marriage\relationship

Suffering a great loss

Feeling dissatisfied with myself

Others (specify)
.....

2. Do you see any **connections** between the personal problems that you have identified?
That is, do any of those problems contribute to any others?

Yes What are these connections?
Draw lines between the Circles.
No

3. What **other factors** in your life may have contributed to your personal problems?

4. Which problem is (was) the **most** disturbing?

5. Did you turn to anyone for help with this problem?

Yes Who? →

No

6. At the present time, what do you consider to be the most troublesome problem in your life?

[INTERVIEWER: EVEN IF CLIENT DOES NOT CONSIDER THE “PRESENTING PROBLEM” AS MOST TROUBLESOME , ASK THE FOLLOWING QUESTION ABOUT THE PRESENTING PROBLEM.]

<u>Sought help from:</u>	
Spouse or partner	Rel
ative in home	
Relative outside of home	Nei
ghbour	Fr
end	Pol
ice	Eld
er	Cle
rgyman	Psy
chiatrist	Ph
ysician	Nu
rse	Co
unsellor or Psychologist	Soc
ial Worker	Sch
ool Teacher or Principal	
Others	
.....	
.....	
.....	
.....	
No one	Do
n't know	

7. So far, have you thought about, or actually taken, some steps to deal with this problem?

[INTERVIEWER: PROBE FOR AS MANY DETAILS AS POSSIBLE, PARTICULARLY

- . **WHETHER THE PERSON IS THINKING ABOUT STEPS OR HAS ACTUALLY TAKEN STEPS**
- . **IF NO STEPS HAVE BEEN TAKEN, DO THEY PLAN TO DO SO, AND WHEN**
- . **HOW LONG THEY HAVE BEEN TRYING TO SOLVE THEIR PROBLEMS**
- . **IF DOING NOTHING, WHAT IS PREVENTING THEM FROM DOING SO**

TRUST

First, I would like to talk to you about trusting others in general.

1. Tell me your story about trusting others.

Do you.....

..... trust others to easily?

..... trust others about right?

..... have a difficult time trusting others?

Please explain your answer.

2. Who are the easiest and most difficult people to trust?

Why is this so?

Easiest people to trust:

.....
.....
.....
.....

Most difficult people to trust:

.....
.....
.....
.....

CLIENT INTERACTION WITH THERAPIST

Rate the client on each of the following points. Circle one number on each line, 19 in all. For example, if you feel the client spoke with a great deal of confidence Circle "5".

Clients Verbal Language (Speech and Sentences) Comments

Uncertain	1	2	3	4	5	Confident	.....
Dull	1	2	3	4	5	Lively	.....
Open (frank)	1	2	3	4	5	Guarded	.....
Simple	1	2	3	4	5	Complex	.....
Clear	1	2	3	4	5	Unclear	.....

Client's Mood and Energy

Refreshed	1	2	3	4	5	Weary
-----------	---	---	---	---	---	-------	-------

Happy	1	2	3	4	5	Sad	.....
Restless	1	2	3	4	5	Inactive	.....
Serious	1	2	3	4	5	Humorous	.....

Client's Posture and Gestures

Tense	1	2	3	4	5	Relaxed	.....
Strong	1	2	3	4	5	Weak	.....
Fast	1	2	3	4	5	Slow	.....
Uses environ. support		1	2	3	4	5	Doesn't use

Client's Interpersonal Involvement

Cautious	1	2	3	4	5	Spontaneous	.....
Critical	1	2	3	4	5	Accepting	.....
Warm	1	2	3	4	5	Cold	.....
Excitable	1	2	3	4	5	Calm	.....
Attentive	1	2	3	4	5	Preoccupied	.....
Controlling	1	2	3	4	5	Engaging (reciprocal)	.....

FAMILY RELATIONSHIPS

[NOTE: THE FOLLOWING INFORMATION WILL BE OBTAINED BY MEANS OF A FAMILY GENOGRAM - WHICH TODD WILL DEVELOP]

1. Which members of your immediate and extended family members are still living?
(In cases where there are more than one, please indicate how many)

Which of these do you contact more than 1\month? (In person, writing, telephone, etc.)

Wife	.....	.....
Sons	.....	.....
Daughters	.....	.....
Mother	.....	.....
Father	.....	.....
Grandmothers	.....	.....

Grandfathers	.....	.....
Sisters	.....	.....
Brothers	.....	.....
Uncles	.....	.....
Aunts	.....	.....
Nephews	.....	.....
Nieces	.....	.....
Cousins	.....	.....
Others (Specify)	.....	.....

2. Which family members are most important to you?

.....
.....
.....
.....
.....

Why are they important?

.....
.....
.....
.....
.....

3. Which family members are least important to you?

.....
.....
.....
.....
.....

Why are they the least important?

.....
.....
.....
.....
.....

HELP-SEEKING

Many people in today's world turn to friends, relatives or other community members for help or support. Others try to solve problems on their own.

1. Which of the following two statements is closest to what you believe?

It is best that a person try to solve most of their personal problems on their own

Most of the time, it is best to share one's problems with others, and if possible seek their advice and help

Comments?
.....
.....

2. How many people can you rely on for help in everyday matters? How many are..?

Husband\wife Other relatives Friends Boyfriend\girlfriend.....

Neighbours Fellow employeesTherapists\Counsellors

Others (specify)

3. In your present circumstances, is there someone you could turn to if you needed help in an emergency. By “emergency”, I mean a situation where you needed someone’s help in a hurry.

Yes

No Go to question #4

Who would you turn to? Is that person

Your mother or father yes no

Your spouse or partner yes no

Another member of your family yes no

Someone else who lives with you yes no

An elder yes no

A friend yes no

A neighbour yes no

A Native worker or Native agency yes no

Someone else yes noWho ?
.....

4. How many people do you feel particularly close to? How many are

Relatives Friends Boyfriend\girlfriend

Neighbours Fellow employees Therapists\Counsellors

Others (specify)

5. Not counting NCFST services, are you presently using the services of health professionals, legal professionals, or social or welfare workers?

Yes

No

6. Have you used any other health, legal or social services over the last two years?

Yes

No. Met my needs in other ways → Skip next question

No. Did not have any need for such services → Skip next question

7. Were any of the professionals mentioned in the previous two questions employed by an Aboriginal organization?

Yes How many different Aboriginal organizations were involved?

No

SUBSTANCE USE

1. In the past twelve months, how often did you (Check one in each column)

	<u>Drink alcohol?</u>	<u>Use drugs?</u>	<u>Sniff solvents?</u>
Never. I don't use this
Every day
4-6 times a week
2-3 times a week
Once a week
Once or twice a month

Less than once a month
 Don't know

The next few questions ask about the substance that you use most frequently.

2. When do you usually use alcohol\drugs\solvents? (Party, depressed, end of day)

3. Who is usually present when you use alcohol, drugs or solvents?

4. Would you say that you have problems with alcohol, drugs or solvents?

Yes In what sense do you have problems?

No

5. As a result of using alcohol, drugs or solvents, did you ever

Get into trouble with the law? Yes No..... Not sure

Get into fights or other physical violence? Yes No Not sure

Hit a woman or child? Yes No Not sure

Miss time at work\school\training? Yes No Not sure

Go into a depression or become angry? Yes No Not sure

Become confused or lose your memory? Yes No Not sure

Feel like ending your life? Yes No Not sure

Treat other people badly? Yes No Not sure

6. Concerning your use of alcohol/drugs/solvents, did you ever

Mainly non-Native people, but sometimes Native people

Mostly non-Native people

4. During the last six months or so, how many times did you attend the following Native events?

Pow Wows Native sports events

Sweat Lodges Native theatre, musicals

Ceremonials Native craft events

Native teachings

5. What other Native community events did you attend in the last six months or so?

<u>Events</u>	<u>Number times attended</u>
---------------	------------------------------

.....

.....

.....

.....

6. Other than what you have mentioned so far, are there any **other things** that you do that make you feel like a Native person? Think about things that you feel good about, or that you may feel not so good about.

Other Things Making You Feel Native?

In what sense do such things make you feel Native?

.....

.....

.....
.....

PARTICIPATION AND SATISFACTION WITH MOOKA’AM PROGRAM

[The following questions will be asked at three times in the client’s participation. Question #1 will be asked to obtain a sense of changing personal goals and anticipated life changes - a sense of growth process]

1. What personal changes do you (now) expect from the Mooka’am program, and how might these make a difference in your life? ***[INTERVIEWER: FOR EACH PERSONAL CHANGE, PROBE FOR ANTICIPATED CONSEQUENCES FOR THE CLIENT’S LIFE]***

<u>Expected Personal Change</u>	<u>Anticipated Change in Life</u>
.....
.....
.....
.....
.....
.....

2. What Mooka’am program activities have you participated in, so far?

For each activity in which you have participated - how satisfied or dissatisfied are you with the activity, in terms of how it has begun to create personal change?

<u>Participated</u>	<u>Level of Satisfaction</u>
---------------------	------------------------------

VS S D VD

Individual counselling\therapy

Couple counselling

Family counselling

Group

Sweat lodge

Smudging


Elder consultation

Fast

Camp

Ceremony

3. Are there any other parts of the program's activities which have given you particular satisfaction or dissatisfaction?

Yes  Please explain in detail how or why such activities bring satisfaction.

No

4. So far, are there any particular personal changes which, in your opinion, have resulted from your participation in the Mooka'am Program? Yes No

What changes?

How have these changes affected your life?

.....
.....
.....
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.....
.....
.....
.....

5. Taking all things into account, how would you evaluate your experience with the Mooka'am program so far?

Excellent Good Not Good Very Bad.....

6. What changes might help improve the program?

.....
.....
.....

APPENDIX C

Aboriginal Family Therapy Bibliography

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