

MOOK'AM PROGRAM PROJECT EVALUATION

PROGRESS REPORT #2

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Introduction

The first project progress report (March 20, 1991) noted that the Mook'am Program is a highly innovative program, combining traditional Native healing principles and practices with modern social work techniques. The program aims to assist the Native victims of sexual abuse towards psychological well-being, and stop the intergenerational transmission of child abuse patterns. As well, the program provides play therapy to Native children suspected of sexual abuse.

Because of the innovative nature of the program, an evaluation process was built into the developmental design. This has been an on-going component, which has now reached the second year.

This document provides a brief summary of evaluation activities up to the first progress report. As well, it details evaluation activities since March, and includes descriptive information on program implementation. Finally, the report identifies a number of implementation issues.

Evaluation Goals and Methods: A Review

The evaluation component of this project has three broad goals:

- (i) To assure the evaluability of the program
- (ii) To assess the appropriateness of the program
- (iii) To assess the implementation of the program during its early stages, and help program planners and staff with the program development process

The evaluation of the Mook'am Program is guided by a holistic perspective, as the evaluator and staff strive to understand what makes the program work, what may impede its progress, and what changes are needed. We assume that the program, its development, and impact will ultimately be affected by the initial ideas (program model), staff, clients and their needs, agency organization and "culture", resources and technology, and the community at large.

Evaluation aids program development by gathering information on program progress, identifying developmental or implementation issues, and sharing information with staff and management.

Evaluation Activities To March, 1991

This section describes the evaluation activities to March 1991 in relation to two evaluation goals.

(i) Consultation to assure program evaluability

To help assure program evaluability, the evaluation consultant worked closely with Mook'am staff and management to help clarify an initial program model, and to develop appropriate techniques for the next evaluation phase. This process resulted in a written program model which is a first draft description of the program. The model is contained in the planning paper entitled "The Mook'am Sexual Abuse Project: A Program Model in Progress".

(ii) Assessment of Program Appropriateness

Steps to help develop an appropriate program for Native sexual abuse victims and their families included ...

.staff consultation with other NCFST staff, and other local Native and non-Native agencies, including those with sexual abuse programs

.consultation with Native Elders and cultural teachers

.selected literature review on the topics of Native healing, Native sexual abuse programs and the needs of sexual abuse victims

The results of these reviews and consultations are contained in two documents entitled (i) "Sexual Abuse Victimization and Native Healing: A Review of the Literature", and (ii) "Towards the Development of a Native Sexual Abuse Treatment Model: Notes on a Consultation Process"

Evaluation of Program Implementation: A Report on Evaluation Activities Since March, 1991

Over the last three months, evaluation activities have assisted program development by examining the actual delivery and experience of the program during the early stages.

In evaluating program implementation, attention has been given to:

- .the numbers and categories of clients
- .describing the organizational and community environment of the program
- .describing program activities
- .describing and understanding any discrepancies between the program as planned (i.e.program model) and the actual delivery of the program
- .describing how the program has adapted to the "real life" conditions within the agency, the community, the needs of clients, new ideas, and any other significant environments facing the program
- .identifying new service activities, resources and practice principles which, although not initially anticipated, nevertheless seem useful for the program
- .understanding the experiences of participants in the program, both service providers and clients, particularly in relation to the core service activities and the organization of the program

Information for these topics has been gathered, or will be gathered, through a series of interviews with management and staff. As well, the evaluator has sat in on staff meetings, has observed and mapped the physical lay-out of the program, and has reviewed program documents.

Interim results are as follows:

Mook'am Clients

The current client caseload numbers 25 people. This includes 14 adults, 3 teen-agers, and 8 children.

Most of these clients have self-referred, or have been referred by others in the agency. Because the staff regards these numbers as rapidly approaching the maximum level for effective and efficient work, no steps have been taken to encourage outside referrals.

As expected in early planning, clients bring a range of problems to the program, including alcohol abuse, financial problems, housing, child welfare, and others. Sexual abuse is often not the client's main issue. This fact has direct implications for service.

At this point, no difficulties have been reported in physically accessing the program. As well, staff have not experienced a problem with client drop-out, although this often happens with highly sensitive programs. Of particular note, is the apparent willingness of most clients to participate in traditional healing activities.

Location, Facilities, Equipment and Organization of Space

Physical location, space and material resources have enormous importance for the implementation of human service

programs. This seems doubly true for the Mook'am program, with its emphasis on cultural learning, culture-based healing, the use of traditional medicines, and the importance of appropriate client responses to the physical environment.

What facilities, equipment, and other materials are used in the program? How do they support program services and activities? Based on the program development period, what changes are suggested, and how would these help the program? How do the various facilities, materials, the physical structure and their use, reflect the Native cultural uniqueness of the program?

To explore these and other questions, the following information has been gathered to date on the physical and materials context of Mook'am:

.physical location of offices, and implication for accessibility

.internal physical arrangements for program

.spatial distribution of office work and healing activities within physical setting

.the intended emotional meaning of physical structures (Eg. physical and emotional safety) and material resources

.the implications of context, space and facilities for program implementation

Appendix "A" contains a descriptive memo on the physical structure of Mook'am.

Organizational Context of Mook'am

No service program is implemented in isolation. It is anticipated that Mook'am will be affected by a large web of agency organizational arrangements, staff relations, community expectations, and working relationships with other service agencies which are in turn affected by provincial laws and agreements.

To pursue these various domains, information has thus far been gathered on...

.agency organizational structure

.the larger agency developmental process and its interrelationship with Mook'am (eg. Mook'am as a key culture-based program)

.organizational "culture": the distinctive ways of behaving, thinking, perceiving, and feeling within the organization

.service philosophy

.government policy and policy development, particularly concerning urban Native services.

.internal agency authority, decision-making and leadership

.supervisory arrangements

.agency policy and procedures development

.Provincial program supervision

.liaison with external community agencies

.funding agreements and arrangements

.Native community at large

.agency general resources for implementing culture-based programming

This information has not yet been analyzed, and is therefore not available for this report.

Program Activities, Helping and Healing Practices

An important part of program implementation is the development of appropriate information and technology, or what has been termed the "intelligence function" of a service program. Over-all, this includes such items as current information on client problems and needs, information on related community services, scientific and technical references, standardized work methods, quality control standards and monitoring.

Although the evaluation process is concerned with all these matters, special attention has been so far given to the standardization of work methods, particularly fleshing out the service model. The draft service model as described in "The Mook'am Sexual Abuse Project: A Program Model in Progress" contain the core initial ideas about what planners hope to achieve within the program and how, generally, these things will be achieved.

For staff, the model specifies a series of roles (eg. educator, coach, enabler of trust, etc.) and service principles (eg. client participation in decision-making). As well, the model names a series of healing techniques, such as individual counselling, sweat lodges and healing circles.

Part of the process of evaluating implementation is to document what is actually done in the various core services. This helps to confirm that what was planned is actually being carried out in practice. Any challenges, barriers or adaptations in service practices are noted.

As well, the documentation and feed-back of actual practice serves the development process by encouraging a process of professional self-reflection concerning the details of practice. This is accomplished by interviewing staff concerning their practices and feeding the results back for further reflection and clarification.

In this way, research information becomes a catalyst for development.

Because of client confidentiality, we are unable to observe the treatment process. Instead, we rely on interview reports by staff and a cultural teacher. These people were asked to describe what they do in therapeutic and healing situations.

So far, the main service activities within the program are...

.individual counselling or therapy with adults

.traditional healing (particularly healing circles, smudging with sweet grass, traditional Native medicine, healing baths, and fasting) with adults

.play therapy with children

Asked to reflect on their work, staff have described their practice in terms of ...

.building trust

.helping clients make connections and gain insight into the links between current behaviors and their sexual abuse victimization

.helping clients release their feelings concerning the abuse

.drawing out client thinking about the sexual abuse

.helping clients identify and deal with other issues (eg. housing, finances, child welfare), not directly related to sexual abuse

- .helping the identification of life goals
- .helping clients achieve their life goals through the (i) identification and changing of maladaptive behaviors (ii) identifying and making choices among appropriate behaviors towards life goals (iii) assisting clients to examine and change their thinking concerning goals and how to achieve them
- .facilitating the development of appropriate parenting behaviors so that children are not neglected
- .helping clients "listen to themselves"
- .building ego strength through the development of a new positive self concept

The Healing Circle

As indicated, the Mook'am Program combines contemporary social work practice with traditional Native healing. A large part of the traditional healing process takes place in a healing circle.

The healing circle is a form of group discussion in which staff, clients, and a cultural teacher sit as co-equals, sharing painful issues in their lives, and learning cultural values and traditional healing practices.

The details of this practice were acquired through an intensive interview with the program's cultural teacher. As well, the consultant was a participant in a healing circle in another project. The project Research Assistant has also participated in healing circles.

The healing circle process is as follows: The cultural teacher arrives slightly before the circle begins. This allows her to meet with any participants individually for the purpose of dealing with private matters which are not comfortably shared within the circle. This also has the benefit of building trust. The circle begins with a short period of exercise, for the purpose of releasing negative energy. This is followed by an opening prayer in the teacher's own language, Ojibway.

Next follows a period of cultural teaching and perhaps singing, again in the Ojibway language. The teacher may also drum on a hand drum. The stories and songs, which are explained, speak to the themes of healing and growth. The earth and environment ("grandmother moon", water) as sources of healing, are frequent themes. Some language teaching may also occur.

Throughout the cultural teachings, core Ojibway values are taught, including the values of kindness, caring and sharing, honesty, and strength.

The next stage involves all participants in a process of sharing their pain around a talking circle. A rock or stick is passed from person to person. Upon receiving the rock, each person talks about her life experiences. No time pressures are imposed. Sometimes the guidelines leave open the choice of topics; sometimes a structure is given. It is conceivable, for example, that participants may be asked to talk about the abuse.

The first session is deemed a "getting to know you" period. As well, the first three sessions or so, are generally thought of as important for trust-building. Throughout the healing circle, participants share in the "four gifts of life"...

- .sweet grass through smudging

.water

.strawberries

.fire, through a lighted candle

According to the cultural teacher, the sources of healing in the healing circle derives from...

.sharing the pain

.purification through exposure to the four gifts of life

.the teachings of core Ojibway values

.contact with cedar, through sitting on cedar chips, drinking cedar tea, or through taking a cedar bath

Other than the distinctive Ojibway teachings and practices, a highly unique aspect of healing circles is the relationship between staff and clients. Both are co-equal participants in the healing process. Staff and clients share previous and current pains in their lives. In contrast to non-Native therapy, the boundaries between the "healers" and "the healed" are dissolved into a "community of healers" in which all participants are cleansed.

Program Planning and Delivery

Another major objective in the evaluation of implementation involves the examination of compatibility and discrepancies between plans and actual activities. Interviews with staff delved into the match between what services were planned and those delivered to date.

Thus far, interviews and observations reveal that most major program activities and healing techniques are in place, including: individual counselling, healing circles (see above), relaxation techniques, cultural awareness training, the use of traditional medicines, and family therapy.

A few observations should be made about group therapy, play therapy and family therapy. These modalities were not elaborated in detail in the draft service model, yet they are either being considered or are in use.

Group Therapy

No formal group therapy sessions have been held so far. However, three points should be made about this particular treatment modality. First, some of the therapeutic functions of group work are in fact realized within the context of the healing circle. For example, there is emotional release and normalization ("you are not alone") through the process of sharing pain. As well, the healing circle functions as a source of personal resocialization, as participants learn new values, attitudes and role behaviors related to Native culture and self-help. In a very real sense they are integrated into a cultural community.

Secondly, at this writing, the Program Co-ordinator and the cultural teacher are planning a meeting in which the future role of group therapy will be discussed as an adjunct to the healing program. One important question concerns how "deep" (in a psychotherapeutic sense) can healing circles delve into participants' experience, and how can group therapy complement the healing circle?

Finally, program planners are now in the process of planning the women's participation in the NCFST summer camp.

The role of the summer camp was not elaborated in the original conception of the Mook'am service model. The camp experience, approximately 5 days in duration, provides a natural context for the development of groups. The group dynamic starts in the relaxed camp environment, and is carried over into other healing structures within the agency setting. Last year's camp experience was deemed quite successful.

Play Therapy

Play therapy is another treatment modality which was not elaborated in the draft service model. However, play therapy has been used extensively to date, particularly for assessing the occurrence of sexual abuse in young children.

Attesting to the importance of play therapy in the program are the special steps taken to improve staff play therapy skills. The Program Co-ordinator is learning play therapy techniques at West End Creche. As well, plans are underway for both program staff to attend a play therapy workshop later this summer in New York City.

Family Therapy

As anticipated, some treatment modalities in the Mook'am Program have been used in liaison with other agencies. Family therapy, for example, has been used in co-operation with the George Hull Centre. Referrals are made, and the staff member participates on a therapeutic team with an agency staff member. A similar arrangement exists with West End Creche. In both instances, advanced staff skills and technology (eg. one way mirrors, video play-back) afford more appropriate client treatment and staff support for particularly difficult problems.

Preliminary Implementation Issues

Thus far, the evaluation process has identified a number of implementation issues. These issues have not necessarily hampered the delivery of services. In some cases they represent "adaptive challenges" in the sense that all implementation requires adaptation between what is desired and what is possible.

Funding uncertainty. Until the provincial government finalizes a policy for off-reserve Native services, there is no guarantee of core funding for the program.

Case-load limitations. The program is on the verge of creating a waiting list for future clients. This means that many Native sexual abuse victims known to exist on main stream agency case-loads are not accessing the program. Extensive out-reach has not been possible.

Staff burn-out. All human service work takes its emotional and physical toll on staff. This may be doubly true in sexual abuse work, particularly in a highly innovative program of uncertainty and experimentation. Native Child and Family Services, as an agency, should develop special arrangements for helping staff maintain their sense of competence and manage their levels of energy and stress. The staff sweat lodge is an important step.

Sound-proofing. The walls in the Mook'am offices do not assure the level of privacy and confidentiality required in the program. Solutions to this problem should be explored.

Long-term relationship with cultural teacher. The contributions of the program cultural teacher thus far have been highly valued by the staff and Executive Director. In addition to leading the healing circles, she has been involved in program planning and staff sweat lodges. There is a danger, though, that the program may become dependent on her services. It is not all that clear that she is as routinely available as, say, "clinical consultants". Attention should be given to whether or not this presents a problem, and if so what alternatives are available.

Clinical consultation and the question of appropriateness of contemporary clinical methods. Program staff have regular access to a clinical consultant in the sexual abuse therapy field. The appropriate timing, participation, and content of consultation has been fine-tuned over the early months of the program. Gradually, appropriate arrangements are evolving, such that staff needs can be met.

The consultant is an expert in sexual abuse therapy, and not in therapy with Native clients. To what extent are clinical methods appropriate for Native clients? This issue so far has not been bothersome to staff. Is it an issue that should be raised?

Future Evaluation: Client Experiences of the Program

Evaluation work will continue until the end of the developmental phase. Information will be gathered from staff and management concerning other dimensions of program delivery, and accompanying developmental challenges. An on-going feed-back process will assure responses to major issues. An important part of the next phase will be the documentation of client experiences.

To date, client experiences of the program have not been directly documented. However, several preliminary activities have been undertaken to prepare for this important part of the evaluation. First, a Native women was hired to complete several interviews with a sample of current clients. Second, a meeting was held with program staff and the NCFST Program Supervisor to identify specific information needs for further program development. Finally, a draft theoretical memo on assessing client experience of healing has been written.

Information from clients will be gathered through face-to-face open-ended interviews, one hour in duration. For comfort, interviews will take place in a Mook'am office familiar to the client. Clients will be guaranteed confidentiality and will be told that their participation is important to program development.

In general, the interviews will probe into the clients' experience with the program. Efforts will be made to assess the impact of traditional and contemporary healing methods, including any unanticipated negative effects. Interviews will assess whether client principle issues are being addressed, and whether they are comfortable with the program, workers and the physical arrangements. What is their response to the traditional methods? What changes in behavior and thinking do they see resulting from the program? What suggestions do they have for improving the program and the roles of staff?

Results from this stage will be shared with program staff to assist further program development.

Appendix "A"

The Physical Context of The Mook'am Program

(A Descriptive Memo)

The Mook'am Program is provided in the offices of Native Child and Family Services, located in a large office building near the intersection of Yonge and College Streets. This is a busy commercial area of downtown Toronto. The office is very close to subway and street-car lines. Parking space is limited and expensive.

For the first developmental year, program activities took place in the usual office space of NCFST, either in the offices of the two main staff persons or in a moderately sized meeting room. In February, 1991, the program secured its own space along the hall from the core NCFST offices. Recently, the two staff members moved their offices to a shared space in that area.

This program space is usually locked. As needed, I usually secure a key from the NCFST Secretary.

The outsider entering the Mook'am office space will immediately see a somewhat open entrance area with pillows on the floor and a hall leading beyond an open space. One is struck by the quietness and tranquillity of this area, an atmosphere created primarily by soft colours, dim lights, and soft furniture. As The Program Co-ordinator said, the over-all effect should be "soothing". Another expression often used to describe this space is "a place of safety".

On my second visit to the complex, I immediately experienced the odour of sweet grass, bringing to my (non-Native) mind the images of many Native traditional ceremonies over the last ten years. The feeling upon entering the Mook'am complex contrasts sharply with other NCFST offices and areas, as well as other service settings.

There are four rooms in all, two on each side of the hall. The open space is used for a healing circle, and can accommodate approximately 10 people, including staff.

The room on the immediate left of the entrance is the play-room. In this room, children participate in play therapy. The room is filled with toys, anatomically correct Native dolls, crayons, pads, a doll house, and the like. As well, this room contains an easel and art supplies. Children work with staff, in a one-to-one therapeutic relationship. Depending on other events, work and play with children can spill over into the hall and other rooms. Such flexibility was described as a "luxury" during the early months, but as the program expands the flexible use of space will likely not happen.

A book shelf is situated immediately outside of the play room, facing the healing circle area. This displays primarily children's books. In a near-by cupboard there are several magazines, used primarily for creating collages. The cupboard also contains resources for the healing circle, including a bowl and traditional medicines such as sweet grass.

Adjacent to the play room is a room for counselling. Presently, only individual counselling occurs; however, the space and furniture will accommodate couple therapy and family sessions. The room contains two soft white couches, chairs, and a lamp. It is dimly lit. Soft coloured venetian blinds cover a window looking into the hall.

Across from the counselling room is an office, shared by the Mook'am Program Co-ordinator and another member of staff. The room is approximately twelve feet square, and contains two desks, two chairs and other office furniture. Colourful posters adorn the wall space. This office space was originally the "abreactive room" but staff expansion in the agency necessitated a change to office space. At this writing, no other specialized space for abreactive work has been created.

The fourth room, next to the office, and closer to the entrance is a small meeting room. It contains one table and four chairs. Compared to the other rooms and the hall area, this room has a rather "plain" look, lacking colour, pictures or posters.

This room is scheduled for use with therapy groups or meetings.

My own personal experience in this complex is that sound carries. Occasionally, as I browsed around, counselling was taking place in the counselling room, and I could hear voices. Being aware of the importance of confidentiality, I found myself consciously not paying attention to the words.

What distinguishes this space, its contents, and the various sensory experiences as distinctively Native? as particularly functional for the healing process? This question, of course, will be explored with clients, since so much effort has been given to creating specific emotional effects through physical arrangements.

For a non-Native person, the cues were the smell of sweet grass, the pictures and posters, the Native dolls, and other cultural artifacts. Other than cues relevant to Native culture, I was personally struck by the physical comfort of the counselling room, and a strong sense of physical isolation from the outside offices and the busy streets.

