NATIVE CHILD AND FAMILY SERVICES OF TORONTO

THE MOOK'AM SEXUAL ABUSE PROJECT

A PRELIMINARY PROGRAM MODEL

February 21,1991

1.INTRODUCTION

This document is a planning paper for a program description of the Mook'am Project Sexual Abuse Program. The ideas are still preliminary, and will be revised as the project procedes and the program is evaluated. The elements of the draft model are based on early treatment experiences, literature reviews, consultations with Native elders, staff discussions and consultations with other programs in Toronto.

These ideas will be assessed, refined and elaborated throughout the life of the demonstration project.

The paper presents treatment issues, program goals and objectives, general program principles, treatment roles and principles, and methods. As well, some preliminary thoughts are presented on the appropriate organizational support for such a program.

2.INITIAL PROJECT PROBLEM DEFINITION

The Mook'am Project was originally established to respond to three problems:

.the increase in the number of known sexual abuse cases from the Native community; consultations with other local Native programs indicate that an estimated 80% of case load clients had experienced sexual abuse.

.the impact of sexual abuse on the victims and their families

.the lack of Native sexual abuse programs

The victim treatment component of the program is expected to help reduce the risk of future cases by giving parents or future parents the capacity to parent, and to provide protection to the children within the family. Research and clinical experience has shown that many sexual abuse victims abuse their own children.

The remainder of this paper summarizes early ideas about how the program will operate. These ideas were developed with adult victims, rather than children, in mind.

3.TARGET PERSONS

Direct targets are persons who are involved in the program, and are directly exposed to program services, activities, and techniques; in this program, the adult and child victims of sexual abuse are the direct targets.

Indirect targets are those receiving benefit indirectly through the changes experienced by the client. Children of victims, for example, will benefit from breaking the intergenerational cycle of abuse. Where children are victims, parents may indirectly benefit from treatment of the victims

The interventions in the program aim to help individuals and families, and are not addressed to organizations or whole communities. However, the Mook'am development phase also will develop organizational relationships with other agencies. For example, the perpetrators of sexual abuse will be referred elsewhere. Good referral and follow-up arrangements will be necessary.

3.TREATMENT ISSUES

Based on early program experience, literature, and consultation with other programs, Native victims of sexual abuse show the following clinical problems:

.low self-esteem

.feelings of stigma, shame and guilt

.inability to make decisions

.poor social skills, such as dysfunctional relationships with the opposite sex, inability to trust others, poor peer relations, etc.

.physical symptoms, such as anorexia, bulemia, migraine head-aches.

.destructive coping behaviors: alcohol abuse, drug use,
over-eating, self-mutilation, and prostitution.

.multiple personalities

.inability to maintain lasting relationships, often leading to single parent situations

The main presenting problems are serious emotional pain and anguish; isolation: lack of friends and loved ones; feelings of not being understood by others; and expressions of shame, dirtiness, and guilt. Often, victims ask questions concerning why the abuse happened to them, and what may have been their responsibility in the abuse.

Compounding the feelings and behaviors associated with sexual abuse, are difficulties with alcohol, drug dependency, and other poor coping behaviors. For treatment purposes, one cannot separate sexual abuse victim symptoms, and other serious problems.

Although Native men are frequently the victims of sexual abuse, compared to female victims they are less likely to talk about their experiences, and therefore experience serious emotional trauma. With the revelations concerning residential school abuse, more and more Native men are expected to disclose.

From clinical experience, it appears that sexual abuse of Native women may have been accompanied by physical abuse, moreso than non-Native sexual abuse. This has important implications for treatment. Research strongly suggests that the treatment needs of victims will be affected by the kinds of physical, emotional, and relationship dynamics surrounding the abuse. Depending on the specific dynamics,

.victims may be traumatically sexualized, that is, their sexual feelings and attitudes may have developed in an inappropriate and dysfunctional fashion

.they may feel betrayed by a trusted person

.they may experience powerlessness, a process in which the victim's will, desires, and sense of efficiency are continually undermined

.they are stigmatized by negative self images of badness, shame and guilt.

4.TREATMENT GOALS AND OBJECTIVES

This section presents a first documentation of the goals or anticipated client changes after participating in the program. They represent the kinds of projected changes suggested by the presenting problems of clients. These are compatible with the research and clinical literature on the needs of sexual abuse victims.

These anticipated client changes will, upon program experience and refinement, evolve into a series of treatment goals and measurable objectives for the program.

In summary, the anticipated changes are that clients will...

.like themselves better (enhanced self-esteem)

.possess the emotional strength, sexual identity, and social/intimacy skills for healthy and enduring relationships with peers and members of the opposite sex.

.develop healthy coping behaviors and cease engaging in behavior, such as alcohol abuse, which represents poor coping with life's demands

.avoid entering into, or contributing to, relationships in which they risk further victimization

.realize that their feelings and ideas about themselves, given their past experiences with abuse, are normal and are shared with other people from similar circumstances (normalization and validation)

.increase the self-help potential of victims, by helping them make connections to traditional and non-traditional ways of healing, both during and after the treatment process

.restore their physical health

Related to these broad changes, program treatments and activities will be directed to specific objectives, including:

.removing self-blame for victimization

.removing stigma related to the abuse

.learning forgiveness

.confronting the perpetrator

.acceptance of the body

.understanding and valuing Native identity and culture

.talking about, and generally getting in touch with feelings

.learning and accessing medical and other healing resources, including Native traditional healing

.relaxation

.strengthening the capacity to trust others

.expressing the pent-up feelings related to victimization

These treatment objectives will be accomplished by one or more program activities, some quite distinctive to a Native treatment approach. The link between objectives and program activities (eg. treatment) will be made in a later section.

5.PRELIMINARY PROGRAM PRINCIPLES

Experience so far with Native sexual abuse victims suggests the following important program principles:

.The program must respond both to the symptoms of sexual abuse and the problems associated with poor coping behaviors.

.Client' concerns must be addressed before the sensitive and painful area of sexual abuse can be broached.

.Flexible program rules (eg. treatment schedules, discontinuation of treatment, etc.) should be followed, so as to accommodate the often unpredictable emotional reaction to sexual abuse treatment.

.Recognizing that some methods may not work for all people, the program should be highly individualized. For example, culturally-based treatment may not be suitable for the Native person who is highly acculturated to non-Native urban living.

.The program must be compatible with the cultural and situational background of Native people. To help actualize this principle, program development opportunities, such as on-going consultation with elders or cultural teachers, must be built into the program.

6.GENERAL TREATMENT PRINCIPLES AND HELPER ROLES

Helping sexual abuse victims work towards the above changes in their lives, requires a set of guiding helping ideas, othgerwise known as treatment principles. So far, the following tentative ideas have evolved:

.Understanding the victim's needs and responding appropriately will require a holistic perspective. In this, the person's spiritual, psychological (thinking and knowing), emotional (feeling) and physical selves will be taken into account. Responding to the person's spiritual needs represents a major difference from mainstream healing.

.The client will participate in decision-making concerning the appropriate treatment approach. Methods which make clients feel "studied" or which treat them as objects will be avoided. Treatment is part of a relationship in which the person being helped is a co-participant with the helper.

.The appropriate boundaries of relationships are important issues for sexual abuse victims, since they themselves have been violated in this regard. With this in mind, the relationship between client and helper will nevertheless be more personal than in the usual "professionally distant" healing relationship. For example, topics for discussion may be more flexible. Similarly, more flexibility will be allowed concerning how much can be disclosed between client and staff.

.A major assumption is that the healing of sexual abuse is likely a life-long process. Events, like the birth of a child or the death of a parent, may conjure up old memories and feelings associated with the abuse. This means that victims must be given the tools to respond appropriately and work through such events throughout their lives. Their potential for self-healing, and engaging in a "healing community" must be addressed.

.Victims in the Mook'am program will be helped in part from being helped to describe the abuse, and relive the pain. The healing comes from (i) emotional release (ii) a non-judgemental therapeutic attitude and response, and (iii) therapeutic re-labelling of past events, such that victims no longer feel responsible. These processes help normalize the victim's experience, and validates her as a worthy human being.

.The victim will be helped to establish relationships with the Native social and cultural community, thus building ties with persons who can be trusted. Part of this will involve an introduction to traditional healing, such as smudging with sweet-grass, sweat lodges, and talking to elders.

Following the above general principles, program staff will assume the following helping roles:

.educator

.coach

.enabler of trust

.relationship builder

.facilitator for reliving the pain

.reflective, active listener

.role model for sharing experiences and feelings; this builds on the Native cultural practice of learning through observation

.story teller to facilitate communication; story-telling is another Native cultural practice

.a linkage person to (i) traditional healing and cultural activities in the Native community, and (ii) other referral agencies, as needed

In addition to the above helping roles, staff will also participate in research and evaluation activities during this early development stage of the program. As part of an evaluation team, they will work with an external evaluation consultant to monitor and assess the early implementation phase. As well, based on these experiences, they will refine the program model.

7.HELPING PERSONS

The primary helping persons in this program are the staff of the Mook'am Project. As needed, other potential helpers will be Elders, cultural or spiritual teachers, and natural helpers, such as friends, relatives and other victims.

Clients will become, and learn how to participate in a Native community of healers. This will begin in the program through the healing circles, but will extend beyond the program into the natural helping community. This notion builds on the traditional practice of natural elping witin

One very distinctive part of the program is the participation of Native Elders and cultural teachers. An important assumption is that victim self-esteem will be enhanced through experiences of cultural learning and the development of pride as a Native person.
Eldes and teachers will be inolved as resource people for both clients and staff.

Because of the extreme sensitivity of sexual abuse, the possible relevance of Native identity issues, and the importance of cultural experiences in the program, it is assumed that staff should be ...

.Native people, or non-Natives with extensive clinical experience with Native people and the Native community

.knowledgeable of Native culture

.supportive of traditional healing approaches and their complementarity with other techniques

8.HELPING SITUATIONS: THE PHYSICAL ENVIRONMENT AND RESOURCES

The Mook'am Program will be provided in the building occupied by Native Child and Family Services of Toronto. Located in downtown Toronto, the offices house the NCFST management and staff. The program will have a separate room for seeing clients.

Because the program will attend to the physical needs of participants, providing an appropriate physical environment

for treatment will be important. The physical surroundings will ...

.enhance and complement treatment goals and activities

.assure comfort for all program participants

.help build the relationship between program staff and participants

.provide cultural learning opportunities

Specifically, the physical environment will provide...

.A place of safety in a good environment, a good space. Coffee, herbal teas and cookies, etc.: (i) provides a homey atmosphere as well as (ii) giving clients something to do in case of nervousness, and (iii) provides nurturance if clients have not had anything to eat.Food can also be offered at the end as a treat or way of nurturing themselves; this avoids distractions and "stuffing their feelings down" (iv) cedar tea could be offered after a particular hard session.

.Soft lights that are conducive to healing (eg. lamps rather than florescent lights).

.A quiet room for relaxation and re-energizing after particularly trying sessions. Dim blue or green lights are very soothing.

.Plants, pillows

.Punching bag for the release of anger and other pent-up feelings

The physical environment will include many features of Native material culture. This is deemed important for relationship-building as well as cultural learning:

.Rooms will contain sweet-grass, matches, and other useable cultural objects. Even if not used by all people, these items make a statement about what is being done in the program. It is assumed that clients may become so accustomed to seeing these things that after a while they may want to try cultural activities, or at least start asking questions about culture.

.Women's sage will be important for the program to have. This is a traditional medicine for women during their moon time. Having the sage will open the door for explaining particular aspects of traditional culture.

.This may also provide some educational aspects in the sense of providing information about Indian culture, and making them feel less awkward about not knowing about their own culture. These opportunities should be provided at the beginning, and continue throughout.

The natural environment is also regarded as an important situation for healing. The importance of te environment Building on Native holistic beliefs and spirituality, particularly the notion of mother earth as worthy of respect

9.TECHNIQUES

This section summarizes the main techniques used in the Mook'am Program.

Assumptions about problems, needs and treatment are based on holistic thinking. In Ojibway culture, this perspective is symbolized by the Medicine Wheel.

Ultimately, the aim is to summarize all techniques within the medicine wheel drawing, showing the relationship between techniques and changes in client functioning. The medicine wheel display will show how each techniques in the program is designed to bring about many changes. Participating in a sweat lodge, for example, contributes to emotional and spiritual strength, cultural awareness and the strengthening of Native identity, and physical health.

The Medicine Wheel will help when doing a presentation to professional audiences, particularly if movable parts of the drawing could be used to show the various interconnections between techniques and changes. This will depict visually what the program wants to achieve in a holistic way.

The medicine wheel illustration can also be used specifically with a client in discussions of treatment and progress.

For a summary of the treatment issues organized within the medicine wheel, see Appendix "A".

(i)Engaging the client

.techniques for (a) developing a relationship (eg. primarily trust) (b) maintaining the relationship

First session

A "getting to know you" session which is non-threatening and informal. Perhaps showing the person around, orienting them to things that go on in the program, and private rooms for the program. Acquaint them with "us", that we have worked in the area and how we work.

The first session will also be used to obtain preliminary information about clients: where they are from, where they are living now, and how they came to the agency.

Unless the person is really needy, and perhaps breaks down, this session may be only one-half to one hour in duration.

Holding a rock may loosen the person up for conversation. Have a basket of rocks from which they can choose their own.

Find out the support system available to the person. Advise that this may be painful work, and that they may leave in an uncomfortable state. Make sure that clients have special friends or relatives with whom they can confide and receive support.

Is this the most appropriate time in their life to do this kind of work? Or is another crisis being added to their life?

(ii)Assessment

Structured question-asking establishes a beginning point for conversation and relationship-building, as well as an important information-gathering device. Questions asked at the beginning may also help to relax clients feeling under pressure to initiate conversation topics.

Assessment questions help to identify the predominant issues at the point of entry to the program. What issues are clients most comfortable to work on immediately? What is their agenda? Sexual abuse may or may not be the most appropriate thing for the client to start with.

Assessment will also help to understand the main issues and make selections about treatments. (eg. non-traditional backgrounds may suggest that traditional Native treatments are not appropriate)

The assessment will be used to determine who will be the most appropriate staff person to be involved with the case. For example, those abusing alcohol would require a specialized person.

Finally, the assessment would generate potentially useful evaluation information (eg. level of self-esteem)

Assessments will likely be done over a period of three or four weeks.

Sources of Assessment Information

1. Social history-taking

At the beginning, involving specific questions. Will help to learn about their personal history, and where they are as Native people.

Possibly ask client to do research about early family life, which has a learning and therapeutic function for the client. In this sense, treatment actually begins during assessment. Clients may become enlightened about family dynamics, issues and themselves.

Will also be useful for sorting out the complicated dynamics related to adoption, blended families, and how these may have affected problems and issues. Also helps to understand their problems as having roots in history of family and family relationships, thus taking the focus (self-blame?) off themselves.

Preliminary topics for assessment questions

Current family structure: composition (structure); historical family structure changes and gaps in important family positions (eg. grandfather)

Gaps in knowledge about family

Traditional/non-traditional beliefs and practices; conflict and struggles over this

Medical problems and history

Current addictions? (Note: Need to develop a policy concerning whether to treat people who are abusing alcohol or drugs, since these may be used to keep people from being in touch with their feelings.)

Illnesses: medical problems? migraine headaches?

Medicines being taken: prescription and non-prescription

(Note: Possible to establish good working relationship with medical doctor at Anishnabe Health, so if medical check-up is indicated this can be recommended. Also, need to know the appropriate preliminary questions if behavior (eg. depression) is suspected as medically influenced. Mutual referrals)

Helping professionals and supports in client's life.

2. Genogram

The victims of sexual abuse have a serious ambivalence about their families. Unresolved issues about being connected or not wanting to be connected are prevalent. As in most dysfunctional families, the enmeshment in the families is stronger, even if in a dysfunctional way. For example, adult children may be unable to make decisions without checking with parents.

Participants will be asked to describe their place in the whole family structure, as well as important events that have a meaning to the client:

.family size and implications?

.suicides?

.birth order dynamics?

.patterns of personal problems and styles of coping?

This material may be written, tape recorded, or simply asked and recorded later. Writing on a flip chart can be very enlightening, particularly if later family therapy is needed. Too much emphasis on "paper", questionnaires and the like, may interfere with the relationships. Questions must be neutral and non-threatening.

3. <u>Self-Esteem Inventory</u>

Helping the sexual abuse victim think better of themselves is an important program goal. Therefore, the assessment process will gather information on each participant's level of self-esteem in various areas of living. This will be important base-line information for treatment planning and evaluation.

For other ideas concerning assessment, particularly principles of culturally-sensitive assessment, see Appendix "B".

(iii) Healing Techniques

The following healing and educational techniques have been identified as important program activities.

.Healing circles

.Sweat lodges

.Traditional medicines: sweet grass, cedar,

.Individual counselling

.Group counselling

.Relaxation techniques

.Cultural awareness

.Substance abuse counselling

.Non-directive methods such as keeping diaries, writing, art work, poetry-writing, etc.

.Family therapy

A preliminary discussion of the above techniques is presented in the following pages.

The Healing Circle

The healing circle is a Native traditional form of healing which is increasingingly being used in Native communities and Native programs. Although the format may vary in its details, basically it is a form of group discussion, usually accompanied by traditional medicines, such as sweet-grass. As well, the healing circle is guided by a cultural or spiritual leader.

As suggested by the name of this practice, participants sit in a circle. The size of the circle depends on the number of participants. Participants takes the opportunity of expressing their thoughts, memories or feelings concerning a troublesome issue. No specific expectations or rules exist concerning what should be shared or how long the person should take. Emotional reactions, such as crying, sadness or anger usually take place. In cases of extreme emotional blockage or breakdown, the group provides support through joining hands. Smudging with sweet-grass may also be used at such times.

In contrast to non-Native group methods, often there are no strict time limits on healing circle sessions. Some may last for three or four hours, often well into the evening. Also, in contrast to some non-Native group counselling approaches, the circle leader is non-directive.

As is the case with all methods in the Mook'am program, the healing circle has several objectives which are relevant to general treatment goals. These objectives are as follows:

(i)To begin the process of realizing that one's feelings, self attitudes and behaviors are the same as other persons who have been victimized. Through the process of group participation and sharing, participants begin to realize that they are not alone. Through the sharing process, the victim's feelings and attitudes towards oneself are normalized.

(ii)To begin the process of developing a positive self-esteem through the above normalization process.

(iii)To participate in, and learn, a Native traditional practice, and thereby develop a positive self-esteem based on a valued Native identity.

(iv)To reduce the feelings of social isolation.

(v)To begin to develop social skills.

The Sweat Lodge

Like several other Native programs, the sweat lodge will be an integral part of the healing process in the Mook'am Program. The sweat lodge, with its physical and spiritual aspects, is a source of both spiritual and bodily cleansing. The sweat lodge combines bodily sweating and relaxation, prayer, cultural learning, closeness with others, and reflection. Participants smoke the Sacred Pipe and drink cedar water.

Victims of sexual abuse have experienced a disturbance in their harmonious selves. How the sweat lodge helps to restore this harmony, is best conveyed in the following quotation from a Native elder:

"We seek to return to wholeness by our purification of body, mind, heart, and spirit. We seek to restore healing to our brokenness. This is accomplished by restoring our relationships with our Creator, ourselves, our fellow human beings and all of creation. We do this with prayer, song, and spirit power within the lodge. Finally, by crawling out of the lodge we experience a newness of life. Washing with cold water invigorates us and invites us to begin to live again in a new way."

(Eva Solomon, "The Sweat Lodge: Purification Ritual", M'Nowa Djimowin, Winter, 1988.)

For sexual abuse victims in the Mook'am Program, the sweat lodge serves the following objectives:

.relaxation and physical health

.cultural awareness and spiritual learning

.social and emotional ties with others

.revitalization

Individual Counselling

Individual counselling is an important component of the program. Some clients will be unable to attend group sessions at the outset and will benefit from a one-to-one counselling. This approach will help clients to develop the strength to enter group or healing circles. Individual counselling will also be an adjunct to other program methods, as unique individual needs become apparent in group which can only be addressed in counselling.

Because it mirrors outside normal relationships, the relationship between the staff therapist and the sexual abuse victim will be an important tool in the healing process. Some therapeutic objectives of this relationship include:

.the enhancement of trust in others

.the development of social skills

.ventilation of feelings in a safe relationship

.exposure to traditional healing (such as smudging with sweet-grass) and cultural teaching

.learning specific sources of on-going healing within the Native community in Toronto

.normalization of feelings, attitudes and relationships

To achieve these objectives, the relationship will be open, honest, unconditionally accepting, and non-judgemental. The therapist will role model appropriate behavior, and coach the client as new interpersonal skills are learned.

Many of these therapeutic objectives are true of components in the Mook'am program. Individual counselling, then, involves the twin processes of helping the client (a) prepare for, and realize objectives in, other parts of the program, and (b) learn appropriate interpersonal skills and self-attitudes for normal functioning.

Cultural Learning

The Mook'am program assumes that self-esteem enhancement for Native sexual victims will occur partially through developing pride in being a Native person. This pride will grow as clients become aware of, and participate in, a living Native culture.

The learning of Native culture will happen in two important ways. First, as indicated, clients will learn Native values, spirituality, and practices through direct participation in
such activities as sweat lodges, healing circles, and smudging. One one level these are therapeutic activities. On another level, they are opportunities for learning, through the Native learning style of observing and doing.

The second way that cultural learning will happen is through the direct teaching of Elders and Native staff members. As well, clients will be referred to community cultural events.

These processes of cultural learning should have the important by-product of socializing the client into a Native community. By sharing common experiences based on traditional values, socially isolated individuals will become part of "community". The mental health and illness prevention consequences of this are well known.

Creative Methods

The healing process is described by many as a process of self-realization and creativity. This seems particularly important with sexual abuse victims, who have become estranged from their selves through a process of interpersonal control and violence. For some, the low self-esteem and poor social skills are major impediments to healing through interaction with others. What is needed are creative activities like drawing, poetry and diaries.

The creative methods suggested above should have immediate healing affects through their impact on self-esteem. In some cases, they will function as important tools for symbolically accessing deeply buried memories and feelings, and therefore will be an aid to assessment. These methods, like counselling, will supplement or prepare clients for participation in other program activities.

Substance Abuse Counselling

As a way of dealing with pain or meeting other needs, sexual abuse victims often develop inappropriate coping methods, such as alcohol or drug abuse. The Mook'am Program must recognize this and be prepared to offer appropriate services and referrals. Basic substance abuse counselling will be offered by staff. Extreme cases will be referred to Native treatment agencies and health clinics, such as Pedahbun Lodge or Anishnabe Health.

Family Therapy

Mook'am services will also be made available to the sexual abuse victim's family. Therapy with sexually abusive families assumes that family pathology may be both cause and consequence of sexual abuse. Families, for example, are known to collude in keeping the abuse a secret or unwittingly perpetuate the abuse in other ways. As well, the adult victim's behavior and self concept are known to hamper normal relationships with their partners. For these reasons, family therapy will be an important treatment modality.

The development of family therapy as treatment is at an early stage in the Mook'am project. Initial planning specifies that family therapy will be provided sequentially, following victim counselling, non-perpetrator counselling, and non-perpetrator/victim dyad counselling. The perpetrators of sexual abuse will not be treated within the Mook'am Program. However, close liaison will be maintained with a referral agency.

11.ORGANIZATIONAL SUPPORT FOR THE PROGRAM

Consultation with Elders

Elders will be important sources of consultation and other support for the program. Consultation is now underway, dealing with such issues as the meaning of sexual abuse, extent in Native communities, traditional community methods for responding to abuse, assumptions and beliefs about why sexual abuse exists, and principles for relating to, and helping clients.

Elders are also expected to have specific helping roles within the program.

Links with other agencies

The Mook'am Program will have strong working relationships with other Native and non-Native programs. Already, staff have consulted broadly with a number of agencies, including: Pedahbun Lodge, Native Women's Resource Centre, Thistletown Safety Program, Children's Aid Society, Native Community Crisis Team, Barbara Schlieffer Clinic, and West End Creche.

Strong links with other agencies are important because:

.appropriate referrals will be necessary for Native clients

.sexual abuse victims often have other needs, sometimes requiring specialized resources

.other programs will require on-going education about Mook'ams innovative program

Team Support within Native Child and Family Services

Unlike many other agencies, strong ties will be maintained between this program and other NCFST programs. Program staff wish to draw upon the expertise in the agency, as well as keeping others informed about sexual abuse and it's treatment. The entire staff were consulted at the early stages of development, drawing on their advise for program design and treatment principles.

Discussion has also taken place on the desirability of natural support processes among the staff.

Group level process can...

.process staff interpersonal problems which are hampering the work

.help staff members when they are affected by the clients (eg. staff becoming dissociative because that is what they work with all the time; feelings of unworthiness; clients may bring up issues which creates negative feelings and problems for the staff

.help staff deal with anger when they don't know where its coming from

Privacy would be respected; no need to go into issues that are private and from the past. <u>It would be a safe place</u> for staff growth.

Important to talk about the possibilities with other staff, and dispel any fears about what might go on or what is expected.

Simply stated, at the end of the team meeting everyone would have a chance to talk about issues which are bothering people in terms of working relationships, policy, etc.

Important that the facilitator would be an outside person.

Appendix "A"

Sexual Abuse Treatment Issues: A Medicine Wheel Summary

APPENDIX "B"

SELECTED PRINCIPLES FOR CULTURALLY SENSITIVE ASSESSMENT

A Literature Review

Introduction

The following principles come from a selected literature review of articles discussing experiences in the development of culturally appropriate assessment. All articles are based on American experiences.

Assessment

(i)Assessment instruments should be selected to reflect how the cultural group actually thinks about symptoms. Instruments need to select highly valued areas of function. Various types of mental illness have surfaced in studies of how people themselves describe their illnesses, eg. "deep worry", "loss of mind", "spiritual death", "drunken-like craziness in the absence of alcohol". (McShane, 1987)

(ii)Cause of illness may be attributed in different ways. One study showed that the Ojibway notion of sickness emerged out of the person's or the parent's "bad conduct". (McShane, 1987;
Johnson et al, 1988). See examples in Johnson, 1988. Service plans should be negotiated which address the patients concerns. (Johnson, 1988)

(iii)When the therapist concludes that the problem is experienced by the patient in cultural terms, and when the patient agrees to a traditional approach, the assistance of a traditional healer may be arranged. (Kahn, 1988)

(iv)Behavior taken as clinical evidence of symptomatic behavior
may be quite normal within the meaning context of the Native culture. Example: Soft hand-shake ("passing hands") was taken as symptomatic of psychomotor retardation by white Psychiatrist. Firm hand-shakes are taken as aggression by Ojibways.

(v)Information-gathering for assessment purposes might consider the following guidelines established for culturally-sensitive research (Rogler, 1989):

.Be sensitive to the possible inappropriateness of concepts to the Native culture. What are the meanings to Native clients of terms like "abuse", "self-esteem",
"protect", etc. Avoid what has be termed the "category fallacy", the application of terms developed in one cultural context, without checking out its validity for another cultural group.

.Incorporate terms and concepts in the assessment process which are cultural in reference (eg. "acculturation").

.Where relevant, Native language speaking persons could be used for assessment interviewing.

.To assure meaning equivalence between languages, a method called "back-tracking" could be used. A bilingual person could translate from the source language of assessment questions to the client's language. Another bilingual person then translates back to the source language. The comparisons are made between the original material and the back-translated material. Any discrepancies are used as the focal point for changes and adaptations in the two languages.

.The assessment interviewer must also be sensitive to possible cultural factors affecting the way people answer assessment questions, or the way people behave in assessment situations. For example, Native

people may find the behavior or experiences implied in certain questions to be more or less socially desirable, (Rogler,1989, Pg.299), in ways unrelated to mental health.

.One way of developing a culturally appropriate assessment instrument would be to ask a group of Native people what could go wrong in Native minds or spirits after sexual abuse. Following a reply, one question after another could determine the behavioral, affective and cognitive dimensions of the illness; the perceived causation of the illness; the differences between the different types of illnesses, and the reasons for these differences. For other details on how this process was used to develop an American Indian Depression Schedule, see Rogler, 1989, pg. 300; and Manson, "The Depressive Experience in American Indian Communities: A Challenge for Psychiatric Theory and Diagnosis", in A. Kleinman, Culture and Depression: Studies in the Anthropology and Cross-Cultural Psychiatry of Affect and Disorder , 1985.

.Assessment questions may also ask about the degree of affiliation and identification with Indian culture, and any conflicts between minority and majority cultural values. (Edwards and Edwards; Topper and Curtis, 1987). For example, the concept of dual means-goals disjunction refers to the anomic situation where Natives may be exposed to differing cultural goals, based on exposure to traditional and industrialized values and goals, coupled with blocked means to achieve these goals. This concept draws from Merton's formulation and is advanced by Jileck, and Topper and Curtis. The clinical presentation of synergistic dual anomic depression involves depressed mood, hostility, feelings of inadequacy and hopelessness. Depressed moods may be accompanied by drinking and/or violent sexual acting out. (Topper and Curtis)

APPENDIX "C"

PRINCIPLES OF CULTURALLY APPROPRIATE ORGANIZATION, HEALING TECHNIQUES AND PROCEDURES

A Selected Literature Review

INTRODUCTION

The following principles derive from a selected literature review of articles discussing experiences in the development of culturally appropriate programming. All articles are based on American experiences.

ASSUMPTIONS ABOUT ILLNESS

.Unlike European scientific medicine which separates mind and body, Native and traditional medicine makes these distinctions less sharply, viewing physical illness as misbehavior of the body. Illness may be an appropriate reaction to the conditions of life. The person in his/her milieu are assessed. This is the holistic approach.

ORGANIZATION

.The status and credibility of culturally sensitive programs to outside agencies and professionals affects their ultimate success. This may particularly hold true in the case of acceptance of assessments and evaluations in referral circumstances. (Khan,1988)

.The setting

.Because clients may have grown up on reserves, outdoor or other natural settings may promote more verbal and responsive participation (Edwards and Edwards).

.Participants in treatment

.Native traditional treatments may involve more persons than the patient, including the family and the whole community (Haycox, 1980). In some case the issue of confidentiality is not observed.

.Resource persons other than the "healer" may also be involved, such as singers of special songs (Haycox).

.The native client should assume as much responsibility as possible for the activities, discussions, and decision-making in the helping relationship. This is because the history of Native-white relationships has created severe mistrust of those in authority, particularly whites. "Social workers should move slowly, identify problems and procedures clearly, make commitments regarding situations in which they have control, follow through consistently, and use client strengths appropriately in order to establish feelings of trust and establish professional relationships" (Edwards and Edwards)

.The organization of service should take into account the culturally appropriate behavior of the client group.

Examples of flexible therapy schedules

.Therapy starts when the patient turns up. How does this apply to group therapy?

.Therapy accommodates additional persons who unexpectedly show up. (eg. extended family members).

.Therapy ends when the client feels done.

Socio-cultural expectations

.Indian people are being taught to value themselves, their families, clans and tribes, and to adhere to distinctive values. Social workers should consider the values of each specific tribe (Edwards and Edwards), and be prepared to discuss matters of cultural concern.

PRINCIPLES OF HELPING TECHNIQUES FOR WORKING WITH NATIVE PEOPLE

Establishing a relationship

Because of the mistrust of non-Natives, a substantial time commitment may be required to establish a professional relationship with non-Indian staff.
(Edwards and Edwards).

Helping an Indian client obtain services desired, as they see it, helps the development of a relationship. (Edwards and Edwards)

Acknowledgement that client/staff perception of reality, based on different belief systems, may differ.

.One study showed how one young patient's behavior, encouraged by his grand-father (eg. day-dreaming, telling wild stories), was not accepted by clinical staff.

Staff should recognize that socio-linguistic differences may exist between staff and clients, affecting verbal and non-verbal communication.

.Introspection and self-evaluations may be difficult for some Indians. Some may find it difficult to talk about themselves. Some traditions dictate that exaggeration should be avoided, use of name, "I", etc. Indian clients may expect to be understood without having to discuss their concerns in detail (Edwards and Edwards).

.Native clients may block or show discomfort when the demands of treatment directly conflict with cultural norms or behaviors. The worker should try to help the client verbalize these conflicts, thus freeing the client to participate in counselling. Also, the client may welcome feedback on the ways he/she is behaving according to cultural values. (eg. independent self-help) (Edwards and Edwards).

.Certain values (eg. individuality) may inhibit the discussion of the problems of other family members during sessions. Social workers can help by discussing their understanding, and the conflict caused (Edwards and Edwards).

.For some Native cultural groups, the area around the eyes
is a behaviorally expressive region. Talk is modified by widening or crinkling of the skin around the eyes.
.Eye contact may sometimes cause uneasiness. Staff should develop a technique of looking elsewhere, or developing an activity or game where talking does not require eye contact. (Edwards and Edwards)

.The expectation for participation may be different for different cultural groups. This may create difficulties for securing attention within group therapy. Certain behaviors may falsely be taken as inattention.

.The assumptions behind the healing process, and the accompanying expectations for the healer may be different for the Native client and a non-Native therapist.

.The influence of the traditional healer derives from his/her membership in the community, "a connectedness between a spiritual healing power, the healer, and the community". Healing involves the healers struggle to channel healing to the community, an effort that does not remove the healer from everyday life. What this means for

the healer/client role relationship is that the client may try to involve the healer in his/her daily life. Native patients may need to have a powerful group to which to belong.

.Talk therapy and psychoanalytical models of therapy may not be useful for Native clients. (Ashby, et al, 1987)

.Avoid building treatment plans around the assumption of the typical North American nuclear family relationship. (Ashby, 1987). Extended family relations are more typical; these are more difficult to incorporate into the family therapy model.

.The use of humour is an important way to promote interaction with Native clients, particularly if the worker can make fun of his/her own actions and work. (Edwards and Edwards).

.The social worker can help build the relationship by assuming a role which is appropriate to the cultural values and beliefs concerning the helping process (Edwards and Edwards). For example, should the culture emphasize individuality and self-help, the worker should identify their role as "sounding board", while helping the client develop his/her own plans for working through the conflicts involved.

Group Methods

.Consider the therapeutic potential of using group methods, incorporating traditional culture as a clinical variable, including such things as role modelling, apprenticeship training, group consensus re: dealing with stresses of life and the dominant culture (Edwards, E. and M. Edwards; LaFromboise and Rowe,1983)

.Concrete, skills-oriented, self-help approaches. (Ashby et al, 1987)

.Be sensitive to the potential for divisions between Indian cultural groups. This may be a factor working against group cohesiveness.

Intervention strategies and skills with groups

.Provide positive reinforcement on an individual basis at first, thus avoiding the embarrassment of praise in front of the group (Edwards and Edwards)

.Alcoholism-related treatment should be task-centred, and proceed with extreme sensitivity (Edwards and Edwards).

.Groups focusing on increasing positive feelings about one's Indianess, such as discussions and activities related to traditional and modern day life; historical, cultural, and present day concerns (Edwards and Edwards)

Multi-component treatment model (Ashby)

.Pre-treatment ethnographic interview

To gain information about respondents perceptions concerning
difficulties in their lives and how they coped, and (ii) measure the effects of the interview, which was designed for trust-building and empathy between interviewer and interviewee, and to build motivation to attend and participate

.Traditional arts and free art expression. To promote identification with the cultural heritage. Therapeutic objectives: (i) increase pride in culture (ii) overcome reticence about group participation (iii) enhanced self-esteem through completed task. (Ashby,1987)

.Sharing a meal. A gesture of acceptance among individuals.

.Didactic Exercises

.values clarification, information giving, skills building
(see methods description, pg.26)

The use of culture-specific techniques

.Efforts should be made to help clients understand the social intervention process, and modify procedures when

beneficial to the client. (Edwards and Edwards)

.The behavioral norms of the Native culture should be learned and introduced into communications as needed. For example, in one tribe it was forbidden to speak a dead relative's name. This tradition could be followed in therapy. Where such behaviors are not known, consider consulting a cultural teacher. (Edwards and Edwards)

.Some traditional techniques, such as the singing of special songs, are quite specialized in their focus, often responding to changes in the patient's life (ie. ecological approach) (Laycox).

.Talking Circle

Traditional talking circles allow individual participants an avenue for expressing personal feelings and opinions affecting themselves, the tribe and others.

.Specific treatment modalities may have a specific cultural learning content. Folk tale therapy ("Cuento therapy"), for example, was used with Puerto Rican children facing acculturation dilemmas to foster pride in traditional culture, while teaching adaptation to a host culture.

Language use

.Assessment of language abilities is important.

.Where English knowledge is limited, misunderstandings may occur.

Constant questions about some matter may indicate previous unpleasant experiences with that particular issue, such as the cancellation or discontinuation of a previous enjoyable experience.

RESOURCES

The use of natural helpers has generally been found useful in some Native communities. However, certain forces (eg. alcohol abuse, death, migration/acculturation, lure of foster care payments, etc.) have resulted in deterioration of positive family and social support systems.

Culturally-sanctioned healers (eg. medicine men) can be encouraged to relate to clients in more or less traditional ways. A few factors should be taken into account:

.Few such persons may be available, or may have to be recruited from outside the community

.Some acculturated clients may not believe in such traditional healers, making traditional healing difficult in group situations.

.Traditional healing dynamics may be difficult to document and evaluate, and/or documentation may be resisted by the healers as non-traditional. The worth of traditional healing is based on customary acceptance or faith, not on rational scientific evidence.

"When you do believe, you will be cured. I feel that how well the medicine man's treatment works depends on how much belief you have" (Khan, 1988)

.The legitimacy of traditional healing may not be accepted by dominant health system. Traditional healers have a different approach to reality, believing in subjective rather than objective knowledge. (McShane, Pg.101)

.Use of Native staff is assumed to help Native clients cope with a potentially alienating non-Native setting. A number of difficulties have been experienced, though:

.Native staff who are acceptable to "professional authorities" may be well-educated and acculturated, and inappropriate to Native clients, and may become isolated for their own communities.

.Native-oriented programs often take place in larger non-Native contexts. Adjustments to non-Native contexts may be painful to Native staff.

A CRITIQUE OF INDIGENOUS HEALING METHODS

Joan Weibel-Orlando, "Hooked on Healing: Anthropologists, Alcohol and Intervention", in Human Organization, Vol.48, No.2, Summer, 1989. This article, although intending to critique the unquestioned support of indigenous healing, nevertheless provides useful implementation advise for developers of traditional healing programs.

1.Traditional institutional controls are effective only in groups which adhere to traditional social and cultural life. Success will be determined by the match between the level of acculturation of the individual and the level of traditionalism of the strategy. (Dozier, 1966)

2.One longitudinal study found that those who initially benefitted from indigenous healing, whether from medicine men, herbs or peyote, nevertheless regressed to their alcoholic ways at later times. (Weibel-Orlando).

3.Thorough follow-up or evaluation has rarely been done after program involvement.

4.Imaginative post-treatment social supports, particular for the abusers of alcohol and drugs, have rarely been implemented after program participation.

5.Important to understand the personal and motivational, interpersonal and dynamic, socio-cultural and psycho-social dimensions of the relationship between the healer and the healed, and his/her context, which either promote or inhibit program goals.

6.Of 50 Indian substance abuse programs observed since 1978, the viable ones had the following characteristics:

.self-generated rather than imposed from without

.officiating or orienting charismatic role model initiators, including shamans, tribal leaders who had experienced alcoholism, Virginia Satir, preacher, etc.

.all involved the recovering clients in on-going therapy with the group as clients and healers

.all saw themselves as a social entity, a community structure alternative to the drinking culture

7.The notion of the healing community is a good place to start. Those who heal were once themselves being healed. Continuous healing service to the community keeps oneself balanced, healthy and healed. Contemporary versions of the village medicine sodalities.