

Signposts on the Red Road

A method for evaluation of Indigenous Family Residential Treatment Centres with respect to the wellness indicators of the Tripartite Strategy Council on Mental Wellness and Substance Use, Employing a Medicine Wheel Framework

by

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In the Faculty of Human and Social Development

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I) Intent of project and composition of committee.

1. Statement of Purpose of Project

This project is designed to partly fulfill the requirements of the Masters of Social Work, Indigenous Specialization degree at the University of Victoria in the course of Social Work 598: Individual Research Project. The specific purpose of the project is to explore how an Indigenous centered notion of wellness can be translated into an evaluation/assessment guide for Indigenous family residential substance abuse. The output for the project is an evaluation/assessment guide to compare the strengths and limitations of programs delivered at such treatment centres to the indicators of wellness outlined in the recently released study of the Tripartite Strategy Council on Mental Wellness and Substance Use entitled "Summary of Community & Stakeholder Input Survey for First Nations and Aboriginal Mental Wellness and Substance Use". (2012).

2. Self Location:

In the year 1999, I was a child protection social worker for the USMA program of the Nuuchahnulth Tribal Council and I first became aware of the phenomenon of family residential treatment. I often consulted with and occasionally sent client families to the Kakawis Treatment Centre on Meares Island. (later Kackaamin). The efforts to keep families intact, address addictive behaviors and strengthen parenting skills were desperately needed measures at times and it seemed that in many cases there was increase in the capacity of participant families at Kackawis. I became interested in the potential of this form of treatment and years later in 2012 I did an extensive practicum at the Kackaamin facility. In positioning myself in relation to this subject, I am reminded, when reflecting on the interconnections that only part of the whole of one's being and consciousness can be viewed from any perspective. I have spent ten years serving in three separate Indigenous child welfare agencies. For forty years, I have been a parent, many of those years as a single parent-before I ever dreamed of working with children and families. Parts of my life

experience were drawn inexorably to the profound contexts of the similarities of my situation with those of both participants and staff in Indigenous family treatment centers. My personal experience of addiction and recovery, my family and professional inter relationships with Indigenous people, the learning journey of parenting and family life are all also the experiences of the people served in Indigenous family residential treatment and yet there are many points of divergence as well. As a woman of primarily European middle class upbringing I have enjoyed privilege and even when sharing discrimination with my Indigenous family and associates, I have always had the opportunity to retreat into the safety of privilege. I have been a witness to oppression and the struggle to exist within it and have also oriented myself to becoming an ally. It is with an attitude of the utmost respect and humility that I approach this task of reflecting upon the work currently done at family residential treatment centers. It is also with a great stirring of hope and faith in the resilience and gifts of Indigenous people and the possibilities of encouraging systemic change in the delivery of services to families that I offer this project

3. Composition of Committee

The project committee is made up of the following members:

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4. Focus and Summary

Substance abuse and addictions have leached vitality from Indigenous communities since the early days of European contact. (Chansonneuve, 2007, p. 7) Historically, Indigenous peoples in Canada had no recorded use of alcohol and used drugs as medicine or for spiritual purposes. (McCormick, 2000, p.26) From these early conditions, over the course of three hundred years of oppression and deprivation, Indigenous families have, in the last century, endured a time when the coherence of many families is threatened through not only the depredations of substance abuse but also the reactionary policies of the child welfare system, which aims to protect children from the addictions of parents by removing them from the family homes and transplanting them into foster care or adoptive homes. (Bastien, Sohki Aski Esquao & Strega, 2009, p. 223). This project examines and provides a method of evaluation for an alternative approach to addressing the needs of families experiencing addictions. This approach is that of Indigenous family residential treatment and is a process whereby entire Indigenous families affected by addictions and trauma come into a residential treatment facility for six week periods and participate in programs that address recovery and treatment for addictions, as well as, in a holistic manner, explore life style and parenting issues. There appear to be only three Indigenous family centres in Canada.. They are Kackaamin Family Development Centre in Port Alberni, B.C. (formerly, Kackawis), Nenqayni Wellness Centre in Williams Lake, B.C. and the Reverend Tommy Beardy Centre in Muskrat Dam, Ontario. Evaluation studies, notably those of Health Canada, (1998, 2005), have addressed typical individual residential treatment programs, both Indigenous and mainstream. (By typical, it is meant that such centres offer individual treatment to single participants.) In British Columbia, in one such significant study, The Round Lake Treatment Centre conducted a longitudinal study of their programs over two time periods, in 1971-1979 and 1981-1985 (Round Lake Native Treatment Centre, 1987). This was mainly

concerned with follow up outcomes for clients. None of the studies have been specifically concerned with the residential treatment of entire families and none have been written from an especially culturally sensitive perspective, though several acknowledge the importance of culture.

This project has been directed towards the creation of an evaluation guide whereby family residential treatment centres may compare their program content and delivery to the wellness standards identified as important by Indigenous researchers and employing Indigenous methods. Towards this end, the document, “Summary of Community & Stakeholder Input Survey for First Nations and Aboriginal Mental Wellness and Substance Use” (Tripartite, 2012) will be utilized. This document presents a summary of a research project conducted by the Tripartite Strategy Council on Mental Wellness and Substance Use that requested feedback from communities and stakeholders on “perceptions around mental wellness and substance use and related service approaches” (2012, p. 2). The assessment guide compares function of family residential treatment programs to the five main themes identified in the Tripartite Study.

The epistemological underpinnings of this project are informed by an Indigenous world view and methodology, further explained in section six. The method used in creating the program assessment guide is based on the Cree medicine wheel paradigm of human health and wellness. Each of the five main themes of the Tripartite Survey results form the basis of an examination of possible programs offered by the centre to address participant needs in relevant quadrants of the medicine wheel, emotional, mental, physical and spiritual. Centres may employ the guide by inviting assessment by an outside agency or as an introspective reflection on their own practice (self-assessment). The guide could also be used in whole or in part, as a group project by staff to guide session debriefing activities.

In order to create a context for the understanding of addictions and the role of treatment centres in Indigenous communities, the project paper begins by identifying some of the existing

literature concerning current practices in evaluation of residential programs for substance abuse treatment, examining the structure of the programming at existing family residential treatment centres, and then, the historical conditions and resulting substance abuse issues affecting Indigenous families and how these issues are addressed in family residential treatment programs. This will be followed by sections explaining the Indigenous methodology relied upon in creating this project and the paradigm of the medicine wheel, which is the framework of assessment guide.

I. Literature Review

A context for understanding the work of family residential treatment centres and the evaluation tool will be provided by examining the literature in three areas:

1. Evaluation methods currently employed in assessing residential treatment programs.

What are current methods of program assessment for residential treatment programs? While there is no apparent literature evaluating family residential treatment centres, there is some significant literature in the bigger picture of residential substance abuse treatment. Health Canada, for example, which supplies funding to most residential treatment centres, has engaged in reflection on this topic. A contributor to the body of knowledge early on was a study conducted by Health Canada in the nineties called *Evaluation Strategies in Aboriginal Substance Abuse Programs: A Discussion* (Health Canada, 1998). This study examines statistical information and provides indicators of effectiveness through evaluating outcomes for individuals. It discusses several Indigenous residential programs, though none of them are family treatment models and the standards and methods of the study are not specifically culturally relevant.

Again, in 2005 Health Canada produced a significant study entitled "*Literature review: Evaluation strategies in Aboriginal substance abuse programs: a discussion*". In part two of this

study, the evaluation of programs is specifically addressed. An interesting statement opens the discussion as follows: “To be a worthwhile exercise, evaluation must be more than simply an objective look at processes and activities of an organization or program. It must explore the needs of the community and individuals affected by the organization or program being evaluated, and through outcome measurement, get a sense of how well these needs are being met” (pp. 6-7) (This is congruent with the outcomes from the Tripartite study in 2012). Most evaluations are constrained by cost and time, and the challenge, therefore, becomes making selective choices on what to evaluate in the most cost-effective manner. It is within this understanding that the need for a contextual and relational form of evaluation must be considered. As discussed in the methodology section of this paper the need to understand community context also fits with an Indigenous world view that all things are connected. The 2005 Health Canada document further discusses the challenges in engaging centres in the evaluation process, which it concludes must be voluntary. It then goes on to define Health Canada’s own indicators of effectiveness in program delivery and lists standardized indicators as: residential treatment length, outpatient treatment length, client perceptions about being in treatment and attitudes toward treatment; number of years counselors have worked in program; number of volunteer staff in direct client contact; counselors’ use of practical problem solving approach; provision of special services (recreational, vocational, and contraceptive). The authors also acknowledge that to be effective, programs must respond to individual needs by customizing therapies to meet their needs and this may complicate the process of standardized evaluation. Ironically, there is no mention of the use of Indigenous methods or consideration of culture in program evaluation.

2. Indigenous issues that are addressed in treatment. The Effects of Trauma, Colonialism, Residential Schools, and Foster Care

The role of culture and spirituality in Indigenous treatment programs is discussed by Rod McCormick in a journal article "*Aboriginal Traditions in the Treatment of Substance Abuse*" (2000, p. 25). McCormick refers to the pain of cultural dislocation and how it is often numbed with alcohol. He further cites the limited success of mainstream treatment approaches based on the medical model (p. 26) and explains that to be disconnected from community and family spiritual and cultural values leads to "existential anxiety" for Indigenous people and that reconnection to these is the primary source of healing for Indigenous people (p. 27). He cites the success of programs based on traditional values, spirituality and activities that increase self-esteem and makes the statement, based on several independent studies, that "without the cultural context it is not possible to develop effective substance abuse prevention and treatment strategies." (Trotter & Rolf, 1997, & French, 1990, in McCormick, 2000, p. 29). In light of the impact of history and racism, authors Bastien, Sohki Aski Esquao and Stregao point to the needed cultural specificity in chapter thirteen of the book Walking This Path Together, Anti Racist and Anti Oppressive Child Welfare Practice. Specifically, this chapter, entitled, Healing vs. Treatment: Substance Misuse, Child Welfare and Indigenous Families, speaks of the need for using a framework for Indigenous healing that is culturally specific. (2009, pp. 228-232). These are issues that do not appear to be well addressed in the traditional literature on the topic of program evaluation. The proposed assessment guide intends to locate Indigenous family treatment programs within the cultural context. The context of family and extended family are of overshadowing importance to Indigenous people. Bastien, et al. (2009), stress the importance of healing in the context of family. "For Indigenous families, effective interventions need to target parents' capacity to seek and sustain support systems in their family and social networks"

(p. 229). It is very interesting that the Tripartite study (discussed below) also identifies the need for treatment that helps to address access to social systems and community supports.

In his master's thesis, "Towards Effective Aftercare; Addictions Treatment in First Nations Communities: Aftercare Research for First Nations Alcohol and Other Drug Addicts in North Central British Columbia, Canada" (2007), Jim Chorney, of the Nenqayni Wellness Centre, one of the few family residential treatment centres in Canada, examines aftercare needs and follow up recommendations from an action research perspective that was helpful in establishing feedback from clients and helping professionals, and to a certain extent, assessing personal progress of program participants. The study provides first person voices of family residential treatment participants from the Cariboo-Chilcotin region discussing needs following treatment. One of the outcomes of the talking circles employed in gathering data is the feedback that they provided to the programs at the Nenqayni Wellness Centre. Not surprisingly, the factors identified many times in Chorney's study are congruent with the Tripartite Strategy Council's study (discussed below). The recommendations of the participants in the project, who were former participants in treatment, and community stakeholders, provide some direct understanding of the needs and expectations of those who are engaged with the services as well as the communities and families to whom they are connected. Chorney identifies the most frequently occurring themes in the series of three talking circles that he conducted in communities surrounding the Nenqayni Wellness Centre. Of these, communication, culture and connection to community were recurrent subjects in all three of the groups (2007). Although his work is focused towards the subject of aftercare, it also reinforces awareness of the needs of program participants during treatment.

Although the above mentioned literature provides some context for creating the assessment guide, the importance of the study by the Tripartite Strategy Council on Mental Wellness and Substance Use entitled "Summary of Community & Stakeholder Input Survey for

First Nations and Aboriginal Mental Wellness and Substance Use” (2012) overshadows all previous work through the specific and pertinent recommendations that were derived from its participant input. This research project, which concluded in April of 2012, was focused on gathering Indigenous community and stakeholder perceptions around mental wellness, substance use and related service approaches. The mandate of Indigenous family treatment centres is validated in the key area of focus on page two concerned with “Perspective/View of Mental Wellness” where it is stated that : “Policies/programs addressing mental wellness must accommodate a view of mental wellness that has a very strong emphasis on collective relationships: extended-family/family-community-society” (Tripartite, 2012). This survey will greatly assist in the creation of the assessment guide for Indigenous family residential treatment centres as it has broad based input and identifies a perspective on mental health and wellness that is both holistic and Indigenous in focus. Community and family contexts, social conditions and their connectedness are discussed in this document and are topics that will help to inform the proposed assessment guide for the Indigenous Family Residential Treatment centres. In brief, the survey summary brings forth respondent’s views of mental wellness and identifies five core themes that emerged from the study. They are as follows:

- I. Emphasis on collective (family-community-society) aspects of mental wellness.
- II. Cultural emphasis of mental wellness
- III. Individual emphasis of mental wellness
- IV. Emphasis on basic needs as a pre-condition of mental wellness
- V. Emphasis on access to service provision for mental wellness (Tripartite, 2012, p.12).

The fourth and fifth of these themes very clearly steer us away from the possibility of assessing programming merely in terms of services delivered in house to individual participants and

towards the necessity of viewing addictions and their treatment as continuous with community and family contexts and conditions.

The evaluation guide that was created in this research project is unique because it gathers both Euro-Canadian as well as Indigenous perspectives on how a successful residential treatment program can be structured. It is also unique because it centers Indigenous perspectives on wellness. The residential family treatment model is little studied and is an anomaly in the field of residential treatment, and yet may well be a very effective means of meeting the needs of families struggling with addictions, through recognizing and honoring the holistic importance of the family context in Indigenous culture and the unique history of Indigenous people in Canada. As Patti LaBoucane-Benson (2005), states in a study of Aboriginal family resilience, “During the research process, many Aboriginal people spoke about the importance of the Aboriginal family, stating “families are at the core of the process of renewal in communities” (p. 7). Bastien et al. (2009, p. 232) further advise us that “building on the capacity of Indigenous communities, a holistic approach for substance misusing families supports the strengths and resources they bring with them to the healing process”.

The literature review has also examined some of the contextual issues that bring families into substance abuse treatment. A program evaluation must have capacity to address these root causes of addiction. The review includes the following topics:

- a. Colonization and 200 years of residential schools
- b. The Sixties Scoop and current adoption and foster care issues.
- c. The connections between addiction and loss of early attachment connection childhood trauma, and addiction.

a. Colonization

Historically, families, family connections and family life formed a strong foundation of the lives of Indigenous peoples in Pre-Contact North America. They were the basis of economic activity, governance and social relationships. Spiritual beliefs governed the conduct of all human affairs (LaBoucane-Benson, 2005, pp.1-3, Aboriginal Healing Foundation, 2003). Children were considered to be the most precious of resources and the gifts of the Creator. Cindy Blackstock contends that “Aboriginal concepts and systems of care sustained generations of Aboriginal children until the arrival of the British and French on the Eastern shores in the late 1400’s and early 1500’s” (2009, p. 29). To this day, despite the ravages of disease, exploitation and racism, Indigenous families have portrayed a certain resilience that is manifesting through the restoration of culture (Carriere, 2008, LaBoucane-Benson, 2005). Naming and coming of age ceremonies, memorial feasts and continual reiteration of relationship at any gathering remain as powerful landmarks embedded in culture that bear witness to the valuing of kinship and children (Atleo, 2005, Clutesi, 1977).

Economic forces began to align in Europe in the 15th century that would profoundly impact the lives of Indigenous families, in Canada, and around the world. The arrival of white settlers opened the door to the ravages of disease, (Ontario Aboriginal Health Advocacy Initiative, 2003). It is estimated that European diseases removed between 80-90% of the pre-contact population. Smallpox, measles and other European diseases destroyed the succession of chieftainships, social organization, and the order of families (Churchill, (2004). Many children were left without parents. At the same time, trading, the imposition of a vastly differing economic system, racism and the exploitation and restriction of natural resources joined forces to militate against traditional lifestyles, methods of internal family organization, governance and parenting. (Alfred, T. & Corntassel, J, 2005, in HistoryLink.org. 2012).

b. Residential Schools

In 1853 the government of Canada, joined forces with the leading churches of the day, mainly Catholic, United and Anglican, to plan and deliver what became a devastating and insidious campaign to assimilate the remaining Indigenous population in the country. Residential schools were born. Over the next 125 years, Indigenous children across Canada were forcibly removed from their homes and families to be raised in boarding schools that were designed to eradicate their native languages, customs and connections to family. (Miller, 1996). Children grew up in rigid environments, lacking in warmth and affection, where physical, sexual, mental, emotional and spiritual abuse were all too often normative. They lived in dormitories, physically worked very hard and in most cases learned very little in terms of academics. Few graduated from high school. Many died. (Bryce, 1922, Aboriginal Healing Foundation, 2003). Even when overt abuse was not present, the loss of family, culture and language had an impact on the young children. The parental bonding, role modeling and the traditional ways of raising children were replaced with harsh, isolating disciplinary practices. (Churchill, 2004),

Sixteen residential schools operated in British Columbia during various years from 1863-1984 (Truth and Reconciliation Commission, Canada, 2012). The after-effects of the disaster of residential schools in succeeding generations are documented by the Aboriginal Healing Foundation in the publications "Understanding Residential School Trauma, a Resource Manual" (Chansonneuve, 2005, pp. 43-48) and "Aboriginal People, Resilience and the Residential School Legacy" (2003, p. 8). They document that Survivors report problems such as substance abuse, mental health problems, physical violence, and low skills for dealing with interpersonal conflict, difficulty showing affection to their children or use of harsh discipline methods. (Claus and Clifton cited on p.33).

c. Foster care

As a consequence of the conditions discussed above, many of the participant families in residential family treatment are involved with the Provincial child welfare systems. (Bastien, et. al, 2009, pp.221-228)

In the 2012 the Ministry for Children and Family Development Service Plan, Minister, Mary Polack. (2012, p.8), states that “Aboriginal children continue to be disproportionately represented among children in the Ministry’s care”. As of September 2009, approximately eight per cent of children in British Columbia and approximately 53 per cent of the 8,677 children in the Ministry’s care were Aboriginal”. (Ministry of Children and Family Development, 2012, p .8). Foster care has become an extension of the devastations of colonization and residential schools. Parenting skills and numerous attributes of mental health, such as positive self-identity, the ability to trust and to show affection had been lost in the multi-generational devastation of Indigenous families. The Assembly of First Nations report, Kiskisik Awasisak, states: Remember the Children. Similarly, understanding the Overrepresentation of First Nations Children in the Child Welfare System, (2011) is a study on the overrepresentation of First Nations children in the child welfare system and includes this comment: “The residential school system separated generations of First Nations children from their families and communities and disrupted communal systems of providing for child well-being; accordingly, it continues to have serious repercussions for First Nations families and communities today” (p.5), The psychological repercussions of abuse, degradation and violence against children, in the schools has created a toxic legacy in Indigenous families (Chansonneuve, 2005, pp. 33-65).

As the residential school era drew to a close, what is known as the Sixties Scoop took place. The number of First Nations children placed in non-Indigenous adoptive homes by the child welfare system across Canada increased dramatically at this time. (Assembly of First Nations, 2011, p.6). This was an era where thousands of Indigenous children were “rescued” from their homes and

distributed to non-Indigenous foster and adoptive homes. (Carriere, 2010; Sinclair, 2007; Foster & Wharf, 2007) Again, these children grew up largely divorced from cultural identity and families of origin and, in many cases, enormous psychological and social problems have resulted. In the book, Aski Awasis/Children Of The Earth, First Peoples Speaking on Adoption (2010), editor and Métis scholar, Jeanine Carriere, explores these issues through the life stories of First Nations people, revealing the detrimental nature of these child welfare practices and identifying them as a fundamental part of colonization. This book also demonstrates the power of cultural adoption practices when integrated with provincial adoption laws and regulations.

How the needs of the children from homes traumatized by the conditions discussed above can best be met is a matter of ongoing reflection and debate in child welfare circles. It is evident that removing children from the family and community context has only served to create further problems. Thus, in the treatment of addictions, the family treatment format may have especial importance. An eminent Indigenous lawyer, Hugh Braker, Q.C. has stated in personal conversation (Port Alberni, 2012)

“.... the idea of placing a child's interests above all else creates unnecessary conflict. It reflects the principles of individualism found throughout European cultures. However, for Aboriginal people, the child's best interests are inseparable from the community's best interests. It is ALWAYS in a community's best interests to have healthy children. It is NEVER in a community's best interests to have children who are abused or neglected. Taking a child away from its community is NEVER in the child's or community's best interests. The child loses access to culture, family, language, religion, teachings and values. The community loses access to the inheritor of all those. There is one less person to teach the language and culture to. So in practice, what having the community and child's best interests' paramount means, is that the child MUST stay in the community.”

It is for these reasons that family residential treatment can help to meet many of the needs of Indigenous families suffering the effects of historical trauma. The experience of family residential treatment, with its foci on connectivity and culture, becomes a potentially effective means of working not only with addictions but also with restoring damaged family systems. The

importance of family relationships and cultural identity in Indigenous culture has long been recognised in social work literature (McCormick, 2000, p. 29, Carriere & Richardson, 2009, p. 14) as regards First Nation adoptees. Work with entire family systems in child welfare needs to be included within the concept of culturally appropriate practice. An increasingly urgent dilemma for child protection is how to keep children safe and act in their best interests when removing them from (what seem to be a difficult and unsafe situation in) their families appears to cause an equivalent, if differing, kind of damage. Carriere states in a study she conducted in 2008, "Maintaining Identities: The Soul Work of Adoption and Aboriginal Children" that "The major finding (of the study) is that loss of identity may contribute to impaired physical, spiritual, mental, and emotional health for First Nation adoptees" (p. 1). This is an overall problem in the child welfare system in general and is also intensified in the case of the Indigenous population and is an area where family residential treatment could be a very dynamic and healing process. Indigenous children represent over 53% of the total number of children in care in BC.

According to the First Nations Child and Family Caring Society of Canada, "there are more First Nations kids in the child welfare system than there were at the height of residential schools by a factor of 3" (FNCFSC, 2012). Cascading from these traumas experienced as children, addictions may become a means of coping with anxiety and depression. It has been demonstrated that there is a strong connection between childhood trauma and addictions. Anda et al. demonstrate in a study published in 2001 that there is a strong correlation between adverse childhood experiences, addictions and suicide. In his popular work, In the Realm of Hungry Ghosts, Close Encounters with Addictions, Gabor Mate (2009) discusses anecdotal and research evidence that argue strongly for this connection. He also discusses how advances in understanding brain plasticity and the synergistic interactions of environment and experience on development have illuminated the way in which early experiences, positive or negative, may affect an individual's future abilities to cope with stress and have resilience.

To examine and affirm the credibility of family residential treatment is an important step in the possible propagation of its use in child welfare matters. It is hoped that in the evaluation process an understanding of its strengths and deficits can produce recognition of effective change in programming and delivery that might enhance its effectiveness in countering the above noted effects of historical trauma. Family residential treatment appears to have the potential to address the effects of intergenerational trauma, loss of parenting skills and addictions. It is important to understand if and how well these issues are addressed in the treatment programs.

Family Residential Treatment Centres

I will now turn my attention to examining the structure of Indigenous family residential treatment centre programs and their intent and service delivery. I will include information on the methods of the residential family treatment model and historical and contemporary Indigenous issues and social conditions being addressed through the provision of holistic programming designed to meet the needs of an entire family, not solely the addicted members. Such programs take the approach of working with the needs of entire families around their unique issues and their programs address some of the intergenerational trauma resulting from residential school experiences. The two centres in British Columbia that employ this approach are the Nenqayni Centre in Williams Lake, BC, and the Kackaamin Family Development Centre in Port Alberni, BC. (The Nenqayni Centre has graciously agreed to share information on their programming for the purposes of this paper if necessary.) The Reverend Tommy Beardy Centre in Muskrat Dam, Ontario, is another such centre in Canada. It should be noted also, that there is a centre in BC called Esperanza, located in Nuu-chah-nulth First Nations territory that offers six week therapeutic sessions to families with a strongly Christian focus. Though very respectful of Nuu-chah-nulth traditional culture, its programs are not culturally- based and not necessarily addictions focused. This centre, does however, work with some of the related social conditions

that form a community context around addictions (such as homelessness and poverty) through other programs.

An examination of websites from all of the centres shows that programming delivered at the three primary family residential treatment centres addresses in some form or another, issues experienced in family function where parenting skills have been lost due to residential schools and where addictions have taken root. Programs encourage order, planning and responsibility and help participants to identify key values such as accountability, perseverance and identity. Family residential treatment centres employ a model in which an entire family is brought into care during six week sessions and provided with a variety of services that within an overall context of Indigenous culture, are intended to address such topics as parenting, substance abuse, spiritual practices, ethics, health, hygiene, etc. In examining the Centres' websites for program content I was able to create the following matrix showing points of convergence and divergence in the foci:

Centre	Re. Tommy Beardy	Kackaamin Family Development Centre	Nenqayni Wellness Centre
Spirituality	Very important, Christian based but accepting of all beliefs	Smudging, sweat lodge, brushing ceremonies	Smudging, sweat lodge
Culture	Designed to work with Indigenous families No specific mention of culture	Encourage sharing of family dances and traditions Elders, Talking circles, crafts, pipe ceremonies, cold water bathing	Drumming, singing, Elders Talking circles Crafts, pipe ceremonies, sage picking
Parenting	Workshops and circles	Virtues philosophy specific classes	Specific workshops
Life Skills	unknown,	self-esteem, gambling, nutrition, anger management	self-esteem, gambling, nutrition, anger management

		and more.	and more.
Communication	Specifically addressed	Specifically addressed	Specifically addressed
Relationships	Relationship counselling and workshops	Resilience Specific relationship workshops	Relationship counselling and workshops
Addictions	<ul style="list-style-type: none"> • Assessment of Alcoholic Behavior • Understanding the disease • 12 Step Program abstinence based 	12 Step Program abstinence based Individual and group counselling	12 Step Program abstinence based Individual and group counselling
Trauma	Healing of memories	Residential school awareness, family mapping	Residential school awareness

Many of the specific programs offered by the centres are not identifiable through the websites; however, the similarities are apparent in some categories such as culture, spirituality and addiction awareness. All three centres subscribe to the centering of the needs of Indigenous clients as unique from the mainstream in requiring the holistic involvement of family members rather than isolating the individual.

Having completed the literature review, I will now describe the methodology and methods employed in this paper.

III. Methodology

1. Indigenous World Views

This project is informed by an Indigenous worldview for the following reasons. The agencies that provide family residential treatment services in Canada are Indigenous and reflect

to varying degrees the centering of Indigenous culture and worldview. The centres were created under the leadership of Indigenous people in collaboration with non -Indigenous allies as evidenced in the history and about us sections of the centres' websites. (<http://kackaamin.org/>, <http://www.nenqayni.com/index.php>, and , <http://weechehewayogamik.com/history.html>).

Current research and thought in addictions supports an Indigenous worldview regarding the interconnectedness of all things and the need for holistic treatment paradigms. (Bastien et al., 2009, pp. 228-233).

Indigenous world view suggests that all things are related. We are related to the land, water, air, animals, plants and other humans, and are equal with them. Knowledge is relational and not absolute. Knowledge makes sense in a relationship or context, not outside of it. "...the world and all its possible experiences, constituted a social reality, a fabric of life in which everything had the possibility of intimate knowing relationships because, ultimately, everything was related" (Deloria, 1973, p. 2).

Indigenous methodologies reflect the necessity of decolonizing research in relation to Indigenous peoples and institutions. In this regard, Jelena Porsanger states:

...reclaiming control... over Indigenous ways of knowing and being... implies better control over research on indigenous issues. This requires a shift in the research paradigm: the use of indigenous approaches and the development of indigenous methodologies that are suitable for both indigenous and non-indigenous researchers.. (2004, p.108)

Whereas Western knowledge is rational, believing in cause and effect and wanting evidence, Indigenous knowledge is about encounter and experience. Gregory Cajete, in an article entitled Life World (Waters, Ed., American Indian Thought, 2004 p.45) says, "The

lifeworld, a vast ocean of direct human experience that lies below all cultural mediation, forms a foundation of Native science.” (p. 45).

For these reasons my perspective is best expressed with Indigenous world views. The epistemological underpinnings of this project derive from Indigenous beliefs about how one comes to know and how one is positioned in the universe. (Kovac, 2009, pp. 109-120, Wilson, 2008 p. 104, Hart, 2003, p. 2). Michael Hart remarks that “It is apparent to me that these and other discussions of Indigenous worldviews highlight a strong focus on people and entities coming together to help and support one another in their relationship”. These have been called relational worldview epistemologies.... Respect, reverence, relationship and relevance, as discussed by Dr. E. Richard Atleo in his book, Principles of Tsawalk: An Indigenous Approach to Global Crisis, emerge as points of orientation in the journey to create an assessment guide for the family centres (2012). These “four Rs” are strongly interconnected and can be understood individually as follows:

- The principle of *respect* requires that all sentient beings be treated with equanimity. It also implies honoring the cultures and traditions of others. In terms of evaluation this implies seeking out the best in what a program has to offer and belief in the good intention and motivation of those who create and deliver the programs.
- *Reverence* is the recognition that all beings and processes spring from the source of the life itself and that is sacred. We look upon the efforts and works of others with deliberation and good will.
- *Relationship* describes the interconnectedness of all things and that we recognize and give space to all beings (Deloria, 1973). In the evaluation process we look for connections and holistic meanings.
- *Relevance* is the making and understanding of meaning in the web of interconnectedness. There is significance and weight in all components of the work that is done in centres with families and by the families themselves.

Evaluation within Indigenous methodology is not reflective of an empirical measure; as Dr. Manulani Aluli Meyer, an Hawaiian scholar says “Contrary to the idea that expressions of quality are found in what is mostly measurable, Indigeneity posits a wider evaluation

methodology that extends from what is seen to what is also not seen but felt, experienced, and understood” (2005. p. 3). In order to create the guide for the purposes of examining the realities of the treatment of addictions with Indigenous families, it is necessary to employ methods that honor Indigenous perspectives, and a holistic, inter-related approach to inform the construction of the assessment guide. This epistemological position is congruent with the very nature of family residential treatment where the individual is not isolated and defined by his or her addiction, but continues to be in the context of the family and the treatment cohort community.

In recent times, it has become evident to researchers in Indigenous health that health is more than the absence of disease (Health Nexus, 2008). Health, in the case of Indigenous families experiencing addiction, is a synergistic interaction between social context and individual choices (Reading & Wein, 2009). In evaluating services in Aboriginal Family Residential Treatment, the fostering of community and cultural connections must be considered as well as what may be the presenting problem of substance abuse. This includes helping participants to establish an historical context for the circumstances in which they find themselves. The evaluation question must include how through the substance abuse treatment offered by the center addresses the trauma history of participants and the gaps in knowledge that may be present regarding such topics as colonialism, residential schools, and social welfare issues.

Indigenous Knowledges are grounded in the spiritual realm, seeing the material as an expression of the spiritual. Indigenous Knowledge believes in the spirit inherent in all things. The treatment of addictions is typically founded in awakening spiritual awareness within participants. How well a program is able to address this aspect of its client needs is important to its successful outcome. How the Centre and staff express their own spiritual nature also becomes important. The interactions between staff, participating families and community are synergistic and bear upon the overall success of the program.

Through the lens of Indigenous research, the definition of success in program evaluation must go beyond the measure of whether or not participants have maintained abstinence/sobriety. The program can only be assessed by what it offers in the attempt to address participant issues and how it does so. This is because the equation of what equals success includes multiple factors and connections and are not necessarily quantifiable.

In Indigenous Knowledges, relationships are central to knowledge building. The connections between family members, extended family members and community can be very powerful in recovery from substance abuse and again, this reaches to the heart of the ideology of the Family Treatment model. This perspective is a shift that encourages us to center our explorations within our own vision and capacity rather than as an external and compartmentalized subject matter.

Jeanine Carriere states in an article, "Connectedness and health for First Nation Adoptees" "In a First Nations traditional worldview, spirituality is not separated from the mind or the body; therefore, healing techniques, such as the reconciliation of traumatic events, may come through a spiritual process. Practices such as prayer and ceremony can be used to help people cope and gain spiritual strength" (2005, p.12).

Creativity and connectivity can mediate the reawakening of traditional worldview and its consequent social phenomena, healing and helping. Validation and recognition of Indigenous ways of knowing and being may wash away the damaging consequences of the imposition of western epistemological constructs.

2. Principles of undertaking research using Indigenous world views

Guided by these perspectives, it is possible to construct an evaluation tool that addresses connections and relationships, rather than focusing solely on the effects of a behavior modification approach to addiction.

To summarize, the following principles of Indigenous world view emerge to inform the structure of the self-assessment guide:

- Interconnectedness, relationship

The principle that nothing exists in isolation but is connected to everything else, through time and space in a fluid manner is a strongly spiritual and foundational belief and is also as practical as the understanding of cause and effect

- The necessity of decolonizing research

Indigenous research must proceed from and benefit Indigenous people and employ Indigenous methodology and methods.

- The inclusion of encounter and experience

This principle expands our acceptance of all experience, beyond the limitations of the scientific method that posits fixed and predictable outcomes.

- Respect, reverence, relationship, relevance

An attitude of humility and respect on the part of researchers reflects the core intention of our orientation to the work of assessment.

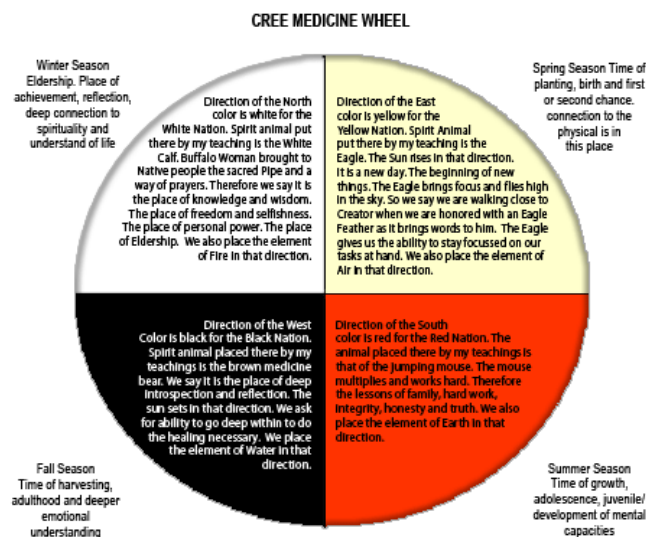
IV. Method

In order to create a guide to examine the realities of the treatment of addictions with Indigenous people, I will employ methods that honor Indigenous perspectives, and a holistic, inter related approach that will inform the construction of the assessment guide. This epistemological position is congruent with the work of family residential treatment where the individual is not isolated and defined by his addiction, but continues to be in the context of family and the treatment cohort community.

In the program assessment guide, the principles discussed in the section above will be reflected through a method employing the holistic lens of the medicine wheel. Jacquie Green and Robina Thomas give a clear understanding of this methodology and its application in child welfare matters in the first chapter, "Children in the Centre: Indigenous Perspectives on Anti-

Oppressive Child Welfare Practices” (2009), of the book, Walking this Path Together, Anti-Racist and Anti-Oppressive Child Welfare Practices (Bastien et al, 2009, pp. 30-32).

The medicine wheel is an ancient Indigenous paradigm. In their article “The Medicine Wheel” (2008), Sandra Laframboise and Karen Shebina assert that although the term, “medicine wheel” is relatively modern, the actual philosophical framework extends back in time for several thousand years at the least, as evidenced by oral history and by the presence of rock constructions on the prairies. They state that “...it is a model to be used to view self, society, or anything that one could ever think of looking into” (p.2.). Medicine Wheel teachings are vast and limitless and form the basis of most First Nations beliefs (p. 2). Laframboise and Shebina identify that the medicine wheel is a fluid construct and has many possible formats; they discuss the Cree/Algonquin/Plains wheel, the Cree Medicine Wheel and the variant colors of the Southern Plains/Sioux, Plains, Cree. For the purposes of this paper we will identify with the Cree Medicine Wheel. The wheel is visually depicted as a circle divided into four parts.



The above wheel may be visualized as representing a balanced entity. The Four Directions or quadrants of the East, the South, the West, and the North are congruent with the physical, mental, emotional and spiritual domains. It is believed that to be in balance all four of the energies of these quadrants should be in harmony (Loiselle & McKenzie, 2006).

In an article published in the First Peoples Child and Family Review, entitled "*A way of life: Indigenous perspectives on anti-oppressive living*", Robina Thomas and Jacquie Green describe the medicine wheel as "an ancient teaching tool. The wheel has no beginning and no end and teaches us that all things are interrelated. The circularity of the wheel is comprised of quadrants that represent all living things" (2007, p.92).

In this context, the program evaluation should possess a seamless flow in all the five themes of the Tripartite study, moving through the quadrants of the wheel; namely, the mental, physical, emotional and spiritual. It will position the indicators of health and wellness, from the Tripartite study and the programs of the center being studied, in the Medicine Wheel context by examining program activities based on the existing programs identified by centers and the possible extension of these activities. The medicine wheel provides an Indigenous holistic world view and a comprehensible structure for organising the indicators of health and well-being, into the various quadrants and showing if and how they are addressed by centres' programming. This profound yet simple structure can assist organizations in assessing function and how well the needs of individual participants, families and communities are met. The Atlantic Council for International Co-operation prepared a study of the Medicine Wheel model and it is stated in their document that "The Medicine Wheel takes us out of this linear concept of project evaluation and towards a more holistic one" (Atlantic Council, 2007, p.4). As Fyre Graveline states in her book, Circleworks: "This paradigm challenges us to shift from the linear, mechanistic cause-effect models of

thinking now dominant in the Western industrial world, and to embrace the circular, ever evolving dynamic captured in a single phrase: all life is a Circle” (1998, p.152).

The following graphic illustration is an example of one of the possible ways that the four quadrants of the Cree Medicine Wheel could be applied to analyzing social function.



Graphic image derived from: <http://sydco2wdv.multiply.com/journal/item/669/DPT-Circles>

The objective of this project has been to construct an evaluation guide for a simple self-evaluation (or external evaluation – see below) of the programming of Indigenous family residential treatment centres according to standards identified by Indigenous stakeholders as of importance. These standards will be drawn mainly from the Summary of Community & Stakeholder Input Survey for First Nations and Aboriginal Mental Wellness and Substance Use, published by the Tripartite Strategy Council on Mental Wellness and Substance Use, (2012). The document consistently shows that the indicators of personal health and wellbeing interpenetrate with social, cultural and community factors and the categories and the assessment will of necessity need to be created in the context of these factors. An understanding of how well the needs of families and individuals within families may be met in the programming of centres is the desired outcome of the assessment process. An important point is raised in discussions of program assessment for substance abuse centers; namely, the question of abstinence. How important is it as an indicator of achievement? Is it an indicator of program success? In traditional assessment, it is often the main factor (Finney et. al, 1998, in Health Canada, 2005). Though the current family residential

treatment centres are based on abstinence and the 12 step model, measuring progress strictly by whether or not the participants have maintained complete sobriety is a very limiting perspective, (Chorney, 2008), though sobriety is certainly one of the considerations. It is not that centres should not have the goal of abstinence as an aspiration for their clients, but that it should not necessarily be a primary indicator of achievement. Have the family centres achieved their goals if the goal of abstinence is not met by program participants? The medicine wheel provides an integrated paradigm for a balanced, healthy human individual. It leads us towards a more holistic understanding of treatment programs rather than relying on merely a result based model. In keeping with Indigenous worldview success is better defined in the journey itself and in the quality of connections to the world than in an absolute goal-such as producing clients who are completely abstinent. “Truth is a perspective, not a prescription” according to Indigenous scholar, Jacquie Green (lecture, November 28, 2008, University of Victoria).

The medicine wheel framework has been used as a structure to create this holistic guide for the examination of the programs of family residential treatment centres. The guide allows programs to examine the ways in which they meet indicators of excellence, including those identified in the literature, and those where data was gathered from Indigenous stakeholders, and to do the evaluation in the context of the four quadrants of the medicine wheel: the physical, mental, spiritual and emotional aspects of the human experience.

Each of the five emergent core themes of the Tripartite survey is a section of the assessment guide. Within each section, a medicine wheel is positioned. The key aspects of the themes and the policy/planning implications that have been identified for that theme have been sorted into the four quadrants of the Cree Medicine Wheel. The parts of the programming of the centres that match to the themes and implications will be sorted within the relevant quadrant.

In each area what will emerge from the Centre's assessment will be primarily strengths based, and will represent a holistic view of how the centre's programs function and where they could be improved.

In general, this assessment guide should be used by the centres themselves, or in collaboration with outside assessors who could include participant/consumers of the programs. The Tripartite Summary document lends itself to program analysis in the context of the Indigenous worldview and addresses the subject of what means to be mentally well.

What appears below is taken from the Tripartite Strategy Council's Summary and are the five core themes. This is directly quoted from the document, with their specific pagination shown.

I. Emphasis on collective (family-community-society) aspects of mental wellness (p.12)

The summary identified policy and planning implications of this principle as "... the degree to which planned services, programs, policies and investments in Mental Wellness really target promoting and strengthening the collective relationships of family, extended family, community, and society. Do strategies proportionately focus on these core dynamic relationships and the aspects of belonging they entail, or is there disproportionate emphasis on "individual" mental wellness and supports?" (p. 13)

II. Cultural Emphasis of Mental Wellness (p. 13)

Policy/Planning Implications:

The importance of culture as a dimension of mental wellness as expressed in this input, is not strictly about "culturally appropriate" services. It is also about awareness of, access to, and involvement in, the rich and diverse aspects of an individual's culture and the activities, practices and relationships that entails. The planning and policy development process for mental wellness needs to determine how efforts and investments can indirectly support or reinforce these aspects of mental wellness.. (p.14)

III. Individual Emphasis of Mental Wellness (p.14)

Policy/Planning Implications:

Mental Wellness as a state of dynamic equilibrium of mental-emotional-physical-spiritual aspects of the individual cannot be effectively supported from within the confines of professional service silos. Rather mental wellness planning and program development must transcend these divisions and seek to play an integrative role. (p.15)

IV. Emphasis on Basic Needs as a Pre-condition of Mental Wellness (p.15)

Policy/Planning Implications:

Efforts to address and improve mental wellness at times are subject to the blinders of the particular focus and perspective of domains of service provision and the associated communities of practice (both professional and para-professional). Although this is to some degree inevitable, there is a need for mental wellness policy, planning, and programming to more explicitly integrate macro level efforts to address the important conditions for mental wellness of economic security, housing, education, and other fundamental determinants of health generally. (p.16)

V. Emphasis of Access to Service Provision for Mental Wellness

Policy/Planning Implications: (p.16)

Awareness of an effective range of accessible support services, where and if they exist, can itself play an indirect contributing influence on individual and community mental wellness. (p.17).

I have utilized these themes as follows:

- In the first section of the guide, each of these core themes and implications is a separate section and a medicine wheel analysis provides the basis for comparing a centre's programs to the core themes in the areas of mental, physical, spiritual and emotional needs.
- In the second section, areas of strength and places for program expansion will emerge from the process of examining the programs in view of the core themes and will form an analysis section of the actual assessment document.
- The third section will allow Centres to identify possible avenues to redress areas where programs might be improved. The second part of the Tripartite Summary identified examples of programs that are working at all levels and may provide avenues for exploration.

V) Conclusion

Conclusion

The assessment guide has grown from the interrelationships of the results of the Tripartite survey and the programming of family residential treatment centres. It is intended to be very flexible and suggests a format for inquiry but does not prescribe exact procedures. This flexibility is necessitated by the differing characters of the centers themselves, in the context of changing family and societal conditions. The findings of the Tripartite survey imply a direction that goes beyond the individual treatment of addiction symptoms and invites agencies and

institutions to work with the mezzo and macro conditions of the social landscape. The use of the medicine wheel framework in the guide provides a more holistic vantage point from which the work of the family residential treatment centres may be viewed.

The scope of the Tripartite survey findings are much broader than that of the evaluation of single programs and strongly implicates the need for big picture social change to fundamentally improve the living conditions of Indigenous people. In this perspective we can see that collectively responses to addiction issues may lie more in the community and social context and in the improvement of social justice rather than in the healing of individuals from addictions, which are the symptoms of a much bigger disease. The disease of cultural dislocation is rooted in colonialism, poverty and inequality. However, the interconnection of all levels, the individual, family, community, and social level encourages us to make efforts towards wellness beginning at any point where the individual, family and community may make the first steps towards health.

The effective upgrade of the programs of any particular centre would be strongly dependent on the distribution of resources to facilitate change. It would appear, however, that such programs should be more beneficial and cost effective than the severing off of children from their families into foster care. Effective evaluation of the work of the centres may provide intriguing possibilities for changes to the child welfare system.

What may appear as small and insignificant incidents in human interactions are sometimes the seeds of change that will take root like ripples spreading outward from a pebble thrown in a pond. As all things are truly interconnected, the results of our thoughts, words and actions, must, inevitably bring about results according to the intention and motivation from which they proceed. In this way we may know that the work being done at Indigenous family residential treatment centres by participants and staff is already bringing about good and that

the pursuit of excellence in future programming will bring about positive growth through continuing adaptation to the needs of Indigenous families.

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