Tsow-Tun Le Lum Society

Project Number: HC-36-BC

Case Study Report

Qul-Aun Program

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Aboriginal Healing Foundation Board of Directors

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1. Introduction

This case study reports on the progress of the Qul-Aun Program (means moving beyond the traumas of our past; HC-36-BC) sponsored by the Tsow-Tun Le Lum Society. It was selected as an in-patient treatment centre model based on a blend of traditional healing activities and centralized residential care. Qul-Aun's mission is to "strengthen the ability of Aboriginal People to live healthy, happy lives and the affirmation of pride in Aboriginal identity."

This report describes the services of the Qul-Aun Program and its participants' needs, physical context, and team characteristics and what it hopes to achieve in the short and long term. The report will also describe how change was measured and what trends were apparent.

2. Methods

Two days of training were offered to community support coordinators in survey development and interviewing techniques in March 2001 with a follow-up in July 2001. Work began in earnest on this case study in September 2001, and interviews were prepared based on the short-term outcomes identified in the performance map. Interviewers were independent in the field and, in this case, there was debriefing after each day of interviews. Field notes were reviewed and transcribed immediately after the interviews.

There are two lines of evidence in this case study: one directly obtained from client experience surveys; and the other from the personnel delivering the program (administration and counsellors) as well as the referral agents. Dissent was encouraged in at least two introductory remarks preceding interview questions:

- that there are no right or wrong answers, only answers that are true from your perspective; and
- the report will *not be able to identify who said what*, so please feel free to say things that may cause controversy.

Seven community referral workers were contacted whose names were provided by Qul-Aun's intake worker. They were located throughout the province, from Victoria to Campbell River, and all those contacted were more than willing to participate. The project had participants from all over British Columbia and even Manitoba, Saskatchewan, Alberta, and Seattle; however, work was restricted to Vancouver Island to ensure the interviews were manageable and cost effective. The seven referral workers came from backgrounds such as addictions counselling, corrections, and residential school workers.

Over the period of six days, 13 interviews were conducted (see Appendix 1). They were divided into three categories: administration, staff, and community referral workers. During the course of the interviews some minor on-the-spot changes were incorporated to avoid duplicating questions. The most important factor during the interviews was having a compassionate, sensitive approach and validating the interviewee as well as ensuring confidentiality. Discussion on how information for all referrals to the program could be tracked led to the agreement that the files be kept open for four years and contact with their referred clients be continued. If any referral worker should leave the position, there should be assurance that the new person is aware of this case study.

2.1 Limitations

There are several threats to reliability and validity of this case study that are worth noting here. No direct measurement of participants was conducted by the AHF, its employees, or agents due to ethical concerns about the possibility of triggering further trauma without adequate support for the participant as well as to the limitations of AHF's liability insurance. Because direct assessment was problematic, indirect assessment or the perceptions of key informants were weighted heavily. Furthermore, although the Qul-Aun team did secure client satisfaction at the end of treatment and again at a three-month follow-up, no standardized instrumentation was used to assess changes in related cognitive or behavioural indices of healing. It is highly probable that there is no psychometrically evaluated or standardized instrument to determine the unique healing stages of Aboriginal people recovering from the Legacy (institutional trauma).

The most important information missing are the characteristics of those clients who were not completely satisfied with the program as well as the more long-term follow-up of their progress based on the indicators identified in the Qul-Aun evaluation plan submitted with their funding proposal.

3. Project Overview

3.1 Regional Profile

Qul-Aun is administered by the Tsow-Tun Le Lum Society located on Nanoose First Nation near Lantzville, British Columbia, which is in the central Vancouver Island region, 20 minutes north of Nanaimo. Nanoose First Nation community has a population of approximately 151 living on reserve.

The clients who attend the treatment centre arrive from all over British Columbia: some are from isolated communities; remote fly-in only; on reserve; rural areas; out of province; and as far as Seattle, Washington. Therefore, there is no single community description or context from which clients originate. While it is clear that some will return to communities where isolation, poverty, and unemployment are problematic, not all will face these challenges upon returning home.

The Tsow-Tun Le Lum Society has operated programs to treat those suffering from addictions and those who are sex offenders or survivors of sexual abuse. The main funding source for the Society is the First Nations Inuit Health Branch of Health Canada. The Society receives other income from per diem charges and from program delivery funding for treatment beds assigned to inmates that participate in Qul-Aun. The centre has accumulated over 50 partners who continue to contribute to referrals and aftercare.

The centre prides itself in the traditional decor of its facility internally and externally. The facility consists of an administration area, a common lounge, an Elder suite, a dining area, a kitchen, a small gym, three group rooms, an outpatient/psychologist office, five counselling rooms, 10 bedrooms, and a craft and workout area. All the bedrooms have full ensuites. The building is complemented by a sweat lodge area and a traditional healing pond located in the natural forest that surrounds the centre. The lounge and greeting area are decorated by First Nations arts and crafts from local island community members. This display often inspires clients to pursue creative activities and demonstrates pride in Aboriginal artistic talents.

From 1996 to 1998, with the support of Non-Insured Health Benefits of Medical Services Branch, Tsow-Tun Le Lum Society developed and launched a pilot trauma treatment program for residential school Survivors. Survivors of residential schools and those affected by multi-generational effects were assisted by trained and experienced staff who could relate to the clients in a positive, helpful, respectful, and caring manner. The pilot team included a psychologist, an Aboriginal therapist, and a contracted psychodramatist. The pilot included outreach education/awareness and therapeutic in-patient services. An evaluation of the pilot (Appendix 2) included many recommendations that were implemented. However, some limitations remain; for example, it was recommended that all clients prior to admission be informed about psychodrama and how it works and that an outreach component be added. This was done in a limited fashion due to staff changes and to the outreach workers' inability to reach all geographic areas. One-on-one counselling was added with the awareness and sensitivity toward clients who had past negative experiences with non-Native counsellors. Introducing the concept of one-on-one counselling during the first week and explaining its value appeared to put clients at ease. "The Tsow-Tun Le Lum Society believes that healing begins with individual, extends to the family and moves out into the entire community."[1]

3.2 Qul-Aun Program Description

The unique program now known as the "Qul-Aun Program" is the natural extension of the established two-year pilot in-patient treatment program for residential school Survivors originally funded by Health Canada. The experienced and trained staff guide participants who are dealing with unresolved trauma through a therapeutic in-patient program that includes individual daily work, reading assignments, journal work, men's and women's groups (focus is on abuse and abandonment issues), anger management work (for those who cannot control or suppress their anger), inner child work, psychodrama, healing circles, individual morning and evening workouts, team sports, and group activities. The traditional methodologies include traditional ceremonies, rituals (sweat lodge, pond, cedar cleansing, etc.), and reclaiming traditional spirituality. A balance of cultural ceremonies and rituals, with the support of resident Elders, provides a culturally sensitive environment for participants to learn about the process and to reclaim spiritual wellness.

The project was initially funded as a pilot healing centre project for one year in the amount of $459,560. It was designed to provide in-house healing activities to Aboriginal men and women who survived the residential school system and to their extended families and, secondly, to provide training for staff and community front-line workers. The project received an extension, which brought the contribution agreement up to $689,340 for a 17-month program, plus in-kind contributions from the substance abuse program in the amount of $235,000, which made the actual total to run the program at $924,340. "The primary ... [long-term goal] of the [Qul-Aun] program is to strengthen the ability of Aboriginal people to live healthy, happy lives and the affirmation of pride in their Aboriginal identity."[2] The objective of the program is "To develop an In-Patient Program which will provide a healing opportunity for those people who have issues caused by abuse trauma which have been contributing factors in their substance abuse relapse; inability to deal with life stresses in the areas of self-care, parenting and relationships."

The project's main goals and objectives, as stated in the proposal, include:

- developing lasting healing from the legacy of physical and sexual abuse from the residential school system, including intergenerational impacts;

- developing the pride of identity and a healthy state of well-being through the use of traditional methodologies;
- initiating a healing process that will lead to the emotional, mental, physical, and spiritual health and well-being of Aboriginal people;
- developing the capacity of individuals, families, service providers, and communities to address the Legacy;
- releasing blocked emotions and unresolved trauma;
- supporting the validation and resolution of trauma;
- identifying relationships between unresolved trauma and defensive mechanisms, coping devices, survival techniques, and destructive behaviours;
- providing new approaches and healthy practices to address the challenges of life and to acquire health and well-being; and
- increasing capacity through the transfer of knowledge and skills to individuals, families, service providers, and communities to assist them in addressing the legacy of abuse and restoring the health of Aboriginal people.

The Qul-Aun Program's three main components for the first 17 months of implementation and operation are program planning and development, training, and in-patient treatment. The activities associated with each component are outlined below:

- Program planning and development involves hiring a team of professionals, reviewing, and revising material from the trauma treatment pilot project, establishing community contact and holding an open house, advertising the program through the newspaper, newsletters, and faxes to local Aboriginal organizations, holding staff meetings to review programming, and assigning an outreach worker to Correctional Service of Canada.
- Training involves facilitating a 12-week core training program for all staff designed to examine ways to generate breakthrough experiences that release their clients from past patterns of suffering and insignificance, refine and enhance understanding and skills to guide others toward self-mastery and self-sufficiency in their everyday lifestyles, and become more powerful to promote harmonious living through awakening and engaging unused or underused competencies; providing internship for a trauma counsellor; and having staff enroll and attend training workshops (see Appendix 3).
- In-patient treatment program involves promoting awareness of the program, providing counselling services (e.g., psychodrama, post-traumatic stress therapy, healing/talking circles, and traditional ceremonies), having Elder peer support throughout the session, soliciting continuous feedback from user group (pre/post) and referral workers, monitoring the outreach service, reviewing the aftercare plan with clients before departure, implementing a special session for front-line workers, and conducting an evaluation.

Because the effectiveness of planning, development, and training can be implied by the program's performance, the evaluation effort was focused on the impact of treatment on individual participants. What follows is a week-to-week description of Qul-Aun:

- **Week 1—Connecting**: content consists of a Welcoming Home ceremony, an orientation, techniques for grounding, building trust and safety; an Elder visit, attending drug and alcohol activities, and identifying resiliency, strengths, triggers, validation, and support.
- **Week 2—Discovering**: includes circles and sweat lodges, examining the definition of post-traumatic stress disorder, family of origin, early childhood development, relationship, shame and guilt, history of residential schools, Elder visits, and effects of unresolved trauma, cultural oppression, shame, sexual abuse, and residential schools.

- **Week 3—Reclaiming:** psychodrama is introduced and essentially allows participants to role play scenarios of unresolved trauma in order to heal past hurts.
- **Week 4—Moving Beyond:** continuation of circles, sweat lodges, and Elder visits, debriefing from psychodrama, understanding and honouring defenses and empowerment, and identifying, defining, and understanding what constitutes healthy grieving, lateral violence, community, and crisis-oriented.
- **Week 5—We Made It Through:** continuation of circles, sweat lodges, teachings on resiliency and empowerment, and Elder visits and a self-care plan, an aftercare plan, and re-entry into community.

The underlying assumptions are that these series of activities will have created experiences that will lead to: development of lasting healing from the legacy of abuse from residential schools, including intergenerational impacts; development of pride in identity and a healthy state of well-being through the use of traditional methods; increased emotional, mental, physical, and spiritual health and well-being for Aboriginal people; and development of capacity for individuals, families, service providers, and communities to address the legacy of abuse from residential schools.

3.3 Thinking Logically

There is a logical link between Qul-Aun's activities, what they hope to achieve in the short term, and desired long-term outcomes. In this case, Qul-Aun aimed to address the impact on residential school Survivors and their families by providing a five-week trauma treatment program to assist them in the restoration of well-being. As outlined previously, the 12-week core training prepared both Qul-Aun and addictions staff for the implementation of the five-week treatment program. The purpose of training all staff was to ensure a fully qualified team to work with Survivors.

The selected project activities were based on the centre's extensive experience with healing processes, the consultation with some staff who are residential school Survivors, the trauma training program, and feedback from the two-year pilot.

The relationship between project activities and short- and long-term benefits is set out in the following logic model (Figure 1). It shows the logical link between project activities and what the program wants to achieve in the short and long term. It then goes on to identify how we will know things have changed. Although the focus of this evaluation effort is on the healing component, all three activity areas (program planning and development, training, and treatment services) are outlined. Indicators of change and how they are being measured are outlined in the performance map (Figure 2), which was used as a one-page reference guide to collect information. To prepare the map, the following questions were asked:

- Why are we doing this?
- What do we want?
- Who do we expect to influence?
- How are we going to do it?
- How will we know that things have changed?
- What will we see, hear, and feel?
- How much have things changed?
- What information was really important and why?

Figure 1) Logic Model—Qul-Aun Program

Activity	Engage in program planning and development.	Provide training.	Offer safe and effective treatment that addresses the Legacy.
How we did it	Hire team; review other treatment material for relevance; establish community contacts; hold open house; mass mail-outs; news ads; ongoing staff meetings to review programming; and assign outreach worker to Correctional Service of Canada.	Facilitate core training of all staff; provide internships for trauma counsellors; and enroll and attend workshops.	Promote awareness of program; provide counselling services (e.g., psychodrama, post-traumatic stress therapy, healing/talking circles, and traditional ceremonies); solicit continuous feedback; monitor outreach; review aftercare; implement special session for front-line workers; and evaluate.
What we did	Revised/organized program manual and assessment tools; education/training; in-house aftercare and outreach; communication strategy; and evaluation process based on pilot project.	Staff attended training in re-enactment therapy; earthquake preparedness; accreditation coordination; trauma treatment; reintegration; traditional teachings; racism; team building; and "Pursuit of Excellence" workshop and networking meetings.	Delivered 10 trauma treatment sessions; extent of outreach services; client and referral evaluations; hosted annual general meeting; and interviewed and assessed inmates ready for parole from Corrections for treatment program.
What we wanted	Smooth implementation of trauma treatment combining the best of traditional and Western approaches that works well for and feels right to Survivors and families.	Fully qualified and trained staff to work with residential school Survivors, families, and communities in group sessions, outreach, and aftercare service.	Increase in pride in Aboriginal identity, confidence, feeling of empowerment, community knowledge of Legacy, and personal capacity to address Legacy; and reduction in abuse and feelings of victimization.
How we know things changed (short term)	Awareness of the residential school impacts; documents on issues and needs of residential school Survivors; and Survivor feedback on quality of trauma treatment program.	Self-reported and observed changes in skills, knowledge, treatment application, awareness of needs, and issues of Survivors in trainees; solicited feedback from participants about quality of trainee's ability to facilitate healing; # of partnerships established (either by formal protocol or informal networking opportunities) between front-line workers addressing impact of the Legacy.	Observed and indirect (self-) reported changes in substance abuse; violence; use of healthy parenting skills; cultural pride; feelings of empowerment and victimization; understanding of self; knowledge and understanding of the Legacy; awareness of needs and issues of Survivors by leadership and referral network; # of community organizations seeking education on the Qul-Aun Program; service demand for residential trauma treatment; and measures of skill or capacity to address the Legacy.
Why we are doing this	To assist in the restoration of the emotional, mental, physical, and spiritual health and well-being of participants, families, and communities by honouring their stories and encouraging them to begin or continue their healing journey.		
How we know things changed (long term)	Need for and rate of participation in treatment programs; observed and self-reported changes in parenting skills; and reduced rates of children in care, family violence, and suicide (including attempts).		

Figure 2) Performance Map—Qul-Aun Program

MISSION: Strengthen the ability of Aboriginal people to live healthy, happy lives and the affirmation of pride in Aboriginal identity.			
HOW?	**WHO?**	**WHAT do we want?**	**WHY?**
Resources	**Reach**	**Results**	
activities/outputs		**short-term outcomes**	**long-term outcomes**
Provide counselling services (e.g., psychodrama, post-traumatic stress therapy, healing/talking circles, and traditional ceremonies); solicit feedback; monitor outreach; review aftercare; hire team; review other treatment material for relevance; establish community contacts; hold open house; mass mail-outs; news ads; ongoing staff meetings to review programming; core training for all staff; internships for trauma counsellors; workshops; promoted awareness of program; implement special session for front-line workers; and evaluation.	Aboriginal adults (>19 years-old, status blind, on or off reserve) residing near vicinity of Tsow-Tun Le Lum, Vancouver, and Yukon and inmates from Correctional Service of Canada; and team delivering trauma treatment.	Increase in pride in Aboriginal identity, confidence, feelings of empowerment, community knowledge of Legacy, and personal capacity to address Legacy; reductions in abuse and feelings of victimization; smooth implementation of trauma treatment combining the best of traditional and Western approaches that works well for and feels right to Survivors and families; and increased knowledge and skill to address Legacy.	Restoration of the emotional, mental, physical, and spiritual health and well-being for participants, families, and communities; broken cycle of abuse; and lasting healing.
How will we know we made a difference? What changes will we see? How much change occurred?			
Budget	**Reach**	**Short-term measures**	**Long-term measures**
$459,560 (12 months), $680,157 (17 months), plus $235,000 (in-kind); budget for development, $18,000; and budget for training, $16,000	123 participants and 12 staff trained.	Observed and self-reported changes in substance abuse, violence, and use of healthy parenting skills; cultural pride; feelings of empowerment and victimization; understanding of self; knowledge and understanding of Legacy and its impacts; awareness of needs and issues of Survivors by leadership and referral network; # of community organizations seeking education on the Qul-Aun Program; service demand for residential trauma treatment; measures of skill or capacity to address the Legacy; # of partnerships established (either by formal protocol or informal networking opportunities); documents on issues and needs of residential school Survivors; Survivor feedback on quality of trauma treatment program and trainee's ability to facilitate healing; and self-reported and observed changes in skills, knowledge, treatment application, awareness of needs, and issues of Survivors in trainees.	Need for and rate of participation in treatment programs; observed and self-reported changes in parenting skill; and reduced rates of children in care, family violence, and suicide (including attempts).

3.4 Participant Characteristics

The Qul-Aun Program focuses on providing treatment services for all Aboriginal (Métis, Inuit, and First Nations on or off reserve) adults 19 years and older, inclusive of incarcerated males ready for parole. Participants are mainly from British Columbia and the Yukon, but clients from as far as Alberta, Saskatchewan, Manitoba, and Seattle, Washington, have been accepted. It is noted that groups to date are predominately women, sometimes the female-to-male ratio is 7:3 or 6:4. The centre is currently seeking ways to encourage men to attend. There is a maximum of 13 participants per session. These sessions are held in conjunction with the addictions program; thus parts of the sessions will overlap with the program. Disabled clients are also accepted and accommodated into the program, and one to three incarcerated males attend each session.

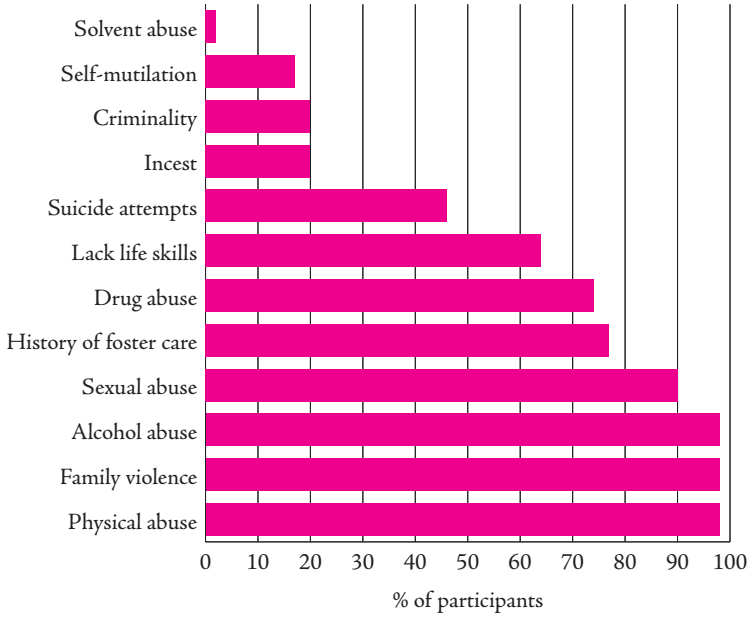
The participants are first assessed by community referral workers to determine the extent and willingness to improve their personal life situation. The intake counsellor for Tsow-Tun Le Lum Society reviews all applications (Appendix 4) and makes the final decision based on the participant meeting the following program criteria:

- substance free for six months inclusive of any active/mood-altering drugs;
- demonstrates pre-/post-treatment support;
- mentally stable and able to participate in intense individual and group counselling situations;
- prepared to address past trauma in both group and individual experiences;
- committed to review his/her present lifestyle, behaviours, and feelings;
- free of any acute care hospital requirements;
- in control of all disease and free from any communicable disease; and
- free of any appointments or court dates to attend that would occur during the program, such as physician or court appearances.

Parole-ready inmates must attend the addictions program prior to entry. The selected participants must have a strong desire to improve their lifestyle and commitment to arrive at and maintain healthy habits. This is determined or assessed by their community referral worker and intake counsellor.

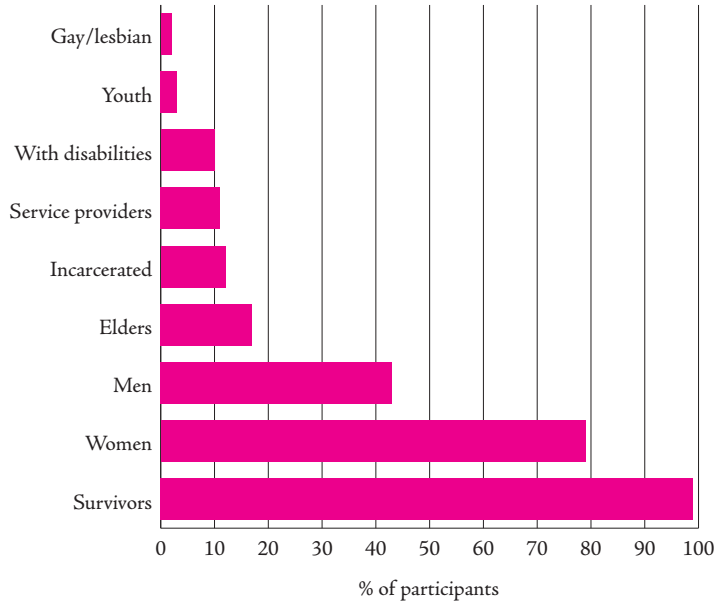
At least 90 per cent of all participants attending Qul-Aun (n=123) before or up to July 2001 have a history of physical, sexual, and substance abuse as well as family violence. Almost three-quarters have abused drugs (74%) or have a history of foster care (77%), and over half (65%) lack basic life skills. Forty-six per cent have attempted suicide and 20 per cent have suffered from incest or have a criminal record. Figure 3 illustrates the characteristics of Qul-Aun participants.

Figure 3) Characteristics of Participants at Qul-Aun[3]



The vast majority of participants are First Nations (94%), some participants are Métis (3%), and there are no Inuit participants at Qul-Aun. An overwhelming majority are residential school Survivors and, congruent with most other AHF-funded programs nationally, women outnumber men by almost two to one. A small number of Elders and incarcerated individuals have also participated in treatment. Worthy of note is that some of the participant group are also service providers.

Figure 4) Participants by Type



3.5 Project Team

The project is administered by the Tsow-Tun Le Lum Society and overseen by an active board of directors. There are two full-time Aboriginal counsellors (one is also the project coordinator) who handle the day-to-day activities of the treatment program with the periodic assistance of Elders, a therapist, a psychologist for one-on-one counselling, a psychodramatist who comes in during the third week only, an outreach worker, a cook, an intake counsellor, and a night counsellor that complement and complete the service delivery. The two Aboriginal counsellors have the most constant contact with the participants throughout their five-week stay and who create a family-type setting and role model healthy boundaries.

The project coordinator reports to the executive director and is responsible for all project activities, coordinates staff evaluation meetings, and works with administration, outreach workers, the intake counsellor, therapists, and Elders. She has worked with the centre for 12 years and is very well respected by her colleagues and clientele. She has taken many training courses and has trained under her mother in the area of traditional healing and therapeutic approaches.

The other Aboriginal counsellor works with the project coordinator in facilitating the five-week session. He is a residential school Survivor and was involved, from its inception, with the Provincial Residential School project in 1994. He brings a fatherly figure and male-balanced role to the program and is highly respected by his colleagues and clientele, and the clientele call him "Pa." He holds an addictions counsellor certificate.

The outreach worker's main function is to provide outreach and aftercare services to the clients of the project. The work is pursued in close cooperation with the program coordinator and other staff. The outreach and aftercare workers are considered to be members of the therapeutic team and participate in day-to-day operations while facilitating the involvement of participants in program activities.

The executive director, who has been with the centre since its inception, is responsible for the overall management of the project/centre and the quest for further funding resources to ensure sustainability of the program. He attends all staff team meetings and strategic planning sessions to review programming on what is working or needs improvement. He is visible in the centre and highly regarded. He has a master's degree and 26 years of experience in the addictions field.

The assistant director also acts as the human resource manager, has the responsibility for programming within the centre, and relieves the director when he is on leave. She attends all staff team meetings and strategic planning sessions to review programming on what is working or needs improvement. She is visible in the centre, adds a soft, caring gentle touch, and has also been part of the team since inception. She has university training in management and administration.

The bookkeeper's main responsibility is handling the cash flow for the project, and the cook does the shopping for food and household supplies for the centre. The cook also participated in the core team training and is able to recognize when clients are in need of support or when they simply need to be left alone. The benefit of having the cook take the training is also to help identify if clients are heading for a crisis and can then contact the counsellor on site. This position is funded by the substance abuse program.

The intake worker's main responsibility is to handle all client applications received from the referral workers and ensure that all documents are filled appropriately and that there is a minimum six weeks of sobriety. She also works with Correctional Service of Canada to ensure that the incarcerated clientele have entered the substance abuse program prior to attending the Qul-Aun Program. Her position is an in-kind donation provided by the substance abuse program.

The board of directors of the Tsow-Tun Le Lum Society consists of 11 members, including five Elders, who give generously of their time and advice. They are nominated and elected from the community and have professional, diverse backgrounds. This contribution is essential to the functioning of the Qul-Aun Program as well as other programs at the centre. Elders and board members are offered honoraria for their service and time.

4. Our Hopes for Change

The service delivery area is very broad geographically, and it is unfair and difficult to focus on one community for statistical information. However, an attempt is made to provide as many provincial statistics on AHF board-requested areas of concern (i.e., sexual abuse, physical abuse, incarceration, and children in care) reasonably within the resources for this case study. What follows is a very brief statement about provincial information on each social indicator, as well as the sentiments of Qul-Aun's participants on how the issue was addressing treatment (e.g., foster care, sexual abuse, etc.). The reader will note the term "n=#" is included in many statements. The "n" refers to the number of participants who voiced an opinion on the topic.

4.1 Children in Care

Aboriginal children and families are disproportionately represented in the number of caseloads of the provincial Ministry for Children and Families.

> Aboriginal Children In Care comprise 30 percent of all children in care averaged across the regions, with several regions reporting near or over 50 percent, whereas Aboriginal children make up only 8 percent of the total B.C. child population. [In addition,] ... Aboriginal communities ... have an infant mortality rate 63 percent higher than the provincial average.[4]

The participant characteristics in Figure 3 show that almost 80 per cent of Qul-Aun's participants have a history of foster care. If we assume that only those impacted by abandonment and a history of foster care would address these issues in individualized counselling sessions, then it is clear that 69 per cent of the respondents struggle with abandonment issues and 14 per cent are affected by foster care placement. Although participants felt equally satisfied with Qul-Aun's team (n=55) and the individualized (n=41) approaches to abandonment issues, there was a clear preference for individualized treatment (n=14, group; n=8, individualized) when foster care placement was discussed.

4.2 Sexual Abuse

Rates of sexual abuse are higher among Aboriginal students; 28 per cent of females and 6 per cent of males report some experience of sexual abuse compared with non-Aboriginal females (14%) and males (3%). Sexual abuse among all girls has decreased, but not significantly, since the first Adolescent Health Survey (38% in 1992 compared with 28% in 1998). Data for this report were obtained from the re-

sponses of 1,707 Aboriginal students who took part in a province-wide health survey in 1998. Forty-five per cent of these students were male and 55 per cent were female. Students in the survey were evenly distributed across grades and ages. The survey was conducted by the McCreary Centre Society, a non-profit provincial organization with extensive experience on youth issues. There is no definition available in the document on sexual abuse.[5]

The vast majority of Qul-Aun's group (>90%) have suffered as victims of sexual abuse. Sexual abuse was specifically addressed in both individualized and group treatment settings. For those participants for whom sexual abuse was a relevant topic in group sessions (n=45), the majority felt either completely or extremely satisfied. For those in individualized sessions who addressed sexual abuse (n=38), a greater proportion of them felt completely or extremely satisfied. It is possible that such stigmatized behaviours lend themselves better to individualized treatments for some who feel uncomfortable addressing or expressing the full impact of sexual abuse on their lives in a group setting.

There is a clear preference for those who have a history of sexual offences (n=12) to prefer individualized counselling rather than group treatment. This is understandable given the stigmatization of the offence, and this may be part of the explanation of why men are not attracted to the group healing context of residential treatment facilities.

4.3 Physical Abuse

Nearly a third (31%) of Aboriginal girls report having been physically abused compared with 16 per cent of Aboriginal males. These rates are higher than for non-Aboriginal females (20%) and males (13%).[6] Almost all (>95%) Qul-Aun participants have a history of physical abuse or family violence; physical abuse, anger, violence, and spousal abuse were addressed in treatment. There appears to be an even distribution of satisfaction in the treatment of these issues for each group (n= 46, anger and violence; n=28, spousal abuse) and individualized settings (n=35, anger and violence; n=21, spousal abuse).

4.4 Incarceration

Aboriginal people constitute 3 per cent of Canada's population, but constitute 15 per cent of incarcerated federal offenders and 9 per cent of federal parolees. Aboriginal people who are granted conditional release get out later in their sentence than non-Aboriginal offenders. Only 34 per cent of incarcerated Aboriginal people will receive full parole versus 41 per cent of non-Aboriginal people. Aboriginal people are twice as likely as non-Aboriginal people to fully serve their sentence. Eighty-seven per cent of incarcerated Aboriginal people are sentenced for murder or category one offences (violence or drugs) compared to 80 per cent of non-Aboriginal people, and they are twice as likely to come back to prison for a third time or more. In 1996, 73 per cent of incarcerated Aboriginal people in provincial/territorial correctional facilities in Canada were under 35 years of age compared to 61 per cent of non-Aboriginal people (federal estimates were 63 per cent compared to 49 per cent).[7]

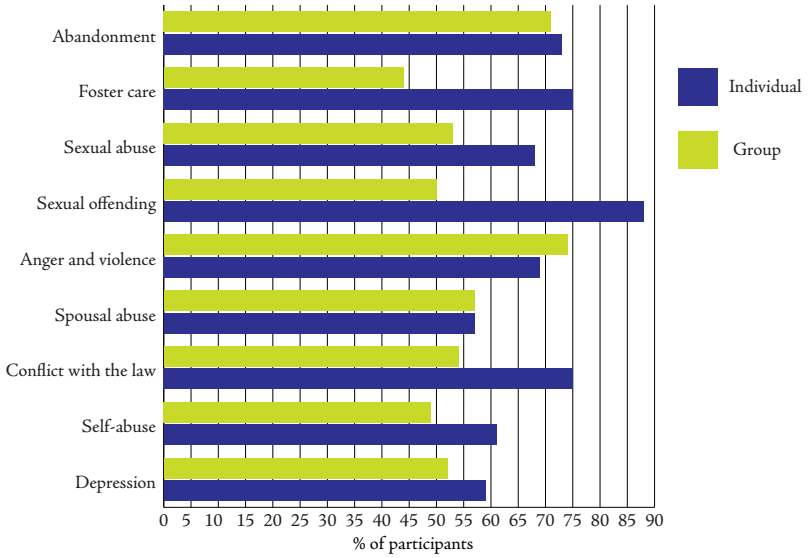
The following statistics identify the clients (First Nations, Inuit, Métis, and non-Aboriginal people) of the Native Courtworker and Counselling Association of British Columbia served in 2000 and show what types of charges were laid:

Table 1) Clients Served by Offence Type[8]

	Lower Mainland (Vancouver)	South Coast (Vancouver Island)	Southern Interior Region (Kootenays to Williams Lake)	Northern Region
Total clients served	4,244	1,738	3,040	3,797
Adults	3,515	1,567	2,603	3,360
Youth	703	170	425	445
Youth raised to adult court	–	6	14	–
Damage to property	–	–	–	189
Robbery	295	42	139	–
Assault	591	349	480	748
Theft	1,071	287	638	527
Drinking and driving	146	261	448	408
Fish and wildlife offenses	–	119	–	–
Failure to appear for court	421	–	72	288
Breach of probation	677	232	272	564

When examining participant satisfaction in the Qul-Aun Program, there is a clear preference for those who have a history of conflict with the law (n=11, group; n=8, individual) to prefer individualized counselling to group treatment. The stigmatization of illegal activity may be part of the explanation for this preference. Figure 5 shows the proportion of participants who were either completely or extremely satisfied with Qul-Aun's treatment approaches to various issues.

Figure 5) Comparison of Participant Satisfaction with Group and Individual Treatment Experiences

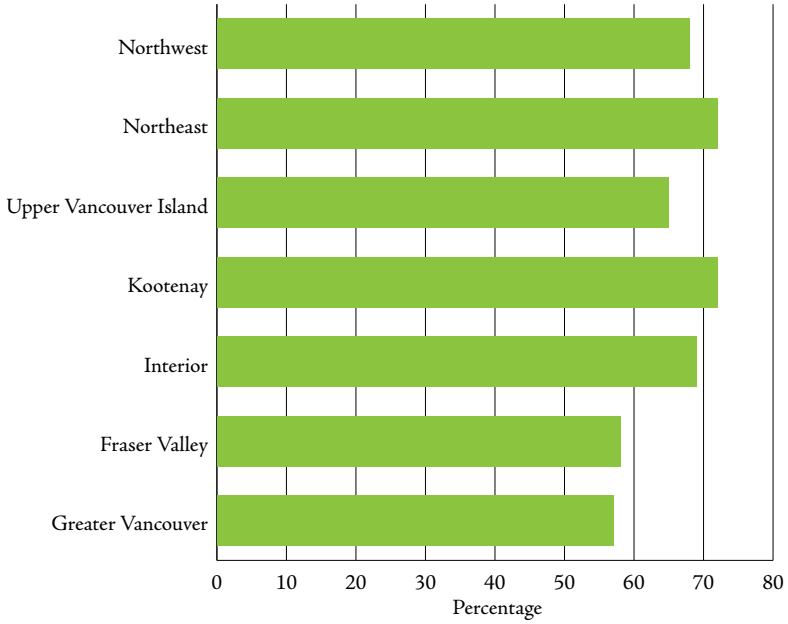


4.5 Suicide

Almost half (46%) of Qul-Aun participants have a history of attempted suicide. While suicide was not specifically addressed in Qul-Aun, self-abuse and depression, both closely related to suicide, were topics of discussion. These topics appeared to create the greatest satisfaction when addressed in the individualized treatment context (n= 28, self-abuse; n=29, depression) and were also satisfactorily addressed in the group context by the majority (n=49, self-abuse; n=46, depression). Figure 5 above shows the proportion of participants who were either completely or extremely satisfied with Qul-Aun's various approaches to dealing with these issues.

Suicide continues to be a leading cause of death among young people, especially young men, in many Aboriginal communities. Survey results confirm that suicide has touched the lives of most Aboriginal youth. In all, 64 per cent of Aboriginal youth, including 71 per cent of females and 56 per cent of males, know someone personally who has attempted or committed suicide (Figure 6). Nearly one in five Aboriginal youth have considered suicide, and 10 per cent have actually attempted to kill themselves. These rates are higher than for non-Aboriginal students.[9]

Figure 6) Aboriginal Youth Who Know Someone Who Has Attempted or Committed Suicide in British Columbia by Region (2000)[10]



5. Reporting Results

The following results are summarized responses from one-to-one interviews with Qul-Aun team members (4), community referral workers (7), and administration (2); a total of 13 people. The discussion highlights the opinions of these key informants regarding change in Qul-Aun participants and in the community, which is enhanced with information from client feedback.

5.1 Impact on Individual Participants

While the Qul-Aun team was unanimous that changes in cultural pride had occurred (n=4), referral workers (n=6) did not all uniformly share that optimism. However, 80 per cent did agree that change was noticeable. Respondents most often indicated that they observed changes in individual spiritual beliefs and cultural practices, like taking up crafts/carving; however, they did not believe that all participants had been affected. When asked to estimate how many participants changed, most felt that half or more of the participants had enhanced feelings of cultural pride. One felt that such change was restricted to less than 10 per cent of the participants. Respondents most often attributed changes to program content. They recognized that the integration of traditional practices honoured at the treatment centre probably accounted for increases in cultural pride. Those who saw little change believed that participants may have already had a strong cultural base before arriving at treatment. Table 2 displays their perceptions about the magnitude of change in cultural pride as well as in other select variables that will be discussed.

Table 2) Perceptions on Select Variables

Change in Clients in...	Respondent Type	# of Respondents Noting Proportion of Change				
		<10%	<20%	about 50%	>75%	almost all
Cultural pride	Qul-Aun	–	–	–	1	3
	Referral	1	–	2	3	1
Healthy coping patterns	Qul-Aun	–	–	1	3	–
	Referral	–	–	4	2	1
Self-worth	Qul-Aun	–	–	–	2	2
	Referral	–	–	1	4	2
Life skills	Qul-Aun	–	–	2	2	–
	Referral	1	1	2	2	2
Planning for the future	Qul-Aun	–	–	1	2	1
	Referral	–	–	3	2	2
Maintaining aftercare	Qul-Aun	1	–	2	1	–
	Referral	–	–	4	3	–
Understanding of the Legacy	Qul-Aun	–	–	2	2	–
	Referral	–	–	1	5	1

Respondents unanimously agreed that changes were visible (n=13) when asked about participants' coping patterns, self-worth, and life skills. On what evidence of change was observed, respondents equally noted behavioural and cognitive change (e.g., going back to school and higher self-esteem). When asked to estimate the magnitude of change, there was very little discrepancy. It was unanimously felt that 80 per cent of participants had more confidence, feelings of empowerment, and personal capacity to address the Legacy and had reduced feelings of victimization. At least two people felt that these changes were restricted to a small group (<10% and <20%). Respondents most often attributed changes to the combined influences of program content, team quality, the cultural component, group dynamics, and forms of therapy such as psychodrama. Those who saw little change believed that participants may already have a strong support system or developed life skills and healthy coping patterns from participation in substance abuse treatment programs prior to arriving at Qul-Aun.

When respondents were asked about the extent to which clients maintain aftercare, it was noted by referral workers that a high percentage of clients continue with external counselling and self-support groups. However, this analysis is not unanimous as some believe that participants who go back to the correctional facility or go to remote regions do not get the support they require. There was some disagreement when asked to estimate the magnitude of change; although most felt that 50 per cent or more of participants had maintained aftercare, one felt that such change was restricted to less than 10 per cent. Respondents most often attributed client maintenance of aftercare to aftercare planning, although community isolation or incarceration presents some challenges. Those who saw little change believed that participants may already have a strong support system prior to arriving for treatment.

Respondents unanimously felt that change was obvious (n=11) when asked about participants' understanding of the Legacy, although most felt that the increased understanding was restricted to about 75 per cent of participants. They unanimously credited program content, including psychodrama and history, with participants being able to come to a place of acceptance and understanding of the impact of the Legacy.

These results of immediate evaluation from participant's, team's, and referral workers' perspectives are overwhelmingly positive, although it is not clear how long the good feeling lasts or how effective the program is at changing behaviour over the longer term (e.g., one to two years). It was acknowledged that some clients slip through the cracks or do not remain substance free, and respondents felt that more consultation with community workers was needed. A small percentage of negative feedback was also left on voicemail or pagers. Results from a follow-up survey of clients (three months after Qul-Aun) show some promising endurance to the overwhelmingly positive client evaluations done at the end of treatment. While characteristics of these clients were not obtained, it is known that these results are based on 23 responses to this survey. When asked if the program assisted them to act upon their strengths in ways that produced results for them, the majority reported that it did completely or extremely well (70%) or reported that the impact in this regard was very good (22%). When asked if the program had made a difference in their lives, over three-quarters of the group (78%) reported that it did so completely or extremely well. The program's ability to prepare clients for handling future trauma was felt by the majority (78%) that it did so completely or extremely well.

In the evaluation plan submitted with the Qul-Aun Program funding proposal, a more detailed follow-up of clients was considered. However, at the time of data collection, this information had not been collected by Tsow-Tun Le Lum, which probably owed to the limited resources to collect the data.

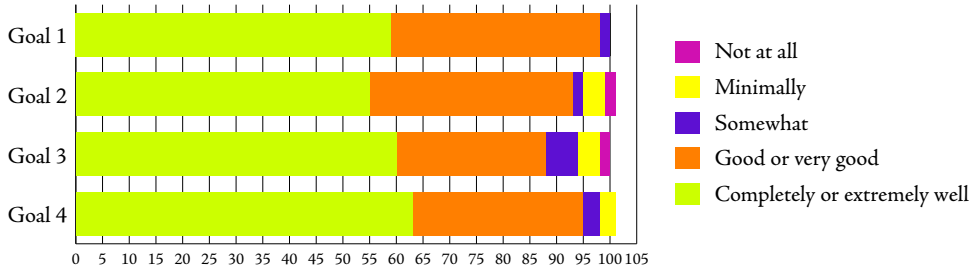
5.1.1 Program Development Process

Respondents in Tsow-Tun Le Lum's administration attributed their smooth implementation to their 14-year track record of treatment and program/organizational stability. They implemented the first treatment cycle within the first month of operation. However, it is noted that they are without personnel to fill gaps when staff are ill or on leave as was experienced midway through the program. Some processes like the referral source questionnaire, program staff self-evaluation, quality assurance policies, and evaluation processes were not implemented but are added to this year's work plan.

At the end of each five-week session, the Tsow-Tun Le Lum team solicits feedback from clients in the form of a self-administered survey (Appendix 5) and again three months after the last session (Appendix

6). As part of the exercise, clients are asked to rate the program's ability to facilitate the achievement of their personal goals. The following results presented here are based on client responses (59) from five different Qul-Aun sessions. First, respondents were asked to identify four personal goals for participating in the Qul-Aun Program. When asked to what degree their personal goals were met, the majority indicated extremely well or completely. Figure 7 illustrates the distribution of opinions with respect to the achievement of personal goals.

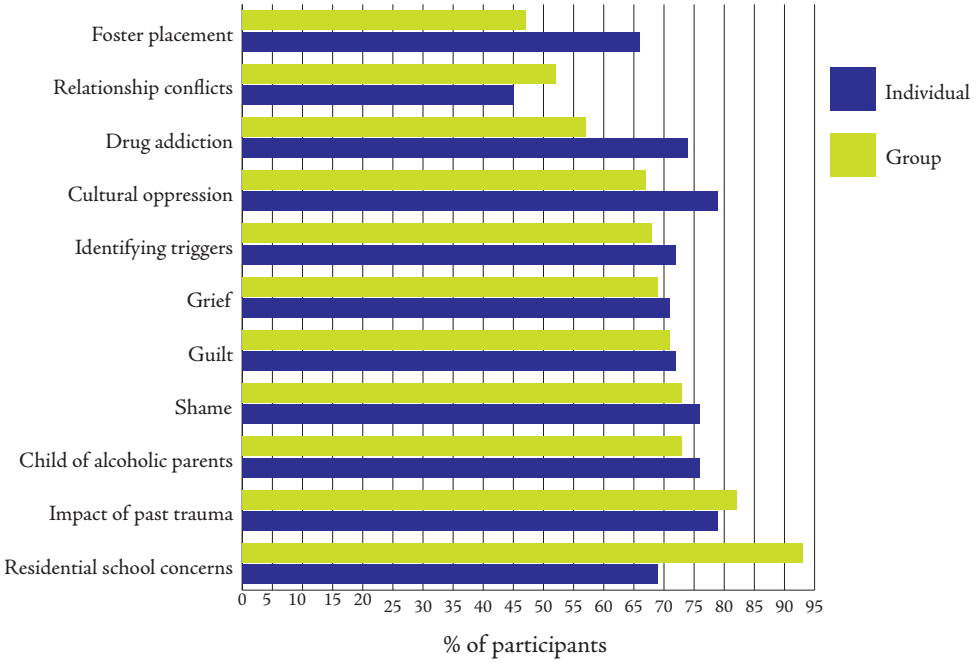
Figure 7) Achievement of Personal Goals



With respect to the program-driven goal of assisting them to move beyond the trauma of their past, 76 per cent of participants (n=49) noted that they experienced this program aim either completely or extremely well. Participants rated their experience of the admission process very highly as well, with more than three-quarters indicating that they felt welcomed and supported, were advised of the program and its guidelines in a clear way, and were engaged in a way that was respectful of their beliefs, values, language, and culture.

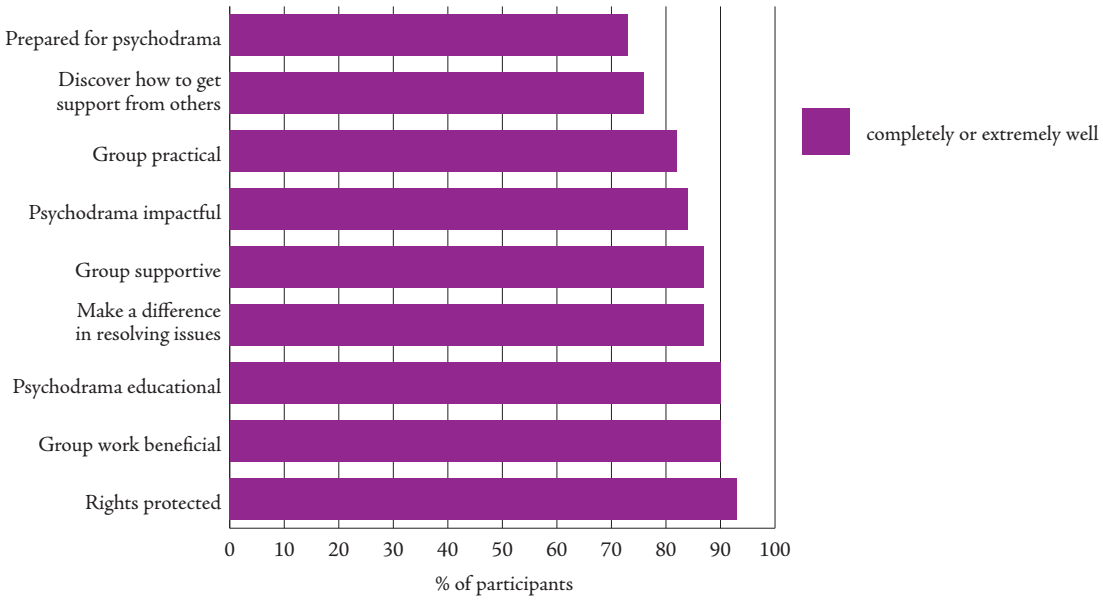
Qul-Aun is essentially a blend of group and individualized experiences. Participants were questioned about the efficacy of each treatment approach on a range of issues addressed. Figure 8 shows the percentage of participants who indicated that the program addressed the following issues either extremely well or completely. Participants were most likely to be satisfied with their group experience when addressing the following issues: concerns specific to the impact of residential schools and past trauma, anger, violence, being the child of alcoholic parents, shame, abandonment, guilt, grief, and identifying triggers. In all cases, more than 60 per cent of participants reported that these issues were either completely or extremely well addressed. Responses were not as consistently enthusiastic for a group setting when sessions dealt with spousal abuse, cultural oppression, conflicts with the law, sexual abuse, drug addiction, depression, sexual offending, self-abuse, relationship conflicts, and foster placement (see also Figure 5).

Figure 8) Participant Satisfaction with Group and Individualized Treatment



Although slight, there is an apparent trend for the participants to favour group experiences over individualized counselling when addressing matters directly related to residential schools, the impact of past trauma, and drug addictions. Individualized treatment, however, was clearly favoured when it addressed foster placement, identifying triggers, and cultural oppression. Other elements of the group experience were also assessed, including the value of the group experience, use of psychodrama, and the climate of respect in the group context. Figure 9 depicts the participants' ratings of various elements of the group experience.

Figure 9) Participant Ratings of Group Therapy



5.2 Impact on Trainees

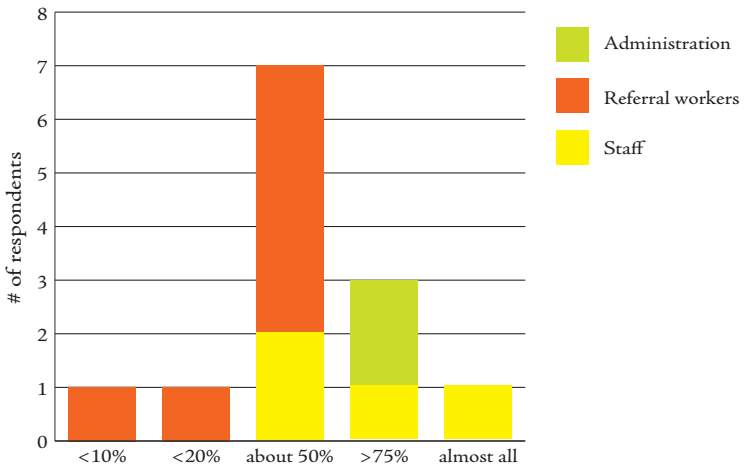
Staff rated the quality of training they received to facilitate healing from the Legacy as excellent (Appendix 7). Most believed they were getting the kind of training they needed and were very satisfied with the amount of training. Overall, the team was very satisfied; they believed that it helped a great deal to effectively deal with clients. When asked to note which experiences were most helpful, on-the-job training, their own residential school experience, Middleton-Moz, and core team training were noted. Only one person indicated the need for more psychodrama training.

When staff, administration, and referral workers were asked about their opinions regarding the Qul-Aun Program's ability to address and deal with the Legacy, all but one indicated a noted increase in ability. Most felt that the Qul-Aun team was able to address and deal with the Legacy reasonably to very well with minor improvements; however, one respondent was not sure. Respondents unanimously attributed the team's ability to the combined influences of a well-developed program team, consistency in ensuring fully trained staff, and having highly qualified trainers.

5.3 Impact on Community

Respondents were asked about their attitude regarding the community's understanding of the Legacy, and they unanimously noted that change was obvious (13). However, they did not believe that the entire community had been affected. There was some disagreement when asked to estimate the magnitude of change. Many had felt that at least half the community or more now had a better understanding of the impact of the Legacy, although there were at least two people who felt that the change in knowledge and understanding of the Legacy was restricted to a small group (<20% and <10%). Figure 10 displays their perceptions about the magnitude of change in the community's understanding of the Legacy.

Figure 10) Perceptions on Change in Community Members' Understanding of the Legacy



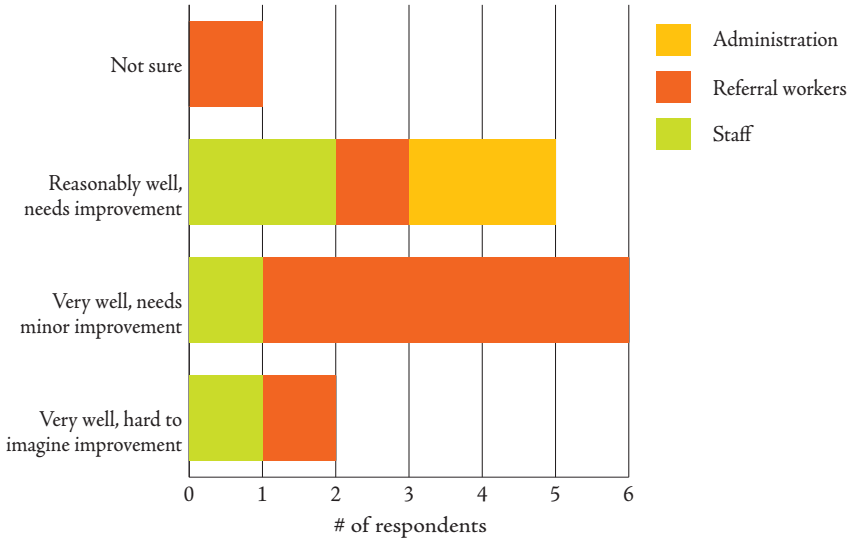
Based on interview responses, it would appear that the community has become more aware of the Legacy; however, the impact of Qul-Aun on all communities of origin (i.e., where clients reside) was not measurable with the resources allocated to this effort. The outreach component played the major role in getting the

information to regional communities. Word of mouth also functioned as a communication vehicle. In fact, many participants "have been empowered to advocate for community healing and have lobbied their local councils to support and encourage healing activities. We have indications that a number of clients have taken on a support role in going to different communities to speak on the issues of the effects of residential schools."[11] Respondents have noted that people are asking more questions and that there is an increase in the amount of referrals to Qul-Aun as well as in participation in other AHF-funded or other health-related programs.

5.4 Accountability to the Community

Qul-Aun has gathered much feedback from project participants, staff, and community referral workers. They have done this through client experience surveys after each session, follow-up client experience surveys three to six months after treatment, informal referral source questionnaires completed by phone, and informal program self-evaluations through group discussions using a SWOT analysis (i.e., looking at strengths, weaknesses, opportunities, and threats). These activities demonstrate commitment to program evolution and accountability. Figure 11 outlines respondents' attitudes regarding Qul-Aun's ability to be accountable.

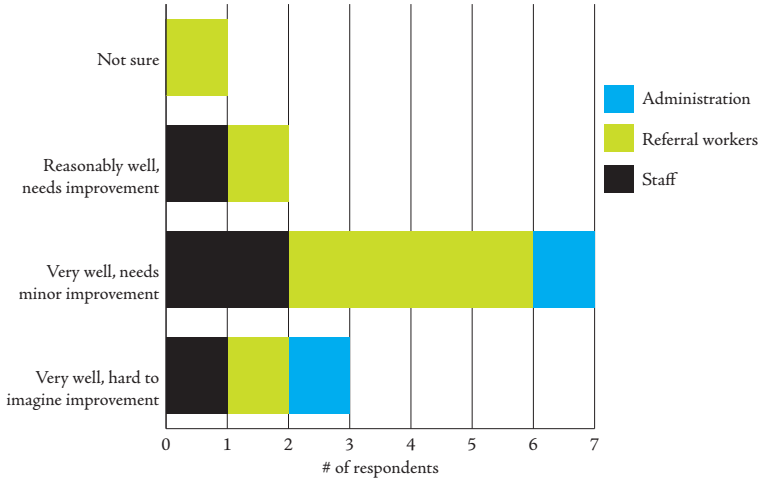
Figure 11) Accountability to the Community



5.5 Addressing the Need

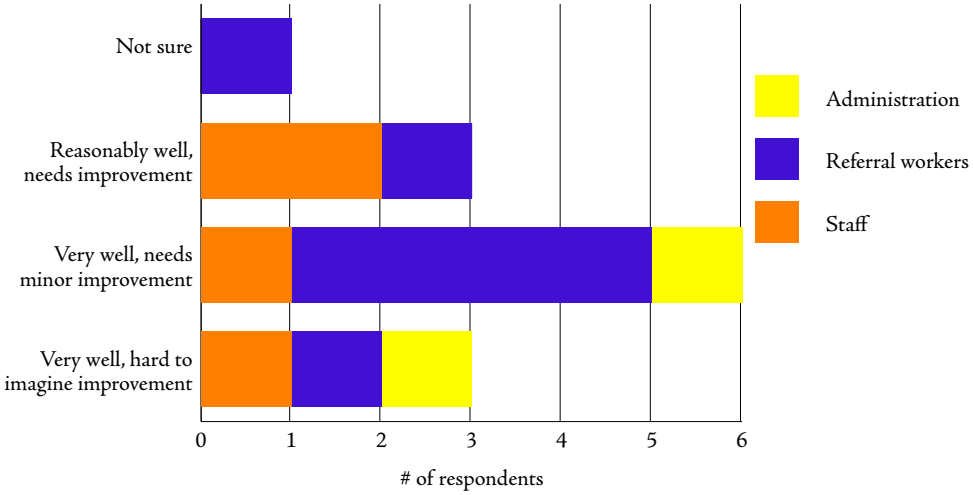
Respondents were asked specifically about Qul-Aun's ability to address physical and sexual abuse and more generally about their ability to meet community needs. Almost all informants felt that Qul-Aun addressed issues of physical and sexual abuse reasonably or very well or felt that some improvement might be needed. Some comments made during the interview included sentiments that the program was very impressive, they offered a safe environment to talk about sexual abuse, there was a balance of male and female counsellors felt to be very important, and there was sharing of the history of the Legacy. However, there are still some clients slipping through the system who are not prepared to address their issues. Respondents believed that more information is required in the community on Qul-Aun's entrance criteria. Figure 12 describes Qul-Aun's ability to address the legacy of physical and sexual abuse.

Figure 12) Ability to Address the Legacy of Physical and Sexual Abuse



Participants have reported that Qul-Aun's setting or environment was comfortable and peaceful and that they felt safe while there. They expressed appreciation for a place that is somewhat isolated as it helps to set the mind, heart, and spirit into a frame for healing. When asked more generally about Qul-Aun's ability to address needs, most respondents believed that the program did very well but needs minor improvements. Figure 13 describes Qul-Aun's ability to address needs.

Figure 13) Perceptions on Qul-Aun's Ability to Address Needs



5.6 Partnerships and Sustainability

Qul-Aun has established credibility with Correctional Service of Canada in serving inmates ready for parole and is funded by per diem for each bed inmates occupy. However, this would not be substantial to run a full program. The centre is reviewing other methods of funding to ensure the continuation of meeting the needs of the community.

Qul-Aun is overseen by the substance abuse treatment program administration and is supported by in-kind contributions from Tsow-Tun Le Lum. Most staff and community referral workers are not familiar

with the financial structure of the organization and could not answer whether this program could run after AHF funding ceased. Most hoped it would continue while others indicated fear of it not continuing. The only volunteer element of Qul-Aun is its board of directors who give generously of their time and knowledge.

5.7 Best Practices

It is recognized that a substance-free lifestyle allows participants to stay focused and to complete their treatment sessions. Clients who have prior counselling and understand healing techniques achieve the most (based on referral workers' statements) and often require minimal aftercare. The clients who come in with a minimal understanding of healing techniques often require longer aftercare/counselling and need a refresher course or second session most of the time. Therefore, it is safe to assume that the five-week session works best if participants have a solid commitment to heal as well as a support system.

Having the centre run as a substance abuse program played a huge role in the program being able to get off the ground quickly. Arriving with a commitment to heal, a healthy support system (counselling), and, sometimes, attendance in the substance abuse treatment program prior to Qul-Aun all contribute to success. Another area worth mentioning is the genogram done by each individual. This process allows them to walk through their own history whether they are Survivors or descendants to clarify what patterns they learned, why their parents acted or treated them in a certain way, why they do what they do today, and know they have a choice to not repeat this pattern.

Having other AHF-funded projects within the region is considered very beneficial because these programs provide support before and after the Qul-Aun Program. Since June 2000, Qul-Aun has shared its experiences during local networking meetings and has hosted the first meeting of AHF-funded projects on Vancouver Island. This activity continues and the projects rotate in hosting the quarterly meeting.

An opportunity arose for one counsellor (who is also a Survivor) to do internal work with an adult child who participated in the program. The referral worker's feedback through clientele was that the experience was most inspirational and rewarding to see their leader as a participant as well as having the program teach and support the clients. One referral worker said, "Best program seen in twenty years, and staff role model spirituality for clients."

Qul-Aun has been fortunate to have weekly clinical supervision from professional consultants, such as a psychologist, a medical doctor, a dietitian, a nurse, Alcoholics Anonymous sponsors, and a parole officer. Qul-Aun has also been able to second staff from other programs to fill vacancies in the short run. One referral worker noted that "[I am] now able to utilize what I learned from first-hand experience" and believes all referral workers should go through the Qul-Aun Program to have a more solid understanding of psychodrama. Qul-Aun has even been able to attract Elders for a special "Elders only" session. They return as support once they have worked through their own issues, and some become board members for the Tsow-Tun Le Lum Society.

Among Qul-Aun's best practices include: engagement of Elders as cultural teachers and peer support counsellors; Qul-Aun team members who have attended residential school and can model healing; use of a blend of traditional approaches (Welcoming Home ceremony, sweats, spiritual pond) and Western

approaches (most particularly psychodrama); assurance that the Qul-Aun team is well trained, thoroughly healed, professional, compassionate, and able to create a safe environment; treatment of participants is equal and consistent; education about the history of residential schools and client rights; and assurance that participants are well screened and have adequate aftercare.

5.8 Challenges

Contrary to a couple of comments stating that Tsow-Tun Le Lum is located on reserve land (leased from Nanoose First Nation), there are some fears about the lease coming up for renewal in five years time.

Additional staff is required to support regular staff on sick days or unexpected leave as well as to increase the quality of service. Outreach also requires greater resources to appropriately train referral workers, provide more pre-/post-service to clientele, and keep the community informed. The majority of referral workers indicate that the region is too large for just two outreach workers whose work is considered valuable. Many communities remain uninformed as a result. Efforts to increase awareness are needed not only to cover a large region but also to help overcome denial. Staff turnover in outreach also played a role in hindering communication efforts.

The project experienced many delays when funding was in question and underwent two extensions before negotiating their final agreement. This caused uncertainty and stress on administration and staff who feared the loss of excellent team members. Extension and bridge funding did not alleviate staff uncertainty.

One challenge identified by a respondent was finding the balance among sexual abuse, residential school, and intergenerational impacts when clients have all issues to contend with in only five weeks, not to mention their substance abuse and foster care issues. Inappropriate referrals (e.g., still abusing substances) do slip through the intake process. It is also identified that more than one staff person is required for the night shift when many participants could be triggered, as most abuse in residential schools happened during the night when students were alone. At least one team member felt the need to include the psychodrama therapist in staff meetings to discuss what worked and did not work. Psychodrama is arguably the most preferred treatment method at Qul-Aun, as there is a great deal of comfort and support during this process.

5.9 Lessons Learned

Bunk beds and the use of flashlights on night patrol are clear triggers for some clients. One employee felt that these features of a residential in-patient facility can sometimes keep clients away. Other triggers of in-patient treatment are illustrated by the following excerpt of a story of one Elder's food experience:

> She found little meat in her soup during her stay at the treatment centre and would not say anything about it. During the night she woke up hungry and realized since residential school, this was the first time she was hungry. She was able to talk about it the next day, but when asked why she did not say anything during her meal, she said one did not comment on anything in residential school for fear of being punished. The difference for her today is that she could eventually talk about it once she was able to name it, feel it, and know where it came from and that it is not the reality of today.

These types of stories validate the work being done in the Qul-Aun Program during treatment and how important it is to work through those triggers in order to heal and separate what is real. This story also

illustrates the degree of trauma residential schooling has had on Aboriginal people. Qul-Aun learned that family-of-origin discussions are essential to breaking through self-blame, participants require solid preparation for residential trauma treatment, referral workers require more information about Qul-Aun, and there is a clear need for behavioural boundaries in treatment.

6. Conclusion

It would be difficult to say that the program has developed lasting healing from the Legacy, as this cannot be measured for a few years. However, from the interview and program satisfaction survey, it would be safe to say that there is tremendous instant gratification still felt six months after completing the program. The Qul-Aun Program is only having an impact on a limited number of residential school Survivors and their descendants, as the program appears effective for about three-quarters of those who participate. However, all respondents interviewed noted it has quality and merit.

The Qul-Aun Program has a very strong cultural and traditional component; this is echoed by client responses and the value that it adds to their lives. For some, it is a re-introduction to their own traditional practices. The overall message from the community is that the program is very well respected and accepted for its admirable standard of service delivery and success rates. What is necessary from here is for the project to teach more people what and how they do the work.

7. Recommendations

Although part of the Qul-Aun public relations/communications plan, the creation of a video on trauma treatment has been delayed. The video would be a cost-effective way to reduce the outreach workload. It is recommended that the program be funded and supported to create this video to increase awareness.

It is premature to determine whether or not the changes noted by staff and referral workers will have long-term effects. Some referral workers believe that there is not enough time in five weeks to adequately address complex issues like sexual abuse. Not having client satisfaction questionnaires summarized for each session as well as the lack of group identifiers (e.g., age, sex, front-line workers) limited the ability to make note of trends for unique groups. In the pilot evaluation, it was recommended that the client satisfaction questionnaire be revised, but no changes were implemented. This caused difficulty for clients to record information accurately. The outreach worker's second summary report had noted that the client satisfaction questionnaire needed revision. For example, participants should have been offered a "not applicable" response category for items that did not apply. Therefore, it is highly recommended that Qul-Aun revise and simplify the questionnaire so that the client can fill out the form on his/her own to avoid social desirability biases. Questions that are unclear need to be written in user-friendly language. It is strongly recommended that AHF consider supporting Tsow-Tun Le Lum in gathering information directly from individual participants, as it will be the most powerful evidence of Qul-Aun's long-term success.

Program activities include program planning and development, training, and healing services; however, the focus of this evaluation effort was on the impact of healing services. Presumably, if program development and training were effective, then the ultimate results would be clear of the impact Qul-Aun had on their clients. Although social indicators were examined for the province of British Columbia, they were done

so only as supplementary information. It is clear that Qul-Aun cannot, on its own, significantly influence change in the entire province. To that end, it is clear that a 12- to 24-month follow-up of Qul-Aun participants should include some answers to the following questions adapted from the evaluation plan submitted with Qul-Aun's funding proposal. The following list identifies key evaluation questions to be answered as well as the possible indicators that could be used to identify the long-term impact of Qul-Aun:

- ☑ Do clients achieve an enduring sense of peace and resolution of specific traumas and issues?
  Possible indicators: client mental and physical health status.
- ☑ Do clients acquire specific life skills, routines, and techniques to help them maintain harmony and stability in their daily lives (e.g., structure and rules, constructive management of family, work and leisure time, stress management)?
  Possible indicators: stability and place of client living situation (e.g., marital home, with friends, boarding, transient on the street); and use of routine in day-to-day life (e.g., gets up in the morning at regular time, has meals at regular time, goes to work at certain time).
- ☑ Are community aftercare support systems developed to help maintain client abstinence from alcohol/drugs for an extended period (e.g., one year)?
- ☑ Do clients develop and implement life plan goals and objectives (e.g., get a job, continue school, improve family relations, develop and use other methods in dealing with people and their environment that reflect quality existence rather than immediate gratification)?
  Possible indicators: client employment or attendance at school; degree of client commitment and achievement of life plan and goals; and degree to which client copes with stressful situations without utilizing alcohol/drugs.
- ☑ Do clients develop a social and therapeutic network of friends and counselling support such that they are not alone and can get help when needed?
  Possible indicators: existence of family/social support network; involvement in other counselling; and attendance at Narcotics Anonymous or other self-help groups.
- ☑ Do clients develop an improved sense of self-worth and a more realistic perception of who they are and what they can contribute to their community?
  Possible indicators: degree to which client is able to see self clearly and realistically; degree to which client wants higher quality of life; and extent to which client participates in community.
- ☑ What other benefits do clients achieve in terms of improved functioning in areas of work, family life, educational upgrading, and health?

At the time of data collection, this information was not available for graduates of the Qul-Aun Program, but this would be the most valuable information to secure to determine the long-term impacts of Qul-Aun.

Notes

[1] Information from the Qul-Aun Program funding proposal (1999) submitted to AHF.
[2] Qul-Aun Program funding proposal (1999).
[3] Data taken directly from the AHF Supplementary Survey, July 2001.
[4] No definition was available for children in care from this website: Government of British Columbia (no date). Strategic Plan for Aboriginal Services. Retrieved from: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs/327611/aboriginal_strategic_services_2.htm
[5] McCreary Centre Society (2000). *Ravens' Children: Aboriginal Youth Health in BC*. Vancouver, BC: McCreary Centre Society.

[6] McCreary Centre Society (2000).
[7] Finn, A., S. Trevethan, G. Carrière, and M. Kowalski (1999). Female inmates, Aboriginal inmates, and inmates serving life sentences: A one day snapshot. *Juristat: Canadian Centre for Justice Statistics* 19(5). Retrieved from: http://www.statcan.gc.ca/pub/85-002-x/85-002-x1999005-eng.pdf
[8] The Native Courtworker and Counselling Association of British Columbia (no date). *Annual Report 2000*. Retrieved from: http://www.nccabc.ca/index.php/media/annual_reports
[9] McCreary Centre Society (2000).
[10] The Capital/Victoria region had insufficient data to make an estimate.
[11] Information from quarterly reports submitted by the Qul-Aun Program to the AHF.

Appendix 1) Staff, Referral, and Administration Interview Questions

HC-36-BC Tsow-Tun Le Lum Society
"Residential School & Intergenerational Effects Healing Initiative"
Staff interview questions

Before we begin I would like to ensure you:

- that there are no right or wrong answers, only answers that are true from your perspective
- your participation is strictly voluntary and you can choose to answer or not answer questions as you see fit
- the project has been selected based upon the criteria that were important to the board (i.e. geographic, group representation, project type, etc and ***not*** on past/present performance, this is a case study, **not** an evaluation)
- we are *only trying to learn from your experience* so that we can help others get what they want from their AHF projects
- the report will *not be able to identify who said what,* so please feel free to say things that may or may not cause controversy
- and, for the most part, it is important to focus comments on *individual* participants.

To start, I would like you to now think about the people involved in this project (please concentrate on those who have completed the program).

1. Have you noted changes in the development of healthy coping patterns? Yes No
   What have you noted that makes you feel this way:

   _____

   _____

Participation	Individual ideas	Individual behaviours	Community conditions

   What do you feel is the magnitude of this change? Circle one.

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

_____

_____

2. Have you noted changes in understanding the impact of the Residential School Legacy?
   Yes No

   What have you noted that makes you feel this way:

   _____

   _____

Participation	Individual ideas	Individual behaviours	Community conditions

   What do you feel is the magnitude of change?

<10%	<20%	about 50%	more than 75%	almost all

   Why do you think this has happened?

   _____

   _____

3. Have you noted changes in sense of self-worth? Yes No

What have you noted that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

What do you feel is the magnitude of this change? Circle one.

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

4. Have you noted changes in life skills? (e.g. managing families, work, leisure, stress) **Yes No**

What have you noted that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

What do you feel is the magnitude of this change? Circle one.

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

5. Have you noted changes in **cultural pride?** Yes No

What have you noted that makes you feel this way:

What do you feel is the magnitude of this change? Circle one.

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

6. Have you noted changes in the client having new plans, goals and objectives? Yes No

What have you noted that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

What do you feel is the magnitude of this change? Circle one.

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

7. To what extent do clients maintain aftercare? (eg: social/ therapeutic network to maintain coping skills for a year) How do you know?

Participation	Individual ideas	Individual behaviours	Community conditions

What do you feel is the magnitude of this change? Circle one.

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

I would like you to now think about the **community** involved in this project.

8. Have you noted changes in your community's understanding of the Legacy? Yes No

What have you noted that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

What do you feel is the magnitude of this change? Circle one.

<10%	<20%	about 50%	more than 75%	almost all

9. Have you noted that resource people have become more knowledgeable of Trauma Treatment?
Yes No

What have you noted that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

What do you feel is the magnitude of this change? Circle one.

<10%	<20%	about 50%	more than 75%	almost all

MANDATORY QUESTIONS:

We know that you have already supplied information to the Aboriginal Healing Foundation through your quarterly reports, but we would like to offer you another opportunity to provide further insight in the following areas:

10. How well do you believe Qul-Aun Program has addressed the Legacy of sexual and physical abuse in residential schools including inter-generational impacts? please circle only one response.

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation for why you feel this way:

11. How would you rate the projects ability to address or meet those needs?

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation for why you feel this way:

12. How well has Qul-Aun Program been accountable to the community? (i.e. engaged in clear and realistic communication with the community as well as allow for community input) Please circle one response only:

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation and some examples of the projects accountability to the community.

13. Do you see Qul-Aun Program being able to operate when funding from the Foundation ends? Please specify.

14. How well is the project able to monitor and evaluate its activity? Please circle only one response

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation or examples on how you have seen this take place

HC-36-BC Tsow-Tun Le Lum Society
"Residential School & Inter-generational Effects Healing Initiative"
Referral Interview Questions

Before we begin I would like to ensure you:

- that there are no right or wrong answers, only answers that are true from your perspective
- your participation is strictly voluntary and you can choose to answer or not answer questions as you see fit
- the project has been selected based upon the criteria that were important to the board (i.e. geographic, group representation, project type, etc and not on past/present performance, this is a case study, not an evaluation)
- we are only trying to learn from your experience so that we can help others get what they want from their AHF projects
- the report will not be able to identify who said what, so please feel free to say things that may or may not cause controversy
- and, for the most part, it is important to focus comments on individual participants.

To start, I would like you to now think about the people involved in this project (please concentrate on those who have completed the program).

1. Have you noted changes in the development of healthy coping patterns? Yes No

   What have you noted that makes you feel this way:

   _____

   _____

Participation	Individual ideas	Individual behaviours	Community conditions

   What do you feel is the magnitude of this change? Circle one.

<10%	<20%	about 50%	more than 75%	almost all

   Why do you think this has happened?

   _____

   _____

2. Have you noted changes in understanding the impact of the Residential School Legacy?
   Yes No

   What have you noted that makes you feel this way:

   _____

   _____

Participation	Individual ideas	Individual behaviours	Community conditions

   What do you feel is the magnitude of change?

<10%	<20%	about 50%	more than 75%	almost all

   Why do you think this has happened?

   _____

   _____

3. Have you noted changes in sense of self-worth? Yes No

   What have you noted that makes you feel this way:

   _____

   _____

Participation	Individual ideas	Individual behaviours	Community conditions

magnitude of this change

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

4. Have you noted changes in life skills? (e.g. managing families, work, leisure, stress) Yes No

What have you noted that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

magnitude of change?

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

5. Have you noted changes in Cultural pride? Yes No

What have you noted that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

magnitude of change?

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

6. Have you noted changes in the client having new plans, goals and objectives? Yes No

What have you noted that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

magnitude of change?

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

7. To what extent do clients maintain aftercare? (eg: social/ therapeutic network to maintain coping skills for a year)

   How do you know?

   ___

   ___

Participation	Individual ideas	Individual behaviours	Community conditions

   magnitude of this change?

<10%	<20%	about 50%	more than 75%	almost all

   Why do you think this has happened?

   ___

   ___

I would like you to now think about the community involved in this project.

8. Have you noted changes in your community's understanding of the Residential School Legacy?
   Yes No

   What have you noted that makes you feel this way:

   ___

   ___

Participation	Individual ideas	Individual behaviours	Community conditions

   magnitude of this change?

<10%	<20%	about 50%	more than 75%	almost all

   Why do you think this has happened?

   ___

   ___

9. Have you noted that resource people have become more knowledgeable of Trauma Treatment?
   Yes No

   What have you noted that makes you feel this way:

   ___

   ___

Participation	Individual ideas	Individual behaviours	Community conditions

   magnitude of this change?

<10%	<20%	about 50%	more than 75%	almost all

   Why do you think this has happened?

   ___

   ___

10. Have you noticed if more individuals are indicating a need or willingness to seek trauma treatment for residential school issues?

    Increased Decreased The same Haven't noticed

What have you noted that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

magnitude of this change?

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this happened?

11. In the last 12 months, please state whether you feel community involvement has:

increased stayed the same decreased unsure

How do you know this?

Participation	Individual ideas	Individual behaviours	Community conditions

magnitude of this change?

<10%	<20%	about 50%	more than 75%	almost all

Why do you think this has happened?

MANDATORY QUESTIONS:

12. How well do you believe "Qul-Aun Program" has addressed the Legacy of Sexual and physical Abuse in Residential schools including inter-generational impacts? Please circle only one response.

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation for why you feel this way:

13. How would you rate the projects ability to address or meet those needs?

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation for why you feel this way:

14. How well has "Qul-Aun Program" been accountable to the community? (i.e. engaged in clear and realistic communication with the community as well as allow for community input) Please circle one response only:

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation and some examples of the projects accountability to the community.

15. Do you see "Qul-Aun Program" being able to operate when funding from the Foundation ends? Please specify.

16. How well is the project able to monitor and evaluate its activity? Please circle only one response

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation or examples on how you have seen this take place

HC-36-BC Tsow-Tun Le Lum Society
"Residential School & Intergenerational Effects Healing Initiative"
Administration interview questions

Before we begin I would like to ensure you:

- Before we begin I would like to ensure you:
- that there are no right or wrong answers, only answers that are true from your perspective
- your participation is strictly voluntary and you can choose to answer or not answer questions as you see fit
- the project has been selected based upon the criteria that were important to the board (i.e. geographic, group representation, project type, etc and ***not*** on past/present performance, this is a case study, **not** an evaluation)
- we are *only trying to learn from your experience* so that we can help others get what they want from their AHF projects
- the report will *not be able to identify who said what,* so please feel free to say things that may or may not cause controversy
- and, for the most part, it is important to focus comments on *individual* participants.

I would like you to now think about the community involved in this project.

1. Have you noted changes in your community's understanding of the Legacy? Yes No

   What have you noted that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

   What do you feel is the magnitude of this change? Circle one.

<10%	<20%	about 50%	more than 75%	almost all

2. Have you noted that resource people have become more knowledgeable of Trauma Treatment?
   Yes No

   What have you noted that makes you feel this way:

Participation	Individual ideas	Individual behaviours	Community conditions

   magnitude of this change?

<10%	<20%	about 50%	more than 75%	almost all

MANDATORY QUESTIONS:

We know that you have already supplied information to the Aboriginal Healing Foundation through your quarterly reports, but we would like to offer you another opportunity to provide further insight in the following areas:

3. How well do you believe "Qul-Aun Program" has addressed the Legacy of sexual and physical abuse in residential schools including inter-generational impacts? please circle only one response.

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation for why you feel this way:

4. How would you rate the projects ability to address or meet those needs?

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation for why you feel this way:

5. How well has "Qul-Aun Program" been accountable to the community? (i.e. engaged in clear and realistic communication with the community as well as allow for community input) Please circle one response only:

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation and some examples of the projects accountability to the community.

6. Do you see "Qul-Aun Program" being able to operate when funding from the Foundation ends? Please specify.

7. How well is the project able to monitor and evaluate its activity? Please circle only one response.

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation or examples on how you have seen this take place

8. Can you please identify the Strengths, Weaknesses, Opportunities, Threats of your program. (SWOT)

Appendix 2) Tsow-Tun Le Lum Pilot Trauma Treatment Project Summary

Medical Services Branch funded a two-year Trauma Treatment pilot project for Tsow-tun-le-lum Society. In consultation with both MSB and the executive director this evaluation process was designed to be constructive in nature and participatory from a hermeneutic perspective. As such, the findings have been reviewed by stakeholder program personnel to ensure the findings are value based and reflective of the unique underpinning of the project. The outcome and recommendations were based on a complete review of the program process, delivery, structure, intake/assessment process, file reviews, evaluations, referral resources and interviews with program staff.

Over the life of the project, the project team became increasingly conceptually aware of the immensity of the task undertaken. Overall, the treatment practices were sound, safe and sensitive to addressing what it was competent to address without overextending its capabilities.

Several findings:

- Psychodrama is an excellent treatment modality to release First Nation's peoples from the chains of past Trauma as reported by client evaluations.
- One dilemma is that the training requirements to deliver this form of treatment are extensive, requiring as many as six years to become capable of delivering the competency level required. This would be an inhibiting factor given the virtue of having Aboriginal people delivering the service.
- It appears that six months sobriety is a meaningful period of time for a client to be ready for Trauma Treatment.

Recommendation hi-lights:

- Clients be informed in advance what psychodrama is, how it works in treatment, what benefit they will receive and how their participation is required.
- It is strongly recommended that adding outreach service to any further delivery of Trauma Treatment.
- Admission protocols be further clarified.
- The program should include an "arms length" evaluation plan that allows for follow-up review 4-12 and 24 months post trauma treatment. It is recommended that the current "Client Satisfaction Questionnaire" be revised.
- Clinical file management is in need of re-working.
- Explore ways to encourage more male interest in the program.
- It is suggested that an independent party administer a confidential questionnaire, as opposed to being done in a group setting.

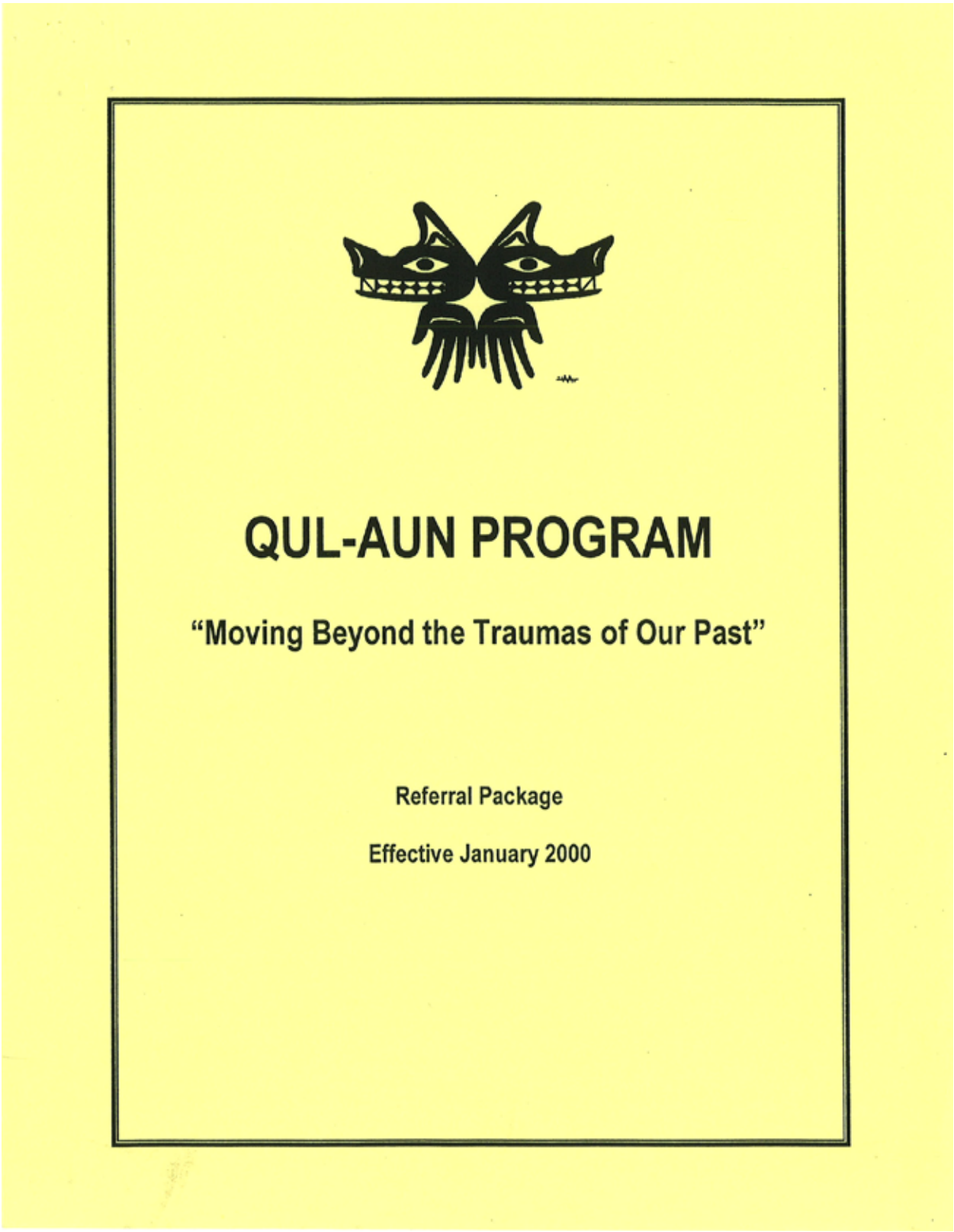
Appendix 3) Training Outline

HC-36-BC
Tsow-Tun Le Lum Society—Residential School & Intergenerational Effects Healing Initiative

Training Outline

Type of training	Number of trainees
12 day Core training	all staff
5 day leadership training/seminar	1 employee
3 day food and nutrition seminar	1 employee
Occupational first aid	"all staff requiring"
4 day team-building workshop	all staff
JI-Trauma Counseling Certificate program	1 TTLL employee
Restoring Justice for Women & Youth (several)	1 employee
4 days "Pursuit of Excellence" program	9 employees
Earthquake Preparedness workshop	6 employees
Re-enactment Therapy	2 employees
Residential School Conference - Edmonton	6 employees
Traditional teachings workshop	entire staff
Accreditation coordinator forum	1 employee
Special front-line workers retreat/training	10 community workers
Kakawis Trauma training	1 outreach worker
Racism workshop	entire staff

Appendix 4) Referral Package



TSOW-TUN LE LUM SOCIETY
Vancouver Island Residential Aboriginal Programs

QUL-AUN PROGRAM
TS LH UWQ NAMUT

"Moving Beyond the Traumas of Our Past"

Please Note: Six months clean and Sober is essential before applying for this program.

Referral Package

INTRODUCTION

Tsow-Tun Le Lum means *Helping House*. The Tsow-Tun Le Lum mission is to strengthen the ability of Native peoples to live healthy, happy lives and have pride in their native identity. For Native people, we "help" through providing co-educational residential treatment programs for substance abuse, survivors of trauma (sexual abuse, unresolved grief), and survivors of residential school.

The Vancouver Island Native residential centre participates in the healing cycle through providing balanced, state-of-the-art therapy programs that acknowledge and support physical, emotional, mental and spiritual health.

For information about specific healing programs, please refer to our program folder.

CONTENTS

REFERRAL PROCESS

To the referral person – Thank you for your referral.

We appreciate your cooperation in completing the referral and admissions process. If we can be of assistance, please call us at **Tsow-Tun Le Lum Admissions** at **(250) 390-3123**.

As the referral person, you are requested to follow these procedures when sending clients to our program. Please check ☑ when complete.

- ☐ Read the sections called *Admission Criteria* and *Paying for Treatment* to determine eligibility of the prospective client (pages 4 and 6).
- ☐ Fill out and return the forms in this package to Tsow-Tun Le Lum, PO Box 370, 699 Capilano Road, Lantzville, BC V0R 2H0. The application for admission is to be completed in the presence of the prospective client.
- ☐ Ensure that the following Admission forms are submitted as part of the application. Use this list as a checklist –
  - ☐ Residential Treatment Evaluation
  - ☐ House Guidelines Agreement
  - ☐ Personal Information
  - ☐ Client History
  - ☐ Contact Assessment
  - ☐ Consent for Treatment
  - ☐ Pre-admission Medical Evaluation
- ☐ Upon receipt of all the forms, the referring person and/or client will be notified of an admission date. No admission date will be considered until the **WHOLE** admission form has been completed.
- ☐ If your client is on **probation**, it is imperative that the probation information be included in the appropriate spaces in the assessment package. Your client must also **submit a copy of the parole, probation or temporary absence order**. Our admission policy allows for one probation client per intake. Should this information be omitted from the referral package, it could result in your client being discharged from treatment.
- ☐ Confirm the payment of fees, comfort monies and travel arrangements (including return fare).
- ☐ Discuss the *Admission Criteria* and *House Guidelines for Residents* with your client.

- ☐ Discuss follow-up and after-care plans with your clients. During the latter part of the program, the client prepares a personal recovery plan and the counsellor writes a Completion Summary. The community After Care and Completion Summary are available with a signed release (see page 29 of this package).
- ☐ Ensure your client has a valid medical care card and that coverage is adequate.
- ☐ Ensure your client is aware of clothing and personal needs including items on the list below –
    - ☐ white soled/non-marking soled runners,
    - ☐ slippers,
    - ☐ men – large towel, sweat shorts and T-shirt,
    - ☐ women – large towel, long flannelette/cotton gown (covering to the neck, ankles and wrists),
    - ☐ swimsuit,
    - ☐ towels (we do **not** supply),
    - ☐ toiletries (shampoo, toothpaste, razors, feminine needs, etc.),
    - ☐ writing paper, envelopes, stamps,
    - ☐ $10 to $15 for book and material purchases; comfort/spending money for 35 days,
    - ☐ arts and crafts projects, if on hand, and
    - ☐ musical instruments are allowed.
- ☐ At least ten days prior to admission, confirm that all the forms are completed and mailed and that all financial arrangements are complete. This includes arrangements for all travel, comfort money, and any additional expenses.

Note that intake arrival time is **between 1:00 PM and 4:00 PM** and that residents are responsible for their transportation to and from the Centre during the program.

In our work at Tsow-Tun Le Lum we feel it is extremely important to welcome program participants upon arrival. In our opening circle participants are able to introduce themselves and connect with group members. This helps them to start working openly and honestly.

During the welcoming, we take participants on a tour of the building, explain the program and outline what to expect. We then follow with a video. By bedtime, participants are somewhat settled in.

This referral package is effective from January, 2000. Please photocopy these materials as necessary. You are kindly requested to complete all the sections attached before forwarding for admission review.

ADMISSION REQUIREMENTS

Applicants for the QUAL-AUN Program, "Moving Beyond the Traumas of Our Past" are to be –

- ☐ over 19 years of age;
- ☐ mentally stable and physically able to participate in intense individual and group counselling situations;
- ☐ clean and sober for a period of six months prior to application;
- ☐ free of any psycho active/mood altering drugs, painkillers, sleeping pills, or tranquilizers that are being used addictively for a period of three months prior to admission unless approved by our consulting physician;
- ☐ **free of any appointments or court dates to attend that would occur during the program such as doctor, physiotherapist, dentist, chiropractor, child care, and court appearances;**
- ☐ prepared to address past traumas in both group and individual experiences;
- ☐ committed to review his or her present life-style, behaviours and feelings;
- ☐ free of any acute care hospital requirements;
- ☐ in control of all disease and free from any communicable disease; and
- ☐ medically covered with a valid health care card.

PRELIMINARY RESIDENTIAL TREATMENT EVALUATION
(For Referring Persons)

If the client answers "No" to any of the questions – 1 through 5, he/she is not yet ready for intense treatment and the following recommendations should be taken into consideration –

- ☐ May need to be referred to our outreach team for assistance or to another treatment program more suitable to his/her needs.
- ☐ Refer client to a community based therapist for residential treatment readiness preparation.
- ☐ Conduct a re-assessment of client's readiness for treatment again in three to six months.

1.	Client expresses a need to change his life situation, become clear from past traumatic life experiences?	___ Yes	___ No
2.	Client shows willingness to participate in –	___ Yes	___ No
	pre-treatment evaluation?	___ Yes	___ No
	residential treatment?	___ Yes	___ No
	after-care?	___ Yes	___ No
	follow-up?	___ Yes	___ No
3.	Is client routinely able to physically and mentally do daily living chores, treatment and recreation activities?	___ Yes	___ No
4.	Is client able and willing to be involved in intensive group and individual counselling activities?	___ Yes	___ No
5.	Does client have post-treatment plans –		
	for basic needs? (e.g. housing, finance, etc.)	___ Yes	___ No
	for outpatient/self-help?	___ Yes	___ No
	to continue cultural/spiritual activities?	___ Yes	___ No
	other (specify) _____	___ Yes	___ No
	_____		

6.	Client has family/friends to support him/her being in treatment?	___ Yes	___ No
7.	Is client's expression of anger, harmful to self, others or property?	___ Yes	___ No
8.	Is the client aware that Tsow-Tun Le Lum is not willing to accommodate any personal obligations or appointments during the treatment cycle?	___ Yes	___ No

PAYMENT FOR TREATMENT

1. All Status and non-status Indians are eligible for subsidized treatment.
2. Prospective non-native clients referred by Alcohol and Drug Program Counsellors, may apply and be eligible for a user-fee subsidy.
3. Prospective clients who are unable to obtain funding support are required to arrange for per diem payment prior to admission.

HOUSE GUIDELINES FOR RESIDENTS

To all participants –

The following guidelines will assist you in contributing to a healthy and positive environment for your program and healing. Please read the guidelines carefully.

ALCOHOL AND DRUGS

a. There will be no alcohol or other drugs not authorized by the DIRECTOR within the bounds of TSOW-TUN LE LUM. Residents are not to consume alcoholic beverages or any unauthorized drug while attending the TSOW-TUN LE LUM Program either inside or outside of the residence (non-compliance with this guideline will result in discharge from your program).

b. All medications are to be turned in to our staff upon entry.

c. It is expected that you will refrain from frequenting places that promote the use of drinking, drugs, or gambling.

d. If it is believed to be necessary, your luggage or rooms may be checked by staff.

e. If you arrive with prescriptions not noted on your Intake Paperwork, you will need to meet with our consulting physician.

PASSES, VISITORS, AND TELEPHONE CALLS

a. Passes are a PRIVILEGE and they are issued as they fit with your treatment plans.

b. All residents are to remain on the grounds unless on pass or on an negotiated walk.

c. Passes are reviewed by your Program Counsellor. Requests for passes should be made by 12 noon on Thursdays.

d. It is understood that you will refrain from frequenting places that promote the use of drinking, drugs, or gambling.

e. For the first week visiting hours will be from 1:00 PM to 5:00 PM on Sundays. On the second and subsequent weekends visiting is from 1:00 PM to 5:00 PM on Saturdays and Sundays.

f. Visitors are prohibited from entering the sleeping quarter area.
g. Visitors are allowed only in the designated visiting area.
h. Visitors under the influence of alcohol or drugs are prohibited.
i. Sexual relations between residents and visitors are prohibited.
j. You are responsible for your visitors and letting your visitors know of the Guidelines for the House.
k. A pay telephone is available for residents to make personal calls.
l. Collect calls will not be accepted.
m. You will **not** be called out of session to answer the telephone. Staff will take messages and distribute them after program each day.
n. Cellular phones and pagers are not to be used by clients while they are residents at Tsow-Tun Le Lum Society. Cellular phones and pagers are to be turned in at the front desk on Intake Day. Phones and pagers may be checked out for the day or weekend passes.

REGULATIONS REGARDING PASSES, VISITING HOURS, AND TELEPHONE PRIVILEGES

DAY PASSES	VISITING HOURS	TELEPHONE PRIVILEGES
Friday: None		*Friday*: after program
Saturday: 9:30 AM – 10:30 PM	*Saturday*: 1:00 PM – 5:00 PM	*Saturday*: after all house chores are completed
Sunday: 10:30 AM – 6:00 PM	*Sunday*: 1:00 PM – 5:00 PM	*Sunday*: after all house chores are completed

WEEKEND PASSES

From after program (usually 4:00 PM) Friday, until return to Centre at 6:00 PM Sunday.

a. All residents are reminded that weekend staff have the authority to take away privileges if residents do not comply with house guidelines.
b. Please be advised that you are responsible for your own transportation to and from the Centre. Tsow-Tun Le Lum Society will NOT cover transportation costs. Staff will not be available to answer phone calls in the evening and on weekends. Our answering service picks up all our phone calls from Friday 4:00 PM to Monday 9:00 AM.

c. You are welcome to return to the Centre at anytime during a weekend pass.
d. Special requirements need to be addressed by your counsellor and your group.

HEALTH AND SAFETY

a. Smoking is not permitted in the building. Smoking is allowed outside the building. Ashtrays are supplied, please use them. Smokers are responsible to keep ashtrays clean.
b. All medication will be turned over to the administration office upon entrance. TSOW-TUN LE LUM's staff will monitor the taking of the medication.
c. You are expected to keep yourself clean. Regular bathing is required and laundry facilities are available for washing clothes.
d. Use only the bed you are assigned. You are responsible for making your bed and cleaning your sleeping area and bathroom each morning.
e. You are assigned regular daily chores.
f. Horseplay, running, or swearing in the building is not accepted.
g. Money and valuables can be safeguarded by handing them in to the administration office.

SCHEDULE

a. You are to be up in the morning by 6:45 AM during the week and by 8:30 AM on the weekends.
b. From Sundays to Thursdays, you are requested to be inside the building by 9:00 PM and lights out by 10:30 PM. The TV will be turned off by 10:00 PM.
c. On Fridays and Saturdays, unless you are on a pass, you are to be inside the building by 9:00 PM. TV should be off by 1:00 AM and lights out by 1:30 AM.
d. You are accountable and responsible for attending **all** program sessions.
e. Residents out on a pass are to return by 6:00 PM Sunday evening, in time to take part in the scheduled program.
f. Radios, TV, ghetto blasters, walkmans, CD players, etc. are not to be turned on until **after** 6:00 PM, or until all chores are completed.
g. You will be required to attend closing ceremonies and assist in hosting visitors.

GENERAL HOUSE GUIDELINES

a. Residents fighting or destroying property will be discharged from the program.

b. Sexual relations between residents and staff will not be tolerated. Sexual relations between residents are prohibited.

c. Walks must be either solitary (one person) or in a group of no less than five (5) residents unless approved by staff. Residents must inform staff when they are leaving or returning to the building. Residents are also required to sign in/out in the log book for fire/emergency purposes. Please make yourself aware of designated walking areas.

d. You are to remain within the boundaries of Tsow-Tun Le Lum at all times, except when accompanied by staff or on pass.

e. There will be absolutely no visiting in anyone else's bedroom.

f. The group room on the men's side of the building is to be used by men only during leisure time. The group room on the ladies' side of the building is for ladies only during leisure time.

g. The exercise room and craft area downstairs is also out of bounds for co-ed activity during leisure hours. A schedule for men only, women only hours is posted and must be adhered to.

h. Rooms behind the green doors in the basement are by schedule use only, and therefore out of bounds unless being cleaned or you are with staff

i. All valuables and monies in excess of $20.00 should be turned in to the administration for safekeeping. They will be returned to you upon request. Tsow-Tun Le Lum **"bank" is open at 12:45 PM, Monday through Friday**.

j. Do not hang or stick anything on the walls. Bulletin boards are provided for this purpose.

k. You are responsible for all your personal belongings and effects. Any items left behind when you leave will be disposed of (normally after 30 days). Tsow-Tun Le Lum accepts no liability or responsibility for the personal belongings and effects of residents or visitors.

l. Gambling is not allowed.

m. You may bring musical instruments with you. We encourage their use.

n. Running or soft-soled shoes are to be worn in the gymnasium and the kitchen.

o. Appropriate clothing is mandatory and reflects respect – no halter tops, bare midriffs, muscle shirts, short shorts, see through or ripped clothing, logos promoting alcohol or drugs, etc. Spandex shorts or pants must be worn with a long shirt.

p. Residents are responsible for their own transportation to and from the Centre.

q. Absolutely **NO** videos are to be brought in from the outside.

House Guidelines for Residents Agreement

I understand the House Guidelines and agree to follow them.

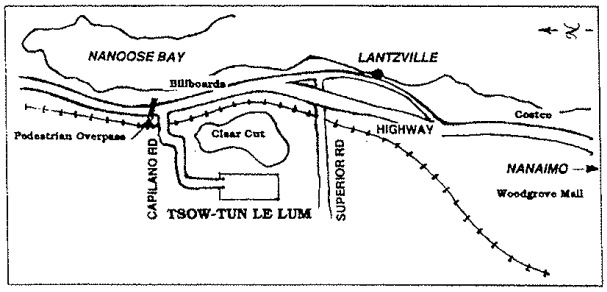
Resident's Name (please print) _____

Signature _____

Date _____

LOCATION

The Tsow-Tun Le Lum Centre is located on Capilano Road on the Nanoose Band Reserve Land. Travelling north on the Island Highway from Nanaimo, take the first left after the Superior Road traffic lights. Capilano Road is just before the pedestrian overpass.



TRANSPORTATION

Tsow-Tun Le Lum is located approximately 10 kilometres north of Nanaimo. A taxi is recommended and costs are approximately –

from Nanaimo airport to Tsow-Tun Le Lum	$50.00
from Nanaimo bus depot to Tsow-Tun Le Lum	$30.00
AC Taxi	Telephone: (250) 753-1231
Swiftsure	Telephone: (250) 753-8911 or (250) 758-8911

The above taxi companies will accept taxi vouchers.

Please be advised that you are responsible for your own transportation to and from Tsow-Tun Le Lum. We will **not** cover transportation costs.

Clients are advised that if they choose not to complete our program, or are discharged by staff of Tsow-Tun Le Lum, that Medical Services will not cover any return travel costs (including to the Yukon).

TSOW-TUN LE LUM SOCIETY
Vancouver Island Residential Aboriginal Programs

PO Box 370, Lantzville, BC, Canada V0R 2H0
Telephone: (250) 390-3123 Fax: (250) 390-3119

QUL-AUN PROGRAM
TS LH UWQ NAMUT

"Moving Beyond the Traumas of Our Past"

Assessment Package

NAME OF CLIENT _____

Assessment/Referral Agency _____

Address _____

_____

Telephone _____

Fax _____

Referral Worker _____

Date of Referral _____ Received _____

ASSESSMENT OVERVIEW

CONTENTS

GLOSSARY OF TERMS IN THE SALISH LANGUAGE

Qul-Aun	Something bad in the past
Ts Lh Uwq Namut	Gone through the bad time to the good
Tsow-Tun Le Lum	Helping House

I. PERSONAL INFORMATION

Surname (legal name) _____ Given Name _____
Health Insurance Number _____ Birth Date (Day/Month/Year) _____
Sex _____ Male _____ Female Status Indian _____ Yes _____ No
Street (Permanent Address) _____
_____
City _____ Province _____ Postal Code _____
Street (Residential Address) _____
_____
City _____ Province _____ Postal Code _____

Known As (most often called) _____ Telephone _____
Social Insurance Number _____

Marital Status

___ **S**ingle ___ **M**arried ___ **C**ommon-Law ___ Se**P**arated
___ **D**ivorced ___ **W**idowed

Employment Status (present employment situation)

___ Self **E**mployed ___ **H**omemaker ___ **J**ob Training ___ Seaso**N**al
___ **P**ermanent ___ **R**etired ___ **S**tudent ___ **T**emporary
___ **U**nemployed ___ **X** Part-Time

Income Source (present source)

___ **J**ob ___ **U**IC ___ **P**ension ___ Income **A**ssistance
___ **F**amily ___ **N**one ___ **I**nterest ___ **O**ther (specify)

Band Name _____
Full Status Number _____

Family Type

___ **L**iving **A**lone ___ **L**iving with **S**pouse
___ **L**iving with **P**arents ___ **S**ingle **P**arent
___ **L**iving with **F**riends ___ with **S**pouse & **C**hildren
___ with **E**xtended **F**amily ___ **O**ther

Next of Kin _____ Relationship _____
Address _____
_____ Telephone _____

Highest level of Education

___ **N**o Education ___ **P**rimary School ___ **J**unior High ___ **S**econdary
___ **SO**me Primary ___ Some Seconda**R**y ___ **T**rade School ___ **U**niversity
___ **A**dult Education ___ **C**ommunity College

Location of Education

___ **B**oarding School ___ Public **O**ff Reserve
___ **P**ublic On Reserve ___ **R**esidential

Legal Status (present involvement)

___ **N**ot **A**pplicable ___ **PA**role ___ **PR**obation
___ **T**emporary **A**bsence ___ **OT**her

Usual Occupation _____
Language _____

Were you ever in a **treatment centre**? ___ Yes ___ No

Year _____ Number of Times _____ Location _____
Year _____ Number of Times _____ Location _____
Year _____ Number of Times _____ Location _____
Year _____ Number of Times _____ Location _____
Year _____ Number of Times _____ Location _____
Year _____ Number of Times _____ Location _____

Substances Abused

Primary Drug of Choice _____ Recent Ingestion **(Day/Month/Year)** _____

___ **A**lcohol ___ **H**allucinogens ___ **N**arcotics
___ **P**rescription Drugs ___ **S**olvents/Inhalants ___ **O**ther

Secondary Drugs of Choice _____

Referral Source (please check)

___ NNADAP Projects Outpatient Clinic ___ **B** Other Outpatient Clinic
___ **C**orrectional Service of Canada ___ **F** CHR/NNADAP Worker
___ Resi**D**ential Treatment Centre ___ **I** Band Social Worker
___ Halfway Hous**E** ___ **G** Detox Unit ___ **H** Native Court Worker
___ **J** Hospital ___ **K** Employer ___ **N** Family

Will client continue working with referral source after treatment? ___ Yes ___ No
If not, to whom is the client being referred? _____
Address _____
_____ Telephone _____

II. CLIENT HISTORY

A. Nutritional Needs

1. Are you comfortable with your weight? _____
2. Have you ever taken drugs to control your weight? _____
3. Do you have a history of anorexia or bulimia? _____
4. List significant nutritional issues (i.e. obesity, diabetes). _____
5. Do you have specific goals? _____
6. Is a special diet required? If yes, give details. _____

B. Background Medical/Psychological Factors/Mental Health Issues

1. Significant past and present medical issues (i.e. cancer, diabetes, impairment – hearing loss, loss of limb). _____
2. Significant past and present psychological issues (Have you ever thought of suicide? Do you have a history of depression?). _____
3. Do you have a problem sleeping? If yes, do you take any medications for this problem?

4. Details of client's history of involvement with the following –

Alcoholic Anonymous	When? _____	How long? _____
Narcotics Anonymous	When? _____	How long? _____
Psychologist	When? _____	How long? _____
Psychiatrist	When? _____	How long? _____
Counsellor/Friendship Centre	When? _____	How long? _____
Mental Health	When? _____	How long? _____
Treatment Centre	When? _____	How long? _____
Social Services	When? _____	How long? _____
Detox	When? _____	How long? _____
NNADAP	When? _____	How long? _____
ADP Centres	When? _____	How long? _____
Other Support Groups	When? _____	How long? _____

Please give details of the outcome of the above involvement. _____

_____

_____

_____

_____

_____

_____

_____

_____

SOCIAL BACKGROUND

Personal/Family of Origin

1. Was client raised by natural parents? ___ Yes ___ No
   If no, by whom was the client raised? _____
   _____
2. Was there alcohol or drug problems in the family of origin while client was growing up (i.e. parent, guardian, sibling)? If yes, give details. _____
   _____
   _____
3. How did the client's family alcohol and drug use effect the client? Give details. _____
   _____
   _____
   _____
   _____
4. Has there been a death in the family due to substance abuse? ___ Yes ___ No
5. Have there been any suicides in the family? ___ Yes ___ No
6. Did the client's parents attend residential school? ___ Yes ___ No
7. Did any other family members attend residential school? ___ Yes ___ No

Marital/Common-law

1. How long has client been involved in present marital/common-law situation? _____
   _____
2. How many previous marital/common-law relationships has the client been involved in the past? _____
   _____
   _____
3. How many different sexual partners has the client had in the past year? _____
   _____

4. How many mothers and fathers did the client have in his/her life? _____

5. Does the client have any children? ___ Yes ___ No
If yes, how many? _____ Status (indicate whether they are)
___ at Home ___ in Care ___ Apprehended

6. Have the client's children ever been in foster care or apprehended? ___ Yes ___ No

7. Has there ever been violence in any of the client's relationships? ___ Yes ___ No
If yes, give details. _____

8. What is working well in the client's relationships? _____

9. What could make it better? _____

10. Was the use of alcohol or drugs affecting the marital/common-law situation? _____

Social/Support

1. Indicate client's potential support network, i.e. family, friends, religious organizations, healers, cultural organizations, self-help groups. _____

2. Where does the client actually go for support? _____

3. Is that working well? _____

Legal

1. Does client have any prison convictions or a criminal record? If yes, indicate reasons and outcomes. _____

2. Are there any
   ___ Outstanding warrants? ___ Charges? ___ Court cases?

3. Is client presently on
   ___ Parole? ___ Probation? ___ Incarcerated?

4. Name and phone number of Probation Officer. _____

5. Are there any outstanding custody issues? _____

6. Was any of the client's legal history related to sexual offending? If yes, give details.

Employment

1. Describe client's past and present employment situation(s). Note number of previous jobs and reasons for leaving. _____

2. Has addiction affected your past and/or present employment situation? If yes, give details. _____

Spiritual/Cultural

1. Ancestry Nation _____

2. Is client involved with spiritual practices, cultural events, native healers, self-healing practices. Give details. _____

3. Past and present spiritual/philosophical values. _____

III. CONTACT ASSESSMENT

PRESENTING PROBLEM

1. What event(s) took place that caused the client to seek help at this time? Include details surrounding the event(s). _____

2. Was client coerced (includes attendance required by law) into coming or did he/she come voluntarily? Give details. _____

CLIENT'S PERSPECTIVE/PERCEPTION OF PROBLEM

1. Does client feel he/she has Post Traumatic Stress Disorder? _____

2. What past traumas are of primary concern to the client?

___ Residential School	___ Abandonment
___ Sexual Abuse	___ Effects of Alcohol/Drug Abuse
___ Physical Abuse	___ Cultural Oppression
___ War	___ Health/Suicide of Family Member
___ Emotional Abuse	___ Foster Home/Adoption
___ Spousal Abuse	___ Orphanage

3. Client's concerns about the most important past trauma(s). _____

4. Does client express a need to change his/her life situation? ___ Yes ___ No

5. Are native culture and values significant for client's change? ___ Yes ___ No

REFERRAL WORKER'S PERSPECTIVE

1. Client's emotional/mental health state (include any diagnosed disorder). _____
_____
_____

2. Client's insight into presenting problem. _____
_____
_____

3. Level of client's motivation for treatment. _____
_____
_____

SPECIAL NEEDS AND ISSUES

1. Disabilities, illiteracy, etc. _____
_____
_____

2. Has the client disclosed sexually abusive behaviour? ___ Yes ___ No

3. Has the client been sexually abused? ___ Yes ___ No

4. Is the client receiving Workers Compensation Benefit? ___ Yes ___ No

5. Is the client receiving Criminal Injuries Benefits? ___ Yes ___ No

REFERRAL

1. Is client in an on-going relationship with the referral person? ___ Yes ___ No

2. If yes, how much contact in the last six months? _____
_____

3. Will relationship continue after referral? ___ Yes ___ No

4. Will referral person be doing follow-up after program completion? ___ Yes ___ No

CLIENT RELEASE

I, _____, hereby request and permit Tsow-Tun Le Lum Society to forward my treatment completion summery to _____.

Client's Signature _____ Date _____

IV. CONSENT FOR TREATMENT

I, _____ (name of client), understand that my participation in the Qul-Aun Program at Tsow-Tun Le Lum Society requires that I am –

- ☐ aware that Tsow-Tun Le Lum Qul-Aun Program is a continuous five (5) week program which begins upon my arrival and ends following the completion ceremony,
- ☐ aware that there is a schedule of events and activities which will require my full participation, and
- ☐ aware that if I am **UNWILLING** to participate fully, I may be asked to leave.

I understand for the client and staff to work effectively, the treatment program will include –

- ☐ Counselling assessments and treatment plans,
- ☐ Arts and crafts, recreational activities, and ceremonies,
- ☐ Group therapy sessions/lifeskills training/sessions with Elder/assignments,
- ☐ Alcoholic Anonymous/Narcotics Anonymous meetings,
- ☐ Contact with my referral sources, and
- ☐ Maintenance of confidential client records as stated in the *Privacy Act.*

I understand that there are on-going programs at Tsow-Tun Le Lum, where applicants have been referred from NNADAP, Friendship Centres, Social Workers, Doctors, Detox, Employers, Alcohol and Drug Counsellors, and Parole.

I understand that treatment is a continuum. Therefore, I agree to be involved with after-care.

I am aware that according to the Family and Child Services Act, staff at Tsow-Tun Le Lum are required to report to the appropriate authorities any information received regarding the abuse or risk of abuse of any individual presently under the age of nineteen (19).

I understand the explanation of the above points and the above-named agency's program and guidelines and I, therefore, consent to undergo treatment at **Tsow-Tun Le Lum**.

I am aware that whenever people gather, such as at home communities, social and spiritual functions, family and treatment programs, etc., there may be identified and unidentified sex offenders present. This is also true of Tsow-Tun Le Lum Society.

I also understand that I can withdraw or amend my consent to the release/request of information at any time.

Client's Signature _____ Date _____

Referral Worker's Signature _____

V. CONSENT FOR RELEASE OF INFORMATION

This section is to be filled out if referral is made and client information is required.

Client Name _____

Date of Birth _____

I, _____ (client's name), hereby give my permission for Tsow-Tun Le Lum Society Substance Abuse Treatment Centre, PO Box 370, 699 Capilano Road, Lantzville, BC V0R 2H0

to contact (name and address of agency providing information)

_____

_____

for information to be released, limited to (describe type[s] of information to be released)

_____

_____

I understand that no other information will be released to any other persons without my written consent unless these persons have a court order or are concerned with my medical treatment in an emergency situation. I also understand that I can withdraw or amend my consent to the release/request of information at any time.

ALL INFORMATION IS CONFIDENTIAL in accordance with relevant statues.

State date of consent _____

End date of consent _____

In order for this release to be valid, it must be completed in its entirety.

Client's Signature _____

Witness _____
(may be referring person or assessor)

Date _____

VI. PRE-ADMISSION MEDICAL EVALUATION

Client's Name _____ Medical Number _____

Date _____

Referral Agency _____

Address _____

_____

CLIENT RELEASE

I, _____, hereby request and permit my physician to release medical facts and assessments about me to _____ and **Tsow-Tun Le Lum Society**. The photocopy of my signature on this form is as valid as the original.

Client's Signature _____

TO THE PHYSICIAN

The above named client is to be medically assessed as a potential participant in our five week Qul-Aun program. Our program is designed to address the special needs of people who have suffered, or who are experiencing trauma in their lives, including emotional, mental, physical and spiritual health issues that stem from the effects of the residential school experience, substance abuse, violence – domestic or physical, unresolved grief, and issues that are often passed from generation to generation unless the cycle is broken. **Tsow-Tun Le Lum** requires a client to have had a complete physical examination prior to admission. In order for a client to be successful in our program, the client has to be free of any psycho active/mood altering drugs, painkillers, sleeping pills, or tranquilizers that are being used addictively.

MEDICAL EXAMINATION

Name _____

1. Date of last alcohol/drug use _____
2. Date of last psycho active drug use _____
3. Current Diagnosis _____
   _____
4. Medical problems to be followed while in treatment (MD is available for follow-up)
   _____
   _____

5. Any allergies? _____ If so, what? _____

6. Is patient pregnant? _____

7. Date of latest chest x-ray, if known, and result. (Please note, if last chest x-ray more than one year ago, it is mandatory for client to have had a chest x-ray before coming to treatment.)

_____

8. Functional inquiry – is there any disorder of the following?

Hair, skin, nails (especially current or recent infestations or infections)	___ Yes	___ No
Ear, nose, throat	___ Yes	___ No
Musculo-skeletal system	___ Yes	___ No
Blood, lymphatic system	___ Yes	___ No
Cardio-vascular system	___ Yes	___ No
Respiratory system	___ Yes	___ No
GI system	___ Yes	___ No
GU system	___ Yes	___ No
CNS – especially hx of seizures	___ Yes	___ No
Past history of TB	___ Yes	___ No

9. Family History

Alcohol/drug problem	___ Yes	___ No
Psychiatric history	___ Yes	___ No
Adopted	___ Yes	___ No

10. Physical Examination

Height _____ Weight _____ BP/PR _____

	Normal	Abnormal
Appearance	___	___
ENT	___	___
Hair, skin, nails	___	___
Reticuloendothelial system	___	___
Musculo-skeletal system	___	___
Thyroid	___	___
Cardio-vascular system	___	___
Respiratory system	___	___
Abdomen	___	___
Central nervous system	___	___
Evidence of sexually transmitted disease	___	___

11. Please comment on any abnormalities noted above. _____

12. **Present Medications** _____

13. Have you any comments, suggestions or insights that might be helpful in terms of client's being physically and mentally able to participate in group, one-to-one counselling and living in residence for five and a half weeks? _____

Client attending treatment should be as free as possible from all drug abuse and should not be on any sedative-hypnotics. The client is not in need of acute hospital care; diseases are to be under control as much as possible – ESPECIALLY contagious diseases.

I have examined this client and find him/her to be fit to attend treatment.

Physician Signature _____

Date _____

Address _____

Telephone _____

STATEMENT OF DECLARATION
for
QUL-AUN PROGRAM
"Moving Beyond the Traumas of Our Past"

1. I understand that my participation in the QUL-AUN Program, "Moving Beyond the Traumas of Our Past" at Tsow-Tun Le Lum requires that I am:

   a) aware that TTLL Society is not a crisis intervention centre.
   b) **clean and sober for six months, or longer.**
   c) free of any mood altering substances (including Tylenol #3, benzodiazepine and sleeping pills) for a period of six months, or longer. I understand that it is imperative for my safety in the trauma program to be substance free. **Disregard of this requirement will result in discharge.** Client may reapply when free of all substances.

      Applicants are allowed prescriptions authorized by our consulting physician.

   d) seeing my Counsellor/Therapist on a **regular** basis and they assess me as being a suitable candidate for intense trauma **group work**. I have signed a Consent for Release of Information with my Counsellor/Therapist and Tsow-Tun Le Lum.

      Aware that as part of my recovery care plan, I am committed to follow-up with my Counsellor/Therapist in my community upon completion of Tsow-Tun Le Lum programs.

      My Counsellor/Therapist may be reached at:

      Name: _____ Phone: ( ) _____
      Address: _____ Fax: ( ) _____
      _____

2. I understand that there are on-going addictions programs at Tsow-Tun Le Lum, where applicants have been referred from NNADAP, Friendship Centres, Social Workers, Doctors, Employers, Alcohol and Drug Counsellors, and Parole.

Please note, whenever people gather, such as at home communities, social and spiritual functions, family and treatment programs, etc. there may be identified and unidentified sex offenders present. This is also true of Tsow-Tun Le Lum.

Signed by, Date: _____

_____ _____
The Client Referral Worker/Counsellor/Therapist

SOW'S EAR MEDICAL CLINIC
7186 Lantzville Road, PO Box 190
Lantzville, BC V0R 2H0
Phone: (250) 390-4542 Fax: (250) 390-4561

Chart No. _____

PATIENT INFORMATION

Name _____

Address _____

_____

Telephone (home) _____ (work) _____

Birth Date **(Day/Month/Year)** _____

Personal Health Number _____

Social Insurance Number _____

Previous Surname or Maiden Name _____

Next of Kin and Relationship _____

Employer _____

Drug Allergies _____

FOR DR. STRONGE'S USE ONLY

Current Problems	Previous History	Medications
	Family History	

Appendix 5) Client Experience Survey

TSOW-TUN LE LUM
QUL-AUN Program

CLIENT EXPERIENCE SURVEY

Today's Date _____

Name _____ Age _____ Male ☐ Female ☐

Note: Ratings in the box below are as follows –

1 – not at all 2 – minimally 3 – somewhat 4 – Good
5 – very good 6 – extremely well 7 – completely

RATING
☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

1. Did the program assist you uncover your strengths?

COMMENTS

_____

_____

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

2. Did the program assist you act upon your strengths in ways that produced results for you?

COMMENTS

_____

_____

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

3. Did the program assist you address or resolve issues of shame?

COMMENTS

_____

_____

☐☐☐☐☐☐☐
1 2 3 4 5 6 7

4. Did the program assist you address or resolve any issues of abandonment?

COMMENTS

5. Did the program assist you address or resolve any issues of guilt?

☐☐☐☐☐☐☐
1 2 3 4 5 6 7

COMMENTS

6. To what degree was the program able to respect and value your thoughts and feelings?

☐☐☐☐☐☐☐
1 2 3 4 5 6 7

COMMENTS

7. To what degree did the program contribute to your cultural identity?

☐☐☐☐☐☐☐
1 2 3 4 5 6 7

COMMENTS

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

8. Did the program assist you with issues that generated anger and show you effective ways to use anger in a good way?

COMMENTS

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

9. To what degree did you feel safe in the experience of the program?

COMMENTS

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

10. Has the group experience made a different in your life?

COMMENTS

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

11. How effective was psychodrama in addressing your goals for future well being?

COMMENTS

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

12. To what extent were you able to get beyond surviving the trauma of your past?

COMMENTS

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

13. To what degree did the program assist you resolve possible past experiences of humiliation?

COMMENTS

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

14. Did the program provide you with practical experience that enhanced your sense of self worth?

COMMENTS

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

15. To what extent did the program prepare you for handling future trauma?

COMMENTS

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

16. To what degree are you now able to assist others your experience in Trauma within your community?

COMMENTS

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

17. To what degree did the program assist you with your Healing Journey following the Trauma Treatment experience?

COMMENTS

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

18. How valuable would attending a refresher week of treatment in the near future be for you?

COMMENTS

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

19. To what extent do you feel the program met your individual needs and expectations?

COMMENTS

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

20. Have you handled any Trauma since your treatment, and if so, did your treatment experience make a difference for you?

COMMENTS

21. What would you benefit from next?

COMMENTS

Appendix 6) Program Completion Client Experience Evaluation

TSOW-TUN LE LUM
QUL-AUN Program

PROGRAM COMPLETION CLIENT EXPERIENCE EVALUATION

Assurance of Confidentiality: The information on this form is being requested on a voluntary basis. The information you provide will assist us continue to improve the services we offer to you and others. If you choose not to provide some of the information, it will not effect the services we provide to you. All information will be kept in strict confidence.

Today's Date _____

Name _____ Age _____ Male ☐ Female ☐

Your Intake Date _____ Program Finishing Date _____

Program completed Yes ☐ No ☐

If program was not completed, what were the reasons?

_____

_____

_____

A. GOALS

1. Briefly outline the goals or expectations you had prior to admission.

Goal #1 _____

Goal #2 _____

Goal #3 _____

Goal #4 _____

2. Did these goals or expectations change during treatment? Yes ☐ No ☐
If yes, please feel free to comment.

COMMENTS

_____

_____

_____

Note: Ratings in the box below are as follows –

1 – not at all	2 – minimally	3 – somewhat	4 – Good
5 – very good	6 – extremely well	7 – completely	

Evaluation
☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7
☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7
☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7
☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7
☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

3. To what degree were these goals met?
   ← Goal #1

   ← Goal #2

   ← Goal #3

   ← Goal #4

4. The program is committed to assist participants move beyond the trauma of their past. To what degree did you experience this program aim?

B. ADMISSION EXPERIENCE

Evaluation
☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7
☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7
☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7
☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

1. Was the written information on the program provided to you upon admission?
2. Did the program assist you feel welcomed and supported during the first few days of attending the program?
3. Were you advised of the program guidelines in a clear way?
4. Were you engaged in a way that was respectful of your beliefs, values, language and culture?

COMMENTS

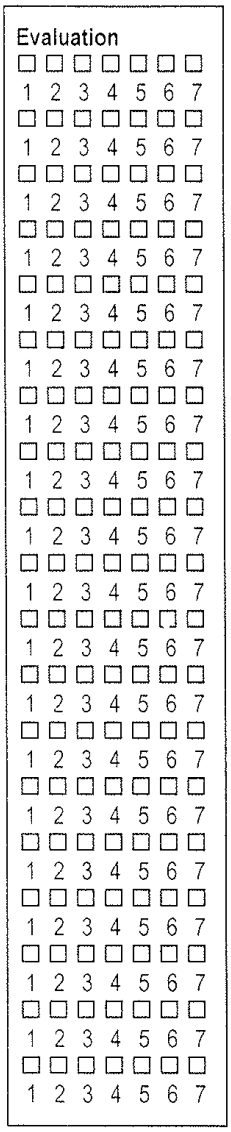
_____

_____

_____

_____

C. TREATMENT EXPERIENCE – GROUP



1. Which of the following issues did you work on and if so, to what degree did you experience satisfaction?

- ☐ Drug addictions
- ☐ Spousal abuse
- ☐ Self abuse
- ☐ Relationship conflicts
- ☐ Conflicts with the law
- ☐ Cultural oppression
- ☐ Abandonment as a child
- ☐ Impact of past trauma
- ☐ Guilt
- ☐ Shame
- ☐ Anger and violence problems
- ☐ Depression
- ☐ Child of alcoholic parents
- ☐ Sexual abuse
- ☐ Foster placement experience
- ☐ Residential school concerns
- ☐ Sexual offending
- ☐ Identifying triggers
- ☐ Grief work

COMMENTS

____

____

____

2. Group Treatment

Evaluation	
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Were you prepared well enough to make use of psychodrama?
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Was psychodrama impactful for you in a good way?
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Was the group psychodrama experience educational?
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Were the group experiences practical?
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Did you discover ways to get support from others?
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Did the group experience make an overall difference in your resolving major issues in your life?
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Was the group work supportive?
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Did you feel safe in expressing yourself with the group?
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Overall, to what extent was the group work beneficial?
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Were your rights protected and promoted in all group treatment experiences?

COMMENTS

____

____

____

Page 4 QUL-AUN Program Program Completion Client Experience Evaluation

D. INDIVIDUAL TREATMENT EXPERIENCE

1. Did you request individual treatment with a psychologist? Yes ☐ No ☐

2. Approximately how many one-to-one sessions did you receive with your program counsellor? _____

3. Approximately how many sessions did you have with a psychologist? _____

4. Which of the following issues did you work on in the individual sessions, and if so, to what extent did you experience satisfaction?

Evaluation	Please check box below if applies		Addressed by Psychologist	Addressed by Program Counsellors
☐☐☐☐☐☐☐ 1 2 3 4 5 6 7	☐	Drug addictions	☐	☐
☐☐☐☐☐☐☐ 1 2 3 4 5 6 7	☐	Spousal abuse	☐	☐
☐☐☐☐☐☐☐ 1 2 3 4 5 6 7	☐	Self abuse	☐	☐
☐☐☐☐☐☐☐ 1 2 3 4 5 6 7	☐	Relationship conflicts	☐	☐
☐☐☐☐☐☐☐ 1 2 3 4 5 6 7	☐	Conflicts with the law	☐	☐
☐☐☐☐☐☐☐ 1 2 3 4 5 6 7	☐	Cultural oppression	☐	☐
☐☐☐☐☐☐☐ 1 2 3 4 5 6 7	☐	Abandonment as a child	☐	☐
☐☐☐☐☐☐☐ 1 2 3 4 5 6 7	☐	Impact of past trauma	☐	☐
☐☐☐☐☐☐☐ 1 2 3 4 5 6 7	☐	Guilt	☐	☐
☐☐☐☐☐☐☐ 1 2 3 4 5 6 7	☐	Grief work	☐	☐
☐☐☐☐☐☐☐ 1 2 3 4 5 6 7	☐	Shame	☐	☐
☐☐☐☐☐☐☐ 1 2 3 4 5 6 7	☐	Identifying triggers	☐	☐
☐☐☐☐☐☐☐ 1 2 3 4 5 6 7	☐	Anger and violence	☐	☐
☐☐☐☐☐☐☐ 1 2 3 4 5 6 7	☐	Depression	☐	☐
☐☐☐☐☐☐☐ 1 2 3 4 5 6 7	☐	Child of alcoholic parents	☐	☐
☐☐☐☐☐☐☐ 1 2 3 4 5 6 7	☐	Sexual abuse	☐	☐

Evaluation
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7

Please check box below if applies		Addressed by Psychologist	Addressed by Program Counsellors
☐	Foster placement experience	☐	☐
☐	Residential school experience	☐	☐
☐	Sexual offending	☐	☐
☐	Other issues, please describe.	☐	☐

____

____

5. Individual treatment.

Evaluation	
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Did your counsellor assist you discover your strengths?
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Did the psychologist assist you discover your strengths?
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Did your counsellor assist you in engaging your strengths?
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Did the psychologist assist you in engaging your strengths?
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Did your counsellor assist you towards moving beyond the trauma of your past?
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Did the psychologist assist you towards moving beyond the trauma of your past?
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Was the program counsellor available when you needed it? Was a psychologist available when you needed it?
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Did your experience with the psychologist promote your sense of self worth?
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	Were you able to develop a trusting relationship and receive meaningful support from your program counsellor?
☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	If you received services from a psychologist, were you able to develop a trusting relationship and receive meaningful support?

Page 6 QUL-AUN Program Program Completion Client Experience Evaluation

6. What aspects of the treatment with the psychologist did you like the most?

_____

_____

_____

7. Would you go see a psychologist in the future if you felt the need for treatment? Yes ☐ No ☐

E. HEALTH EXPERIENCE

Evaluation	
☐ ☐ ☐ ☐ ☐ ☐ ☐	1. To what extent did your physical health change?
1 2 3 4 5 6 7	
☐ ☐ ☐ ☐ ☐ ☐ ☐	2. Were your medical concerns addressed?
1 2 3 4 5 6 7	

COMMENTS

_____

_____

_____

F. SPIRITUAL EXPERIENCE

Evaluation	
☐ ☐ ☐ ☐ ☐ ☐ ☐	1. Did the program respect your spiritual beliefs and values?
1 2 3 4 5 6 7	
☐ ☐ ☐ ☐ ☐ ☐ ☐	2. Were the spiritual experiences sufficient?
1 2 3 4 5 6 7	
☐ ☐ ☐ ☐ ☐ ☐ ☐	3. Did the spiritual experiences make a difference for you?
1 2 3 4 5 6 7	
☐ ☐ ☐ ☐ ☐ ☐ ☐	4. Were the spiritual experiences available at your own choice?
1 2 3 4 5 6 7	
☐ ☐ ☐ ☐ ☐ ☐ ☐	5. Were the native cultural approaches used effectively and did they fit with the other treatment approaches?
1 2 3 4 5 6 7	

COMMENTS

_____

_____

_____

G. AFTERCARE SERVICE

Evaluation

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

1. Did you experience a summary review of the results of your treatment?

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

2. Were you engaged in developing a plan for continuing healing beyond the program experience?

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

3. To what extent did the program prepare you for handling future trauma?

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

4. Were you sufficiently supported in connecting to other organizations as needed?

COMMENTS

_____

_____

_____

H. OTHER PROGRAM COMPONENTS

Evaluation

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

1. How meaningful were the recreational activities?

☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

2. How meaningful were the social activities?

Evaluation
☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7
☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7
☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7
☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7
☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7
☐ ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6 7

3. How meaningful were the information sessions?
4. How valuable was developing a self care plan?
5. How workable were the routines of meals and activities?
6. How meaningful was inner child work?
7. How meaningful was the role playing experiences?
8. To what extent did you experience the staff work together as a team?

COMMENTS

_____

_____

I. SUMMARY COMMENTS

1. What would you benefit from next?

_____

_____

_____

2. What recommendations would you like to make to improve the program?

_____

_____

_____

3. What new skills did you develop or enhance during the treatment program?

_____

_____

_____

4. What goals do you want to accomplish or change when you return home?

5. How valuable would attending a refresher week of treatment in the near future be, if available?

6. To what extent did the program as a whole meet your individual needs and expectations?

7. Was the program too long ☐ too short ☐ just right☐?

Appendix 7) Staff Training Interview Questions

I would like you to now think about the training involved in this project and respond to the following questions. Thank your for your support during this interview.

CIRCLE YOUR ANSWER

1. How would you rate the quality of training that you received?

4	3	2	1
Excellent	Good	Fair	Poor

2. Did you believe that you are getting the kind of training that you need?

4	3	2	1
Excellent	Good	Fair	Poor

3. To what extent has the training met your needs?

4	3	2	1
Almost all of my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met

4. How satisfied are you with the amount of training that you have received?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

5. Has the training provided by the project helped you deal more effectively with your clients?

4	3	2	1
Yes, they helped a great deal	Yes, the helped somewhat	No, they really didn't help	No, they seemed to make things worse

6. In an overall, general sense, how satisfied are you with the training that you received?

4	3	2	1
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

7. Which method of training was most helpful to you?

_____

_____

8. Have you noted changes from the core team training? Yes No

   What have you noted that makes you feel this way?

_____

_____

   Degree of this change? Circle one.

<10%	<20%	about 50%	more than 75%	almost all

9. Other comments

_____

_____