

BEARDY'S AND OKEMASIS COMMUNITY FAMILY VIOLENCE PROGRAM



WILLOW CREE HEALTH

Box 96 Duck Lake Sask. S0K 1J0
ph 306.467.4402 Fax 306.467.4609

Contact persons:
Doug Harder
Warren Seesequasis



Artwork by:
Paulette Smallchild

Beardy's and Okemasis Community Family Violence PROGRAM

the COMMUNITY BEARDY'S OKEMASIS

Location: 50 minutes from Saskatoon
35 minutes from Prince Albert
15 minutes from Rosthern

Population: approximately 1600 off reserve
and 1100 on reserve.

The town of Duck Lake is minutes from the community of Beardy's Okemasis. The Saskatoon Health District services the surrounding area, with an office in the town of Rosthern. Beardy's has an elementary and high school. The unemployment rate is high.

Kanawayihinitowin Indian Child and Family Services serves the community with an office on the reserve.

The reserve is serviced by the Rosthern RCMP detachment. Two members are stationed at a detachment office on reserve. A courthouse was recently opened on reserve.

Rosthern has one hospital, with doctors attending the Willow Cree Health Centre two half days per week, on rotation.

The town of Duck Lake housed St. Michael's Residential School, where many of Beardy's community members attended school. The vacant residence was lost to fire approximately one year ago. Currently, many survivors of residential school are suing the Federal Government and church institutions for the abuses that occurred while they were students.

B A C K G R O U N D

First, all the historic evidence indicates that significant community development takes place only when local community people are committed to investing themselves and their resources in the effort. This observation explains why communities are never built from the top down, or from the outside in.¹

The Family Violence Program began as an idea that was shared from the membership of Beardy's and Okemasis community to the frontline staff and the Chief and Council. It was our vision that changes must be made so that the services offered to off reserve people should be the same for those on reserve. We reviewed the problems and history, and decided it was time to act and do something in a positive way. We formed an inter-agency group called *Ewicihitok*, which, in Cree, means, *helping one another*.

Our vision was programming for the benefit of the community. It took four years of workshops, healing, wellness and educating the outside world to see our goals come to light. We believe we did something that was a benefit to the membership. We went through trials, tribulations, threats, and harassment, but it was for the people, and today we are still doing our work. Even those who left for employment opportunities have inquired about the progress of the project.

¹ 1993 - Building Communities From The Inside Out: A Path Toward Finding And Mobilizing A Community Assets - John P. Kretzmann John L. McKnight - Institute for Policy Research, Northwestern University Evanston, IL.

Our history speaks for itself. The elders guided us and we did our best to follow their wisdom. We must always remember the impact of disease, famine, racism, and residential schools. We must remember the veterans, RCMP, and social service workers, and others, who pushed us to deal with the problems. We knew the government would neither assist us nor recognize our treaties and who we are. It was the dedication and direction from the community and elders that made this possible, and for this we give thanks. We must also thank those from MSB and INAC who assisted and argued for us. The resistance we encountered only encouraged us to push on. We must also thank our therapist, who recognizes and acknowledges our traditions and customs to assist in healing our people. I thank you for considering our program. It is by sharing our experiences and history that our community can provide guidance to others on and off reserve to assist their people and communities to deal with these delicate issues.

—a past Ewicihitok Committee member,
who wishes to remain anonymous.

Chief and Council initiated the process by requesting a community family violence review. The focus of the review was to assess the level of knowledge of the community members had, regarding the extent of sexual, physical, emotional, spousal, and elder abuse, as well as the impact of residential schools, and the extent of drug and alcohol abuse. Community members acknowledged that Beardy's children had and continued to be sexually abused, that spousal abuse was a problem, and that few were disclosing the abuse, as they did not know where to go for help. Extensive drug and alcohol abuse was acknowledged. Elders reported feeling scared, alone and helpless.

The community members further acknowledged they wanted a holistic approach to healing, and an alternative program to incarceration for offenders. Beardy's members explored program models in British Columbia and Eastern Canada, and chose the *Yellowhead Family Sexual Assault Treatment Program* developed in Hinton Alberta by Martens and Associates.

In the words of one of the committee members, "We wanted a group that was close to our Cree teachings. It was time for us to be who we are. We were concerned that First Nations organizations would not follow through or would try to force us to follow their beliefs. We wanted to work with an organization that would be confidential, and have a strong commitment to people."

Beardy's then chose to work towards the development of a community-based treatment program. An interim committee was developed to lead the project. The committee members believed they would need extensive training in family violence and treatment issues so that the committee members could make educated choices for the community.

The interim committee developed a working draft of the protocols that would govern the new committee. The committee worked from the draft protocols, and formed a new committee—**Ewicihitok Committee**. The protocols stated, among other things, that: no member of Chief and Council could sit on the committee, that committee members needed to be drug and alcohol free for five years, and that members could not gamble in and around the community or have a gambling problem. Some members of the interim committee voluntarily left the committee once the protocols were in place.

the EWICIHITOK COMMITTEE

Helping One Another

The Ewicihitok Committee consisted of the frontline workers in the Beardy's Okemasis community, including Willow Cree Health Nurses, National Native And Drug Abuse Program (NNADAP) workers, Social Development Workers, and Willow Cree Educational Complex Student Counselors. The committee met on a regular basis with the support and approval of Chief and Council.

In 1992 the Ewicihitok Committee authored a document titled *Community Treatment & Healing Proposal: Family Violence Initiative²*, in which it was acknowledged that violence in the community was impacting children, adolescents, adults and elders. The impact was intergenerational and the effect of family violence manifested itself in emotional, psychological, and behavioral problems, resulting in drug and alcohol abuse, and furthering the cycle of violence from one generation to the next. A letter written by the NCO in charge of the Rosthern detachment highlighted the impact of the violence, in which he reported that the RCMP had investigated the death of three young people as the result of family violence.

It was the committee's view that the loss of First Nations culture had its genesis with the fur trade, further impacted by traditional ceremonies declared illegal.

At residential schools, visitation between parents and children was discouraged and male and female siblings were not allowed to communicate. Nuns and priests derided the children's parents as savages and drunks. The food was of poor nutritional value, and many children were hungry. High quality education was lacking, given the

² 1992 - Beardy's & Okemasis Band – Community Treatment & Healing Proposal – Family Violence Initiatives – Prepared by: The Ewicihitok Committee.

goal to train the children to be domestics and farm laborers. Supposed caretakers exposed children to severe physical punishment and ridicule.

Interestingly, the Community Treatment document did not speak to the sexual abuse that has recently been exposed through lawsuits against the Federal Government and the religious orders that oversaw the residential schools.

The document also spoke to the impact of the child welfare system that removed several children from reserve homes and placed them in the care of non-First Nations foster homes, specifically the impact of the AIM program (1965 to 1972) that removed children from First Nations homes and sent children to the USA and Europe.

The result of these destructive influences was the erosion of the traditional concept of family. Parenting skills were lost, children were not nurtured in a loving way, and many community members turned to alcohol and drugs to ease the pain.

The committee also recognized the vulnerability of the frontline staff whose role was to intervene with families affected by family violence. The committee recognized that an effective multi-disciplinary community-based approach was necessary, as interventions had been ineffective in part due to denial, fear, and anxiety that the families experienced at the point of disclosure. It was also recognized that those families with which they had intervened exposed frontline staff to revenge, violence and political interference.

It was clear that outside resources lacked knowledge and understanding of First Nations people and culture, and often their interventions had detrimental, even harmful effects. However, the committee also

recognized that local First Nations service providers and leaders lacked the training and knowledge to address the enormous task before them.

It would be necessary to find outside service providers that were adequately trained and aware of First Nations issues. There was also the need for specialized training for Chief and Council, Band service providers, as well as for police, probation officers, crown prosecutors, and child protection services.

The committee had tremendous insight into the issues the community was facing. In the document, *The Effects of Trauma & Violence on Children and Adolescents* (10 October 2002), the authors state, “Research strongly suggests that domestic abuse and community violence have an intergenerational cycle; those who witnessed or were victims as children are more likely to perpetrate as adults.”³

What follows is an excerpt from an interview with two of the founding members of the Ewicihitok Committee:

There were a high number of disclosures of sexual abuse. It started with one or two disclosures and grew from there. It was overwhelming for the frontline staff, and we realized we did not have the expertise to deal with the issues. We were scared and we didn't want to believe it was happening. The issues were close to home and we knew we had to sort through our personal and professional feelings. We did not want a reaction, we wanted help for our people. The disclosures went to social services, their approach was drastic, and the intervention was destructive. We wanted a way to take care of the situation, but reduce the damage.

3 10 October 2002 – The Effects of Trauma & Violence on Children and Adolescents – The World Federation for Mental Health – Alexandria, VA

The process of meeting on a regular basis, discussing the capacity of the community and mapping out an intervention strategy brought the group of community service providers together as a team. The trust level grew and a sense of hope evolved. The strength of the committee was crucial for the next step—inviting off reserve service providers to come into the community to work with them in accomplishing their goals.

for CONSIDERATION

- 1 Outside consultation and training assists in developing a vision for change
- 2 A committee structure is necessary to initiate community change.
- 3 The community assessment provided legitimacy for the committee to work towards social change.
- 4 It is important that the committee be composed of members that will not attempt to sabotage the process to protect themselves.
- 5 An initial written plan is necessary.

The Next Step: Counseling Services

The community received funding approval for the Family Violence Program from Health Canada. The next task was to find a therapist who could be trained to deliver the program. The committee agreed the hiring of the therapist was crucial to the success of the program; consequently the process of hiring was well thought out and not rushed. The following criteria was developed for consideration for the successful candidate: the person would need to be able to work in some isolation, able to cope and handle high stress levels, willing to give a commitment of five years, come recommended with a solid reputation in the field, be a competent therapist and a stable person. Several candidates for British Columbia, Alberta, Saskatchewan and Manitoba were interviewed.

Doug Harder, Harder and Associates, met the criteria. An in-depth background and screening process of his personnel and work history was undertaken. Over twenty-four persons were interviewed.

Contracted counseling services prior to the project had been provided on reserve by two non-First Nations female therapists. Harder and Associates accepted responsibility for the two therapists and Mr. Harder became the primary therapist in the area of family violence and community development. The three therapists joined the Ewicihitok Committee.

In addition, the decision to contract with a therapist from outside the community was made with the belief that community members would be less threatened by the potential release of confidential information to the community, and thus more open about their issues.

for CONSIDERATION

To develop a holistic community-based family violence program, depending on the existing resources in the community, it might be necessary to involve external professionals to provide training and frontline counseling services.

COUNSELING SERVICES

The therapists each had expertise in the area of family violence; however, they lacked experience in working with First Nations and working on a reserve. The consultation services of Martens and Associates assisted the therapists with these issues.

Counseling services were initially provided in the Health Station and Band Office. Band personnel over-crowded both facilities, making the space less than desirable for providing confidential counseling. A small trailer was eventually renovated to house the therapists. Currently, the therapists practice from a recently expanded Health Station and the Willow Cree Educational Complex.

The initial plan called for Harder and Associates to manage the counseling services for a five-year period, after which trained First Nations mental health therapists would assume responsibility for the family violence program. The program has been in existence for ten years and Harder and Associates maintains the contract. The primary therapist is the same, however collateral therapists have come and gone, with the result that consistent counseling services have been provided over an extended period, resulting in a trusted program that continues to be well-utilized.

The therapist and Band personnel have frequently discussed the issue of using a therapist from outside the community versus one from the reserve, given there was a qualified Beardsley's resident. The primary advantage of using an external therapist is that there is no history that might interfere with service delivery as "...old wounds that smolder like ground fire. Often these are invisible to the casual observer. But when the conditions are right, (e.g. wind and

fuel on the surface, as well as an opening in the ground that lets the fire out) a major surface fire can erupt. In community work, these fires are explosive, irrational, unpredictable, (given the surface issues under discussion) and what is most frightening, uncontrollable.”⁴

Thus, Beardy’s has chosen to maintain the community therapists on contract. The cost may appear high, as the contractors are typically paid a daily per diem versus a salary, however, in this type of agreement, the Band is not responsible for any additional expenses such as EI and pension benefits. Further, the per diem rate facilitates the hiring of persons with a high level of expertise, which helps ensure a high level of service to community members. A highly skilled, experienced therapist will be able to provide competent services to high risk, complex situations.

for CONSIDERATION

- 1 Service providers need to be screened to ensure client safety, confidentiality and the provision of comprehensive services.
- 2 The therapists must be skilled, experienced, and capable of working with high risk and complex situations.

⁴ March 1990 - The Four Worlds Exchange - Volume one, Number Four: March 1990 – Pincher Creek, Alberta

TRAINING

Chief and Council, staff from the Band Office, Willow Cree Educational Complex staff, the Ewicihitok Committee, and the primary therapist were trained in the issue of family violence and a case management model (The Hinton Model). Training was also provided to Prince Albert Child Protection Services, probation officers from Saskatchewan Justice, and other agencies that had contact and mandated responsibility to the community. Reserve service providers and collateral agencies were made aware of the proposed program model and were trained in the concept of case management.

for CONSIDERATION

- 1 Initial training will be necessary for frontline staff and collateral agencies, as the training provides a sense of direction, assists frontline workers to be confident in their abilities, and provides a framework for staff to work together.
- 2 Ongoing training is important for professional development.

CONSULTATION

Martens and Associates assisted the Ewicihitok Committee and the therapists in working through the roadblocks and maintaining the initial vision, case management issues, and prevention of burnout. The demand for services was very high, and the issues complex.

Providing consultation to the frontline workers and the therapists provides them with a means to deal with the emotional impact of their day-to-day work, which reduces the need to confide with family and friends about their stress, which could lead to an unexpected breach in confidentiality. The following excerpt from the document *Ethic Guidelines for Aboriginal Communities Doing Healing Work*, provides an example:

ROSALIE AND ANGIE BEAR

Rosalie sat in her brand new office and arranged the things on her desk for the 100th time that day. She moved the small plaque that she had gotten as a gift from her sister to celebrate her new job a year ago. *Rosalie White Eagle, Social Worker*, it said. Back then, her office was always full of people coming and going. Now it was silent. Rosalie waited and no one came.

She knew exactly when they quit coming. It was the day Angie Bear stormed into her office, threw the sign at Rosalie, called her a *bitch* and stormed out again. She tried to calm Angie down, but Angie said she would never like her again, because of what Rosalie had done. Rosalie was horrified. She never meant to hurt anyone. Later on, she found out Angie left the rez that very day, moved back to the city and started drinking again. Rosalie had not meant to tell the story about Angie's boyfriend who had sexually abused her daughter. It was just that she had been so shocked when Angie told her, she had to tell someone else. How was she to know that her best friend, Betty, would spread it all over the reserve?⁵

5 March 2000 – Ethics Guidelines for Aboriginal Communities Doing Healing Work – Aboriginal Healing Foundation

for CONSIDERATION

It is important to provide professional support services to the frontline staff, as the work is very demanding and stressful. The provision of support services will assist in reducing staff turnover and increase the quality of the program over time.

CONFIDENTIALITY

Community members have frequently stated, “In the past my story spread throughout the community before I left the Health Centre.” Confidentiality is extremely important. To ensure confidentiality client files are stored off reserve.

for CONSIDERATION

All health staff needs to be made aware of the importance, and the meaning of confidentiality.

CASE MANAGEMENT/WORKING AS A TEAM

The concept of team/case management is based on the philosophy that the intervention must be coordinated to ensure that the intervention is not harmful to the individual, couple or family.

As stated in the *Guiding Principals for Sharing Information* "Treating children, youth and families in a holistic manner requires that human resource providers work together to share information to meet the best interests of the people they serve."⁶ Members of the Ewicihitok Committee that were involved in service delivery continued to meet on a regular basis to discuss case management. If the situation did not warrant a police, or a child protection investigation, the family members became part of the team. If a police or child protection investigation was warranted, the team would include the police and child protection personnel, and the family members would become involved once the initial investigation was completed. The perpetrator would not necessarily be involved in the team meetings, however a therapist would be involved with the offender.

This team/case management approach prevents workers from operating in isolation, which reduces burnout, and ensures a more effective intervention. The process provides a sense of empowerment for the family, and also reduces the family's ability to manipulate one service provider against another. Workers involved in the Hollow Water Project in Manitoba stated, "Some people felt threatened by the team concept. But gradually as we worked together (case conferencing) on a particular individual and family crisis, everyone began to see that it was working. Clients had been playing one agency off against the other. Now we could do a better job at intervention and the primary prevention work."⁷

6 Human Services Handbook Series- Sharing Information to Improve Services for Children, Youth and Families: A Guide To the Legislation.

7 1989 - The Four Worlds Exchanges- Volume two Winter/Spring 1989.

Regular meetings also assisted the frontline workers to flag a potential crisis and to work from a position of prevention rather than reaction. For example, prior to the Christmas break in 2002, the school brought together the committee as the concern had been raised that several students had discussed suicide. Having worked together over the years, the committee was able to develop an intervention strategy both for students and teachers.

The other aspect of using the team/case management approach is that staff can come and go, and a structure is in place that new staff can fit into. The structure assists to maintain the program.

for CONSIDERATION

A team/case management approach is crucial both for the families who the frontline workers are in contact with, and for frontline staff.

COUNSELING SERVICE AND THE RELATIONSHIP TO CHIEF AND COUNCIL

Historically, Chief and Council have not interfered politically on behalf of family or friends. In fact, Chiefs have made referrals to the program. Each new Chief and Council has chosen to maintain the counseling program, as the feedback from community members has been positive. Three factors have been crucial to the maintenance of the program:

- 1 That either the health director or the councilor in charge of the Health portfolio has been supportive of the program and has lobbied that the program be maintained following each election.
- 2 That the dollars received via community-based funding for counseling services have not been directed to other programs.
- 3 That the program has been effective, and consequently community members have requested to Chief and Council that the counseling services continue.

WORKING WITH TRADITIONAL HEALERS

Over the years there were approximately 30 traditional healers and sweat lodge leaders practicing on reserve. Many were considered to be early in their healing journey and not in a position to assist others. Traditional healers from Beardy's that displayed an interest in the coordinated approach were invited to join the Ewicihitok Committee and were provided training in the area of family violence and addictions. As a result, some traditional healers became involved in non-traditional therapy for themselves and their families. Over time, people in the community have come to know the trusted and effective traditional healers.

During the assessment phase of the intervention, the person or family are asked if they are traditional in their lifestyle, and if so, involvement with a traditional healer is encouraged in tandem

with the non-traditional services that are being requested. Traditional healers that are recognized and involved with a family are invited to be part of the treatment team with the agreement of that individual and/or family.

SUICIDE

The issue of community members suffering from suicide ideation has required extensive person hours in the initial years of the family violence program. As Dr. Elias and D. Greyeyes, MSW, indicated in their report on mental health services, suicide attempts and successful suicides are high in First Nations communities.⁸ For example, the mental health therapist would attend a home to assess an adolescent that was suffering from suicide ideation, and frequently more than one member of the household would be suffering from the same, each of which would require an intervention.

Initially frontline staff was trained in a certified approach to suicide intervention developed by Living Works Inc. of Alberta. Following this initial training, and over a period of several years, community members that were involved in support groups or other community activities were trained in the same approach. The result being that staff and community members alike are now able to assess the risk, and are less likely to panic when a person mentions suicide. The number of suicide-related interventions required by the community therapist have reduced substantially.

for CONSIDERATION

Quality training provided by certified trainers can be effective in assisting how communities deal with high-risk areas such as suicide. The training needs to be ongoing and should be provided to frontline staff, as well as community members.

8 1999 - Report On Environmental Scan of Mental Health Services In First Nations Communities in Canada For The Assembly of First Nations by John Elias, PhD & J. Greyeyes MSW.

FAMILY VIOLENCE PROGRAM

The following is a letter from a community member that came to the program for counseling.

I can still see the look in my mother's eyes as I approached her. I carried in my hand a penny my father had given me after he had sexually abused me. I was three years old. My mother's look was of contempt. She never showed me any love or compassion.

Years later my daughter was getting off the bus after school, she was in grade four, and she looked at me with the same look I had given my mother, I reached out for my child with all the love and understanding a mother can give as my child collapsed in my arms. She had been attacked at school in the yard and threatened. This was the first act of violence my child had been victim to. It was too much for her. She was emotionally and physically drained. I knew then that either I do something for my daughter or I become my mother. I sought help immediately and was referred to the family violence program. Later that night the deep dark secret that I had kept hidden for so long surfaced and this time the feelings wouldn't go away. I was totally overwhelmed, with nowhere to run or hide my shame. I wanted to die right there and then. It was time for me to start working on myself. The program helped both my daughter and myself.

The counseling helped me chip away at the walls I had built to protect myself from all hurts. It has been a long, dark journey to recovery. My husband and children have all benefited from the counseling, as there are many problems that arise in life, and sometimes seeing a professional is what a person needs.

The funding for the Family Violence Program was maintained for the five years, as committed by MSB.

During the those years the following services were provided:

Individual Counseling

Initially, more women than men requested counseling. The issues were primarily related to trauma experienced as children and trauma from spousal abuse as adult women. As time progressed, more males requested counseling, primarily for childhood trauma.

Couple and Marital Counseling

The primary issue of couple/marital counseling was spousal abuse. In situations of spousal abuse the offending spouse was court-ordered to counseling. Prior to initiating the counseling, an assessment was completed that included a violence history and an addictions assessment. The non-offending spouse would be contacted and a violence history and lethality assessment would be completed. If the risk for further abuse was considered high, couple counseling was not utilized until the risk was reduced and both parties were in agreement.

Women's Groups

Initially male and female therapists facilitated women's groups, and attendance was voluntary. The groups were not well-attended and the participants were reluctant to share their stories. The issue, as described by group participants, was a reluctance to share stories for fear a group member would relapse regarding their addictions, and breach confidentiality.

On request of community members, the program provided space and funding for women support groups. Three consecutive groups started, and each disbanded in time due to a breach in confidentiality or the fear of a breach.

Family Healing Circles

With the development of the Family Violence Program came disclosures of sexual abuse, and for some perpetrators, incarceration. The Family Healing Circles were provided on request for families where a disclosure and/or incarceration had occurred. The format provided family members the opportunity to work through their anger, sense of loss and fear. Frequently in the Circles, adult members would disclose the abuse they were victim of as children, often perpetrated by the same family member.

Men's Groups

Men's groups were provided for court-mandated men charged with a violent-related offense, including sexual abuse. The groups were co-facilitated by the therapist and a traditional healer. The group format was psycho-educational and based in Cree tradition and culture.

The committee was effective in negotiating with Saskatchewan Justice alternative sentencing for men charged with spousal abuse. This was not the case with men charged with sexual assault, however follow-up services were provided for men that had been incarcerated for a sexual-related offense.

Group for Youth that had Committed a Sexual Offense

In the early days of the program it was necessary to facilitate a group for youth that had committed sexual offenses, as several had been charged with sexual-related offenses.

UNIQUENESS OF ON RESERVE COUNSELING SERVICES

Providing counseling services on reserve requires that the service providers are aware of roadblocks that are unique to the community.

It is important for service providers to discuss with persons requesting counseling the reasons for no-shows at allotted appointment times.

Interference from the Past

Persons requesting counseling services may be reluctant to attend at the Health Clinic, as they may be concerned that a staff person will reveal to the community that they have come for counseling, or their confidentiality may have been breached in the past by health staff.

Other Interferences

Regular attendance at appointments may be difficult for a number of reasons. Poverty is an issue that affects the availability of reliable transportation. The individual may be caring for extended family members and their needs may quickly become second to a family member's pressing issue.

Intervention Strategies

Basic strategies were incorporated to assist in regular attendance in the form of reminder letters and/or a telephone call to confirm an appointment time. Holding sessions in the homes, or picking people up and bringing them to the Health Centre are also options.

fOr CONSIDERATION

Non-attendance at appointments may not mean resistance to counseling, but a reaction to life's interference.

DESCRIPTION OF THE PRESENT COUNSELING PROGRAM

After the five years the funding from MSB was reduced by fifty per cent, which meant a reduction in service delivery. Two years following the reduction in funding, Chief and Council increased the funding to provide for a female therapist to be hired one day per week.

The current Family Violence Program consists of two therapists. One therapist works primarily out of the Willow Cree Educational Centre during the school year, and out of the Health Clinic during the summer months. The primary therapist works out of the Willow Cree Health Centre.

The counseling program is based on the medicine wheel, incorporating the concept of emotional, spiritual, mental and physical aspects of the individual, couple, family and community. The counseling program works in harmony with the Beardy's Justice Program, the Willow Cree Home Care Program, the nursing staff, and the schools.

Court-mandated services are provided to men charged with assault-related offenses. At present, one-to-one counseling is provided, as the numbers have not been sufficient to warrant a men's group. Couple and family counseling are provided as requested, and as needed.

Linkages

A working relationship has been developed with Gabriel Springs Health District, and the social work staff at Stobart High School and Elementary School, both of which are in Duck Lake. The on reserve therapists make referrals to these sources for off reserve community members. The relationships between on reserve and off reserve service providers has evolved over several years as the two groups have worked together on committees to address social issues that impact both communities. The relationship has never been formalized at a political level.

for CONSIDERATION

Linking with provincial-based services will likely increase the community's ability to provide comprehensive services to community members.

IN CLOSING

It has been observed that some voluntary clients that request counseling services at the time of a crisis, cease counseling once the crisis has subsided. A crisis of a similar nature again occurs, and the client will again connect for counseling. For some, this pattern may continue for years, especially for a person suffering from substance dependence issues. Others will request counseling, deal with the presenting issue, disengage, and reconnect at a later date to resolve another, but connected, issue.

In general, Beardy's community members are staying in counseling for longer periods of times, in part because the services provided have been effective and a level of trust has been developed for the program. Many of the adults are dealing with issues relating to sexual abuse as children. Several men have come forward that were sexually abused in their youth. Frequently, one adult will begin in counseling and this will later lead to marital counseling, and eventually to family counseling.

The provision of counseling services on reserve requires a community effort, a commitment to the process, cooperation, and time. Working together has saved lives. Many of the initial Ewicihitok Committee members are still involved. Community members know that the program exists and will continue, which allows them to make the commitment to become involved with the knowledge that the services are confidential, effective and will exist beyond today.

Tony Martens, Mental Health consultant comments that:

Over the last 10 to 15 years the need for communities to develop family violence (treatment) programs have been clearly established, with communities needs frequently exceeding the funding that's available. Significant time and effort can be spent on evaluating the problem, developing the intervention and treatment model, accessing funding, and implementation. However, all too often the need and demand to get a program up and running, overshadow the need to select the proper people to operate the program, at times resulting in the hiring of individuals who are unsuited to the position. Over the years I have seen many programs based on strong values, principles, and beliefs, fail to succeed in reaching their goals, not because of the program's design or developmental process, but because the people running the program are not well/healthy enough and have not been properly selected. You can have the best program design and model to meet the community needs, but if those people who represent the program and deliver services are not well/healthy enough, and their own personal issues interfere, the program will struggle unnecessarily, often resulting in higher staff turnover, discredit to the program, and at times, program termination. The end result being that more time and effort is spent on trying to troubleshoot staff problems, maintaining community support, rehiring of staff, retraining, etc. The amount of time and money that communities believe they save by hiring unsuitable staff is minimal compared to the amount of time, effort, and money (not to mention the damage to the program reputation), they end up spending in attempts to compensate for poor hiring decisions.

The community of Beardy's took the hiring of their program staff as serious as they took the process of developing and implementing the treatment program. At the onset of their program they could have easily hired someone in a matter of a few weeks over the course of a couple of interviews. But instead they choose to look for someone who met a list of criteria that the community believed best represented their cultural values, beliefs, and ideals, and someone who was stable and well/healthy. This meant that, at times, Beardy's did not select to hire certain people, even though they had the required background and experience. As well, much time and effort was spent in the advertising, screening, and interviewing process. Beardy's patience, persistence, and determination have no doubt paid off for them, as they have continued to successfully operate their family violence program with the first primary therapist they hired almost 10 years ago—a feat that few communities and treatment programs can claim.

In summary, Beardy's is presently able to effectively deal with most community crises. The capacity to accomplish this has evolved over a number of years, and began with the Ewicihitok Committee.

Why did this process work? In the words of committee members, "Most community members realized we had to do something. It was not looked at as a short-term solution but as a long-term plan. We knew these were not going to be the only disclosures." The councilor in charge of Health believes the reason the process worked was, "Throughout the process, the Band maintained control. The consultant empowered the committee by recognizing and capitalizing on their strengths. The committee focused on therapeutic options from inner child workshops, to lodges and ceremonies. Community members appreciated being treated with respect."

The Ewichihitok Committee



Brian Eyahapaise

Brian became a member of the Ewichihitok Committee in 1992, at which time he was employed as a NNADAP worker for Beardy's. Presently, Brian is on contract with Willow Cree Health to promote health events in the community.



Doug Harder

Doug is a registered social worker. Prior to working with Beardy's, Doug had worked as a child protection worker specializing in the area of abuse investigations. He was then employed at a Family Service agency and worked primarily with victims of spousal abuse, and with couples following spousal abuse. He then operated a program for men convicted of sexual abuse. Doug started at Beardy's in 1994, and continues to provide mental health services to the community.



Thelma Cameron

Thelma became a member of the Ewichihitok Committee in 1993 when she started in her position as the NNADAP Worker. Thelma is still the NNADAP Worker.



Eugene Gamble

Eugene was a member of the Ewichihitok Committee from 1993 to 1998. Eugene was the Family Service Worker for the Band when he first became involved in the Ewichihitok Committee. He later took the position of Justice Coordinator for the Band and presently works at the Willow Cree Healing Lodge as a Programs Officer.



Elaine Thomas

Elaine was one of the founding members of the Ewichihitok Committee from 1992 to 1997. Elaine was the Elementary School Guidance Counselor when she first started on the committee. She then became Executive Director of Kanaweyhimitowin Child and Family Services Inc. (Beardy's and Okemasis). She now works as an advocate with the Saskatchewan Children's Advocates Office in Saskatoon.



Faye Michayluk

Faye was one of the founding members of the Ewichihitok Committee. Faye was the Community Health Nurse for Beardy's and held that position for several years. She is presently employed as the Program Manager for the Athabasca Health Region.



Warren Seesequasis

Warren was one of the founding members of the Ewichihitok Committee. Warren was the Social Development Worker for Beardy's. For several years he has held the health portfolio. When not on Council, Warren has been the Director of Willow Cree Health and the Director of ICFS for Sturgeon Lake First Nation.

Remonda Gardipy

Remonda became a member of the Ewichehitok Committee in 1998 when she took the job as guidance counselor at the high school. Remonda remains in that position.



Lisa Seesequasis

Lisa joined the Ewichehitok Committee in 1995, as a community member. Lisa did her academic practicum with the Band, and initiated the development of Beardy's Daycare. Lisa was the chairperson of the ICFS Board when the Board signed their agreement with the Province. Lisa worked as the Community Program Coordinator for Pine Grove Institution, and is presently employed as the guidance counselor for the elementary school.



Raymond Baldhead

Ray was a founding member of the Ewichehitok Committee. Ray was the NNADAP worker for Beardy's until 1994. Ray left the helping profession for a period and worked construction. He returned to Saskatchewan as the recreation and Cultural Coordinator for the White Buffalo Youth Inhalant Treatment Centre. Ray is currently recovering from health issues.



Howard Cameron

Howard was one of the founding members of the Ewichehitok Committee and the Family Service Worker for Beardy's from 1991 to 1994. Howard is The Keeper of Beardy's pipe, and carries the responsibility of community pipe ceremonies. He is also The Keeper of the Sacred Circle. Howard continues to be very involved in the community.



Pictures unavailable

Leo Cameron

Leo was a member of the Ewichehitok Committee from 1992 to 1998. Leo was a guidance Counselor at Stobart High School, and at St. Michael's School in Duck Lake. He is presently the Director of Public Works for Beardy's Band.

Roy Gamble

Roy was on Council when the Ewichehitok Committee came into being. He later became a member of the committee when he became the NNADAP worker for the Band. Roy held that position until 1999.



Willow Cree Memorial Sports Centre (Rink)

Authored by:

Doug Harder, Primary Therapist

HARDER AND ASSOCIATES

602 - 201 21st Street East

ph 306.652.1613 Fax 306.665.0358

Contributions by:

Debbie Cameron

Leo Cameron

Thelma Cameron

Tony Martens

Warren Seesequasis

**NATIONAL NATIVE ADDICTIONS
PARTNERSHIP FOUNDATION**

BOX 183

MUSKODAY, SASKATCHEWAN

S0J 3H0

Phone: 306.763.4714

Toll free: 866.763.4714

Fax: 306.764.7272

E-mail: info@nnapf.org