Building A Path To Wellness

Jackson Lake Land-Based Healing Program Youth Program Model
Kwanlin Dün First Nation
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We wish to thank Elijah Smith School for use of photos from their publication entitled: “ESES CULTURE CAMP-LHANŪ JAL NI (WE ARE HUNTING)"

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For additional background information see the companion Literature Review
1.0 INTRODUCTION

The purpose of this Program Model is to provide a framework description of the healing program delivered by Kwanlin Dün First Nation (KDFN) for adults and the restructuring and refocussing necessary to serve youth ages 12 -17 years. The revisions to the program model have been informed by the Community Assessment research and network development project funded by Justice Canada – report dated June 30, 2013. The on-the-land component of the program has been historically delivered at Jackson Lake where the First Nation has a land-based site that is able to house up to 16 participants and staff in residence. The majority of recent experience has been with gender specific groups of adults.

The program model has been developed for the purposes of discussion within Kwanlin Dün First Nation and with other Yukon First Nations and interested groups. The youth model presented here is founded on the First Nation’s most recent twenty years of experience and most specifically, the pilot programs offered to men and women in 2010, 2011, 2012 and 2013 in addition to the findings of the Community Assessment project. KDFN acknowledges that other Yukon First Nations have developed camp infrastructure, program delivery experience and many good ideas to offer to the area of land-based healing as well. KDFN also has experience within the Health Department of delivering youth conferences and on-the-land multi-day culture and educational camps.

In addition to local knowledge and experience, the model has been designed in alignment with three key national documents:

- Ethics Guidelines for Aboriginal Communities Doing Healing Work
  Aboriginal Healing Foundation (May, 2000)
- Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada
  Health Canada (2011)
These three documents represent many thousands of hours of research, consultation and program design work with Indigenous people across Canada and provide a comprehensive national foundation upon which to build the current and future models. Within Canada and beyond, there are helpful published articles and reports that will be used as well. The foundation of both knowledge from the Yukon and elsewhere will continue to spark new ideas and amendments to the model. Most importantly, the wisdom offered by Elders and Traditional Knowledge Keepers will continue to emerge and will inform future program development.

The Model is called “Building a Path to Wellness” and is respectfully offered as one of many paths, all of which are legitimate and valuable. The cultural diversity of Yukon First Nations is fully recognized with KDFN offering to host a program open to all Yukon First Nations using the cultural resources of KDFN with the intent of being as respectful as possible to other nations.

Kwanlin Dün First Nation will continue to rely on what is known so far and remain open and willing to keep learning and developing ways and means of healing. The traditional value of hospitality is foundational in opening the doorway to the program and collective program development to all those interested across the Yukon and beyond.
2.0 PROGRAM MISSION AND PRINCIPLES

The mission statement for the program was developed by a planning committee working within KDFN in preparation for the 2010 pilot project delivered to women and men. The committee was very diverse and produced many excellent ideas.

The mission statement is:

“To provide a supportive, land-based, holistic, and compassionate environment based on the integration of traditional and modern knowledge in order to create balance and self empowerment.”

The principles on which the program model is based have evolved over time and are linked to the principles captured in the KDFN Department of Justice Strategic Plans 2012-13 and 2013-14. In order to align with the national renewal document referenced above, the principles are organized to align with those articulated in Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada, Health Canada (2011).

These principles were developed based on the guidance of cultural practitioners and Elders at the NNADAP Renewal Indigenous Knowledge Forum and based on regional consultation. Yukon has been represented throughout the NNADAP renewal process.
The principles are:

- **Spirit-Centered** – Culture is seen as an outward expression of spirit and revitalization of spirit central to healing. The connection to land, traditions, language, ceremony, stories and songs help to reconnect people with themselves, cultural history and identity, family, community and traditional territory.

- **Connected** – Individuals and families in need of healing are seen as disconnected and those on a path toward healing as needed to reconnect with self, family, nation and a traditional land base through cultivating strong relationships.

- **Resiliency-focused** – There is a need to recognize, honour, support and build on natural strengths and an “ability to bounce back” as demonstrated by those seeking healing. Although trauma, addictions and mental health issues mask these strengths, we must find them and help those doing their healing work to regain their pride and dignity.

- **Holistic Supports** – The four aspects of self – physical, spiritual, mental and emotional need to be fully recognized and responded to during the healing process. In addition, social and cultural factors all contribute to personal balance, connection and wellness. A comprehensive, integrated continuum of services is necessary to meet a range of needs within a holistic frame of reference.

- **Community-focused** – Diversity within and across communities needs to be respected and the wisdom of the community used to direct, design and delivery responsive services. Healthy community is made up of healthy families and that focus is also important to the program.

- **Respectful** – Engagement with individuals, family and community must be respectful of their freedom to choose care when ready and to balance individual and collective needs and plans.

- **Balanced** – The best of both worlds is used by including Indigenous and Western approaches to healing in all aspects. Both contributions are informed by unique assumptions and worldviews and supported by both scientific and lived experience which is all significant evidence.

- **Shared Responsibility** – Individuals, families, communities, service providers and governments all have responsibilities in ensuring services, supports and systems are accessible and serve people well.
• **Culturally Competent** – Awareness, understanding and capacity to develop relationships at the individual service provider and recipient levels must be supported by culturally competent program design and policy processes. A culturally competent system also has the capability to translate indigenous knowledge to current realities to inform services delivered.

• **Culturally Safe** – Service provision needs to reflect cultural, historical and structural differences and power relationships within care systems. Self-reflection and organizational development are investments in moving beyond awareness and sensitivity to culturally safe programs and services.

Principles adapted from: *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*, Health Canada (2011)

Additional principles developed by KDFN are:

• **Community Sponsorship and Involvement** – Hospitality is a strong cultural value and the foundation for the role played by KDFN in sponsoring the program and inviting others to attend. The engagement of the community, Kwanlin Dün and possibly other First Nations, as helpers in the design and delivery of the program as well as support to those individuals and families committed to their healing path is fundamental to long term success.

• **Environmental Sustainability** – The programs, including the land-based components are delivered in the most “green” way possible in order to ensure long term sustainability of the natural and community environments. A gardening program that will eventually include both outside and greenhouse space and a composting program will be developed as part of the commitment to connection to land and sustainability.

• **Sharing of Program Model and Related Support** – As the program develops, the sharing of the program model and related supports with other First Nations within and possibly out of the territory is a priority in order to assist as many people as possible in their healing and develop a network of aftercare resources. This sharing and support activity will need to be fully funded in addition to program delivery in order to ensure the quality of programs and services delivered to participants is not undermined by the focus on sharing the model and supporting implementation elsewhere.
3.0 PROGRAM APPROACH

The program approach has been developed in line with the strategic context offered by the Mental Health Commission of Canada in *Changing Directions, Changing Lives, The Mental Health Strategy for Canada*. The strategy is founded on six strategic directions, one focused on First Nations, Inuit and Métis people. The overall strategy also recognized the overlapping issues of addictions and mental health problems with many people and the need for integrated approaches to providing programs and services.

The strategic directions and the KDFN response to each as summarized below provide the following framework upon which to build this and related program models:

1. **Promote mental health across the lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible.**

   KDFN Response - Mental health promotion will be built into the program and its delivery to men, women, youth and families as specific target groups. By involving families in the program and engaging communities in sponsoring their individuals and families to attend and assisting in supporting the people returning to communities from the program, the message of health and healing is shared.

2. **Foster recovery and well-being for people of all ages living with mental health problems and illnesses, and uphold their rights.**

   KDFN Response - The recovery approach is foundation to the program and the program will be open to individuals of all ages and from all backgrounds. Recovery is understood to mean supporting each person’s journey toward a meaningful life even if symptoms of mental illness or addiction remain.
3. **Provide access to the right combination of services, treatments and supports, when and where people need them.**

   KDFN Response - Providing culturally grounded, land-based healing programming within a continuum of services directed toward those with addictions and mental health problems is a priority for many First Nations across the country and will be linked to other supports to provide a comprehensive and connected service.

4. **Reduce disparities in risk factors and access to mental health services, and strengthen the response to the needs of diverse communities and Northerners.**

   KDFN Response - The program will be responding to high risk individuals, including those involved with the justice system with the intent of providing an inclusive, appropriate service to individuals living in the north from diverse backgrounds.

5. **Work with First Nation, Inuit and Métis to address their mental health needs, acknowledging their distinct circumstances, rights and cultures.**

   KDFN Response - The program is developed, fully designed and directed under the leadership and control of the Kwanlin Dün First Nation. Advice and input from other Yukon First Nations and learning from the experiences of others delivering similar programs is foundational to the evolution of the program model. Cultural safety and cultural competence is built into the principles and practices of the program which contributes to healing intergenerational trauma and achieving reconciliation.

6. **Mobilize leadership, improve knowledge, and foster collaboration at all levels.**

   KDFN Response - The KDFN leaders at all levels are very committed to the delivery of land-based healing alternatives. Learning to understand and build on traditional knowledge, develop and use appropriate culture-based healing methods and build and share related knowledge about healing is fundamental to how the program operates.

The rich detail of the mental health strategy for Canada, specifically as it addresses northern communities and First Nations are used to support the program model at all levels. The strategy supports community and cultural approaches and recognizes the challenge of meeting the needs of rural and remote populations in the north. Specific challenges include responding to the deficits in many areas of the determinants of health, including inadequate housing, lack of employment opportunities and food insecurity. The development of highly skilled First Nation resource workers in mental health and addictions is also a priority. The work of the First Nation, Inuit, Métis Advisory Committee to the MHCC specifically as it relates to cultural safety and competence is also a helpful resource for program development.
4.0 PROGRAM STAGES

The four program stages are well supported by experience to date, expert advice from First Nation, cultural, land-based and clinical perspectives and best practices.

The four program stages will be accessed one after the other and may also take on an iterative or spiral quality as individuals and families may need to track back to access program components again in order to find the best combination of supports.

The Stages are:

1. **Getting Ready** (Pretreatment and Assessment) – It is necessary to provide at least six weeks of pretreatment preparation and assessment of readiness for treatment. This component also includes the use of a variety of methods for describing the baseline or beginning point of the individual or family, so that progress and success can be monitored and precisely supported.

2. **Healing on the Land** (Land-based Treatment) – The land-based component of the treatment is four weeks in length. Longer would be better, but four weeks is the best balance between the length of time needed and the practical assessment of how long people can be away from their daily responsibilities.

3. **Building Supportive Community** (Aftercare Intensive Programming) – An intensive aftercare program with individual and group support provided two to three times per week would further support success in the long term – a minimum of 6 weeks. Aftercare is challenging to provide in communities outside of Whitehorse, for those participants working outside of Whitehorse and/or working around family demands in the period after leaving the land.
4. Living in Connection and Support (Ongoing Supports) – Support for rebuilding healthy individual, family and community life may continue to be required for a longer duration as individuals continue to work through problems and move forward in their healing process. A return to more active phases of healing – on the land or in the community may be required to reinforce the progress or recover from relapse.

The full program accessing Stages 1, 2 and 3 takes sixteen weeks. The fourth component will be on-going and delivered in partnership with other First Nation and non First Nation support service providers.

Youth Adaptation of the Program Stages:

The program stages articulated remain true for youth. The adaptations suggested in the youth programming are as follows:

Within 1: Getting Ready, there may be one day or multi-day (up to 7 days) short programs on the land to orient youth to land-based healing and provide opportunities for youth to get ready or move into a healing process. The time getting ready and on the land may not lead to a four or more week commitment to the treatment program.

Within 2: Healing on the Land there may also be land-based components to an outpatient or short programs to provide healing options that do not require a four week commitment. There may also be programs that have a variety of treatment elements adding up to more than four weeks – possibly up to three months depending on the willingness of the youth to engage for longer periods, availability of funding and the camp facility.

Within 3: Building Supportive Community, there would be more active involvement in Stages 1 and 2 as well as 3 and 4 of the parents, foster or group home parents, extended family and community support workers in the programming for youth.

Within 4: Living in Connection and Support, youth specific methods for longer term connection may include the use of social media, text and other current methods of keeping in touch as well as reunions and group work in communities with more than one youth in the program. Bringing youth back to Jackson Lake for “refresher” programs is also an option worth experimenting with.
Gender Specific and Gender Inclusive Programming – This is an important consideration and the findings of the community assessment and the advice of experienced program leaders leads us to begin with gender inclusive short programs – day and up to one week and plan four week or longer programs as gender specific.

Wilderness and Adventure Therapy and Experiential Methods – In order to keep the youth active, engaged and enthusiastic a variety of experiential methods of working with individuals and groups will need to be employed. The interface between established and new cultural and clinical methods with new wilderness, adventure and experiential methods will need to be carefully and respectfully managed.

Educational Programming – The Independent Learning Centre has agreed to collaborate to provide appropriate high school credits and courses to participants.
5.0 PROGRAM STRUCTURE AND PROCESS

A Path to Wellness was designed to provide healing services and supports to individuals dealing with a history of trauma, grief, addictions and mental health issues. Addictions may include drugs, alcohol, gambling and other areas. Mental health issues may typically include anxiety and depression. The program may not be appropriate for individuals dealing with active or unstable psychotic illness such as schizophrenia. In the case of substance use, detoxification would need to be well underway prior to the individual engaging in the land-based component of the program.

The four week residential program is rooted in the land, traditional knowledge, culture, community and spiritual values. The program includes traditional ceremonial and healing practices. All approaches used in the program pay attention to the four aspects of each individual – mind, body, spirit and heart. Mainstream clinical practice is braided with First Nation, land-based and cultural streams to create a balanced approach. The program is supported by selected complementary or alternative healing methods such as visualization, yoga or meditation as well. In the youth model, the clinical practice foundation will be primarily wilderness, adventure and experiential therapies.

The bringing together of program staff and resource people with a diversity of healing related skills and abilities is important. Finding ways to bring the best of all of the streams of therapeutic help together into a harmonized group of options for participants is challenging. Success in the process of program innovation will require on-going commitment and the development of new methods of blending First Nations therapy, culture, language and land as healing with clinical therapy, complementary modalities and supportive family and community approaches.

The reliance on First Nation, cultural and traditional healing approaches, time and activities on the land will be fundamental to the design and delivery of every aspect of the program. The integration of First Nation language into activities is also a powerful
contributor to healing. A positive experience of a safe and nurturing family like setting is done through comfortable camp accommodations, good healthy food, positive conversations and experiences with all camp staff and visiting resource people. The focus on the common experience of being human in a social environment with other human beings is both simple and powerful.

The program design and delivery braids together four streams of activities and healing opportunities into a collaborative model. The four streams are delivered separately and together in unique ways as needed in each program delivery. The name “streams” is provided intentionally to identify the way in which the flow and blending will occur. In many ways the streams, as they flow together, will become one whole river of healing options and opportunities within which the contributions of the separate tributaries can no longer be separated. For the purposes of understanding each stream, they are presented separately. Each stream has unique contributions to creating a comprehensive set of opportunities for program participants. Each stream is honoured and the integrity of the contributions respected and protected. The art and science of the blending is a focus of program innovation and development that will remain a priority into the future.

5.1 Four Program Activity Streams

The four program activity streams are:

i) First Nation Therapy

First Nation Therapy is led by a First Nation person skilled in cultural and traditional methods of offering help and support. Traditional and non-traditional methods include traditional stories, legends and teachings; Elder talks and teachings; medicine wheel and related teachings; talking circles; individual support sessions; healing circles; ceremonies (for example: circle talks, spirit pond, sacred fire keeping, smudging, sweat lodge, celebration, rites of passage; prayer; drumming, singing) and other experiential methods grounded in First Nation historical and current experience. Most of the contribution is made through work in circle, although individual talks between the therapist and a participant are also helpful. Shared experiences on the land and in ceremony also strengthen the trust and relationships between the First Nation Therapist and the participants as well as among the participants.

ii) Land-based and Cultural Healing

Closely linked and integrated with the First Nation Therapy stream is the land-based and cultural healing element. The traditional land is viewed as an active spiritual and energetic partner in contributing to the hosting of the program and the healing of the participants. The land is asked for permission to host the program and honoured through offerings, prayers and ceremony. Daily gratitude is expressed and guidance sought from the land through prayer and offerings by the program leaders and participants.
The cultural foundation for the program supports all activities and specific contributions from Elders, leaders in arts, crafts and traditional activities such as hunting, fishing, gathering and food preservation are all woven together. The methods include participating in traditional land-based activities such as fire making, fishing, hunting, gathering and preparation of food, medicines and hides. First Nation arts and crafts such as knife making, drum and rattle making, sewing and beading are also included. Learning First Nation language, culture and history is also fundamental to reconnecting with cultural identity. The First Nation therapy is interwoven with the land-based and cultural healing, but it is helpful to distinguish the two for purposes of explanation as the resource people required to lead each differ in their knowledge, skills and experience to some extent. The First Nation Therapist and the Cultural Coordinator play important parts in preserving the cultural integrity of the program and ensuring many land-based and cultural activities contribute to the healing and well-being of the participants and their families.

### iii) Clinical Therapy

The Clinical Therapy stream is offered under the leadership of a mainstream educated clinical therapist or team usually from the disciplines of psychology, social work, addictions and/or trauma. With the youth model, backgrounds will need to include wilderness, adventure and experiential methods. The spiritual foundation, background, clinical and personal experience of the therapist is fundamental to their ability to work within a land-based and cultural context. Clinical therapists may be First Nation or non First Nation people that may also bring skills in the other streams of activity due to their background in outdoor pursuits or First Nation cultural healing. Part of the research and development that needs to continue within the program development is to define the characteristics of therapists and clinical therapeutic methods and modalities that best connect with First Nation therapy, land-based and cultural healing.

The commitment to building strong and respectful relationships with those bringing the other aspects of the program is fundamental to successful integration. The clinical expertise is brought to circle in sharing leadership with the First Nation Therapist. In addition, individual work may be done as opportunities or crises arise. Participation by the Clinical Therapist in all aspects of community life is essential to learning, sharing, supporting and building relationships.

### iv) Complementary and Alternative Healing Approaches

The world of complementary and alternative medicine (CAM) provides a rich source of resources from which to draw to add variety and opportunities to program participants. The CAM philosophy of whole person integrated healing and the
connectedness of spiritual, emotional and physical symptoms is often aligned with First Nation thought. These methods have been proven useful in adding to the therapeutic and stress reduction options available within the other streams. Options that have been explored include the use of visualization, meditation and yoga. Use of hand drums and djembe drums to learn and share musical drumming and singing has also been used successfully. Ideas for the future include using drumming to support healing journeys and use healing touch or other energy or body work. Youth may also be interested in other CAM modalities.

5.2 Four Core Processes

In addition and in support of the four main streams of program activity are four core processes that bring the structural elements to life. These are:

**Relational Problem Solving Approach** – The experiential land-based component of the program has many opportunities to work within relationships – one to one or in groups to work through problems that arise within the camp community. The approach supports the development of self awareness, the identification of the needs of others, communication, support seeking, problem solving and conflict resolution skills necessary for living life. In this approach externally enforced rules are kept to a minimum in favour of a relationship based approach that provides an opportunity to practice group problem solving. The use of “healthy traditional family” as the model by which to develop relationships is reinforced by program leaders.

**Peer and Extended Family Support** – The development of peer support within the program and the community at a broader level is also an important foundation for the program. It may be possible to recruit mentors in the community that may assist with housing and support for individuals coming back to the community for the day program following the land-based component. The use of family days each Sunday during the time on the land assists in building and in some cases rebuilding the relationships necessary for successful and sustained healing after the land-based stage is completed.

**Restorative Justice, Peacemaking and Community Building** – Principles and practices of restorative justice and peacemaking are used throughout the program using circles for planning, problem solving, group work, consensus building and other purposes to contribute to building a healing community. Family and community level healing options support progress on all levels.

**Ceremony and Circle Work** – Traditional, cultural and specifically designed ceremony is fundamental to the program and is used to support healing, mark transitions and celebrate success. Circles are used in a variety of ways to support communication, problem solving and healing.
Additional Youth Program Model Implementation Considerations

Stage of Development - In the youth program, the development age and development tasks that are relevant with each youth will be considered in making sure the program is relevant and most helpful in supporting healthy development.

Education and Support to Parents and Caregivers - The support and training of parents and caregivers to use a variety of effective methods in developing relationships and providing guidance to youth involved in healing is also an important component in the youth model.

5.3 Program Capacity and Clients

As long as there is only one land-based facility at Jackson Lake, the program model in full implementation would provide up to six, four week intakes per year for up to 16 participants. The program has delivered three to five week programs for men and women in the past four years. The youth program will be implemented as soon as possible once funding is made available. Future development of programs will focus on families.

The full-time, full year employed staff would provide year round programming for specific groups of men, women, youth and families. The full-time staff may be complemented by contract support staff to provide relief and added capacity as needed.

The participants are individuals of Yukon First Nation background primarily although not exclusively as other First Nation people and non First Nation people will be welcome, subject to capacity limitations. The participants would need to pass through a comprehensive process of screening and selection in order to access the program. The potential participants involved in the justice or child welfare system may have other screening criteria which have to be met. The participants would share a willingness to begin to deal with issues related to trauma, addictions and/or mental health.

The program participants will each come with unique needs and characteristics that require flexibility and responsiveness to be built into the program design and delivery. Aspects of needs and diversity include gender, age, need for family level healing, co-occurring problems of a history of trauma, addictions and mental health; disabilities including FASD and the need for a harm reduction rather than sobriety approach.
Features of responsiveness include:

**Gender specific individual programming, youth and family** – Once fully developed, the program will offer men’s programming, women’s programming, youth and family specific programming. Currently, only the men’s, women’s and youth programs have been fully developed. Men’s and women’ programs have been offered and evaluated.

**Addressing Addictions, History of Trauma and Mental Health Issues** – The program is founded on the view that dealing with addictions, support for healing trauma and addressing other related mental health issues needs to occur concurrently within the programming.

**Inclusive and Responsive to FASD and Other Disabilities** – As some of the clients will have a degree of disability; the program is designed to accommodate those with challenges. Experience with mild to moderate effects of FASD demonstrate that the program is best suited for those with mild effects unless very structured after care and support can be made available in the home community after the program.

**Harm Reduction** – The approach is a harm reduction approach not an abstinence approach to dealing with addictions and focuses on reducing the harm related to using substances.

### 5.4 Staffing Structure

The philosophy, approach and skills necessary to support healing during treatment needs to be held in common and expressed by all staff members and contractors involved in the program. Everyone involved in the program including the First Nation therapists and land-based cultural leaders; mainstream clinical therapists, cooks and camp attendants need to be taking a harmonious approach. Depending on the funding available, not having permanent year round staff will disrupt the continuity, but it is hoped that many of the contractors will return to the roles repeatedly.

The staffing of the program components would require the recruitment and development of a Program Manager and a core group of First Nation people on short term contracts who deal with the program logistics, provide the First Nation therapy, land-based, cultural and language components and as much of the clinical support as possible. Non-Aboriginal clinicians will be an important part of the initial phases of the program delivery. In addition, the development of a group of Elders as well as community and external resource people, both First Nation and other, will be needed to provide on-going and consistent service delivery.
The Highlights of the Staffing Model are described below:

**Program Management and Direction** - Currently, the Kwanlin Dün Director of Justice dedicates approximately one quarter time to the program oversight. New federal funding from Health Canada provides for a Coordinator for the Jackson Lake Wellness Team which will include day to day oversight of all stages of land-based healing. Four additional staff will be hired as part of the Wellness Team to support clinical and cultural programming in preparation for longer term land-based programs, provide day and up to 7 day short programs on the land, provide non-residential counselling, support and aftercare for youth, adults and families. Contract administrative support staff in the Administrative Coordinator role will support the management team at least part time and also act as expeditor for the land-based components.

In addition to the Jackson Lake Wellness Team staff of five, additional Contract Staff Members will be hired to lead each of the three main therapeutic components for each intake:

**First Nation Lead** – The First Nation Lead provides and coordinates the therapeutic activities related to First Nation approaches and oversees the work of support staff to cover a 24 hour, seven day per week schedule of programming and support while on the land and support to other components on a day and evening schedule.

**Clinical Lead** – The Clinical Lead provides and coordinates the therapeutic activities related to more mainstream approaches and support staff to cover a 24 hour, seven day a week schedule of programming and support while on the land and support to other components on a day and evening schedule.

**Land-based and Cultural Program Lead** – The Land-based and Cultural Program Lead organizes the delivery of the Elder, land-based, culture and language related programming that will take place days and evenings other than overnight land-based trips.

**Camp Attendants** - The camp attendants will be required to provide services throughout the 24 hour period which requires a significant complement of staffing. Although the program will be most active during the day and evening, some of the participants will require services and support during the night.

**Youth Workers** – The staffing level will need to be enriched when youth are on the land due to the need for enhanced supervision, including evenings and nights. These staff members will have basic skills in youth support and program delivery to keep the youth active and well-engaged.

**Cooks and Cooks Assistants** – Three meals a day are prepared for the staff and participants by a cook and an assistant. The program participants do volunteer time to assist in meal related and facilities clean-up.
Elders and Program Resource People - The staff is supported by a pool of Elders, community resource people and others compensated by honorarium or contract to provide enriched programming throughout the delivery of the four program components from assessment to aftercare and in support of all four methods – First Nation therapy, Land-based and cultural healing, clinical therapy and complementary alternative medicine.

Health and Safety Staff – Kwanlin Dün Health Department provides visiting nursing services for approximately a half day each week to monitor chronic conditions, medications or deal with non-emergent health issues. On site staff have First Aid credentials and all are focused on prevention related to health and safety matters. In the case of an emergency, Jackson Lake is 40 minutes by road from the hospital.

The three leads will be responsible for creating methods by which the resources can work collaboratively together with a view to integrated program delivery that fully honours the contributions of all resources. In addition, the Jackson Lake Wellness Team Coordinator will work with the staff to find methods for bringing in appropriate complementary healing options such as yoga, meditation and others.

5.5 Staff and Program Partner Orientation, Training and Development

Mainstream credentials are respected as the methods through which service providers have gained their expertise and society recognizes their competencies. For First Nation, land-based and cultural service providers, educated through traditional apprenticeship models and oral traditions through which cultural teachings are passed on, expertise is recognized even if it is not recognized by a formal credential.

A program for staff and partners orientation is an important element to the program model. In the absence of the funding being dedicated to employing a full time staff, we will assume each intake will have to be staffed by contractors hired for the specific intake. In that case, an orientation session will be organized before each intake. There will be one to two days of paid orientation. One day will be an overall orientation to the program for all staff and the second will be for the core cultural and therapeutic staff which will go into more detail on how the program works. The training will be experiential, held in circle and reflective of the experience the participants will have.

In addition, the partner referral agents and after care support service providers will be invited in to receive an orientation to the program so that they are better equipped to make informed decisions about referral of possible participants and also participate in aftercare support to those completing the program.

As the program funding base develops, a more structured training and development program for staff will be designed and delivered. The development of youth program specialists would be highly desirable. The program would ultimately be accredited at a certificate level at a minimum and be a requirement for participation in the
program in core roles. Funding permitting, the training and development program would be open to other First Nation people and clinical therapists involved in the program delivery or aftercare. The training and development program may involve a mentorship relationship and practicum placement in the program. Providing on-site delivery of curriculum, practicum experiences or full courses will assist in providing incentives for the development of new knowledge and approaches as well as contributing to the pool of skilled resources for KDFN and other Yukon First Nation programs.

5.6 Policy Support

The Application and Intake package has been developed and revised in 2013 according to feedback and evaluation results. A youth specific package would be developed to support recruitment of youth to the program. Policy and procedure development has begun but is not complete. The *Ethics Guidelines for Aboriginal Communities Doing Healing Work* by the Aboriginal Healing Foundation (May, 2000) includes the list policy requirements to ensure ethical healing program delivery. Areas such as admissions; screening and assessment; client-helper relationships; client rights; external healers; knowing your limits (as a helper); confidentiality; conflict of interest; financial accountability; employee assistance; grievances procedures; code of conduct or ethics; harassment; healing methods; spirituality; hiring and protection of intellectual property. The general administrative and human resources policy of KDFN applies and covers some areas but additional policy development is needed to ensure coverage all healing programs specific areas.

5.7 Learning, Evaluation and Improvement

Program processes are built in to ensure a degree of program consistency as well as supporting the capability of the program to flex and adapt to meet the unique needs and interests of each group. Learning from each experience will contribute to a philosophy and practice of continuous improvement. In a part time, part year program the Director of Justice and the Jackson Lake Wellness Team Coordinator will assign staff to act as the keepers of the knowledge and continuity to ensure a degree of consistency between the delivery of each program and between elements of the program such as intake, land based and after care components. With the December 2013 establishment of the Jackson Lake Wellness Team supported by a multi-year funding commitment, much better continuity will be possible.

An evaluation plan has been developed for integrating program evaluation into program delivery in order to contain the costs related to external evaluation services.

The on-going development of the program model, the further development of innovative and integrated methods of providing therapeutic responses and the continuous improvement of program and service delivery needs to be fully supported in order to be effective. New knowledge will be created during each delivery of the program. The knowledge needs to be captured so that it may serve to support innovation and improvement as well as shared with First Nation and Yukon partners.
6.0 Conclusion

The dedicated commitment of the Kwanlin Dün First Nation to healing at the individual, family and community level has been unwavering over time. The consistent investment of the necessary level of resources has been the critical missing connection between the commitment and the results all would like to achieve in the quality of life for Kwanlin Dün members, Yukon First Nations and all Yukoners. The leadership demonstrated by KDFN has translated into significant achievements so far. The well-proven and innovative program model and the convergence of skilled and experienced resource people will serve as a strong foundation on which to build future success.
Appendix 1: PROGRAM HISTORY AND RATIONALE

Background

Healthy First Nation people, connected to culture, language and traditional lands are the foundation of successful implementation of self-government and the increased capacity for vibrant, self-sufficient communities, families and citizens. The following statements from the evaluation report for the first land-based healing program for women summarized the constellation of problems to be addressed: “too many Yukon First Nation citizens continue to struggle daily with the effects of emotional/physical/sexual abuse, trauma, mental health issues, suicide, addictions, domestic violence and overrepresentation within the justice system.”

Increasingly, it is acknowledged that many of these characteristics that negatively impact well-being and quality of life continue to be experienced within Yukon First Nation communities. It is also understood that these characteristics that hold communities back from achieving their full potential are intimately connected to the legacy of trauma and loss that has been perpetuated by many years of colonization and, more recently, by Indian residential schools.

The renewed focus on healing and well-being was summarized in the same report: “First Nation people across Canada are seeking to reconnect with traditional culture and ceremonial practices of their ancestors in an effort to recover from the immediate and intergenerational effects of European colonization, geographic and cultural displacement and multiple historic and current abuses.” (“Caring for the Circle Within: Jackson Lake Land-based Healing Program – Program Overview and Evaluation Report” October 2010 by Rosemary Plaskett and Bill Stewart, R.Psych.)

In order to address these and other health and social problems, Kwanlin Dün First Nation has been developing and delivering health and healing programs for more than 20 years. The commitment to making a land-based healing program available to citizens has been a prevailing priority for decades although the availability of consistent funding has prohibited full scale development or delivery of a comprehensive program.

The more recent investments were supported through the Yukon Government funding of a feasibility study on the development of land-based healing programs, services and infrastructure.

Program Development and Delivery 2010, 2011 and 2012

Subsequent to the above noted feasibility study, Kwanlin Dün citizens and leadership made the decision to proceed to develop a program that would serve the broader population of First Nation individuals and families in need of healing services, inclusive of those involved with the courts and corrections. A proposal for the program entitled “Caring for the Circle Within” (CFTCW) was submitted and funding
for program development and delivery approved by the Yukon Government in the early spring of 2010.

In addition to the support of the Yukon Government, Kwanlin Dün First Nation made significant investments in the program development and delivery and Health Canada agreed to augment program delivery by providing funding from the Indian Residential School (IRS) program for on-site service provider hours during the delivery period.

The program development was the focus of activities during the period of April through June and continued during the first pilot phase. The first pilot saw the recruitment of fourteen women to a five week program that ran from July 11 to August 14, 2010. The first program delivery period proved to be a very significant opportunity for further program development and refinement. Working with developmental methods through which First Nation therapeutic, ceremonial, cultural, land-based approaches could connect and collaborate with mainstream, professional models of care, counselling and support for healing was also an area of significant learning.

The program was very successful in supporting women and achieved an 85% retention rate through the life of the five week program. The women who completed the program have demonstrated significant progress in their personal health and healing. The women report evidence of increased well-being, decreased use of substances and increased adaptive capacity or ability to deal with life’s challenges.

Learning from the first program was used in the delivery of the second on-the-land program. The second delivery period – a three week program for men was completed on September 24th, 2010. The evaluation for this second pilot program was not as comprehensive as the first program. The basic program was adapted to respond to the skills and interests of the men which resulted in more time on the land engaged in traditional pursuits and increased use of cultural and First Nation therapeutic approaches. The ability to flex and rebalance program elements in response to the unique needs and interests of each group that enters the program is built into the program design.

In September, 2011 the First Nation was funded at the level of $150,000 from Health and Social Services, Yukon Government to deliver another land-based healing program. The funds were augmented by a commitment from Health Canada to fund the clinical psychological staff for the program. KDFN decided that the highest priority for program delivery was for men and a three week program was planned and implemented. Three weeks was the length of program that could be funded by the budget made available. KDFN had already paid to keep the camp open all winter and also for additional capital upgrades, therefore, the in-kind contribution from KDFN was primarily Justice staff support as well as operational and health related support from KDFN housing and health departments.
There were 10 men who began the program and 9 that completed successfully. The evaluation results support the very significant success of the program along with recommendations for a longer program with more organized and comprehensive follow-up support and aftercare to sustain the success achieved during the program.

The 2012 program was with women and the evaluation completed contributed to further understanding of the elements of success and recommended improvements.

**Program Rationale**

The goal of the program is stated in the promotional brochure as “to enable participants to experience pride in their identity and to live healthy, self-reliant and resilient lives.” In the same publication the programming is promised to emphasize a balance between traditional and modern teachings in order to “…discover the treasure chest of resources and gifts that are within all of us”. (Phil Gatensby, 2010) The program uses traditional values, ceremonies, medicine, stories, songs and other methods to create a sacred space and guiding principles that promote personal, family and community wellness. The program is designed to address the spiritual, mental, emotional and physical needs of participants from issues of substance abuse, effects of Indian residential school, grief and loss, violence and trauma whether experienced currently or in the past.

The program also promises to assist participants to:

- discover cultural awareness and self-awareness;
- build self-confidence, self-esteem, pride and the ability to trust;
- expand skills for balancing spiritual, mental, emotional and physical health;
- develop skills for drawing boundaries, communicating, parenting and cooperating with others;
- learn about strategies and resources to stand up to interpersonal violence;
- move past impacts of abandonment and loss;
- learn and experience alternatives to substance abuse;
- develop supports for healthy living within the community; and
- create a plan for maintaining wellness within the community.

The evaluation of the first program delivery in the summer of 2010 required the development and testing of an approach to program evaluation that will inform future evaluation work. As stated in the report “Caring for the Circle Within: Jackson Lake Land-based Healing Program – Program Overview and Evaluation Report” October 2010 by Rosemary Plaskett and Bill Stewart, R. Psych., “Assessing the impacts of healing initiatives can be misleading as most studies... tend to measure outcomes as they relate to a particular goal at a particular time. This may not necessarily tell us whether someone has experienced “healing”. The Steering Committee, in formulating the Jackson Lake pilot project conceptualized healing as a dynamic process, a journey.”

Work done by First Nations throughout Canada under the umbrella of the Aboriginal Healing Foundation and other related initiatives has provided a rich body of evidence that articulates the problems and issues of First Nation people. The studies also
reinforce the effectiveness of using the richness of land-based and cultural approaches along with mainstream therapeutic methods in addressing the complexity of problems experienced by First Nations. By providing opportunities to discover inner strengths and resilience while reconnecting to First Nation identity, pride, land, language, culture, spiritual values, ceremony and healthy community individuals and families heal and find their way back.

The report “Evaluation of Community-Based Healing Initiatives Supported through the Aboriginal Healing Foundation”, (INAC, 2009) provided an evaluation of the effectiveness and success, impacts and relevance of healing initiatives funded by the Aboriginal Healing Foundation (AHF) for the period April 2007 to May 2009. The model followed by the AHF has been to fund community-driven and culturally-based projects that use a variety of healing methods and models, in response to community needs. The results of the evaluation demonstrate that programs funded are effective in facilitating healing at an individual level and are beginning to show healing at the family and community level. AHF research has shown that it takes approximately ten years of continuous healing efforts before a community is securely established in healing from Indian Residential School trauma. Although evidence points to increasing momentum in individual and community healing, it also shows that in relation to existing and growing need, the healing “has just begun”. (INAC, 2009)

Impacts of the AHF funded programs are reported as positive by the vast majority of respondents (interviewed in the data collection), with individual impacts ranging from improved family relationships; increased self-esteem and pride; achievement of higher education and employment; to prevention of suicides. Reported community impacts are growth in social capital indicators such as volunteerism, informal caring networks and cultural events. Projects report that capacity for healing has been built in communities and between communities; an example of such inter-community capacity growth is sharing of best practices that have occurred between communities in both formal and informal ways… (INAC, 2009)

In terms of program relevance, project reports show that healing programs reporters identify an array of negative social indicators and challenges that persist in their communities. The evaluation results strongly support the case for continued need for these programs, due to the complex needs and long-term nature of the healing process. (INAC, 2009)

The Inuit have published “Sivumuapallianiq National Inuit Residential Schools Healing Strategy: Journey Forward” based on two years of consultation with Inuit people. The strategy lays out short and long term visions, goals and principles and beliefs.

Particularly relevant to the work in the Yukon are the priorities for action which are:

- strengthen Inuit languages and culture;
- form partnerships and strengthen relationships;
- increase the number of Inuit who can help others;
- develop knowledge of service providers in Inuit communities;
- educate and raise awareness about Inuit in residential schools;
- share information and effective healing practices; and
• identify and fill gaps in healing services and programs.

Marlene Brant Castellano, in her article “Healing Narratives; Recovery from Residential School Trauma” (2006-2007) summarizes the prescription for healing as reported by survivors again and again: “Remember the pain and what it caused. Unravel the feelings and reach for sources of strength to take your life on a different path. The story is then no longer about loss. It is a story about restoration and moving on.”

The author proceeds to link the painful experiences in residential school to the high incidence of family violence and high rates of children in foster and adoptive care. Brant Castellano also relates new research that demonstrates that trauma can be transmitted intergenerationally from parents who are reliving their own experience, and dealing with pain and emotional numbing or shutting out reality. Thus, parents suffering from post traumatic stress disorder (PTSD) have difficulty modeling a healthy sense of identity and emotional balance.

In looking at the experience of AHF funded programs Brant Castellano sums up the results of published evaluation works by saying “Evaluation of project impacts has demonstrated clearly that culture is good medicine. …Cultural interventions include such activities as talking and healing circles, counselling by Elders, land-based activities, and creating environments where symbols of Aboriginal identity were featured. Cultural therapies were seen as contributing to a sense of safety that allowed participants to talk about issues or which they had never previously sought help… Cultural safety and personal safety were necessary…. Community personnel, including survivors and local Elders were highly valuable resources. They build on traditional skills of sharing and caring and sought out training to become more effective. As deep-seated wounds were uncovered, they drew on the expertise of professionals and services outside their circle, thereby forging mutually respectful partnerships. Project personnel also recognized the importance of involving local leadership to support healing... The high level of community engagement in these projects demonstrates that healing the legacy of residential schools is an enterprise that Aboriginal community members care about intensely and about which they believe they can do something.” (Brant Castellano, 2006-2007)

The AHF Final Report was published in January of 2006 in three volumes. The logic model that summarizes the 10 year $350 million dollar journey provides a useful frame of reference. The activities are summarized as support healing efforts, build, reinforce conditions conducive to healing; promote awareness and understanding of needs and issues; support remembrance; develop and enhance capacity and engage in research, support needs assessments and project design. These are activities that need to continue to move toward the long-term goals of a broken cycle of physical and sexual abuse and sustainable well-being.
The reports describe the community healing journey as measured by:

- increased organizational and leadership support;
- increased partnerships;
- increased capacity to facilitate healing;
- increased awareness of legacy (of residential schools);
- increased personal healing; and
- increased number of individuals involved in healing.

The stages of development begin with suicide, family violence, addictions and despair and engage in stages:

- the journey begins
- gathering momentum
- hitting the wall
- achieving the vision of transformation – reduced rates of physical and sexual abuse, children in care, suicides, incarceration and increased reconciliation.

AHF research and experience of the many community level programs reinforces the need for healing. In addition, three promising Healing Practices have been identified:

1. Aboriginal values / worldview – programs are more effective if they reflect Aboriginal values of wholeness, harmony, relationships, connection to land and the environment and a view of healing as a lifelong journey.

2. Personal and cultural safety – establishing safety is a prerequisite to healing from trauma which includes ensuring physical and emotional security and providing services in a setting that reflects participant’s cultures and traditions.

3. Capacity to heal – promising healing practices are guided by skilled healers, Elders and volunteers who are non-judgmental, who know their own strengths and limitations and who are respected by the community.

Three Pillars of Healing include:

1. Reclaiming history – understanding and awareness of the intergenerational impacts of the residential school system; acknowledging Aboriginal history, and understanding current conditions in a historically accurate way which allow personal trauma to be understood in a social context.

2. Cultural interventions – recovery of cultural pride and identity; increased understanding of history, ceremonies, languages, traditions etc. support healing and promote a sense of belonging.

3. Therapeutic healing – a broad range of traditional and Western therapies that address individual trauma. The overall therapeutic approach is holistic and culturally relevant.
As the final component of the “Framework for Understanding Trauma and Healing Related to Residential School Abuse” (AHF, 2006), the environment is described as the conditions that influence both the need for healing and the success of the healing process, including individual experiences, strengths, resources, motivation and relationships within the family; community-level social, political and economic conditions; community culture, traditions, language, history, resources and governance; the degree of leadership support for healing, and community capacity and access to skilled healers and therapists.

By these measures, KDFN meets the pre-conditions for success. The relevant evaluation and research is supportive of the program proposed in this proposal.
Appendix 2: RESOURCES

Aboriginal Healing Foundation, Summary Points of the AHF Final Report, 2006

Aboriginal Healing Foundation, Ethics Guidelines for Aboriginal Communities Doing Healing Work, May, 2000


Plaskett, Rosemary and Stewart, Bill, “Caring for the Circle Within: Jackson Lake Land-based Healing Program – Program Overview and Evaluation Report” (October 2010)