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# Introduction

During the period October 2019 to March 2020 the Mikaaming Mino Pimatiziwin Healing Lodge (MMPHL) conducted two Day Programs for Sagkeeng First Nation members. The first cycle was six weeks in length and the second cycle was seven weeks in length. The intention was to conduct a third program but it was interrupted after the initial assessments had been done by the Covid-19 stay in place orders issued by the Manitoba Government. The program was offered to members of the surrounding First Nations communities. Although there were expressions of interest from surrounding community members, the program was fully subscribed from members of Sagkeeng First Nation.

The Day Program was a continuation of the four Outpatient Programs that the Sagkeeng Mino Pimatiziwin Family Treatment Centre (since renamed the Mikaaming Mino Pimatiziwin Healing Lodge) had delivered during the period November 2018 to June 2019. This report provides an analysis of the major components of the Day Program based on data collected from the participants involved in the two programs conducted from October 2019 to March 2020.

Prior to November 2018 all programs delivered by SMPFTC were residential and were directed at families who were referred to the Centre by NNADAP and other First Nation community health and social workers from across Canada. The SMPFTC management and staff were able to deliver the Outpatient Program in November 2018 because, at the time, the family residential treatment program was closed due to the extensive renovations that were made to the building. During the construction period the SMPFTC staff decided to experiment with innovative programming that met community needs and would benefit Sagkeeng community members and members of the surrounding communities. These efforts resulted in the Outpatient Program that has evolved into the Day Program that is the subject of this data analysis.

# Responding to Community Needs

The MMPHL decided to continue to offer the Day Program based on the success of the Pilot Outpatient Program and because it responds to the requests from Chief and Council of the Sagkeeng First Nation. Chief and Council would like to see the MMPHL continue to offer its excellent residential family treatment program on the national level but at the same time expand and adapt its treatment programs to make them more accessible to community members.

This policy direction from Chief and Council was stimulated by the results of a comprehensive Community Needs Assessment which was completed by the Sagkeeng Mino Pimatiziwin Family Treatment Centre in 2012. The assessment found that:

"69% of respondents felt drugs, alcohol, prescription drugs and gambling were the leading cause for concern in the community."

When community members were asked what could be done about the addictions problems in the community they responded as follows:

44% indicated a need for more community programs and activities 46% felt more treatment, counselling and outreach support would help 13% felt more public education and information would help

The Sagkeeng community survey results are consistent with national data that was collected as part of the National Native Alcohol & Drug Abuse Program Review. Eighty-three (83) per cent of the representatives from community Leadership, Social Services, Health Services and NNADAP reported that alcohol and drug use were a "constant" or "frequent" problem in their community.

First Nations communities participating in the 2008–2010 First Nations Regional Health Survey revealed that alcohol and drug use and abuse were considered to be the number one challenge for community wellness faced by on-reserve communities. (82.6% of respondents Health Canada, 2011).

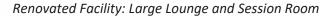
The Sagkeeng Comprehensive Community Needs Assessment survey results correlate with the findings of a Review Article entitled "Prescription Opioid Prescribing, Use/Misuse, Harms and Treatment among Aboriginal people in Canada: A Narrative Review of Available Data and Indicators." The review article states that" the overall situation of substance use and acute or chronic harms among Aboriginal people were at predominately higher levels than the general population." Aboriginal youth cohorts are at between two- and six-times greater risk for every alcohol related problem than their general population counterparts and are more likely to use all types of illicit drugs."

## **Program Design**

SMPFTC designed the Outpatient Program and offered four programs from October 2019 to March 2020 amid the renovations underway at the Centre. The programs were very successful and this success created a demand for the program to continue. When the renovations to the Healing Lodge were completed and the Family Residential Treatment Program resumed, there was not enough space at the Healing Lodge to run the Outpatient Program. In discussion with the Interlake Regional Health Authority, a space was located in Pine Falls which was owned by the health authority. It was formerly used to deliver primary health care and more recently for the delivery of the Health Care Aide Training Course. Further discussions were held with the Regional Health Authority, physicians in the region and the Manitoba Harm Reduction Network about how the program could best serve participants and how the space could be administered and maintained. The Executive Director of the Healing Lodge made a presentation to the Pine Falls town council to explain how the MMPHL would be using the space and provided them with information about the Healing Lodge and the features of the Day Program.

The advantages of using this facility was that there was more potential for partnerships with the Region and other services such as the Giigewigamig Traditional Healing Centre (GTHC), Manitoba Harm Reduction Network and primary care. The drawbacks to conducting the program in Pine Falls was that it was approximately 10 kilometers from the Healing Lodge and there is no natural light in the space.

Because the program was moving from the Healing Lodge to Pine Falls, the name of the program was changed from the Outpatient Program to the Day Program and a lot of preparatory work needed to be completed.







Throughout the program development period, meetings were held amongst the key partners, with support and leadership provided by Paul Bernard, Director of Primary Care and Acting Indigenous Health Manager with the IERHA as well as MMPHL Leadership.

Most of the preparatory work was supervised by Tracey Mager, the Program Coordinator in consultation with MMPHL management with additional support provided by Ian Magan from the IERHA. This included:

- Ensuring the lease agreement between MMPHL and IERHA was finalized and signed
- Designing the layout of the space
- Identifying furniture needs and acquiring the furniture most of which was loaned from the IERHA
- Building the walls for the session room to create a private space.
- Arranging for the painting to be done by a contractor
- Acquiring phones and computers

The result was the creation of a comfortable healing space. The walls were painted using warm tones, and First Nations art pieces were hung which included original oil painting and quilts with a turtle and eagle design. A "relaxation room" was created with comfortable chairs, lighting, a salt lamp and fountain. Participants were encouraged to use this room when they were feeling overwhelmed or anxious or when they needed need a break or a quiet space.

#### Renovated Facility: Entrance and Small Lounge





Planning the program in the new space involved:

- Developing a parking plan
- Developing a smoking area plan
- Developing an IT and phone plan
- Developing a security plan including procedures for lock up and sign out
- Developing a communication plan
- Developing protocols for smudging and ceremonies
- Planning for meals, daycare and transport
- Completing a safety assessment and disaster plan
- Planning to offer day-care for the participants who required it. Day-care was provided at the MMPHL which involved transporting children to and from the day-care each day.

The four pilot Outpatient Programs (November 2018 to June 2019) had been delivered by experienced staff who were available because SMPFTC was undergoing extensive renovations at the time which made it impossible to deliver the residential treatment program. Because the October 2019 to March 2020 Day Programs were offered while the residential treatment program was in session, two Counsellors, two Client Support Workers and a Cultural Helper were hired, trained and orientated to the program.

# Day Program Staff Members

All of the team members except the Program Coordinator are residents and members of Sagkeeng First Nation. The team was assembled in September of 2019 specifically to deliver the Day Program. All staff are trained in First Aid/CPR, ASSIST, Mental Health First Aid, Medication Administration, Infectious



Disease, Quality Improvement, Self-Harm and Indigenous Awareness and Diversity

From left to right: Sam Bruyere, Counsellor; Vernon Paul, Cultural Helper; Tracey Mager, Program Coordinator; Sandra Swampy, Support Worker; Erin Bruyere, Support Worker; Crystal Laforte, Counsellor. Missing: Diane Morrisseau, Elder, Knowledge Keeper and Counsellor (See Appendix I for resumes of staff members.

# **Program Marketing**

The program was marketed throughout the region. Intake packages, which included a two-page intake questionnaire and a two-page medical form, as well as brochures were distributed by Paul Barnard to regional managers in Pine Falls. Packages were also distributed to Health Directors in Sagkeeng and surrounding communities (Black River, Hollow Water and Brokenhead), as well as primary care providers in Pine falls and Sagkeeng and to managers in the Sagkeeng Health Centre. In order to reduce barriers to intake, participants were able to either to fill out the intake questionnaire independently, complete it over the phone with Day Program staff members, or complete it with the assistance of a health care worker. Some medical forms were completed prior to starting the program but medical forms were also completed onsite with the assistance of Dr. Garg from the IERHA.

# Program Funding

The program was funded from the FNIHB annual allotment. MMPHL allocated budgeted amounts earmarked for filling gaps in treatment service to the Day Program because the program met the criteria for the use of these funds and because of the pressing community need for this programming. \$689,554 was allocated to the Day Program over a two -year period.

# The Day Program Schedule

The MMPHL six to seven week Day Program is based around the Seven Teachings with the following components integrated into the teachings:

- Cultural teachings and ceremonies
- Substance Use Topic Sessions followed by discussion groups and individualized counselling
- Life Skills

The first week of the program was dedicated to participant assessments, and the last week was for final assessments and after care planning. Each of the four program weeks (the weeks that did not involve assessments and aftercare counselling) were structured as follows:

9:30 – 10:00 – Participants Arrive

10:00 – Smudge and Prayer

10:30 – 12:00 – Morning Session with a 15minute break at 11:00

12:00 - 1:00 - Lunch

1:00 – 3:00 - Afternoon Session with a 15minute break at 2:00

3:00 – Transportation Home

The strong cultural component of the program helps the participants focus on dealing with the symptoms of substance use, healing family relationships and awakening and strengthening indigenous identity. Staff members help the participants to focus inward on unresolved grief, loss and trauma,

The Seven Teachings



family violence, lateral violence and Aboriginal identity.

The program is scheduled for morning and afternoon. Transportation to and from the Centre as well as lunch is provided. All families attending the program were from Sagkeeng and the children attended schools in the community.

Participants in the program were usually referred by NNADAP workers and CFS agencies from Sagkeeng. Some self-referred after hearing about the program. The target group for the program was participants who were stable and were seeking help and support to reduce substance use and make a change in their lifestyle.

There was interest from surrounding communities such as Black River and

Brokenhead but transportation to and from the community to Pine Falls was a challenge to organize. Since the program was fully subscribed with participants from Sagkeeng, it was decided to go ahead with just the Sagkeeng participants.

#### Orientation and Assessments

During the first week the participants received an Orientation to the Program and the Pine Falls facility. Consent forms were completed, guidelines were established, and group norms were set. Participants were welcomed into a Sharing Circle and participated in a Welcoming Feast.

Individual appointments were scheduled and assessments completed. Intake and assessment are regarded as key components of the program.

The assessments included:

- Guided Holistic Assessment
- Native Wellness Assessment
- Drug Utilization Screening Inventory (DUSI)
- Family Genogram

MMPHL estimates that approximately eighty (80) percent of their participants have histories of trauma. This has been due to the multi-generational impact of colonization, residential schools and socioeconomic conditions. In addition, experiences of discrimination and disrespect have been reported by First Nations individuals accessing mainstream health services treatment. Therefore, one of the objectives of the intake and assessment procedure is to understand the participant's history of trauma.

As well, the assessment procedure determined who in the family is supportive of growth and change and who can thereby become part of the healing process by offering support to the participant.

The intake and assessment procedure provided an early assessment of the participant's situation and, using the information collected, engaged the participant in developing treatment goals and a healing path. The healing path was formalized in a treatment plan that identified the treatment interventions and the expected outcomes.

The objective of the treatment plan was to assist the participant as well as to bring the family together and build the family around the participant. During the intake and assessment phase a great deal of effort was made to integrate significant family members in the development of the treatment plan. The treatment plan determined how the six or seven-week programs could be individualized and made workable for the participant. The treatment plan was flexible and was monitored and evaluated by counselors and revised and up-dated on a weekly basis as the participant engaged with the program staff and the program elements.

# Weekly Themes

As identified earlier, the weekly themes were built around the Seven Teachings highlighted below.

- Respect, Feelings and Honesty
- Relationships and Love
- Grieving and Wisdom
- Substance Use: Truth, Self-Awareness and Humility
- Relapse Prevention and Courage

# Individual Counselling and Aftercare

Each participant received individual counselling throughout the program by staff counsellors as well as by a contract Counsellor/Elder. An Aftercare plan and a final assessment and evaluation was completed for each participant.

# **Topic Sessions and Ceremonies**

The following is a list of topic sessions and ceremonies that made up the program.

- Group Norms
- Child Abuse
- Lateral Violence
- The Feel-O-Meter
- Positive Communication
- Who is Driving Your Bus?
- Effective Listening
- Traditional Family Roles
- Anger Management
- Sweat Lodge Ceremony
- Art Activity
- Introduction to Spirit Writing
- Spirit Writing Ceremony
- Trauma
- Grief and Loss
- Sacred Fire Ceremony
- Self-Care
- Johari Window
- Self Esteem and Building Self-Esteem
- Intimacy and Co-dependency
- The Life Shield
- Tobacco Teachings as part of a recovery story by a guest speaker
- Opioid Information/Relapse and Overdose Prevention (Nurse Practitioner guest speaker)
- Traditional Teachings (Tipi, Colonization, Seven Stages of Life)
- Harm Reduction Videos

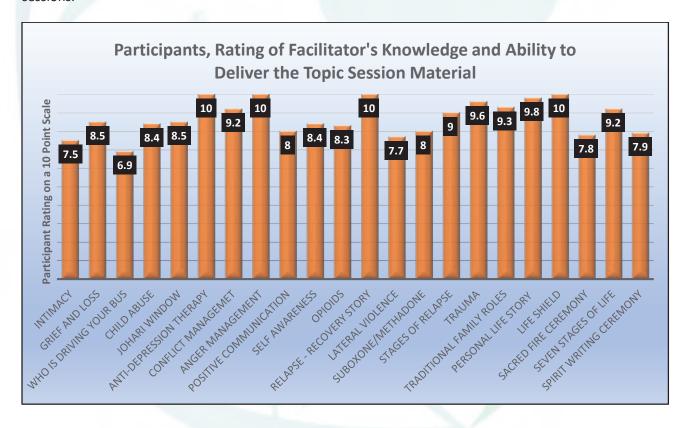
# **Data Analysis**

The data analysis of the two Day Programs was carried out at the request of (MMPHL) and it examines the following:

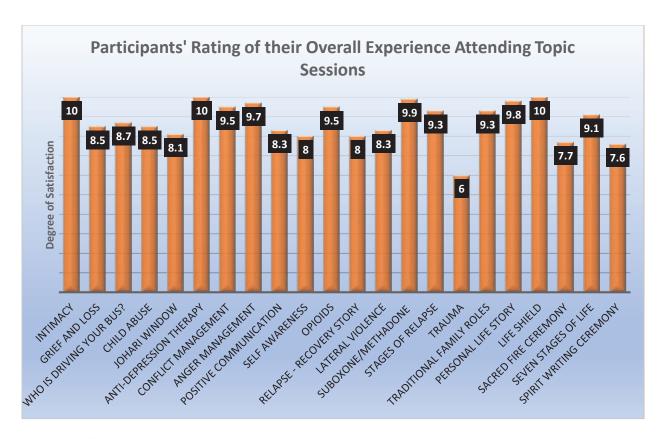
- The perception of participants regarding the safety of the facilities and operations.
- The views of participants regarding the cultural components of the treatment program.
- The views of participants regarding the food services.
- The perception of participants regarding the treatment they received at the Centre.

## Topic and Discussion Sessions

Following each topic and discussion session the participants were asked to rate the facilitator's knowledge and ability to deliver the topic session material on a ten-point scale with 1 being "unknowledgeable" and 10 being "very knowledgeable". The graph below illustrates the client ratings for each of the topic sessions and shows that, in all cases, the participants were very impressed with the facilitator's knowledge. Participants gave the facilitators an average score of 8.7 across all topic sessions.



Following each topic and discussion the participants were also asked "On a ten-point scale rate your overall experience with the topic session you participated in today (1 being dissatisfied and 10 being satisfied). Again, as the following chart illustrates, the participants' overall experience was extremely positive for each of the topic sessions. The participants' average rating of their overall experience across all topic sessions was 8.8.



The chart below records the positive and negative experiences that the participants experienced during the topic sessions. It also records a few recommendations that the participants' made to improve the session in the future. Negative experiences usually had nothing to do with the quality of the presentation or the quality of the material but rather the participants' reaction to the material. In many cases, the topic sessions forced the participants to hear and deal with subject matter that was difficult at a personal level.

# **Participants Comments Regarding Topic Sessions**

Topic Session	Positive Experience that Occurred During the Session	Negative Experience that Occurred During the Session	Recommendations to Improve the Session
Intimacy	I got to identify different relationships that I have.		
Grief and Loss	<ul> <li>It was good to talk about my uncle.</li> <li>I got to talk about who we lost.</li> <li>I got to understand the different stages of grief and loss and that we continue to go through the phases over and over again.</li> <li>I learned the proper way of grieving. I never knew the process.</li> <li>Learning different ways of coping through, the grieving process.</li> <li>I loved that the staff have a personal understanding of the class and are able to help me understand more about accepting losses.</li> </ul>	<ul> <li>Some of the girls got upset during the session.</li> <li>The class went off topic a lot of the times.</li> <li>People and students late for the session.</li> <li>Recognizing that I still hold a lot of anger and grief about the people I have lost.</li> <li>I recognized that I do not have any supports.</li> <li>The session brought up some unresolved issues I have and that have to be addressed.</li> </ul>	
Child Abuse	<ul> <li>I learned about lateral violence and was not aware that I was doing that to my kids.</li> <li>I learned about the different types of abuse: emotional, physical.</li> <li>I wish my parents knew about this.</li> <li>Always tell your child not to be afraid.</li> <li>I learned about safe and unsafe touching.</li> </ul>	<ul> <li>This subject made me feel uncomfortable.</li> <li>I felt ill.</li> <li>I realized that my parenting needs to change.</li> <li>Child abuse happened to us when we were small.</li> </ul>	How about using the Ojibway language.
Who is Driving Your Bus?	<ul> <li>I had a good time laughing at the different behaviours and realizing that our inner thoughts control our actions without realizing it.</li> <li>I liked how we interacted together.</li> <li>Everyone seemed to understand the session.</li> <li>Becoming aware of the different egos and faces that we have.</li> <li>The exercises were awesome! I learned a lot.</li> </ul>	Someone looking at me made me feel uncomfortable.	

Topic Session	Positive Experience that Occurred During the Session	Negative Experience that Occurred During the Session	Recommendations to Improve the Session
Johari Window	<ul> <li>I am very aware of positive comments that I make to others and the ones I receive from others.</li> <li>To learn how to take negative and positive criticism and use it to better yourself.</li> <li>I enjoyed the facilitator's real-life experience, understanding and helpfulness.</li> <li>It was exciting to learn about yourself.</li> <li>The session helped to learn where I am at.</li> </ul>	<ul> <li>I learned not to let people's negative comments affect me.</li> <li>I learned about the help that I need.</li> <li>I will try not to be so angry.</li> <li>I am shy about making a presentation to the group.</li> </ul>	
Anti-depression Therapy	<ul> <li>The group started interacting with each other.</li> <li>It was fun and we should do it again.</li> </ul>	<ul> <li>All we did watch a video of a girl painting.</li> <li>There was no guidance besides the tutorial.</li> </ul>	We need new paint brushes and a wider variety of paints – just like the ones used in the tutorials.
Conflict Management	<ul> <li>The two truths and one lie game were good.</li> <li>I finally got to let out what was bothering me like my mom and sister.</li> <li>I am starting to handle conflict better</li> </ul>		<ul> <li>Try to simplify the session using examples that involve conflict. This is important for participants who are uneducated.</li> </ul>
Anger Management	<ul> <li>I learned new ways to identify anger</li> <li>I had a good laugh during the session's warm up activity</li> <li>I really liked the tips and techniques in the booklet</li> </ul>		
Positive Communication	<ul> <li>I realized that I can be aggressive, passive, passive aggressive, and assertive depending on the time and situation.</li> <li>Learning how to move from being aggressive to assertive</li> <li>I liked the way the facilitators used different scenarios to describe a topic or word.</li> <li>The facilitators were knowledgeable about different ways of communicating and providing examples.</li> </ul>	<ul> <li>I tried hard to think of answers to the questions but my mind went blank.</li> <li>I was not able to give my opinion. I don't really know how to communicate with others</li> <li>It made me realize that I am self absorbed, manipulative and egotistical and need to change.</li> <li>I did not like it when everybody was talking at once.</li> <li>There were too many interruptions during the class.</li> </ul>	<ul> <li>Have some examples of each way to communicate.</li> <li>Play a game identifying ways of communicating to give me an understanding of how to communicate with others.</li> <li>We need more depth into this topic.</li> </ul>

Topic Session	Positive Experience that Occurred During the Session	Negative Experience that Occurred During the Session	Recommendations to Improve the Session
Self Awareness	<ul> <li>I am very happy with what I have learned and can use it to teach my kids.</li> <li>Everyone was very positive allowing me to learn about myself.</li> <li>I liked the treasure box activity – very therapeutic.</li> <li>I learned how to feel better about myself.</li> </ul>	The class was too short.	I had difficulty writing notes. It would be better if I had notes to copy.
Opioids	<ul> <li>I learned about the side effects.</li> <li>I am glad that I overcame my opioid addiction</li> </ul>	Opioid addiction was one of the hardest addictions to beat. I will never go back.	<ul> <li>Do testing on site for Hep C, HIV and STI's.</li> <li>Make Naloxone kits available.</li> </ul>
Relapse – Recovery Story	Sharing someone's past addictions makes them human. It is easy to like someone when they tell the truth about themselves		
Lateral Violence	<ul> <li>It was interesting relating lateral violence to the workplace, families and community.</li> <li>I learned how to react and respond to lateral violence.</li> <li>I learned that if people have a problem with me that is their problem and I won't let them get to me.</li> <li>I am aware of lateral violence, what it is and where it comes from.</li> </ul>	<ul> <li>I realized that I used lateral violence to feel better or get ahead in life.</li> <li>This topic brought back a lot of old memories.</li> <li>It made me think of what we had to deal with as kids.</li> <li>Experiencing lateral violence brings down your spirit and morale.</li> </ul>	<ul> <li>More time for discussion would be helpful.</li> <li>The facilitator should check in to see how everybody is feeling since this topic may bring up bad feelings.</li> </ul>
Suboxone/ Methadone	<ul> <li>I learned about how the brain can repair itself and how the different replacements help different addictions.</li> <li>Awesome pictures!</li> </ul>		
Stages of Relapse	<ul> <li>I learned about healthy ways to cope.</li> <li>I learned what I needed to know and it is what I am going to do.</li> <li>I learned that I go through cycles without realizing it.</li> <li>I learned that I was in the early stages of relapse.</li> </ul>	<ul> <li>I thought about my past and I already know that is not what I want to be.</li> <li>I go through these stages and I will try to overcome it.</li> </ul>	

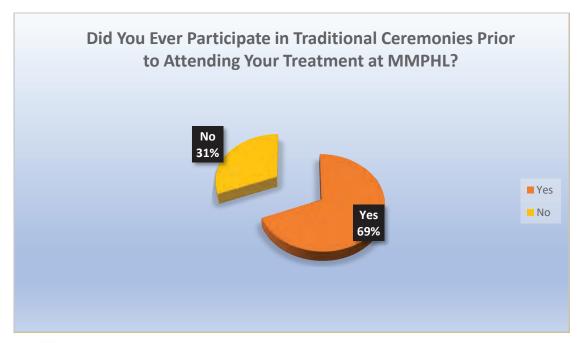
Topic Session	Positive Experience that Occurred During the Session	Negative Experience that Occurred During the Session	Recommendations to Improve the Session
Trauma	<ul> <li>I can control my inner critic and that I just need to pay more attention to the rest of the virtues and not over analyze things.</li> <li>Learning about the inner critic.</li> <li>Learning how the brain is affected by traumatic events.</li> <li>I liked how the brain was described and how it reacts to traumatic events.</li> <li>I learned how the brain goes into "fight, flight or freeze" mode.</li> <li>I learned about the importance of acknowledging emotions and to deal with the emotion on hand.</li> </ul>	<ul> <li>It was a heavy session and I felt bad about telling my peer that I had to be alone.</li> <li>I don't like talking about my personal issues in front of others, but I was conflicted because I felt I needed to do it and that and lead to an anxiety attack.</li> <li>I tend to shut myself down on certain topics and that causes me to stop talking.</li> <li>I had a trigger set off.</li> <li>I really dislike my inner critic and right now it has me feeling low and hopeless</li> <li>This topic made my chest feel very heavy. It put a lot on my mind and I am not sure when the right time is to talk about it.</li> </ul>	
Traditional Family Roles	<ul> <li>I enjoy listening to elders and their stories.</li> <li>I learned about clans.</li> <li>I learned that I have learned a lot from stories and that those stories have important lessons.</li> <li>I learned about tipi poles and tipi teachings and how the skirt is tied into the tipi and how it is put together by men and sometimes women.</li> <li>It is amazing that we have so many teachings about the tipi</li> <li>I kept thinking that my mom would have liked to know about this</li> </ul>	I had a hard time trying to focus today so I did not hear everything that was said and I feel like I missed something important.	We need more teachings on the role of men.
Personal Life Story	<ul> <li>It was a very inspirational story.</li> <li>The speaker was very open and honest.</li> <li>A lot of us can relate to his experiences so it gives us hope to know that we can do it.</li> </ul>	It makes me sad because I wish I had the support of my parents and siblings and that they were at my side.  It makes me sad because I wish makes in the support of the sup	
Sacred Fire Ceremony	<ul> <li>It was nice to sit by the fire today. I got to say some things that I needed to say.</li> <li>After sitting by the fire and writing my letter I feel at peace.</li> <li>I liked being able to sit outside</li> <li>I got to think a lot and realize that I was thinking clearer.</li> <li>I felt refreshed.</li> </ul>	<ul> <li>It was tiring for me.</li> <li>The session took a lot out of me.</li> <li>It was a cold day.</li> <li>It was hard for me to write things down when I hadn't even said most things out loud.</li> </ul>	Have dry wood.     There should always be two people at the fire. At times it was lonely.

Topic Session	Positive Experience that Occurred During the Session	Negative Experience that Occurred During the Session	Recommendations to Improve the Session
Seven Stages of Life	<ul> <li>The facilitators were knowledgeable and provided helpful stories.</li> <li>The facilitator explained her own personal stuff from the past and explained what everything meant.</li> <li>I learned a lot about my experiences growing up.</li> </ul>	<ul> <li>I realized that I my have contributed to my own addictions by not grieving and letting go of lost loved ones.</li> <li>Some of the discussion was off topic.</li> <li>The cops came and took away a friend.</li> </ul>	
Spirit Writing Ceremony	<ul> <li>I enjoyed the writing.</li> <li>I loved the meditation – it was the best thing for me in a long time.</li> <li>I got to write to my loved ones and how they have affected us</li> <li>It was extremely emotional and at the same time exciting to write and say good bye to my addiction.</li> <li>I got to write a letter that connected with my spirituality.</li> <li>I got to release a lot about my grandfather.</li> </ul>	<ul> <li>I don't really understand myself or why I feel or see certain things – hopefully I will figure it out.</li> <li>The session was overwhelming.</li> <li>I was not able to express myself.</li> <li>I was able to think about the medical crisis that I experienced.</li> </ul>	I would like to do more meditation. I need a counselling on what I am grieving about because January 25th was 3 years for my dad and it is really bothering me.

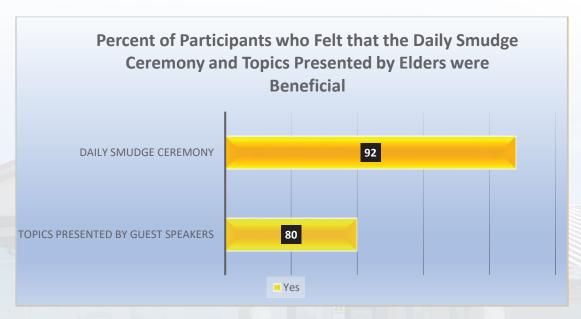
# **Cultural Component**

This section presents an analysis of client responses to the Cultural Component Survey.

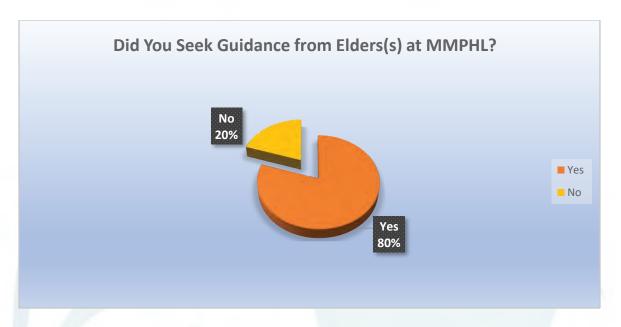
Thirty-one (31) percent of the participants had never participated in traditional ceremonies.



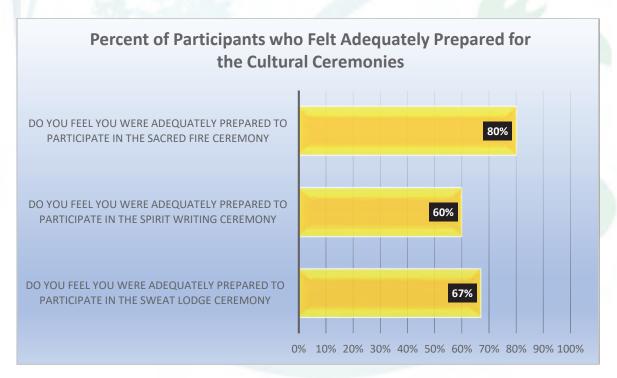
The survey asked participants if the Daily Smudge Ceremony and the Topics Presented by Elders were beneficial in their healing journey.



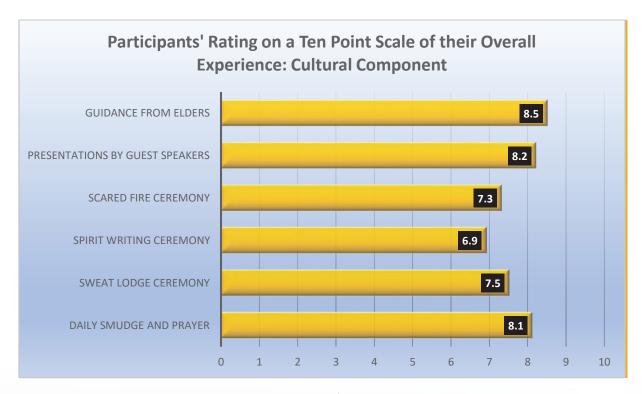
The survey also sought feedback from participants on the opportunities that they had to seek guidance from Elders. Eighty (80) percent of the participants sought out that guidance.



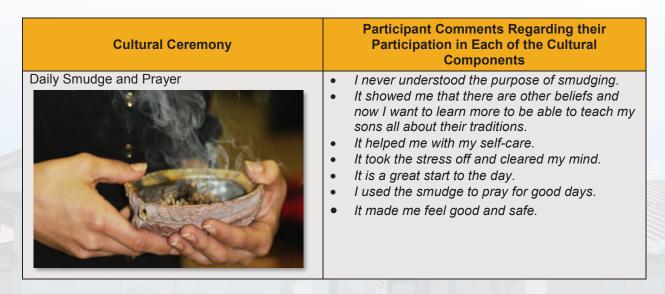
Participants were carefully prepared to participate in the cultural ceremonies. The following chart indicates the degree to which the participants felt prepared. The chart indicates the percent of participants who answered "yes" to the question: "Do you feel you were properly prepared to participate in the ceremonies."



The chart illustrated below shows how the participants ranked their overall experience with each of the cultural events and activities. The participants have indicated that they were very satisfied with their overall experience.



The comments that the participants made about each of the cultural components appears in the Chart below.



#### Sweat Lodge



- I did not know what to expect so I did not participate.
- I love ceremony and it is always good for me.
- I have been ready to participate mentally and physically all my life.
- I could not participate due to giving birth to my
- I was well prepared by the staff but even then, I was not sure about going in.
- I don't think I am ready to go in.

Spirit Writing



- Sadly, on this specific day I experienced a medical event and so the spirit writing was amazing. I loved it and feel that I have to do it all again.
- I didn't share as much as I should have.
- I wish I had more time to prepare my letter. I didn't know what to expect and that caused me to waste some time.
- This was my favorite part of the program as the program and meditation was amazingly helpful.

Sacred Fire



- It was a good experience.
- I was lucky that I dressed warm.

#### **Guest Speakers**



- I benefitted when he was talking about alcohol.
- Listening to other addicted people helped me be less scared about my own journey.
- One story really helped me. I could relate to how she felt and what she was going through.
- Hearing stories about how they made it past things shows that we can overcome those things.
- I gained a better understanding of addiction.

Guidance from Elders



- Every time I have spoken to an elder it has helped me and I am now receiving counselling and it has been good for me.
- Every time I speak to an elder, I leave feeling well and have weight lifted.
- I spoke to someone about my experience and what I was going through and it really helped so I am thankful for that.
- The elder gave me some ideas that may help.
- I got to talk about my relationship with my mom and sisters.
- The elder listened to me as I vented.

At the conclusion of the cultural component, participants were asked if the experience had any effect on their spirituality and cultural identity. Cultural identity is the sense of belonging to a particular culture or group such as Ojibway, Cree, Ojicree, Datota, Inuit etc.

Some of their comments follow:

- I have learned so many good things.
- Everything I learned I will be able to teach my sons.
- Healing is my path to fulfillment.
- I am bear clan and white head blue thunderbird man medicine is my gift.
- As much as I can I will try to learn more and more everyday.
- I will continue with the ceremony, counselling and teaching my boys.

# Participants Perception of Safety and Facility Maintenance during the Day Program

In order to ensure that participants are safe, secure and comfortable during the four-week Day Program MMPHL carefully monitored its performance. The Treatment Centre received face to face feedback

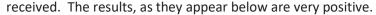


from participants and conducted client surveys after each program. The safety issues addressed in the survey are related to the physical boundaries, maintenance and cleanliness of the facility, vehicle operation, counselling and injuries sustained during the program. Below are the results of the safety survey. The Yes Column records the percent of participants who answered "Yes" to the question and the No Column records the percent of participants who answered "No."

Participant Safety Survey Questions	Percent of "Yes" Answers	Percent of "No" Answers
Were you made aware of the physical boundaries of the MMPHL Day Program?	87.5	12.5
Would you say that the MMPHL Day Program area was kept adequately cleaned and maintained?	87.5	12.5
Did you sustain any injuries while utilizing the MMPHL Day Program?	12.5	87.5
4. Did you feel that the ceremony building was kept adequately cleaned?	100	
5. Were you orientated on the procedures for group outings?	80	20
6. Did you feel safe with the operating of vehicles by MMPHL staff?	100	
7. Were you informed that the vehicle is equipped with a first aid kit and fire extinguisher?	62.5	37.5
8. Did you feel that the counseling and session rooms provided safety and privacy?	100	
Do you have any recommendations regarding the safety being provided by MMPHL Day Program?		100

# **Food Services Evaluation**

The table below provides a list of the questions that were asked in the survey and the responses





There were four participants who requested a special food item during their treatments. Two of them (50%) were satisfied with the response and two of them were dissatisfied.

The participants were asked to rate the overall experience with the food service with 1 being dissatisfied and 10 being satisfied. The average rating was 6.6 out of 10.

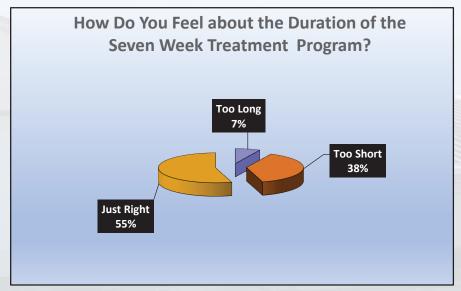
Question from the Client Food Survey	Percentage of "Yes" Responses	Percentage of "No" Responses
Was the Introduction to food and food services helpful?	73	27
Was there enough variety on the weekly menus?	90	10
Did you experience new food items during your stay?	54	46
Did you experience any allergy issues that were previously undeclared?	10	90
Were you made aware of the nutritional value of the menu items?	40	60

# **Final Evaluation**

From October 2019 to March 2020 the MMPHL conducted two Day Programs that were a follow up to the four Pilot Outpatient Programs that were conducted from November 2018 to June 2019. The programs involved an expansion to its mandate of providing a residential family treatment program for

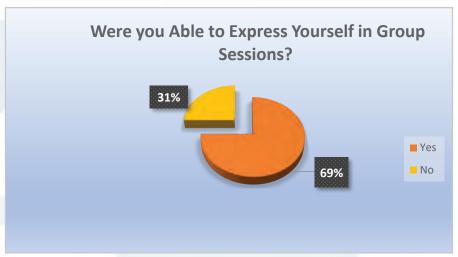
participants referred to it by the national NNADP network. The objective of the Day Program was to try to meet community needs by providing an outpatient/day treatment program to Sagkeeng community members and members form the surrounding communities.

When asked about the duration of the program most participants (55%) felt that it



was just right. Some felt that it was too short (38%) and a small minority (7%) felt that it was too long.

As part of a final evaluation of the Day Program participants were asked about their comfort level while participating in topic sessions and group discussions. The accompanying chart indicates that the atmosphere and culture that the MMPHL was able to create for participants was excellent. Participants felt



safe and comfortable and 69% of them were able to express themselves freely in group sessions.

Participants that struggled to express themselves in group sessions said the following about the problems that they were experiencing.

- I can't express my feeling openly around strangers
- No, because I am too loud.

Participants were asked about how physical activity was integrated into the program. Only 36% of the participants felt that physical activity was valued and encouraged in the program. When they were asked about the activities that they participated some said "all of them" and "as many as it could." The activities that were specifically mentioned included the following:

- Sharing opinions
- Bingo games
- Sacred fire
- Sweat lodge
- Daily walk
- Art
- Fire keeping

The majority of the participants wanted to see more physical activity integrated into the program and suggested that the following activities be included in order to create variety and interest.

- Walk and talk
- Nature walks
- More meditation
- Yoga

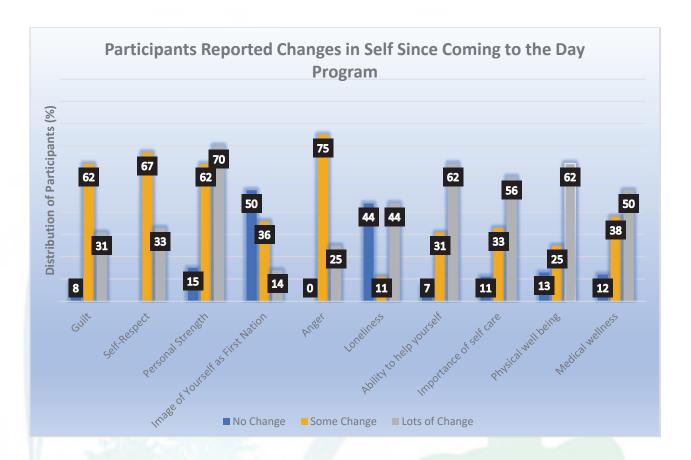
Participants were also asked about the use of traditional language during the program. The results show that, although a vast majority of the participants did not speak a traditional language, most felt that traditional languages were encouraged and frequently used during the program. Participants mentioned that they heard traditional languages being spoken during the programs, while at the sweat

lodge, during prayer, at the ceremony building, at the smudge room and that they often heard elders and counsellors using the language.

Use of Traditional Language	Percent of Participants Answering "Yes"	Percent of Participants Answering "No"
Do you speak a traditional language?	15	85
Do you feel that the use of traditional language is encouraged in the program?	80	20
Have you heard staff members and helpers use traditional languages during the program?	100	

In order to find out about the impact of the overall Day Program participants were asked to indicate whether they had noticed any changes in the way they dealt with guilt, loneliness, and anger; in the way they thought about and treated themselves and, in their ability, to help themselves. They were also asked whether they had experienced any change in understanding the importance of self-care, physical well-being and medical wellness. This data is summarized in the chart below.

- Ninety-two (92) percent of the participants experienced "Some" or "A Lot Of" personal change
  in the way they dealt with guilt. All participants reported that they noticed "Some" or "A Lot Of:
  positive change in their self-respect and in the way they dealt with "Anger". Fifty-five (55)
  percent of participants felt that they had changed in the way they dealt with "Loneliness".
  Eighty-five (85) percent of participants experienced change in the way they "Viewed their
  Personal Strength".
- Fifty (50) percent of participants noticed changes in their "Image of Themselves as a First Nation, Inuit, or Metis Person".
- An impressive statistic is that 93% of the respondents felt that they improved their "Ability to Help Themselves".
- More than 88% of participants felt that they had "Experienced Change in their Physical Well-Being" and in the "Importance of Self-care and Medical Wellness".



The following chart summarizes the comments that the participants made when they were asked what they liked best about the program.

What the Participants Liked BEST about the Program	
It helped me stay	sober by giving me a reason to attend the class which was educational.
I was able to grow	with the program.
Talking about my	sobriety and maintaining it.
Feeling safe and t	welcomed.
I love the people,	the support that I got and the program in general. I loved everything.
I loved my peers a	and the staff.
I am thankful for ti	he program; it will continue to be helpful in the long run.
The food and frier	ndly staff who were understanding and supported each other.
I highly recommer	nd this program; it is helping me.
	er is very well respected and people listen to him and he is just an amazing mai ry caring, big hearted and very good to talk to.

#### What the Participants Liked LEAST about the Program

I felt intimidated by some of the participants because some still talked about using drugs.

I heard others talking about using drugs and swearing and yelling at people.

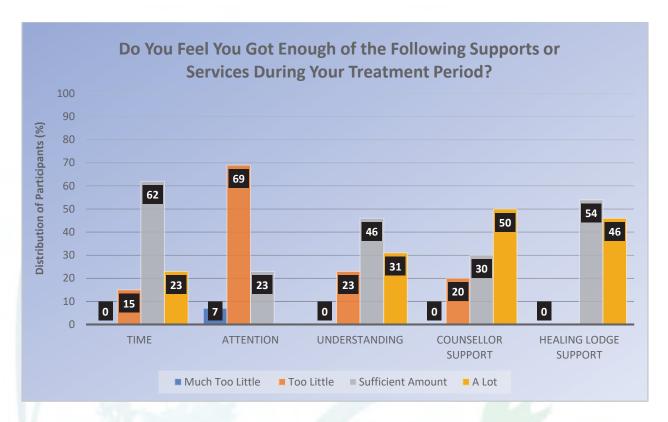
I didn't like that some participants were very loud and they were not told to quiet down.

Participants showing up under the influence or on something that they were not prescribed.

I had trouble speaking in front of others.

The following chart summarizes the responses to questions about client's satisfaction levels with the Counsellors and the Healing Lodge.

- In terms of time spent with the counsellors, eighty-five percent (85%) of the participants felt that they had been given sufficient or a lot of time to heal.
- When asked about the attention that they received twenty-three (23) percent responded that they had received "Sufficient" or a "Lot of Attention." This is a concern since seventy-six (76) percent of participants said that they received "Much too Little" or "Too Little" attention
- The participants were asked about how much understanding they felt they received and twenty-three percent (23%) felt they receive "Too Little" and seventy-seven percent (77%) agreed that they received Sufficient or "A Lot" of understanding.
- In terms of support that the participants received from the counsellors and the Centre 20% of the participants felt that they received "Much Too Little" or "Too Little" support and 80% felt that they received "Sufficient" or "A Lot" of support
- When asked how much support they received from the Healing Lodge 100% stated that they received "Sufficient" or "A Lot of Support".



Participants were asked about their satisfaction of the Day Program staff promoting AA or self-help groups. They reported that they were satisfied with the performance of the staff in this area giving them a 7.9 score on a 10-point scale with 1 being dissatisfied and 10 being satisfied.

Participants were asked if their expectations were met by the MMPHL. The Healing Lodge received an 8.6 score on a 10-point rating scale in terms of meeting client expectations. This is an accomplishment by the Centre and its staff.

Overall Expectations of the Healing Lodge	Rating on a 10 Point Scale
On a scale of 1-10 were your expectations met by the Mikaaming Mino Pimatiziwin Healing Lodge?	8.6

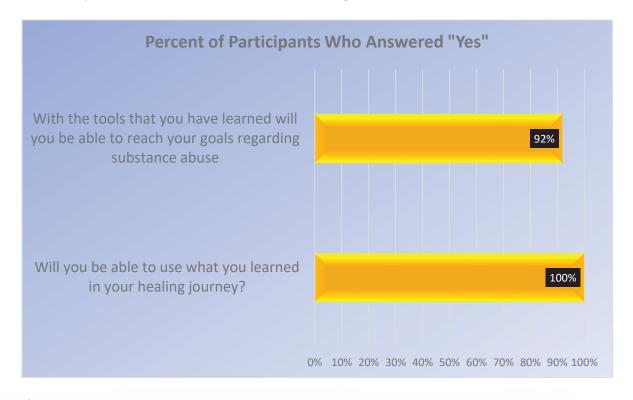
Of those who claimed that not all of their expectations were met, they provided the following recommendations to improve the program in the future.

"I think people should be given drug tests because what is the point of coming here high or when you are not trying to be sober.

More emphasis should be spent on Parenting, Domestic Violence and Over the Counter Drug Abuse.

The accompanying chart indicates that the participants were very confident that the program had given them the tools that they need in order to be able to reach their goals regarding substance abuse. One hundred (100) percent of the participants thought that they will be able to use what they learned in their healing journey. This is a real testament to the effectiveness of the program and makes a very

strong case for the MMPHL to expand its mandate to include a Day Program targeted at Sagkeeng community members and members of the surrounding communities.



# Summary

The results from the data that the MMPHL has collected regarding the Day Program through the time period October 2019 to March 2020 have demonstrated that the Healing Lodge has been vigorous in honoring its Mission and Vision statements.

The Mission of the Mikaaming Mino Pimatiziwin Healing Lodge is as follows:

The Healing Lodge is a nationally accredited facility that honours the strengths and gifts of the First Nations and Inuit families we serve by providing a culturally focused program in a safe environment that supports healing for people who use substances.

The Vision of the Healing Lodge is:

The Healing Lodge strives for excellence in the support of hope and healing.

The data results demonstrate that the Healing Lodge has strived for excellence in developing new programs and expanding its mandate to meet community needs while promoting an addictions free lifestyle.

Throughout the delivery of the Day Program it evolved, changed and improved as the management team and staff discovered what worked, what could be improved and what needed to change. The end result is that the MMPHL has been able to deliver an effective program that is accessible to those from the region in need of help to recover from their substance use disorders.

The feedback from the participants regarding the topic and discussion sessions which are a major part of the Day Program was excellent. When the participants were asked to rate the facilitator's knowledge and ability to present the topic session the average score was 8.8 and when they were asked to rate their overall experience attending the session the average score was 8.7. Both ratings were on a 10-point scale with 1 being dissatisfied and 10 being satisfied.

The results from the Cultural Component Survey show that the participants felt well prepared to participate in the cultural events and ceremonies and that they felt safe while they were involved.

- Ninety-two (92) percent of participants experienced personal change in the way they dealt with guilt.
- All participants reported that they noticed positive change in their self-respect and in the way they dealt with anger.
- Fifty-five (55) percent of participants felt that they had changed in the way they dealt with loneliness.
- Eighty-five (85) percent of participants experienced change in the way they viewed their personal strength.
- More than 88% of participants felt that they had experienced change in their physical well-being and in the importance of self-care and medical wellness.
- An impressive statistic is that 93% of the respondents felt that they improved their ability to help themselves.

The results of the Client Safety survey show that the participants felt that the facilities and ceremony building were adequately cleaned and maintained.

Participants felt safe with the way vehicles were operated by MMPHL staff and the vehicle was well equipped with the necessary safety equipment. Participants reported that they were well briefed about the physical boundaries of the Day Program and about the procedures that would be followed for group outings. They also felt safe in the counseling sessions and reported that the counseling room was safe and private.

Participants stated that they enjoyed their stay at the Healing Lodge primarily because they felt safe and welcome, enjoyed the opportunity to talk about maintaining their sobriety, found that the program was educational and was conducted in a way that allowed them to stay sober and grow as a person. They had praise for the staff members who were understanding and offered a lot of support.

When the participants were asked about what they liked least about the Centre they complained that some participants swore and yelled at people and some talked about using drugs. As well, some participants showed up under the influence. Others complained that the program was too short.

Participants complimented the staff on the time, attention, understanding and support that they received. One hundred (100) percent of the participants felt that they had received "a lot" of support from the Healing Lodge.

Participants rated the program as an 8.6 on a 10-point scale when asked if their expectations were met. Finally, 100 percent of participants felt that the tools they learned will help them on their healing journey. Ninety-two (92) percent said that the tools they learned will help them meet their goals regarding substance abuse.



# Appendix I

## **Resumes of Day Program Staff**

#### **Tracey Mager, Program Coordinator**

Tracey is a registered Occupational Therapist (Bachelor of Medical Rehabilitation—OT, 1997) and has her Masters in Public Health (2013). She has worked in the area of mental health and substance use in acute, outpatient and community-based programs. She also has worked as a liaison in primary care (Primary Care Connector) in the Interlake-Eastern Regional Health Authority and lead projects within Northern First Nations communities with the University of Manitoba.

#### Sam Bruyere, Counsellor

Sam is a Mental Health Counsellor, a certified Life Coach and has completed a Motivational Interviewing training course. He has worked as a Support Worker and Youth Care Worker in Winnipeg. He is a Pipe Carrier and has knowledge of the Ojibwe language and gifted in the Ojibwe and Dakota Traditions and Protocol.

#### **Crystal Laforte, Counsellor**

Crystal has completed Level 1 CFS entry level Protection and Family Enhancement in Interdisciplinary Studies Certificate, Level 1 Life Skills Coach, Focusing Oriented Therapy & Complex Trauma Certificate and Mental Health & Addictions courses through the Addictions Foundation of Manitoba. She has also completed 2.5 years towards the Bachelor of Social Work Degree and several courses towards the Aboriginal Community Wellness Diploma. She helped with the development of the Day Program using her experience working as a Family Counsellor at the MMPHL Residential Program and the Out-Patient Pilot Program.

#### Erin Bruyere, Support Worker

Erin is a graduate of Robertson College Community Support Worker program. She has worked as a Respite and Support Worker at community agencies as well as with the Mikaaming Mino Pimatiziwin Healing Lodge Residential Program for the last three years. She has training and work experience in administration, reception and Life Skills. She acted as a Group Leader for the Day Program and provided support to participants during activity sessions and leisure time during which she encouraged the development of life skills.

#### Sandra Swampy, Support Worker

Sandra has worked as a casual Family Coach/Support Worker with Mikaaming Mino Pimatiziwin Healing Lodge Residential Program for 20 years. She previously worked as an Education Counsellor and Teacher Assistant in Sagkeeng. She has taken education courses at Red River College and Brandon University. She has a Class 4 Driving Licence and provided transportation and administrative services to the participants in the Day Program.

#### Vernon Paul, Cultural Helper

Vernon is a Bundle Carrier and a Sweat Lodge Holder. He speaks Ojibwe and has several years experience teaching the language. He has worked in social services and as a translator with the Interlake-Eastern Health Authority. As a key member of the day program team, he facilitated the cultural components of the program including daily prayer and smudges, teachings, facilitating and assisting in sweat lodges and ceremonies as well as incorporating language into the program.

#### Diane Morrisseau, Elder, Knowledge Keeper and Counsellor

Diane has experience in both community and hospital-based settings. She is known for her gentle, understanding yet firm approach. As a Counsellor/Elder with day program she met with participants individually to deal with complex or grief-related issues.









Mikaaming Mino Pimatiziwin Healing Lodge