



LAND-BASED HEALING PROGRAM

Cree Nation of Chisasibi

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PREAMBLE

This document identifies the minimum program requirements for Land-Based Healing Model (LBHM) programs as well as guidelines to facilitate implementation and ongoing operation of these programs on a regional basis in Eeyou Istchee. The Land-Based Healing Model presented here has been developed in consultation with community members and elders from Chisasibi and reflects a culturally appropriate community based approach to health and social service delivery as envisioned in Section 14 of the JBNQA as well as in the CBHSSJB strategic plans (2004 and 2012).

First and foremost the LBHM reflects the Cree way of life and knowledge as expressed by the elders consulted, who stress that the land and cultural traditions have healing power that can enable individuals in distress deal with pain and self-hurt. Moreover, Land-based programs strengthen and facilitate intergenerational knowledge mobilization which contributes to positive identity formation, strengthen self-esteem, and instills pride in the Cree cultural heritage. By linking culture, families and the community, Cree approaches to health and social service provision such as the Land-Based Healing Model, provide complementary and holistic models of health and wellbeing.

The information contained in this document reflects the knowledge and evidence at the time of its release. The standards and guidelines will therefore need to evolve and adapt to ensure that particular needs and expectations of clients are met, as well as acknowledge the cultural and contextual circumstance of individual communities throughout Eeyou Istchee (inland and coastal). Opportunities for knowledge exchange and consultation will be key in ensuring that clients receive services that result in the best possible outcomes.

INTRODUCTION

The Cree Nation of Chisasibi has been working towards implementing Eeyou healing and knowledge in the delivery and management of health and social services as a local initiative in response to the 5 Year Implementation Plan of the Cree Board of Health and Social Services James Bay. For the past 3 years the community has initiated various local activities towards this goal including Eeyou Healing counselling services, an Indigenous Knowledge Transfer project, and four (4) community-wide symposiums on health and social services among others.

The Chisasibi Miyupimaatisiun Committee, established in 2009 pursuant to BY-LAW NO. 2009-001, has been the main supporter and program developer for the above mentioned initiatives. Its mandate is to review “all matters referred to the Committee by the Council relating to community health and social issues. The primary function of the Committee is to assist the Council in implementing effective policies and strategies to promote the health and social welfare of the residents of Chisasibi.”

Since 2009, the Committee has focused on mobilizing community participation in defining a **local vision and principles for integrated health and social services and to increase the appropriation of service delivery by community members in a way that directly responds to local needs and long-term vision of care and well-being**. This orientation has led to two community-wide symposiums that aimed to create a space for dialog between community members and local services providers to:

- determine community needs and priorities in terms of health and wellness,
- suggest how the gap in service provision can be bridged, and
- establish guidelines for the development of a long-term vision for a local wellness plan.

Two Roundtables on Eeyou healing were held in the winter of 2012. The community response has been very positive and the assessment of Eeyou counselling services provided up to now has shown that

community members deem Cree healing methods as a complementary dimension to an integrated model of wellbeing and living a good life. The Committee was mandated by the participants to expand Eeyou healing programming in Chisasibi and establish a structured process for implementing Eeyou healing in service provision in the community in order to diversify services to respond to a variety of needs.

The Committee's close collaboration with the newly established Nishiiyuu Miyupimaatisiuun Department has led to the development of the present Land-Based Healing Program as a community-based approach to service delivery.

MISSION

The Land Based Healing Model for Nishiiyuu is a healing and wellness program implemented and delivered on the hunting territory of each Cree community. The Chisasibi mission is to strengthen the ability of participants to lead a healthy, fulfilling and resilient life. Elders stress that the **land and cultural traditions have healing power** that can enable individuals in distress deal with pain and self-hurt. Ultimately we aim to improve the mental health of individuals so that they can effectively participate in the life of their family and community and make positive contributions to the collective development of their Nation.

Programming will address issues related to substance abuse, trauma (physical and sexual abuse, unresolved grief), and the many intergenerational social suffering symptoms associated with residential school. Eeyou methods and teachings form the core principles of the program and promote personal, family and community wellness form **a perspective rooted in the Cree way of life.** Moreover, the scope of treatment includes prevention, intervention and postvention /aftercare to ensure an effective continuum of care for clients. Therefore, as part of a board community-based approach to service delivery, the LBHM uses an **intersectorial and intercommunity approach to service provision that shares resources and knowledge to maximize local capacity building and promote leadership.**

CHARACTERISTICS OF THE PROGRAM

The characteristics detailed in this section can serve as a standard, nevertheless each community should adapt it according to local cultural and historical contexts as well as availability of resources.

1. Connection to the land and culture

- The model recognizes the healing power of nature and the 'return to the land' as a way of connecting individuals to Cree culture and language; promote intergenerational knowledge transfer; and offer a safe space in which individuals can share personal experiences and detoxify (when necessary).
- As knowledge holders, Elders are the core component of this program and are involved at every step of the program (prevention, intervention and postvention). Overall they deliver and guide this culturally-appropriate model of healing by teaching Cree bush skills and values embedded in them.
- Traditional counsellors/Healers use Cree beliefs and medicines to promote spiritual, physical and emotional wellbeing. They sometimes use a combination of western and Aboriginal therapeutic approaches that best suits the individual's circumstance, including: knowledge of cultural spiritual practices; knowledge and use of plants and medicines; ceremonial activity and prayer; sharing circles; energy work, etc.

2. Harm reduction

- There is a growing understanding that substance use and abuse is a behavioral and habitual dependency developed as a coping mechanism to traumatic experiences.
- The LBHM recognizes that substance abuse is never an isolated physical addiction or disease, thus the program aims to address the trauma that underlies an individual's particular behavior.
- As such the model focuses on treatment that promotes personal responsibility and rational behavior. Harm reduction is thus understood as helping clients move from self-harm to a level of functioning that promotes holistic wellness, which may or may not include total abstinence.

3. Goals for treatment

- In keeping in line with the harm reduction objective, the program only requires that each client agrees to reachable treatment goals such as: moderating, decreasing or abstaining from alcohol and drugs; improve relationships with family and/or friends; secure or maintain a current employment; complete the land-based program; attend at least a monthly support meeting. Each participant is encouraged to define his/her treatment goals as is relevant to his/her circumstance

4. Access

- The program is available to all community members irrespective of age, gender, sexual orientation, religious affiliation or spiritual practice. Nevertheless, groups can be managed according to a unifying characteristic such as age or gender to ensure effectiveness of treatment and create a comfortable atmosphere for everyone.
- The program accepts and processes referrals from everyone (self, family, professional, friends, etc.). Nevertheless, once accepted into the program clients are asked to undertake a formalized and structured care program that may include specialized services available in the community (to be stipulated in the aftercare treatment plan).
- In addition the LBHM is cooperating with community agencies to support prevention strategies that aim to build local capacity and opportunities for designing and developing relevant programs such as peer leadership, wellness intervention training, monthly support groups and others. The focus on prevention includes reducing risk factors as well as strengthening protector factors in the lives of individuals and at the community level.

5. Case management

- The program has designed a systematic and coordinated case management which is undertaken by the program coordinator. In the case of an agency referral the Program coordinator calls a case conferencing with all care providers that service the client. For self-referrals the Program coordinator undertakes the intake interview and depending on the needs and circumstances may call a case conferencing with other relevant agencies. Details for Intake/Outtake procedures are detailed in the relevant section below. All clients are required to sign consent forms to ensure safety and effective treatment.
- Detailed partnership agreements between entities within the Cree territory for referral/intake process, for intervention, and aftercare are signed to secure continuum of care and the best possible outcome for the client.

6. Mitigation of risk

- Program coordinator and Elder(s) ensure a structured supervision of staff and clients on a regular basis. While on the land staff meetings will take place at least once a week and group and individual meetings with clients will take place at least twice a week to ensure safety and that program guidelines are followed.
- To ensure the safety of clients a pre-admission medical exam is required before the client departs in the bush. Without this exam the client will not be allowed to depart.
- Part of the partnership agreements includes safety issues where arrangements for medevac evacuation (built-in system at LG4 or LG1) and mitigating symptomologies (post-acute, withdrawal) are agreed upon before departure in the bush. Agreement with search and rescue/first responders to be made. When relevant arrangements for nursing care on site will be made.

7. Continuous service planning

- All Program interventions are contextualized to the individual's life in the community. We recognize that even though the program is short, once the individual commits to healing they will strive to affect change in their life, while the community life may still be unchanged. Thus interventions maximize the client's resilience though building capacity to lead a healthy life for the long-term.
- The Program recognizes that the long-term health and wellness of clients and community members at large rests on the availability of an array of services and programs in the community (prevention and postvention). The need to accompany the client on his/her healing journey is essential and therefore a continuum of care is needed at the community level.
- Significant efforts are placed on aftercare through the development of a postvention treatment plan for each client. As described in the aftercare section, exit interviews will be conducted in the last days of the program. Upon arrival in the community the clients take part in a case conferencing meeting where they will design the aftercare plan in consultation with LBHM staff (elder, program coordinator, etc.) and other relevant service providers from the community.
- Document and make available a compendium of services for clients and their family as well as other self-care and self-directed materials and strategies.
- Make available monthly support groups with either Program coordinator or elder(s) and assign a primary and secondary contact person that the client can access when needed.
- Upon returning home, a homecoming ceremony with the family is held to commemorate the participant's accomplishments and celebrate the beginning of their healing journey.
- The program offers a refresher trip after 6 months to celebrate, solidify and rejuvenate a participant's healing journey.

8. Quality assurance

- Since the program is still new, a modification and feedback mechanism is built in both to allow adaptation and modification while in the bush as well as long-term monitoring, including weekly staff meetings and client assessment meetings.

- Within the program a feedback mechanism takes place, either through verbal or written feedback, eg. A feedback form is given to the clients to fill out during the last day of the program.
- Intake forms are designed to collect baseline data on all participants for the purpose of devising a social determinant of health profile for the clientele.
- Program evaluation report will be published yearly on implementation and operating indicators, as well as client outcomes, and client and family satisfaction assessments.

ADMISSION CRITERIA

- be emotionally, mentally and physically able to participate in intense counselling situations and challenging land-based activities;
- not have consumed illegal drugs or alcohol for a period of at least 3 days prior to admission;
- be aware that any clients arriving intoxicated or with alcohol, psycho active/mood altering drugs, painkillers, sleeping pills, or tranquilizers may not be accepted into the program unless their use is pre-approved by consulting physician;
- express the motivation and desire to change his or her present life-style, behavior, thinking or relationships
- All participants must be willing to abide by camp Code of Conduct while on the premises or when out for scheduled program outings.
- No cell phones, iPods, or other gadgets are allowed

CODE OF CONDUCT

The Code is established to promote an atmosphere of spiritual, emotional, mental and physical safety, as well regulate its process and preserve the integrity of the program. The following guidelines are central to our Code of Conduct:

1. All persons are expected to exhibit respect for others in their behaviour, manner and speech. Accordingly, emotional abuse (i.e. insults, hurtful criticism, or verbal intimidation), physical violence or intimidation will not be tolerated at any time.
2. All persons are expected to exhibit respectful relations with all of creation while at the lodge. Accordingly, persons must not hurt or damage plant or animal life or otherwise do anything destructive to the land or property.
3. Collective personal healing and growth is a central approach to land-based program, therefore all participants are encouraged to build trustful relationships with each other and help in any way that they find appropriate their fellow participants.
4. All persons are expected to exhibit respect for all races of humankind and their original teachings in behaviour, manner and speech. Furthermore, we are expected to exhibit respect and non-interference with the beliefs and spiritual paths of others.

5. All persons are expected to exhibit respect for the property of the Lodge and the personal belongings of others. The personal belongings of others are not to be used or interfered with without the permission of the owners.
6. All participants are responsible for all their personal belongings and effects. Program staff accepts no liability or responsibility for the personal belongings and effects of participants or visitors.
7. The camp is a drug and alcohol free area. Accordingly, no alcohol or non-prescription drugs are to be brought onto the property at any time.

FAILURE TO ADHERE TO THE ABOVE STATED CODE OF CONDUCT MAY RESULT IN THE IMMEDIATE REMOVAL OF PARTICIPANTS FROM THE PROGRAM AND A DETERMINED TIME DURING WHICH THE PARTICIPANTS HAVING BREACHED THE CODE WILL BE BARRED FROM PARTICIPATING IN THE LAND-BASED PROGRAM. A DEFINITE APPLICATION OF COSEQUENCE WILL BE DECIDED BY THE ELDER AND THE PROGRAM COORDINATOR.

LIST OF CLOTHING AND PERSONAL NEEDS ITEMS

Appropriate for the season

| | |
|--|---|
| Axe | Boots |
| Bedding [blankets, pillow, sheets, mattress, underlining (bearskin, caribou hide, carpet)] | Rain gear |
| Pots (teapot) | Warm jacket |
| Backpack | Snowshoes |
| Nightline (cotton string) | Flashlight |
| Hunting gear: knife, firearm (unless prohibited by court), matches, etc. | Teepee Canvas (enough for shelter – 2 to 3 pieces) |
| | Things that you like – musical instrument, paints, photo camera, etc. |

CAMP SUPPLIES

- A van
- 2 drums gas (205L)
- 100 Lbs propane (or 4X50Lbs propane tanks)

TEAM COMPOSITION & RESPONSIBILITIES

Elder - Design treatment plan/individual wellness plan in collaboration with healer; holistic counselling and express their traditional knowledge; teach the spiritual and the sacred aspect of hunting fishing, trapping and gathering; give spiritual guidance; how we are governed by the rule of the land- Natural law, Nature law and Spiritual laws

Program coordinator - Oversees the organization of the program in consultation with elder/healer; identify & retain employees; identify & retain equipment and supplies; assume transportation and other logistical needs; plan daily activities

Office manager - Data entry and processing program registrations; orientation support (produce necessary materials & take appointments); bookkeeping and administrative assistance

Healer / Counselor – Conduct individual entry interviews; help the participant’s personal growth; show the importance of boundaries; help participants to overcome pain, anger, grief of the past; do the intervention; engage, encourage and support the participants in the healing process.

Camp helpers – provide daily camp services such as cooking, cleaning, provision and other assistance as requested by the team

INTAKE PROCEDURE

An intake consists of a face to face interview and the completion of the intake questionnaires. Applicants will first be asked to read and sign a Consent to Intake/Treatment form to ensure they are aware of their rights and responsibilities to seeking help with the land-based program.

Please make sure that the following items have been filled at the intake stage:

- Intake Consent form
- Personal information sheet (demographic stats)
- Participant history (substance abuse/violence/etc)
- Pre-admission medical evaluation – this evaluation needs to be finalized prior to leaving for the bush. Failure to do so will lead to non-acceptance into the program. At intake please make sure an appointment has been made with the doctor.
- Consent for release of information

The first step in the intake procedure involves a **mandatory** face-to-face assessment interview with the client which is to be conducted by the Referral agent. In case of self-referral, the Land-Based Program Coordinator or Counsellor will conduct the assessment. This initial assessment will decide acceptance into the program and all necessary forms are to be signed.

Following the intake assessment the report will be taken to a case conference with our treatment team (Elder, Counsellor and other case coordinator such as Justice, Social Services, Mental Health, etc.) for discussion to gain better insight as to the clients' problems and needs so that appropriate intervention can be designed. The case conferencing is designed to coordinate efforts to avoid duplication of services among treatment resources. At this point, the team will consider the applicants issues and healing goals and then determine what service options can be offered (prevention, referral). At this stage a participant wellness plan will be designed.

Once the wellness plan is finalized a final face-to-face meeting will the client will take place to discuss the wellness plan and make any adjustments, if necessary, according to the participant's comments. The wellness plan should detail the nature of treatment, the participant's specific responsibilities (if different from Program requirements), and the nature of his/her involvement into the Program. The participant will be given the opportunity to accept or decline services offered. At this stage the participant will sign the treatment consent form.

PRE-DEPARTURE ORIENTATION

Three days before departure participants will attend a 1 day orientation session in which the Elder / healer and/or Program Coordinator explain the following:

- The goal and procedure of the program
- Camp rules and personal items to bring
- Daily activity schedule and the
- Consent forms and agreement regarding program ethics
 - Consent for Healing
 - Permission to use photographs/video/audio
- Safety rules within the framework of activities schedule (including contingency plan)

Participants fill in necessary forms and clarify issues and concerns.

OUTTAKE PROCEDURE

Prior to return in the community, the Program Coordinator will assist the participants in completing the Program Feedback Form, which will assist with quality assurance such as relevant program adaptation and modifications as well as measured client outcomes.

Exit interviews will be conducted with each participant upon completion of the program. An aftercare plan will be developed in consultation with the participant and/or other case managers (eg. Justice officer, psychologist, etc); see Aftercare below.

AFTERCARE

Due to the perceived vulnerability of many clients the aftercare treatment will be developed immediately upon arrival in the community. Preferably, three days after arrival, a case conferencing with individual participants is undertaken to determine an aftercare plan to provide continuum of care for the client while in the community. This step is very important as often clients/participants are not followed up by the service providers. Having an aftercare plan is paramount and pivotal to the individual healing and recovering process, which, from the perspective of the elders, is a life-long process. Regular follow-up meetings with the client (by Elder, Program Coordinator, or Referral agency representative/Social worker) will be undertaken to offer support for healing as well as assessing client outcomes.

An aftercare resource book with journal should also be developed to facilitate client continuous engagement with healing methods and resources.

Partnerships with the Band, School, CMCs, Justice Committee, and other local entities will be finalized in order to formalize service provision and increase diversity of services. This process is highly intersectorial and interdisciplinary in order to offer effective client aftercare and continuum of services to ensure the best

possible outcomes for the clients. Ultimately we aim to strengthen individuals' wellness from a holistic perspective: healthy mind, healthy body and healthy spirit.

Given the weak programming available we can only recommend aftercare programming, nevertheless we will work in close cooperation with community entities to design structured aftercare programming with tangible support for clients, which may include the following:

- Emergency numbers
- Drop-in outreach
- Self-help materials and approaches
- Support groups (AA meetings, parenting, etc.)
- Healing circles
- Traditional counselling
- Sweats and other Cree ceremonies
- Cree medicines (in consultation with clinical practitioner in case the client is under specific medication)
- Pastoral meetings
- Leadership and empowerment workshops
- Offer Community Addiction Training and/or High school Equivalency program for the participants.
- Etc.

For this purpose, it is recommended that a database of local resources be developed and updated, which can then be made available to the clients as a support mechanism.

PROGRAM SCHEDULE

This is an example of 10 day schedule as designed by Eddie Pashagumskum. The activities and the content changes depending on the participants' needs and context as well as season; these are assessed by Eddie and other elders present. Other proponents may choose to adapt the schedule as they see fit, although we recommend that main characteristics of the program as well as ethics and consent be kept uniform in order to ensure program cohesiveness and measure program outcomes.

| Time | Activity | Goals | Description |
|--------------|--|-------|---|
| Day 1 | | | |
| 9:00 AM | Opening Prayer | | |
| | Introduction by Trainer/Facilitator | | <ul style="list-style-type: none"> • What do you want to get out of this program? • I will share my knowledge from the land. • It's up to each individual what they can get out of this program. |
| 10:00 AM | Break | | |
| 10:15 AM | Clients Introduction...Why did you want to take this program | | <ul style="list-style-type: none"> • Substance Abuse.....Anger Issues • Relationship problems...Suicidal Thoughts • Break from Chisasibi.....Make changes for a healthier lifestyle |
| 11:00 AM | Living in Harmony with Nature | | <ul style="list-style-type: none"> • Traditional teachings on the "mind" • History of own people before modern transportation • Identity • Patience • Respect |
| 12:00 PM | Lunch | | |
| 1:00 PM | Reflection - How is the program so far? | | <ul style="list-style-type: none"> • Clients enjoying being away from community for awhile • Sharing stories of substance abuse (witnessing family violence, relationship issues, neglect...) |
| 3:15 PM | History of Eeyou before Modern Transportation | | <ul style="list-style-type: none"> • Physically fit • Healthier • Living in harmony with nature |
| 4:00 PM | Closing Prayer | | |

| Time | Activity | Goals | Description |
|--------------|--|-------|---|
| Day 2 | | | |
| 9:00 AM | Opening Prayer | | |
| | Living in Harmony with Nature (continued until lunch) | | <ul style="list-style-type: none"> • Be grateful what nature has to offer • It's important never to complain when you're unsuccessful on hunting and fishing • Ex.: When I'm out on the land, I go home with nothing..I am still grateful just simply being out there. • Self-discipline • Wake up early...go to bed early • Self respect...learn to respect yourself and others • Honesty |
| 12:00 PM | Lunch | | |
| 1:00 PM | Activity on the land | | to be determined according to circumstance (season, etc) – see examples |
| 5:00 PM | Review what was discussed on the last day and half | | <ul style="list-style-type: none"> • Physically fit • Healthier • Living in harmony with nature |
| 6:00 PM | Closing Prayer | | |

| Time | Activity | Goals | Description |
|--------------|----------------------------------|-------|--|
| Day 3 | | | |
| 9:00 AM | Opening Prayer | | |
| | Forgiveness | | <ul style="list-style-type: none"> • In the mid 1970's...three people were murdered..the father of one of the victims was able to forgive the person responsible. |
| 10:00 AM | Break | | |
| 10:15 AM | The impacts of Hydro Development | | <ul style="list-style-type: none"> • Social; Loss and grief • Environment; Loss of Eeyou Istchee • Water • After forty years of Hydro development...we're still affected today |
| 12:00 PM | Lunch | | |

| | | | |
|---------|--|--|---|
| 1:00 PM | Hunting teachings | | <ul style="list-style-type: none"> • Survival • Health |
| 3:00 PM | Break | | |
| 3:15 PM | What is hunting got to do with abuse? | | <ul style="list-style-type: none"> • Killing animals for nothing • Killing game for more than you need. • Bragging • Chasing caribou by ski-doo for the sake of it. |
| | Jealousy (within you and towards others) | | <ul style="list-style-type: none"> • Laughing at people when they break material possessions like ski-doo, motor, etc.. |
| 5:00 PM | Closing Prayer | | |

| Time | Activity | Goals | Description |
|--------------|---|-------|--|
| Day 4 | | | |
| 9:00 AM | Opening Prayer | | |
| | Suicide Prevention | | <ul style="list-style-type: none"> • It can happen to anyone....young or old person • Life is precious • Substance abuse does or sometimes plays a role in this topic • You can still have fun without alcohol or drugs • Be involved in gatherings, events, activities or family gatherings • Talk to someone you trust |
| 12:00 PM | Lunch | | |
| 1:00 PM | <i>One to one with clients and evaluation</i> The rest of the clients do on the land activity (near the camp) | | to be determined according to circumstance (season, etc) – see examples |
| 5:00 PM | Closing Prayer | | |

| Time | Activity | Goals | Description |
|--------------|--|-------|---|
| Day 5 | | | |
| 9:00 AM | Opening Prayer | | |
| | Canoeing | • | <ul style="list-style-type: none"> • Safety • Safe handling of an oar • How to safely navigate on rapids • Watch how the currents flow on rapids |
| 10:00 AM | Break | | |
| 10:15 AM | The activities that are involved in canoeing | • | <ul style="list-style-type: none"> • Portage...lifting....walking....hiking....paddling |
| 11:00 AM | Axe safety tips | | <ul style="list-style-type: none"> • Axe is an essential tool in canoeing, hunting, trapping, building shelters, heating home and cooking • Be careful when handling and axe to prevent cuts or accidents • Cover your blade • Our ancestors were always active that is why they did not have too many health problems • Never leave anywhere without the essential tool |
| 12:00 PM | Lunch | | |
| 1:00 PM | Activity on the land | | Activity – to be determined according to circumstance (season, etc) see examples |
| 4:00 PM | Canoeing | | <ul style="list-style-type: none"> • Story on how I got my training and experience, being born and brought up by living off the land • My knowledge and experience came from my father and living on the land • It took me many years of practice |
| 5:00 PM | Closing Prayer | | |

| Time | Activity | Goals | Description |
|--------------|---|-------|--|
| Day 6 | | | |
| 9:00 AM | Opening Prayer | | |
| | The negative impact on our health from substance abuse (Eddie sharing story on alcohol abuse) | • | <ul style="list-style-type: none"> • Our mind • Body • Health • Community • Family • Watch how the currents flow on rapids |
| 12:00 PM | Lunch | | |
| 1:00 PM | Activity on the land | | Activity – to be determined according to circumstance (season, etc) |
| 5:00 PM | Closing Prayer | | |

| Time | Activity | Goals | Description |
|--------------|--|-------|--|
| Day 7 | | | |
| 9:00 AM | Opening Prayer | | |
| | The skills I learned took me years of practice | | <ul style="list-style-type: none"> • Patience • Listening • Respect, whatever the nature provides and others • Hunting, fishing • Take only what we need • Share |
| 12:00 PM | Lunch | | |
| 1:00 PM | Activity on the land | | Activity – to be determined according to circumstance (season, etc) see examples |
| 5:00 PM | Closing Prayer | | |

| Time | Activity | Goals | Description |
|--------------|----------------------|-------|--|
| Day 8 | | | |
| 9:00 AM | Opening Prayer | | |
| | Native Human Rights | | Historical context of Native Rights |
| 12:00 PM | Lunch | | |
| 1:00 PM | Activity on the land | | Activity – to be determined according to circumstance (season, etc) see examples |
| 5:00 PM | Closing Prayer | | |

| Time | Activity | Goals | Description |
|--------------|---|-------|--|
| Day 9 | | | |
| 9:00 AM | Opening Prayer | | |
| | Navigational Mind Nature Senses Weather | | |
| 12:00 PM | Lunch | | |
| 1:00 PM | Activity on the land | | Activity – to be determined according to circumstance (season, etc) see examples |
| 5:00 PM | Closing Prayer | | |

| Time | Activity | Goals | Description |
|---------------|---|-------|--|
| Day 10 | | | |
| 9:00 AM | Opening Prayer | | |
| | Healing is an on-going process | | Talk to someone you trust |
| 12:00 PM | Lunch | | |
| 1:00 PM | <i>One to one with clients and evaluation</i> The rest of the clients do on the land activity (near the camp) | | Activity – to be determined according to circumstance (season, etc) see examples |
| 5:00 PM | Closing Prayer | | |

EXAMPLES OF PROGRAM CONTENT

| Activities | Spring | Summer | Fall | Winter |
|------------|--|---|--|--|
| | <p>Life begins, renewal, birth</p> <ul style="list-style-type: none"> • Hunt (geese, muskrat, seal, fish, ducks, otter, bear trap) • Camp preparation (firewood, teepee, hunting sites, etc) • Mental preparation • Gear preparation (supplies, traditional wear, sharpen axe, crooked knife) • Care and safety (gun safety, storage, canoe safety) • Environmental respect (garbage disposal, disposal of carcass/feathers) • Respect for fur bearing animals • Paddle making • Scraping hides | <ul style="list-style-type: none"> • Water safety • Food preparation • Fishing fishnet preparation • Fire safety • Personal hygiene • Waterways, portage, tides • How to load your canoe to ensure balance • To understand the canoe parts, how it works in the water • How to work with the wind and waves • Smoking hides | <ul style="list-style-type: none"> • Sled making • Snowshoe making • How to read trees • Moose hunting • Making wooden spoons • Identify beaver lodges for winter trapping • Setting up winter camp • Teepee teachings | <ul style="list-style-type: none"> • Setting net under ice • Setting nightlines • Travelling on the ice (need to read the lakes) • Beaver trapping (different methods) • Snowshoe walking |

Depending on the size, the group will be divided in two whereby one can follow the teachings/lectures in the morning while the other group undertakes activities on the land; and vice versa for the afternoon.

INTAKE FORM –Agency referral

This form must be completed by the referring professional and paraprofessionals

Referring Agency Information

Referral Contact Person: _____ Position: _____

Agency: _____

Address: _____

–

E-Mail: _____ Telephone #: _____

1. *In what capacity do you know this client?*

2. *How long have you known this client?*

3. *Reason for referral:*

4. *What are your overall impressions about this participant's willingness to do the work needed to complete this program? Are there any areas of behaviour that you are concerned about that would assist us in being prepared to work with his or her issues? (i.e. rage, grief, personality issues)*

Land-based program requires appropriate aftercare for any person referred in order to provide an adequate continuum of care. We urge referring agencies to provide support and work in a complementary and collaborative relationship to ensure clients receive the best possible care.

Signature of Referring Agent

Date

Signature of the supervisor

Date

INTAKE FORM –Self-referral

This form must be completed by the potential client or family with the assistance of Program Coordinator.

Personal Information

Name : _____ Age: _____

Address: _____

–

E-Mail: _____ Telephone #: _____

1. *Why have you decided to participate in the Land-Based program?*

2. *How willing are you to do the work needed to complete this program? Are there any areas of behaviour that you are concerned about that would assist us in being prepared to work with you? (i.e. rage, grief, personality issues)*

Land-based program requires appropriate aftercare for any person referred in order to provide an adequate continuum of care. We urge referring agencies to provide support and work in a complementary and collaborative relationship to ensure clients receive the best possible care.

Signature of potential client

Date

Signature of Program Coordinator

Date

PARTICIPANT IDENTIFYING INFORMATION

Form to be filled by the potential client, with the support of the program manager.

Applicants Name: _____ D.O.B. _____

Address: _____

_____ E-mail
Address: _____

Home Phone # : _____ Alternate Number: _____

Male: _____ Female: _____

Age: _____

Marital Status: Married / Common Law _____ Single _____ Widowed _____

Children's Information:

Please list children name, age, sex and whether they still live at home and if not where do they reside.

| Name of Child | Age | Male/Female | Place of residence |
|---------------|-----|-------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Employment Status (present employment situation)

Self Employed Homemaker Job Training Seasonal
 Permanent Retired Student Temporary
 Unemployed Part-Time

Income Source (present source)

Job UIC Pension Income Assistance
 Family None Other (specify) _____

Family Type

Living Alone Living with Spouse Living with Parents Single Parent
Living with Friends with Spouse & Children with Extended Family Other

Highest level of Education

No Education Primary School Secondary Some Secondary
Trade School University Adult Education Community College

Legal Status (present involvement)

Not Applicable Parole Probation Temporary Absence Other

Have you or any of your family attended Residential School:

You: Yes ___ No ___ Where? _____
Parents: Yes ___ No ___ Where? _____
Siblings: Yes ___ No ___ Where? _____
Grandparents: Yes ___ No ___ Where? _____

Were you ever in a treatment centre? Yes No

| Year | Number of times | Location |
|------|-----------------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Substances Abused

Primary Drug of Choice _____ Most Recent Use (Day/Month/Year) _____

Alcohol

Hallucinogens

Narcotics

Prescription Drugs

Solvents/Inhalants

Other

Secondary Drugs of Choice

Referral Source

Addictions counselor

Hospital/Nursing Station

Probation officer

Social Worker

Court Worker

Employer

Family

Friend(s)

Self

Do you have any past or present outstanding legal issues? Yes No (provide details)

Have you been involved in counselling in the past or presently? Did it help?_ Yes No

***Are there any health/social/mental health concerns, including medications that we should be aware of?
Do you have any allergies?***

TREATMENT PLAN

The purpose of this form is to inform you of your rights and responsibilities in seeking help with the Land-based program and to obtain your consent to provide services. You have the right to refuse to follow the treatment plan, nevertheless keep in mind that we will adjust it according to your stated needs. All information provided by you is considered confidential. We will permit only members of our treatment team access to your personal information and only then for serving you.

1.

2.

3.

4.

5.

6.

7.

8.

Other comments:

CONSENT TO INTAKE/TREATMENT

The purpose of this form is to inform you of your rights and responsibilities in seeking help with the Land-based program and to obtain your consent to conduct an intake and to provide services. During the intake interview, we will ask you questions about your past and current life circumstance and about the problems you seek to address in your healing process. You have the right to refuse to answer any of the questions but it will help us if you do answer each of them. All information provided by you is considered confidential. We will permit only members of our treatment team access to your personal information and only then for serving you.

Sharing this information outside of Land-based program will be done only with your written consent. There are several limitations to your right to privacy: If we ever come to believe that you are an immediate threat to yourself or others, we would be obligated to report this to the appropriate authorities for the protection of all involved. Also, files can sometimes be subpoenaed.

After your intake session, our treatment team will consider your issues and your healing goals and then determine what service options we can offer you. Both you and the referring agent will be contacted and you will be given the opportunity to either accept or decline services offered.

The primary obligations that you have in seeking services with the Land-based program are to assume responsibility for your personal healing and to respect Program rules while at the camp. If you have any questions about your rights or responsibilities, you can contact us by telephone or ask the assessment counsellor at the face to face interview.

Statement of Understanding and Consent

I understand that by signing this form I have acknowledged that I have read and understood the information provided above and that I have given my permission to have an intake interview conducted in order to offer treatment. (If consent is being given for a minor child, please indicate child's name on the right)

Signature of participant

Date

For: _____
Name of minor child if applicable

Signature of witness

Date

CAMP GUIDELINES AGREEMENT

I understand the Camp Guidelines and agree to follow them.

Participant Name: _____

Signature: _____

Date: _____

CONSENT FOR HEALING

I, _____ (name of participant) understand that my participation in the Land-based program is of my own willingness and requires that I am informed of the following:

- That the Program is a continuous 10 days program that begins upon my arrival and ends following the Home Coming ceremony,
- There is a schedule of events (some being traditional, cultural and ceremonial) and activities (some being physically demanding and on the land in sometimes inclement weather) which will require my full participation, and
- If I am found to be in the possession of or under the influence of drugs or alcohol I may be asked to leave the Program.

I understand for a participant and staff to work effectively, the healing program may include:

- Traditional ceremonies and rituals
- Talking Circles
- Cultural Activities (e.g language instruction, hunting, camp preparation etc.)
- Land-based activity (e.g. Hunting, walking, berry picking, collecting medicinal plants, fishing, etc.)
- ,
- Circles with Elders
- Group therapy sessions/individual counselling sessions, lifeskills training/sessions
- Maintenance of confidential client records.

I understand that healing is a long-term process. Therefore, I agree to be involved with after-care.

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

I understand the explanation of the above points and the above-named program and guidelines and I, therefore, consent to participate in healing programming.

Participant signature _____ Date _____

Referral worker/Program officer signature _____

PERMISSION TO USE PHOTOGRAPHS/AUDIO/VIDEO

I grant to the Land-based Program, its representatives and employees, the right to publicly use photographs of me to promote and/or raise awareness of the Program and related programs.

- Anonymously (my name will not be disclosed) or
- To be quoted directly (my name/image will be disclosed)
- I do not consent to be photographed

I grant to the Land-based Program, its representatives and employees, the right to publicly use my testimonies (video or audio) to promote and/or raise awareness of the Program and related programs.

- Anonymously (my name will not be disclosed) or
- To be quoted directly (my name/image will be disclosed)
- I do not consent to be recorded (either video or audio)

I agree that Land-based Program may use such photographs/video/audio of me OR may NOT use (please circle the one that applies) based on the permission above, and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

First name _____

Last name _____

Signature _____

Date _____

CONSENT FOR RELEASE OF INFORMATION

This section is to be filled out if information from the Land-based program pertaining to a participant is required by a local entity after the program is completed:

Participant name _____

I, _____ (Participant's name) hereby give my permission to release information to

(name and address of agency providing information)

regarding my involvement in the Land-based program. Please describe any limitations or restrictions on information that can be shared:

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

ALL INFORMATION IS CONFIDENTIAL in accordance with relevant statues.

State date of consent _____

End date of consent _____

Participant signature _____

Witness _____

Date _____

FEEDBACK FORM

This form will be provided to the client on the last day of the program.

Age: _____

A. Have you ever participated in a similar program before (please circle one)?

Yes No

B. What attracted you to participate in the program (please circle one)?

- a) recommended by a friend
- b) recommended by a counselor
- c) recommended by a family member
- d) interested because of my own experience
- e) other

C . General assessment

| | Poor | Fair | Good | Very Good | Excellent | N/A |
|--|------|------|------|-----------|-----------|-----|
| 1. General assessment of the program | | | | | | |
| 2. Program met my expectations | | | | | | |
| 3. Staff & elder were helpful (they provided support and were understanding) | | | | | | |
| 4. Treatment Plan (the tasks help me to address my issues) | | | | | | |
| 5. Instructions/introduction was clear (I knew what I had to do) | | | | | | |
| 6. Dialogue between participants (was dialogue well facilitated) | | | | | | |
| 7. Facilities | | | | | | |

D. Was the program helpful to you (did it help you address the issues you initially mentioned)?

Yes

How was it helpful?

No

How was it not helpful?

E. Did the program do enough to motivate you and provide you with enough support to feel comfortable and confident?

Yes

No

Comments: -

F. Did the program help you find or develop your strengths?

not at all minimally somewhat good very good extremely well

G. Did the program help you move beyond the trauma of your past?

not at all minimally somewhat good very good extremely well

H. Did the program help you to feel good about yourself?

not at all minimally somewhat good very good extremely well

I. How motivated were you to heal before joining the program?

| | | | | |
|---------------|---|---|---|----------------|
| Not motivated | | | | Very motivated |
| 1 | 2 | 3 | 4 | 5 |

J. How motivated are you to heal after completing the program?

| | | | | |
|---------------|---|---|---|----------------|
| Not motivated | | | | Very motivated |
| 1 | 2 | 3 | 4 | 5 |

K. Did the program motivate you to continue your healing journey?

Yes No

Comments:

L. Would you recommend the program to others?

Yes No Maybe

N. Were there any negative aspects that you encountered?

M. What improvements would you recommend?

MEEGWETCH!