

June 1997, 2001 meeting



Tshukumnu People
Mobile Treatment Program



Spring 2001 Report



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Introduction

The Mushuau Innu are working hard to develop and implement programs to address the social problems that plague the community of Davis Inlet. Country-based treatment programs for both youth and adults have been held at Border Beacon, Flower's Bay and other places in the country and have been successful at treating addictions and helping clients to develop trust and communication skills so that they can begin to face the traumatic events that have occurred in their lives. The Tshukumnu Penash Mobile Treatment Program was held at *Ashuapun* during the spring of 2001 as part of the Mushuau Innu Long Term Healing Plan. For only the second time since this country-based treatment program began, children and youth were included in the program.

The advantages of country treatment programs have to do with community ownership of the healing process and conducting the program in a familiar and safe setting. This includes the serenity of being in the country and away from the visible social destruction of the community, the comfort of being able to live a traditional Innu life in a familiar setting and without hardship, and being able to conduct a treatment program entirely in Innu Aimun.

The treatment philosophy of the program focuses on developing six personal assets in the clients (and counsellors): establishing healthy relationships, trust, communication and sharing, personal awareness, cultural

awareness and education. Clients are then able to change unhealthy behaviours and deal with traumatic events by using these personal strengths. The program also is based on shared traumatic and cultural experiences. Without exception, all of the Mushuau Innu have experienced or witnessed extreme violence, alcoholism, grief



Clients' tents

and abuse for decades. These issues have arisen from the damage done to the Innu culture since the time of contact. All of the adults living today have grown up in alcoholic and violent homes, and have learned this lifestyle from their parents. Elders who have been sober for thirty or more years are still suffering from these experiences. It is as if parents taught their children that yellow is blue, and many adults today will think you are crazy if you try to tell them that yellow is in fact yellow, and blue is a different colour. By sharing the traumatic experiences of their own lives and by re-affirming cultural values, the counsellors are able to help clients come to terms with their own issues, and re-learn the colours, so to speak.

The Tshukumnu Penash Mobile Treatment Program, implemented within the context of a long term healing plan, is helping to help address alcoholism, solvent abuse, family collapse and other traumatic events that have occurred in the community of Davis Inlet, and to reconnect individuals and families to the land and Innu cultural values.

Program Overview

There were 20 clients enrolled in the spring program. One client (who was originally not accepted into the program) travelled to the camp on his own and began attending the meetings, and he was eventually accepted as a client. Three of the youth clients did not participate in the program, and one adult dropped out half way through the program and returned to the community.

Seventeen of the clients (15 adults and 2 youths) graduated from the program. There are at present an additional 57 adults who have requested to participate in the next program.

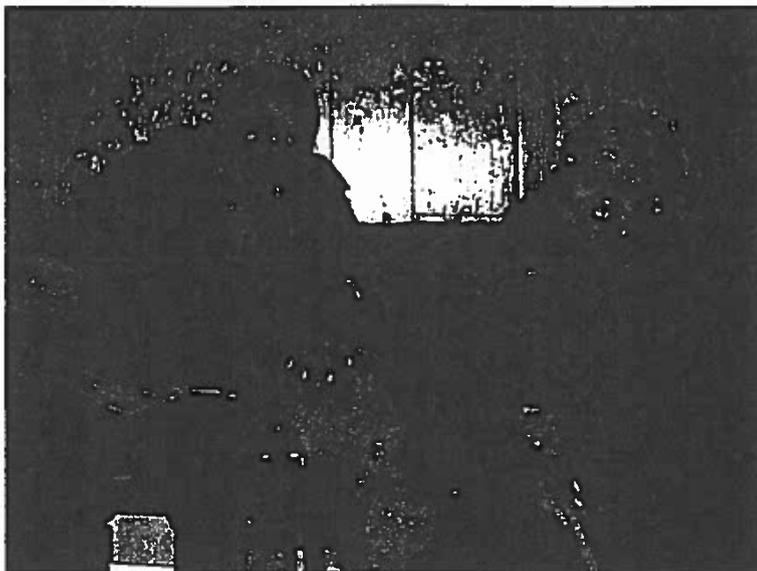
The camp was set up right after the annual gathering at Shankush. Clients, their families and friends made the 190 km trip by skidoo and komatik along the lakes, rivers and forests to the barrens, and to the Ashuapun area. Some family members stayed at the camp with the clients for a few days to hunt, fish and relax. Many brought caribou back to the community.



Clients, elders and counsellors

Eighteen workers were hired to run the program and work as support staff. An organisational chart is attached in appendix 1. The two treatment coordinators were

Prote Poker and Mark Nui (a letter of support from the Nechi Institute can be found in appendix 2). It was originally planned to hire two counsellors to work with the children and youths, however no qualified counsellors were available to fill



Elders Munik and Madeline Rich

these positions. Instead, two youth workers were hired and children and youth participated in the adult program. In future programs, it is recommended that there be one youth worker to work on crafts, art, and other

activities with children, and a youth counsellor to work with the clients who are too young to participate in the adults' program. Filling these positions will, of course, be subject to the availability of suitable applicants.

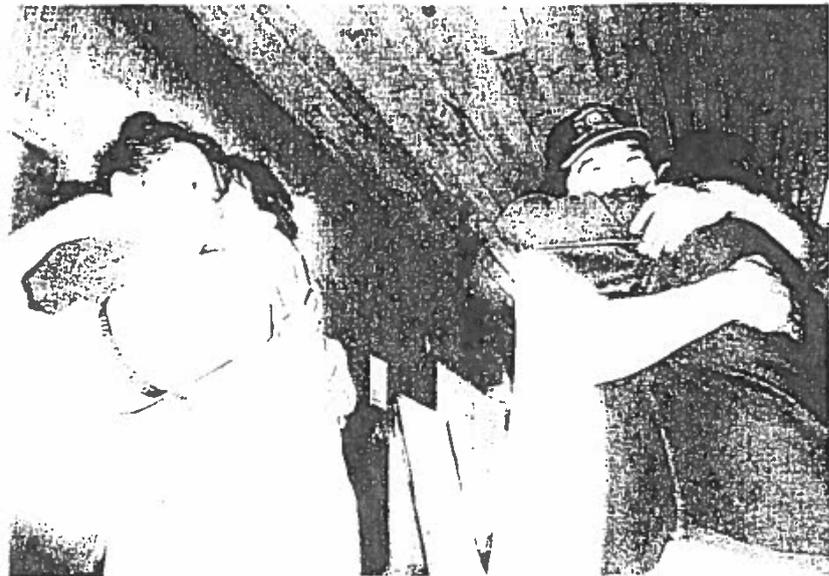
The program was opened by the elders on Sunday, May 6th, 2001. The goal of the Tshukumnu Penash Mobile Treatment Program was to provide adults and children with the skills necessary to overcome their solvent abuse, alcoholism or drug addiction, to deal with traumatic events that have happened in their lives in a healthy manner and to reconnect people to the land and Innu cultural values. After finishing this program, clients should be able to live healthy lives, with normal access to community supports.



Building the sweet lodge

The first two weeks were spent travelling in the country by skidoo and hunting and fishing with family members. This important part of the program was continued throughout the programs during evenings and cultural days.

The schedule and some modules used for this program were adapted from Nechi Insti-



Hugs

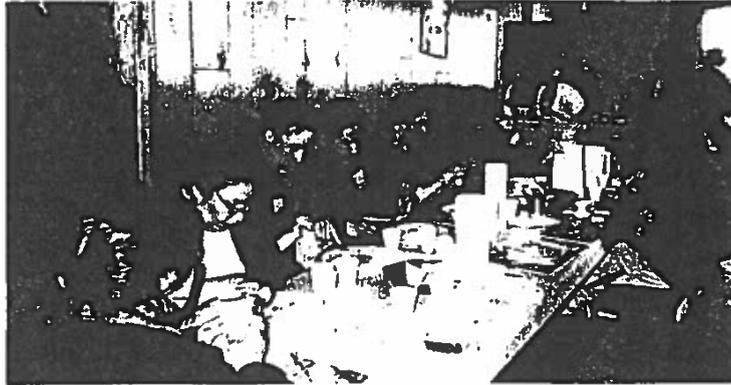
tute materials. A great deal of input came from the personal experience and expertise of the counsellors. The original schedule was modified due to a lack of funding needed to get a resource person in to present some of the topics, such as parenting skills. Some planned cultural activities were not carried out because of a lack of staff. Because of this, the schedule was shortened to four weeks. The counsellors drew upon their Nechi training and personal experience in carrying out the schedule. The schedule appears in appendix 3.

The program was opened on May 6th with a prayer and some story telling from the elders. All of the clients were there except for the youth and two of the adult clients, who joined the following day.

The program began on May 7th with hugs and prayers. This was done every morning throughout the program. The rules and

regulations of the program were developed with the clients (see appendix 4). Clients were encouraged to be aware of their feelings and to share their feelings. Games were played to help break the ice and allow clients and staff to get comfortable with each other. This is done because trust must be built up before the clients will begin to open up, share their feelings and communicate.

On the second day there was a lecture on alcohol as a disease. Nechi handouts were used for this (Community Addictions Training Series). After this, clients began to share about their relationships, grief, blaming issues and trust issues. More games were played (do you love your neighbour, pussycat and gossip) which brought a lot of laughter to the session. Primary groups were started – there were two groups of nine clients plus elders and counsellors. It became very apparent that more counsellors are needed. At this point the youth were beginning to get comfortable with the program, although the two youngest didn't fit in too well. The next program must be adapted to meet the needs of these



Clients eating lunch

younger clients.

Wednesdays were selected as cultural days.

Clients set up a sweat lodge for the elders, and gathered firewood, rocks and boughs to use at the sweat.

The fourth day started with the primary groups.

Clients shared their experiences of drinking, especially the effects of drinking on their children. The AA program was introduced and an AA meeting was held – step one of the 12 steps was introduced (we are powerless over alcohol and our lives have become unmanageable). AA materials were used for the AA sessions. Trust exercises were conducted in the afternoon, and experiences on relationships were shared.

The room was quiet after this discussion – there was a lot of tension between couples over trust. Games were played to relieve the tension. At this point in the program, some



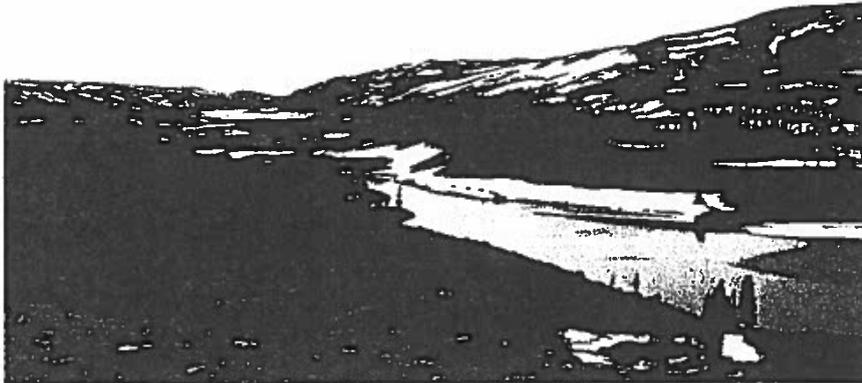
Kankuamaunants - the Devil's game

couples were reluctant to share their feelings in front of their partners.

The fifth day began with primary groups, and clients shared their experiences from the past. It took approximately five days for the

clients to build up enough trust and bonding with each other and with the counsellors. A lecture was given on enabling and non-

materials and many personal experiences were used in this session. This was a change from the original schedule, which had grief and suicide much later in the program, in order to accommodate for the great amount of grief that the clients have withing them. It was found that this grief came mostly from cultural loss, the loss of loved ones through suicide or other deaths and broken relationships. The methods used for this session were collages and letter writing. Screaming is a technique that has also been used in the past, but was not used this time.

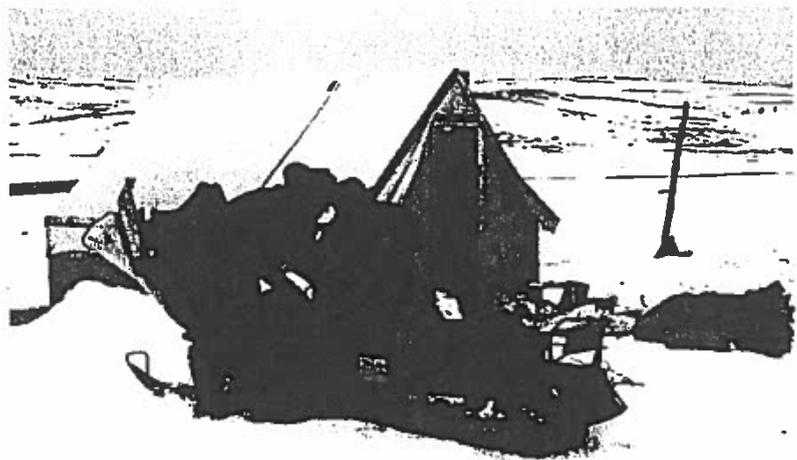


Kauinepeshekatsh River at Ashuapun

enabling which was followed up with a big group discussion. Nechi materials, personal experience and examples (such as that of bootlegging) were used in this session. More games were played in the afternoon in order to encourage clients to have fun and laugh without alcohol or drugs.

The second day's presentation was on alcoholism as a family disease (Nechi materials were used) which was followed by a group

The sixth day, Saturday, was used to find out "where are we," that is to share thoughts and feelings on how the week went and to reflect on the topics covered. A lot of grief and relationship problems started to come out in these sessions. Sunday was a free day for the clients to go hunting or cut wood for their tents.



Skidoo repairs

The following weeks were very similar to the first week in terms of form and process. The first topic to be covered in the second week was grief and suicide. Nechi

discussion and then fun, games and the serenity prayer.

Thursday was devoted to the second step in the AA process (a power greater than ourselves could restore us to sanity). It was also discussed that clients should take part in the AA process in the community, as well as other options they could get involved in for aftercare.

Friday's discussion revolved around love and respect. In this session the clients shared their feelings on what love and respect means to them. Clients said that what will save the community is love for each other, which at the moment is hidden by grief and anger issues. In the

afternoon a session on affirmations was started. At first, clients were very nervous about this as they were not used to giving or receiving compliments, so the clients were broken in to smaller groups. The session was followed by where are we's on Saturday.



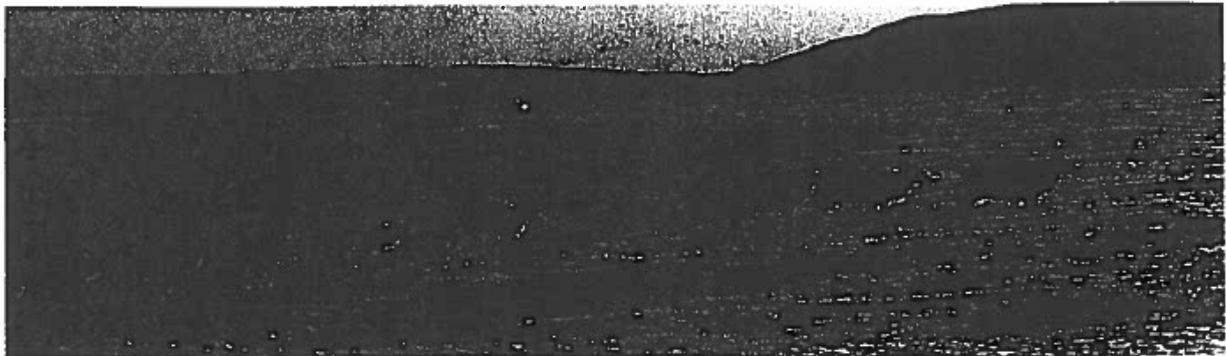
Mestetuet removing meat from the bones to prepare Mukushan

The third week continued with affirmations. This time the clients were broken into two groups of ten to affirm each other. They continued to have trouble complimenting other clients directly, and some clients started to cry when they were complimented. After

that the clients went into their primary groups to share their feelings and personal issues. The afternoon session was devoted to talking about religion and Innu spirituality. Personal experience, the book Gathering Voices and elders' stories were used here. Clients shared their beliefs and were

encouraged to find their own way of praying and practising their beliefs in order to be spiritually fulfilled. The role of the church in damaging Innu culture, both directly (eg taking an elder's drum away during a drum dance) and indirectly (eg by making people feel ashamed of themselves) was discussed.

Caribou



The next day started with a session on family violence. This was a difficult and very personal session for clients. Spousal abuse, child abuse, sexual abuse, emotional abuse and financial abuse were discussed. Both Nechi materials and the personal experiences of the staff and clients were used in this session. Some disclosures of sexual abuse and incest were made during this session, while other clients were reluctant to disclose all the details of their abuses in front of everybody, and wanted one on one counselling. However, because there were not enough counsellors working for this program, these clients' needs could not be fully accommodated. Small group sessions were held afterwards to discuss family violence. Games were played later to relieve the tension and help clients to relax.

The next topic was the third step in the AA process which is "to turn our will and lives over to God as we understand him." This was followed by a video called "Honour of All," which is the story of Alkalai Lake, and a group session.

On Friday morning clients went to their primary groups then there was a lecture on

honesty. This discussion focussed on how honesty is a good thing and is important, but in some cases relationships may not be at a point where they are strong enough for the

partners to be completely honest and open with each other. In this case clients were told to talk to someone else that they can trust, such as a counsellor or a close friend.

The afternoon session consisted of affirmations for the whole group. All of the clients participated, and it took all afternoon to include everybody, so there was no time for fun and games.

The fourth week started with a movie called "Remember the Titans." The video was used as an example of what will happen when

the clients return to the community – that people will try to break the relationships that have been established within the group. Clients were told that in order to be strong and stay sober they would have to keep supporting each other to stay sober. In the afternoon ACOA (adult children of alcoholics), alcoholism and gas sniffing were discussed. Some Nechi materials were used for the ACOA session. In this session it was discussed how clients and counsellors alike were taught not to speak, feel or even cry,



A youth client drinking broth from boiled caribou bones

and how necessary it is to start feeling these feelings again. It was also discussed how this will influence our children and how parents have to show their children how to stay sober and express their feelings through example, and not just by telling them.

There were two cultural days held on Tuesday and Wednesday in order to prepare the Mokushan. The bones from about forty caribou were used for this mokushan, and a lot was brought back to the community.



Clients and counsellors during a break

Thursday's session started with primary groups, then the fourth step in the AA process was held (a searching and fearless moral inventory of ourselves). In the afternoon, there was a session on anger management. Nechi materials were used in this session, along with personal experience. Techniques

(both physical and mental) were presented to the clients to help them from exploding when they get angry. Anger was presented to the clients as a secondary issue, with underlying issues such as grief, shame, loneliness, sadness and others causing the anger.

The session ended with a discussion on relapse and aftercare. The clients were told that relapse begins when they stop attending support groups or counseling and that healing must be ongoing all the time.

The groups that were established at this program plan to meet in the community on Mondays, Wednesdays and Fridays to talk and share their feelings.

Graduation was held on the next day with an exchange of gifts. This was part of the pro-

Scenery at Ashuapun



gram rather than a simple ceremony. Clients exchanged hand made gifts and spoke about the person they gave the gift to. This part was very emotional as clients were able to express their feelings and feel their emotions. They were also crying because they did not want to return to the community.

The next few days were devoted to picking up garbage and preparing to return to Utshimassit.

Progress and Issues

All of the clients who completed the program made progress in their healing journey. They have developed trust amongst themselves, communication skills, are more aware of where they came from and where they are now, and have re-affirmed their connection to the land. The group that was brought together for the treatment program are continuing to maintain the bond that they established at Ashuapun. The skills that they learned are also being used in the community in group sessions.

The main issues that came up in the program were grieving, cultural loss, family violence and relationship problems. As a result of these issues, there is a lot of anger and grief in the clients. It is important to note that some clients indicated that they have other serious issues that they did not discuss in this session.



Clients and staff brought their whole families, including young children and babies to the country. The youngest baby was nine months old.

Recommendations

As can be seen from the clients' evaluations, this program was very successful and should continue. However, as with all programs, there is room for improvement. For the next session, the following changes should be implemented:

- Cultural activities: there should more crafts, especially for the younger clients and at times when people are bored (eg when the weather is bad). Supplies and better co-ordination are needed to ensure that this happens.
- Art work: there is a lot of skill in the community and it should be developed and used as a strength in the healing. This, along with cultural activities, can be used to establish a relationship with counsellors and elders. Supplies and a worker are needed.
- Counselling: more counsellors are needed. The program should be run with four to six full time counsellors for the adults and two for the youth and children.
- Therapist: an outside therapist should be invited in for about one week (towards the end of the program) to make some presentations (such as FAS, parenting skills, depression and others) individual therapy and care for the counsellors. Great care must be given as to how individual therapy is conducted - if a client makes a disclosure, the client must not be left without support when the therapist

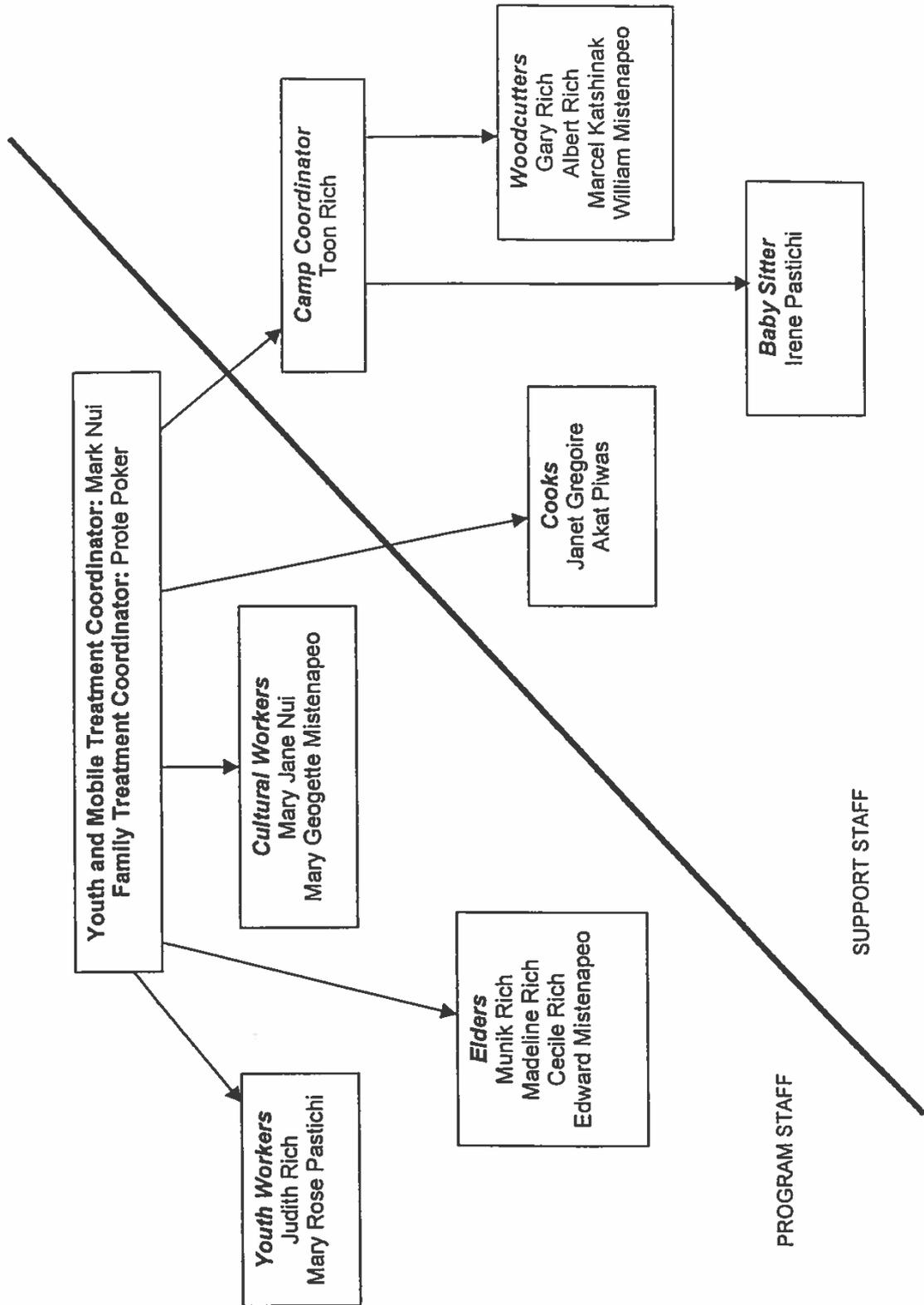
leaves. Counsellors will also be able to learn a lot from the therapist. Someone will have to translate for the therapist.

- Elders: the elders should be more involved in the program so that they can teach the clients and learn what the clients are learning as well.
- Cultural activities: keep a strong focus on cultural activities. The elders should have a strong involvement in this. There is also a possibility of holding events such as travelling by canoe to old camp sites at Tshinuatipsh (on the George River).
- Language: the program should continue to be carried out in Innu Eimun.

Clients and their children resting during sweat lodge construction



APPENDIX 1 - Mobile Treatment Organogram



APPENDIX 2 - Counsellor's Training and Letter of support from Patrick Bernard

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June 14, 2001

Kevin Head, Healing Strategy Coordinator
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Letter of Performance/REFERENCE for both Mark Nui and Prote Poker

As per your indirect request from your office I understand that both Mark and Prote's qualification is in question for the duties of addictions counseling. As I was the facilitator for their Community Addictions training they took back in 1993-4. For the full eight-weeks module program held two weeks per month, I was in a good position to become aware of their abilities and characteristics. I have worked for Nechi Training, Research and Health Promotions for a total of 14 year to date.

Mark and Prote:

Both experienced in their lives, like many of their clients, hardships that has been a teacher in itself. Their being born into a community and/or families filled with alcoholism showed through speaking engagements of just what that did to them. They both shared the many abuses that took place for them as a child growing up and all of which they came to terms with his honesty, entering treatment and counseling/therapy at various stages in their lives. Clients generally have the hardest time with denial and sometimes never get through this to reach sobriety. It's people like Mark and Prote who can break through this denial because they can see them and are able to confront clients to the point they are able to help them break down their barriers. Because of this fact alone many professionals could never reach the hard-core type of clients they can.

My personal experience with both during the months of training we had together was that they were particularly suited for the counseling field. The Nechi training is comprised of knowledge,

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skills development and personal growth. Their written assessments, which is the standard one we use across Canada, was normally one of the top marks of their two groups of approximately 18 participants each. Having lived alcoholism made it easy for them to learn what they didn't know. Both were naturals when role-playing counseling skills such as attending, empathy and paraphrasing. Both showed their leadership skills through small group projects assigned to them. I have witnessed many times their creative thinking, individuality and such abilities as being able to recognize their limits and to ask for help. When Nechi brought in therapist to perform the Personal Growth workshop for them both chose to step forward with their abuses on hand to dealt with them spontaneously despite the fact they knew they had to go through the pain of it. When it came to grad day one person from each group where given the "Most Outstanding" award plaques and both Mark and Prote won them.

In closing I feel that both Prote and Mark have both the character and the skills to do well with their clientele and can only get better with time.

I am prepared to provide more information to whoever in relation to any of the above upon request.

Sincerely,



Patrick Bernard
Nechi Addictions Trainer
RSW

*Training
Discover Nechi
Health Promotions*



*Search
Research
Information Systems*

Community Addictions Training Series (CAT)

- [Community Addictions Training Series \(CAT\)](#)
- [Advanced Counsellor Training Series \(ACT\)](#)
- [Program Management Training Series](#)
- [Adult Children of Alcoholics \(ACOA\) Module](#)
- [Family Violence \(FV\) Module](#)
- [Training of Trainers Program](#)
- [Native Addictions Worker Certificate Program \(NAWCP\)](#)
- [Native Addictions Worker Diploma Program](#)
- [Community Wellness Worker Certificate Program](#)
- [Gambling Module](#)

Nechi Institute's Community Addictions Training Series offers participants training in alcohol and drug counselling skills. This series consists of eight modules; each module relates to and builds on skills learned during the previous module.

* Trainees attend classes in 5 1/2 day modules and travel to our Centre for eight modules during a ten-month period. This program is also offered as an eight-week summer session.

* Pre-requisite is one-year sobriety.

- [CAT Module I Orientation and Communication](#)
- [CAT Module II Alcoholism: Addictions](#)
- [CAT Module III Alcoholism: A Family Disease](#)
- [CAT Module IV Alcoholism: Assessment and Intervention](#)
- [CAT Module V Alcoholism: Treatment](#)
- [CAT Module VI Alcoholism: Aftercare](#)
- [CAT Module VII Personal Growth](#)
- [CAT Module VIII Alcoholism: Prevention](#)

Course Objectives

CAT Module I - Orientation and Communication

When the participants have completed this Module, they will be able to:

1. Explain the concept of trust as it relates to the helping profession.
2. Describe the importance of self-care both personally and professionally.
3. Describe the Counsellor's Code of Ethics as it relates to the relationship between the counsellor and the client.
4. Define the term, "communication" as a process.
5. Identify the two components of communication: verbal and non-verbal.
6. List five common barriers to effective listening.

7. Define the term, "attending" as it relates to the role of the counsellor.
8. Practice the use of attending and listening as counselling skills.
9. Describe the messages which are given using I, You, We, It and But statements.
10. Name each of the elements in the Pinch and Crunch problem-solving model.
11. Identify each component in the Awareness Wheel: senses, feelings, thoughts, intentions and actions
12. Explain the use of the Awareness Wheel as a tool for problem-solving.
13. Define the term, "feedback" as it relates to the process of communication.
14. State three guidelines for each of giving and receiving feedback.
15. Practice the use of feedback as counselling skill.
16. Define and practice the following skills as they relate to the counselling relationship:
 - a) empathy
 - b) genuineness
 - c) respect
 - d) self-disclosure
 - e) warmth
 - f) immediacy
 - g) concreteness
 - h) confrontation
 - i) potency
 - j) self-actualization

CAT Module II - Alcoholism - Addictions

When the participants have completed this Module, they will be able to:

1. Define the term, "addictions."
2. Name five different kinds of substance or process addictions.
3. Identify five of the costs of alcoholism.
4. State three reasons why people abuse alcohol.
5. Describe the disease concept of alcoholism.
6. Name the four stages in the progression of the disease.
7. Identify each of the three parts of the delusory memory concept.
8. Describe six symptoms of alcoholism.
9. Describe five physical effects of alcoholism on the body.
10. Describe five defence mechanisms the alcoholic may use.
11. Describe three physical effects of Fetal Alcohol Syndrome.
12. Identify three of the major categories of drugs.
13. Define the term, "inhalant."
14. State four different types of inhalants.
15. Describe three physical and mental effects of inhalant on the body.

NOTE: Participants in this workshop will also be expected to attend and/or chair one A.A. meeting, on-site, during the workshop.

CAT Module III - Alcoholism - A Family Disease

When the participants have completed this Module, they will be able to:

1. Describe alcoholism as a family disease, based on the disease concept of alcoholism.
2. Name the six roles in the alcoholic family, and describe what each of these roles provides for the family.
3. Describe five symptoms of co-alcoholism.
4. Define the term, "enabling."
5. Identify three enabling behaviours.
6. Define the term, "non-enabling."
7. Identify three non-enabling behaviours.
8. State five common characteristics of Adult Children of Alcoholics.
9. Describe the treatment process for the family suffering from the disease of alcoholism.

CAT Module IV - Alcoholism - Assessment and Intervention

When the participants have completed this Module, they will be able to:

1. Describe five questions which need to be asked (of the alcoholic) in order to determine the alcoholic's readiness for treatment
2. Describe five questions which need to be asked (of the co-alcoholic) in order to determine the co-alcoholic's readiness for treatment
3. Apply the appropriate assessment forms for the alcoholic and the co-alcoholic
4. Define the term, "intervention"
5. Describe an intervention both as a process and an event
6. Name the five steps in the intervention process, and describe the counsellor's role in each step
7. Explain how "concerned others" constructively confront the alcoholic in the intervention event
8. Explain how the members of an intervention team can apply the intervention model in their community
9. Identify five persons who would be appropriate members of an intervention team
10. Describe three criteria for selecting the members of an intervention team
11. Name four facts of alcoholism the team needs to know
12. Name the five different elements which are required in presenting facts to the alcoholic
13. Demonstrate (as time permits) the appropriate communication and counselling skills as this relates to intervention
14. Demonstrate (as time permits) a knowledge of group dynamics and alcoholism as this relates to intervention

CAT Module V - Alcoholism - Treatment

When the participants have completed this Module, they will be able to:

1. Define the term, "treatment" as it refers to alcohol and drug abuse
2. Identify each component in the Treatment Continuum: prevention, intervention, detoxification, rehabilitation, and aftercare
3. Describe the purpose and goal of each component in the Treatment Continuum
4. Identify the characteristics of each of the two major settings in which treatment may be delivered; inpatient and outpatient
5. Identify each of the major components in a treatment strategy
6. Prepare an individualized treatment strategy using the Goals and Methods approach
7. State three reasons for maintaining properly documented files
8. Prepare a discharge summary report using the appropriate forms
9. Describe the purpose of a case conference
10. Define and practice each of the following counselling skills: assessment, interviewing, observation, confrontation, and summarizing
11. List five characteristics of self-help groups
12. Describe how self-help groups can be used as a tool for recovery in the treatment of alcohol and substance abuse

CAT Module VI - Alcoholism - Aftercare

When the participants have completed this Module, they will be able to:

1. Describe the characteristics of alcoholism as a community disease based on the disease concept of alcoholism
2. Identify six symptoms of alcoholism as a community disease
3. Define aftercare as a long-term process which involves a series of strategies
4. Name the six phases of Gorski's Development Model of Recovery, and describe the key issues which the alcoholic must deal with in each phase
5. Define the term, "burnout"
6. Describe each of the three stages in burnout
7. Identify four symptoms of burnout
8. Describe three methods for reducing stress
9. Define the term, "relapse" as it relates to alcohol and drug abuse

10. Identify six symptoms of relapse.
11. Describe four high-risk situations which may lead to or contribute to relapse.
12. Prepare a plan for relapse prevention which include the use of the appropriate resources in the community.
13. Describe four different types of aftercare counselling.
14. Describe two ways in which an alcohol and drug program could be used as part of the aftercare process.
15. Identify four resources in the community which could be used as part of the aftercare process.
16. Describe the importance of good nutrition as part of the aftercare process.
17. Define each of the following terms, "networking," "developing contracts," and "monitoring contracts."

CAT Module VII - Personal Growth

When the participants have completed this Module, they will be able to:

1. Develop self awareness.
2. Foster self-acceptance.
3. Encourage personal growth.
4. *Learn techniques which foster personal growth.*
5. Examine the appropriateness and applicability of personal growth techniques in counselling.
6. Have an opportunity to practice conflict resolution skills.
7. Have an opportunity to practice giving and receiving feedback.

CAT Module VIII - Prevention

When the participants have completed this Module, they will be able to:

1. Define the term, "prevention" as it relates to alcohol and drug abuse.
2. Define the three major types of preventative interventions: primary, secondary, tertiary.
3. Identify the three major factors which play a role in affecting the use of alcohol and other substances: host, agent and environment.
4. List five factors commonly associated with alcohol and drug abuse among Native youth.
5. List eight needs of youth as they relate to physical, emotional, mental and spiritual development and well-being.
6. Describe what Goal and Objective Statements are and the characteristics of good Goal and Objective Statements.
7. List five problems which may affect the successful development and implementation of prevention activities at the community level.
8. Prepare a plan to develop and implement a community-based prevention project for Native youth.

To request further information regarding Nechi Training you may contact us at 1-800-459-1884 or email at: nechi@nechi.com

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Advanced Counsellor Training Series (ACT)

- Community Addiction Training Series (CAT)
- Advanced Counsellor Training Series (ACT)
- Program Management Training Series
- Adult Children of Alcoholics (ACOA) Module
- Family Violence (FV) Module
- Training of Trainers Program
- Native Addictions Worker Certificate Program (NAWCP)
- Native Addictions Worker Diploma Program
- Community Wellness Worker Certificate Program
- Gambling Module

Nechi Institute's Advanced Counsellor Training Series provides advanced skills development and in-depth knowledge in specific areas. The ACT series is comprised of five modules; each module *relates to and builds upon the previous sessions.*

* Trainees attend classes in 6 1/2 day modules and travel to our Centre for five modules during a five-month period.

* Pre-requisite is one-year sobriety and successful completion of CAT Series.

ACT-I One to One Counselling
ACT-II Family Dynamics
ACT-III Group Dynamics
ACT-IV Suicide Prevention and Grieving
ACT-V Culture and Traditional Values

Course Objectives

ACT - I - One to One Counselling

Participants will be able to:

1. Define one-to-one counselling.
2.
 - a) Define a contract.
 - b) Describe one benefit of a counselling contract.
 - c) Describe one characteristic of a counselling contract.
3. Describe the differences among counselling therapy and crisis intervention.
4.
 - a) Draw the Johari Window, labelling the four sections.
 - b) Describe how the Johari Window can be used to:
 - give feedback;
 - self disclosure;
 - differentiate between counselling and therapy.
 - a) Give three "Do's" of effective listening.

- b) Give two points of effective listening.
 - c) Give three guidelines for giving feedback.
 - d) Give two benefits of feedback.
5.
 - a) Define process and content.
 - b) Define transference and counter transference.
6. Draw the Awareness Wheel and describe how it can be used as a counselling tool to help:
 - a) clarify your observations of the client;
 - b) clarify the emotional reactions of the client and your emotional reactions to the client;
 - c) give feedback to, and self-disclose with, the client;
 - d) problem solve with the client.
7.
 - a) Define defence mechanism.
 - b) Name and describe two defence mechanism.
 - c) Describe how defence mechanisms can be helpful and unhelpful in counselling.
8. Describe what is meant by Primary and Secondary emotions (layering), giving an example.
9.
 - a) Draw and name the sections of Maslow's Hierarchy of Human Needs.
 - b) Describe how this model can be used to assess client's needs.
10. Name the five development stages of the individual and describe one of the tasks to be achieved in each stage.
11. Describe any five of the following counselling skills:

| | |
|-------------------|-----------------|
| - empathy | - immediacy |
| - genuineness | - concreteness |
| - respect | - confrontation |
| - self-disclosure | - questioning |
| - warmth | - summarizing |
12. Describe two uses of the counselling jargon list.

ACT - II - Family Dynamics

Participants will be able to:

1. Define family dynamics.
2. Define and give an example of each of the following: family systems, family subsystem, open system, closed system.
3.
 - a) Draw their family genogram. (This does not have to be completed - only enough to show an understanding of the symbols and the relationships across generations.)
 - b) Describe two uses of a genogram.
4.
 - a) Draw an eco-map which show a positive-supportive interaction and destructive interaction.
 - b) Describe two benefits of an eco-map when working with families and individuals within families.
5.
 - a) Name the six stages of the Family Life Cycle.
 - b) Describe one task of each stage.
 - c) Describe three benefits of this model when working with families and individuals with families.
6. Describe five characteristics of a functional family.
7.
 - a) Define differentiation.
 - b) Describe two characteristics of a differentiated person.
8. Describe and give their own example of clear, masked, direct and displaced communication.
9. Describe four ways people may deal with differences in their families.
10. Define or describe any five of the following concepts of family systems theory:
 - homeostasis
 - boundaries
 - circular linear causality
 - family rules
 - closeness and distance
 - triangulation
 - family roles
 - birth order and gender

ACT - III - Group Dynamics

Participants will be able to:

1. *Define group dynamics.*
2. Describe the differences between the following types of groups:
 - a) open and closed
 - b) homogeneous and heterogeneous
 - c) process (relationship) and task
3. *List three benefits of group counselling.*
4. Name and explain the six factors to consider when starting a group.
5. a) Name four major purposes of groups based on the Medicine Wheel.
b) Give an example of each.
6. Name and describe four basic needs of group members.
7. a) *List the four stages of development in a process (relationship) group.*
b) Describe the task(s) or issue(s) to be resolved in each stage.
c) List the four stages of development in a task group.
 - a) Give four examples of group roles.
 - b) Describe the effects of these roles on the group's development.
9. a) *Name three personal characteristics of an effective leader.*
b) Describe two skills of an effective leader.
10. a) Describe three benefits of conflict.
b) Explain the five parts of the conflict management grid.
11. a) List two fears leading to resistance.
b) *Name the two intents of behaviour.*
c) Explain the consequences of each intent.

ACT - IV - Suicide Prevention and Grieving

PART I: SUICIDE PREVENTION:

Participants will be able to:

1. *Define suicide.*
2. Recognize and list the signs and symptoms of a person "at risk" for suicide.
3. *List the five main parts of the Suicide Risk Assessment.*
4. Identify and list local resources for "high risk" suicidal clients.
5. Name and explain each of the four stages of the Listening Model.

In addition, trainees will have an opportunity to:

- *Examine and evaluate their attitude toward suicide and death.*
- Demonstrate, through role plays, the skills needed to undertake care giving for the person at risk of suicide:
 - a. How to initiate contact with the client.
 - b. How to assess the degree of suicidal risk.
 - c. *How to do supportive listening.*
 - d. How to contract with the client.

PART II: GRIEVING:

Participants will be able to:

1. Explore what grieving means to them.
2. List five losses a person may experience.
3. List ten reactions to loss.
4. *Name the five stages of grieving.*
5. Explain the importance of grieving.
6. List the seven bereavement support skills.
7. Name the five basic parts of effective bereavement support and give the time focus for each part.
8. *List five things a person can do to help themselves through their loss.*

In addition, trainees will have an opportunity to:

- *Explore some of their own grief issues.*
- Explore what they might need in order to facilitate their own healing.
- Practise bereavement skills through personal sharing and role plays.

ACT - V - Culture and Traditional Values

Participants will be able to:

1. Define the terms, culture and tradition.
2. Explore what a traditional sweat is.
3. Identify their own values and relate them to:
 - a) their job
 - b) their family
 - c) their community
 - d) their personal life (relationship with self)
4. Explore the concept of healing and healers.
5. *Identify negative issues in their lives and link them to a positive solution.*
6. Explore and define the concept of "gifts" and identify their own and others.
7. Explore a method of spiritual inquiry as a tool for healing themselves and others.
8. Explore the importance of cultural differences as they relate to their own lives.

To request further information regarding Nechi Training you may contact us at 1-800-459-1884 or email at: nechi@nechi.com

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Adult Children of Alcoholics (ACOA) Module

- [Community Addiction Training Series \(CAT\)](#)
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- [Gambling Module](#)

The ACOA workshop incorporates a treatment component to this training to allow participants to address ACOA issues with their clients as well as review their own.

- * The ACOA module runs once per training year for 5 days.
- * The pre-requisite is one-year sobriety.

Course Objectives

Participants will be able to:

1. Explore the history of the adult child of alcoholics movement.
2. Define the term, adult child of an alcoholic (ACOA).
3. Define the term, cultural oppression.
4. Name five types of a dysfunctional family system.
5. Describe four characteristics of dysfunctional family life.
6. Name four dysfunctional family rules which have impact on adulthood.
7. Name three double messages experienced in a dysfunctional family.
8. Describe four types of alcoholic family systems.
9. Name three alcoholic family factors from childhood which have impact on ACOA behaviour.
10. Name and describe four childhood roles that an ACOA may experience.
11. Describe the impact of the childhood roles the ACOA's may experience in adulthood.
12. Name five behaviours displayed by ACOA's.
13. Define the term, co-dependency.
14. Name and describe four symptoms of post-traumatic stress disorders.
15. Name four recovery tools that ACOA's can use in their healing journey.
16. Name and describe six recovery stages for ACOA's.
17. Describe, in your own words, what recovery means to you.

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Family Violence (FV) Module

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This supplementary workshop focuses on awareness and knowledge of family violence. Participants are given the opportunity to explore their own attitudes of this issue.

- * The FV module runs once per training year for 5 days.
- * The pre-requisite is completion of both the CAT and ACT Series.

[Spousal Abuse](#)
[Child Maltreatment](#)
[Elder Abuse](#)

Spousal Abuse - Course Objectives

Participants will be able to:

1. List three historical factors which impacted the lives of Native people.
2. Describe three ways in which these historical factors still affect Native people.
3. Describe three common characteristics of the batterer and the victim.
4. Describe three common theories relating to violence and abuse.
5. Draw and label the Cycle of Violence.
6. Describe three reasons why a person stays in a violent relationship.
7. Describe the five stages in a battered person's experience.
8. Name four things a counsellor needs to know when assessing an abusive situation.
9. Describe the Treatment indications for a dually-affected couple.
10. Explore safety plans for individuals living in violent situations.
11. Explore the legal implications of remaining in or leaving a violent relationship.
12. Examine treatment issues for batterers.
13. Explore alternatives for intervention, prevention and treatment at a community level.
14. Explore anger and conflict issues.
15. Describe two ongoing relationship issues which create conflict.

16. Describe three issues for children who live with spousal violence/abuse.

Child Maltreatment - Course Objectives

Participants will be able to:

1. Identify emotions which are triggered by the subject matter.
2. Define the three main categories of abuse.
3. Name three symptoms for each category of abuse.
4. Describe the relationship between substance abuse and child abuse in Native communities.
5. Provide a legal and clinical definition of incest.
6. Name and describe the facts in five common myths about incest and child sexual abuse.
7. Name four common characteristics of the victim, the non-offending spouse and the offender in an incestuous family.
8. Describe the four key steps in treating a dually-affected family.
9. Name three basic steps involved with reporting cases of abuse and incest.
10. Name three basic needs of each member of the incestuous family.
11. Name the five stages in Elizabeth Kubler-Ross' Grieving Process and relate them to the losses experienced by the abused child.
12. Describe the link between the stage of denial in the grieving process and the denial stage in community awareness.

Elder Abuse - Course Objectives

Participants will be able to:

1. Define the term, elder abuse.
2. Describe the traditional role of an Elder within the context of Native culture.
3. Name four categories of Elder abuse within the Native community.
4. Name three symptoms of each category of abuse.
5. Explore their attitudes about aging and the elderly.
6. Name three characteristics of an abused and an abuser.
7. Name three factors which lead to abuse of the elderly.
8. Describe the ways in which grieving issues are linked to depression and/or acting out behaviours in the elderly person.
9. Describe the strengths and weaknesses of the support systems for the caregivers of the elderly which are available in their communities.
10. Identify resources for dealing with issues of Elder abuse which are available in their communities.
11. Describe their feelings about working with the abuse of the elderly.
12. Complete a personal assessment of their personal well-being using the four quadrants of the Medicine Wheel.
13. Describe the strengths and weaknesses of their skill level in relationship to their role as caregiver.

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APPENDIX 3 - Mobile Treatment Daily Schedule

Week 1: May 7th to May 12th, 2001

| Time | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|------------------------------------|-----------------------------------|----------------|-------------------------------------|------------------------------|----------------|
| 8:30 am | Prayers & Hugs | Prayers & Hugs | Prayers & Hugs | Prayers & Hugs | Prayers & Hugs | Prayers & Hugs |
| 9:00 am | Welcoming clients & staff | Primary Groups | C | Primary Groups | Primary Groups | Where are we? |
| 10:15 am | Break | Break | L | Break | Break | Where are we? |
| 10:30am | Rules & Regulations Lunch Break | Alcohol as Disease Lunch Break | T | AA Meeting Step 1 Lunch Break | Enabling | Where are we? |
| 12:00 pm | Fun & Games | Alcohol as Disease | U | Trust Exercises | Lunch Break | End of session |
| 1:30 pm | Personal Awareness Break | Big Group Discussion Break | R | Trust Exercises | Non-enabling | F |
| 2:00 pm | Groups | Fun & Games | E | Trust Exercises Discussion Break | Discussion Enabling Break | R |
| 3:00 pm | End of session | End of session | D | Groups | Fun & Games | E |
| 3:15 pm | Staff meeting | Staff meeting | A | End of session | End of session | Staff meeting |
| 4:00 pm | | | Y | Staff meeting | Staff meeting | |
| 4:15 pm | | | | | | |

Week 2: May 14th to May 19th, 2001

| Time | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|-----------------|------------------------------|----------------|-------------------|----------------|----------------|
| 8:30 am | Prayers & Hugs | Prayers & Hugs | Prayers & Hugs | Prayers & Hugs | Prayers & Hugs | Prayers & Hugs |
| 9:00 am | Grief & Suicide | Primary Groups | C | Primary Groups | Primary Groups | Where are we? |
| 10:15 am | Break | Break | L | Break | Break | Where Are we? |
| 10:30 am | Grief & Suicide | Alcoholism as Family Disease | T | AA Meeting Step 2 | Love & Respect | Where are we? |
| 12:00 pm | Lunch Break | Lunch Break | U | Lunch Break | Love & Respect | End of session |
| 1:30 pm | Grief & Suicide | Big Group | R | One to One | Affirmations | F |
| 2:00 pm | Grief & Suicide | Big Group | E | One to One | Affirmations | R |
| 3:00 pm | Break | Break | | Break | Break | E |
| 3:15 pm | Grief & Suicide | Fun & Games | D | Big Group | Fun & Games | E |
| 4:00 pm | End of session | End of session | A | End of session | End of Session | |
| 4:15 pm | Staff Meeting | Staff Meeting | Y | Staff Meeting | Staff Meeting | |

Week 3: May 21st to May 26th, 2001

| Time | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|----------------|-----------------|----------------|-------------------|----------------|----------------|
| 8:30 am | Prayers & Hugs | Prayers & Hugs | Prayers & Hugs | Prayers & Hugs | Prayers & Hugs | Prayers & Hugs |
| 9:00 am | Affirmations | Family Violence | C | Primary Groups | Primary Groups | Where are we? |
| 10:15 am | Break | Break | L | Break | Break | Where Are we? |
| 10:30 am | Primary Groups | Family Violence | T | AA Meeting Step 3 | Honesty | Where are we? |
| 12:00 pm | Lunch Break | Lunch Break | U | Lunch Break | Lunch Break | End of session |
| 1:30 pm | Religion | Small Group | R | Video | Affirmations | F |
| 2:00 pm | Big Group | Small Group | E | Video | Affirmations | R |
| 3:00 pm | Break | Break | | Break | Break | E |
| 3:15 pm | Spirituality | Fun & Games | D | Big Group | Fun & Games | E |
| 4:00 pm | End of session | End of Session | A | End of Session | End of session | |
| 4:15 pm | Staff Meeting | Staff Meeting | Y | Staff Meeting | Staff Meeting | |

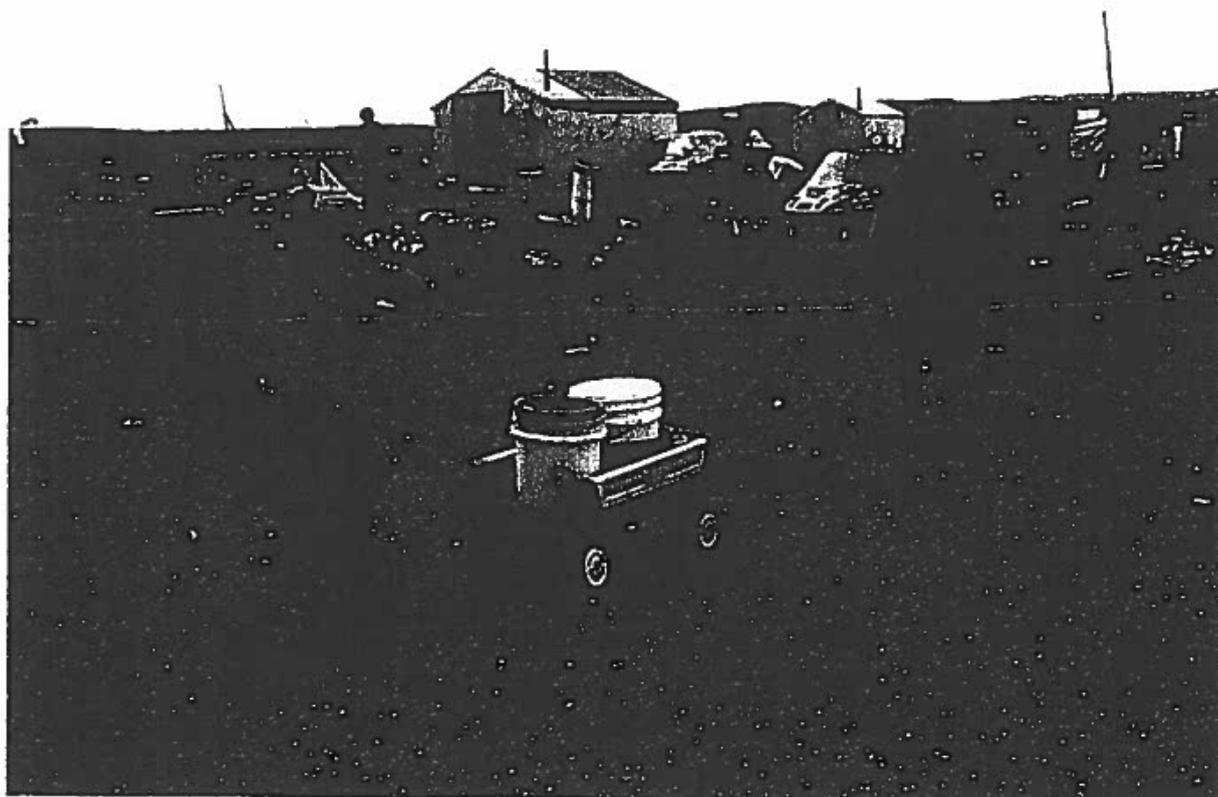
Week 4: May 28th to June 2nd, 2001

| Time | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|-------------------------|----------------|----------------|-------------------|--------|----------|
| 8:30 am | Prayers & Hugs | Prayers & Hugs | Prayers & Hugs | Prayers & Hugs | G | G |
| 9:00 am | Primary Groups | C | C | Primary Groups | R | O |
| 10:15 am | Alcoholism Gas sniffing | U | U | Break | A | I |
| 10:30 am | Video | L | L | AA Meeting Step 4 | D | N |
| 12:00 pm | Lunch Break | T | T | Lunch Break | U | G |
| 1:30 pm | A.C.O.A | U | U | Anger Management | A | |
| 2:00 pm | A.C.O.A | R | R | Anger Management | T | H |
| 3:00 pm | Break | E | E | Break | I | O |
| 3:15 pm | Big Group | D | D | Aftercare | O | M |
| 4:00 pm | End of Session | A | A | End of Session | N | E |
| 4:15 pm | Staff Meeting | Y | Y | Staff Meeting | | |

Appendix 4 - Rules and Regulations

1. Be on time
2. No smoking in the meeting room
3. No side talking when someone is sharing
4. No interruptions when someone is talking
5. No more than two people may leave the room at a time (eg, washrooms)
6. Breaks are 20 minutes long
7. Keep the buildings clean

Note that there was no written rule on alcohol and drugs, although clients understood that they were not to use either during the program.



APPENDIX 5 - Client Evaluation Questionnaire

1. Did you learn and enjoy the program?
2. Is there anything you would like to see changed in the program?
3. Did you like the location of the program?
4. Was it helpful that the program was delivered in Innu Aimun?
5. Would you recommend this type of program to others?
6. Was it helpful to work with family members and other relatives in the program?
7. Were your needs met in the program?
8. Was there enough time allotted for the subjects covered?
9. Were you comfortable having Innu Counsellors?
10. Do you feel that five weeks was long enough?
11. Was there enough recreation for adults? Youth? Children?
12. Were supplies/food adequate?
13. What part of the program did you enjoy the most?
14. What part of the program did you not enjoy?
15. Did you enjoy the AA aspect of the program ie meeting and step work?
16. How were the elders helpful to you?
17. If you have been to another treatment program, how would you compare the mobile treatment to that other program? (much worse, worse, same, better, much better)
18. In your own words, briefly describe your experiences and feelings about the program.

Playing musical chairs.



APPENDIX 6 - Client EvaluationsQuestion 1

Yes: 14

No: 0

Question 2

Yes: 6

No: 7

No answer: 1

Qualitative answers:

Elder must go all time when in meetings in program once week is not enough for elder

I like to see a therapist working with clients. More AA step work. More presentations

I would like to see more counsellors

We need more counsellors

People changed

More counsellors and more clients

Question 3

Yes: 14

No: 0

Question 4

Yes: 14

No: 0

Question 5

Yes: 14

No: 0

Question 6

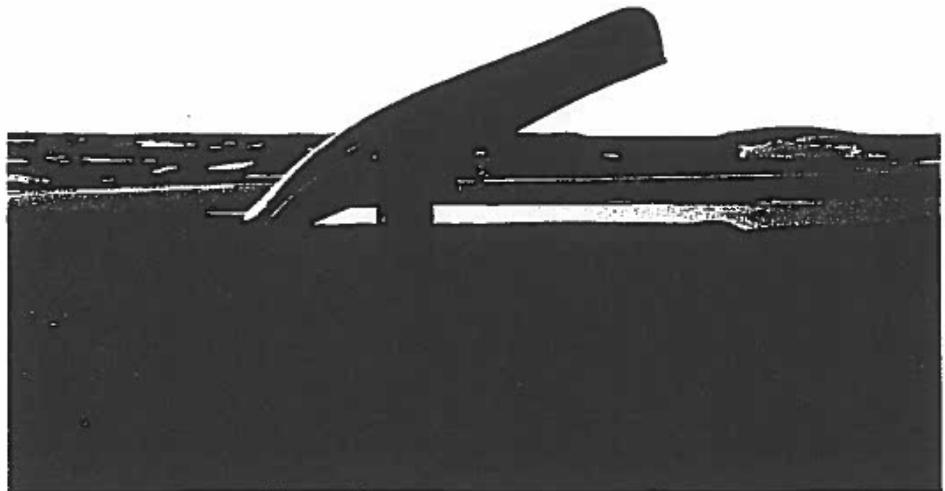
Yes: 14

No: 0

Question 7

Yes: 14

No: 0



Question 8

Yes: 10

No: 3

No answer: 1

Question 9

Yes: 14

No: 0

Question 10

Yes: 9

No: 5

Question 11

Adults:

Yes: 11

No: 3

Youth

Yes: 9

No: 3

No answer: 2

Children

Yes: 9

No: 5

Question 12

Yes: 13

No: 1

Question 13

Everything I like there sweat lodge there nothing worry out there, games, hunting, fishing

Group counselling

Support groups/big groups, workshops

Groups counselling, games, sweat lodge

I enjoy the elders when they are sharing

Hugs, sharing, games

Sharing/sweat lodge

Goose hunting, caribou hunting, games

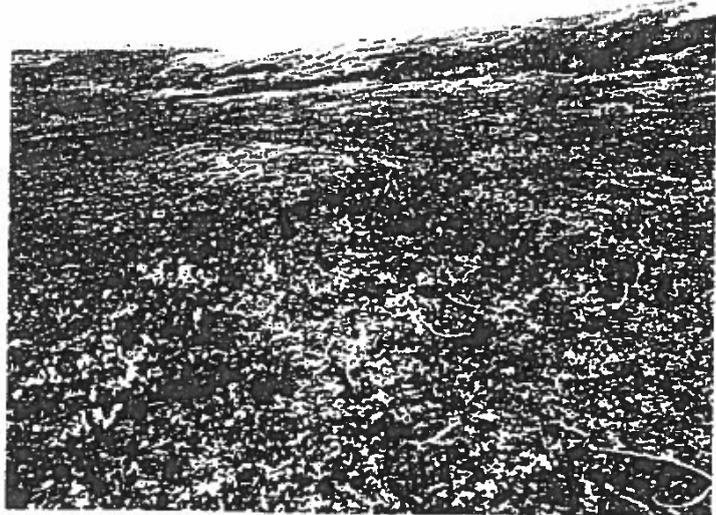
Hunting, fishing, meetings



Like most sweat lodge and meetings, seeing people and visiting
 Games, sweat lodge
 Everything also games and group counselling
 Everything
 Meetings, games, group meeting

Question 14

There no time for everybody for group meeting and more counsellor (four counsellor)
 Nothing
 Breaks
 Nothing
 Baby sitter
 Nothing
 After the meeting
 Don't know
 Lateness
 Being late
 I don't enjoy picking up the garbage
 Nothing
 Pick up garbage/getting wood
 Nothing



Question 15

Yes: 14
 No: 0

Question 16

I'm happy for them and I like them elders
 They helpful and they should to stay more every day like fives days, half day
 By teaching us our way of life
 Very helpful
 Helpful
 Elders are very helpful
 Yes
 I enjoy elders
 Yes very helpful
 Yes
 Elders were very helpful like telling stories
 Good helpful
 Respect and listen others. To respect the nature and animals
 Good very helpful

Question 17

Much worse: 0

Worst: 0

Same: 1

Better: 2

Much Better: 9

Two respondents had not been to another treatment program.

Question 18

I more comfortable when I speak Innu and learn
In my own words the treatment was very strong. The Counsellors were positive on everything
and the client to it helped me a lot to deal with my past life and I thank God for my rehabilita-
tion. I like to see more people go there. I like it a lot.

I like when I speak my own language and learn

I'm happy for my using for my language and more comfortable

Like there because I speak most Innu all time and counsellor are positive to me and clients
are helpful to me too.

I can understand more better when I speak Innu

I like new clients

I like this program, counsellors have lots of experience. I like listening their own problems

I feel better everyday and is good program

I enjoy the program because I can understand the Innu Eimun and I feel much comfortable
with others with the same language

Feeling good

Client digging in to graduation cake



Mushuau Innu Health Commission

 (709) 478-8821 Tue, Jun 19, 2001 11:49 AM 5/12

Mobile Treatment Program
Annual Budget - April 1, 2001 to March 31, 2002
 (Three 12 week programs per year)

| <u>Salaries</u> | <u>Qty</u> | <u>No. weeks</u> | <u>Cost per week</u> | <u>Total</u> | |
|--|-----------------|------------------|----------------------|--------------|----------------|
| Mobile Treatment Director | 1 | 52 | 1250 | 65000 | |
| Family Treatment Director | 1 | 52 | 1250 | 65000 | |
| Camp Coordinator | 1 | 30 | 865 | 25950 | |
| Counsellors | 4 | 24 | 865 | 83040 | |
| Elders | 2 | 52 | 865 | 89960 | |
| Cultural Workers | 2 | 52 | 769 | 79976 | |
| Youth Workers | 2 | 24 | 500 | 24000 | |
| Wood Cutters | 4 | 24 | 500 | 48000 | |
| Cooks | 2 | 24 | 500 | 24000 | |
| Baby Sitters | 2 | 24 | 350 | 16800 | |
| Professional fees | | | | 30000 | |
| Employer benefits @ 15% | | | | 45000 | |
| Sub-Total | | | | | 596726 |
| | | | | | |
| <u>Transportation</u> | <u>Quantity</u> | <u>Cost each</u> | | <u>Total</u> | |
| Skidoos | 6 | 7000 | | 42000 | |
| Boats | 2 | 8000 | | 16000 | |
| ATVs | 2 | 7000 | | 14000 | |
| Transportation repairs and maintenance | | | | 15000 | |
| Charters | 75 | 4000 | | 300000 | |
| Gas | 75 | 205 | | 15375 | |
| Travel to meetings | | | | 15000 | |
| Sub-Total | | | | | 417375 |
| | | | | | |
| <u>Supplies</u> | <u>Quantity</u> | <u>Cost each</u> | | <u>Total</u> | |
| Propane | 18 | 175 | | 3150 | |
| Stove oil | 60 | 175 | | 10500 | |
| Camp supplies | | | | 38100 | |
| Food and cooking | | | | 61500 | |
| Cultural and treatment supplies | | | | 16590 | |
| Office supplies + communication | | | | 39900 | |
| Building repairs and maintenance | | | | 15000 | |
| | | | | | 184740 |
| | | | | | |
| <u>Communication</u> | | | | | |
| Bush radio, antenna | 3 | 2500 | | 7500 | |
| Satellite phone usage | | | | 15000 | |
| | | | | | 22500 |
| <u>TOTAL:</u> | | | | | 1221341 |

APPENDIX 7 - Budget