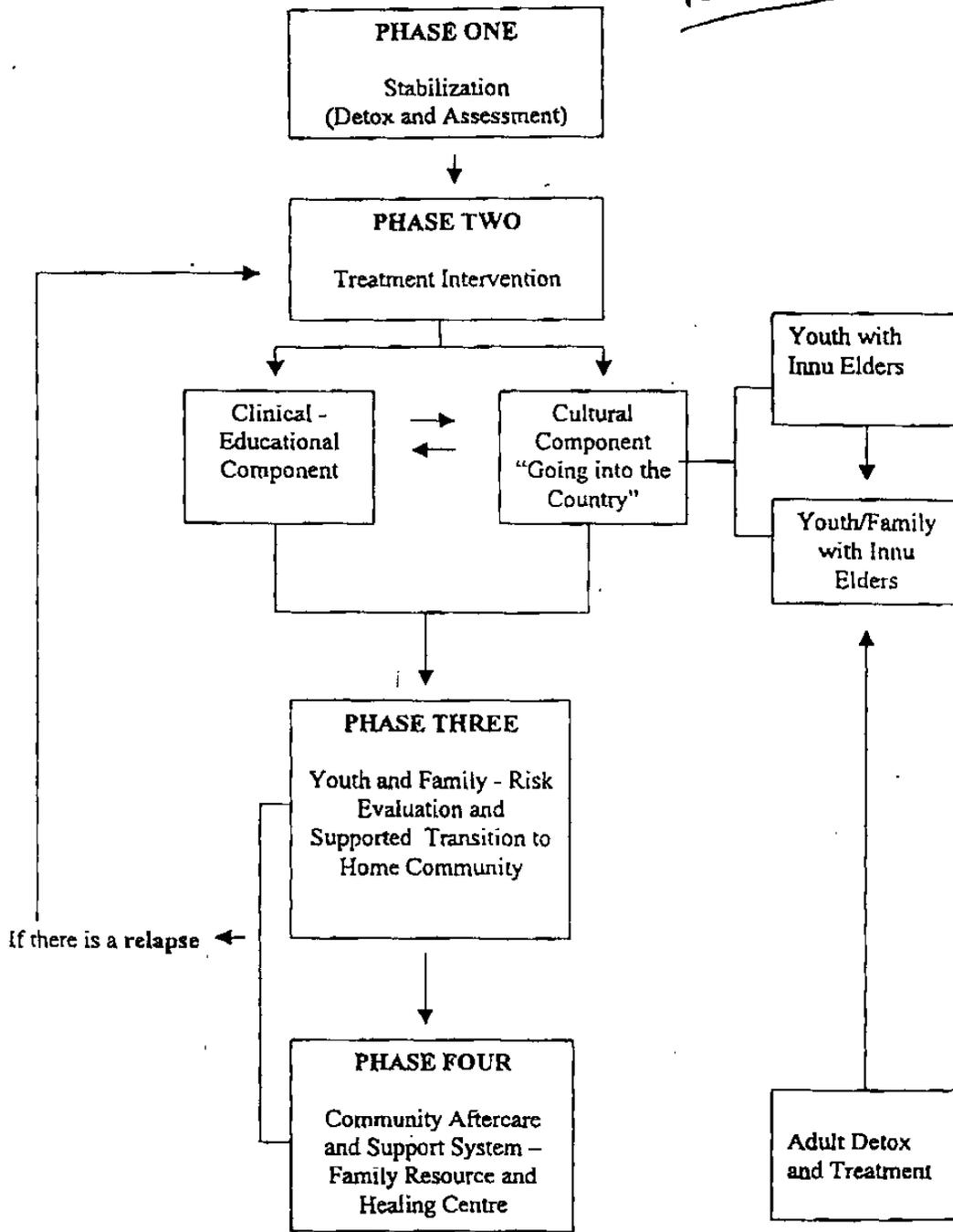




TREATMENT PROTOCOL FOR SOLVENT ABUSE INTERVENTION

Feb 20, 2001



PHASE ONE: Stabilization (Detox and Assessment - Four to Six Weeks)

The purpose of phase one is to stabilize the youth and start the therapeutic engagement by addressing the immediate health concerns inherent in the abuse of solvents and completing a multi-disciplinary (clinical, medical, cultural, and social) assessment. Initially, the youth should be medically assessed to determine any physical health concerns and then started on dietary intervention that helps to cleanse the body of the toxic solvents. An important part of the engagement process with the youth is accomplished through the meeting of their basic physical and emotional needs in a nurturing and consistent manner. When the youth has been physically and emotionally stabilized, a multi-disciplinary assessment should be completed and will help the program to better understand the unique needs and strengths of the young person so that an individualized treatment plan can be created. As part of the treatment planning, the youth should be encouraged to start talking about their personal concerns and to explore their own personalized treatment needs. Based upon the youth's input and the assessment results, a formal treatment plan and intervention should be developed. The individualized treatment plan and intervention created for each youth will be used as a starting point in phase two and may need to be modified, based on the evolving needs of the youth. By the end of phase one, the young person should have a clearer understanding of and be able to verbalize their needs and wants around their own personal concerns and cultural growth. They should know what the clinical and cultural expectations of next treatment phase (phase two) will look like. Also, an exploration of the young person's cultural identity should be started through their attendance in ceremonies, cultural teaching and general processing groups.

PHASE TWO: Treatment Intervention (Six to Twelve Months – longer if the clinical and psychosocial needs of the client are severe)

Phase two should encompass two equally important components – the clinical and cultural interventions. Upon entering phase two, a coach should be assigned to each youth who will act as an advocate and work with the youth through out their treatment stay around progressing towards their treatment goals. The clinical component would include educational groups (e.g., drug education, relapse planning, health education, peer leadership and mentoring skills, life skills, anger management, problem solving, cultural teachings, etc.), therapeutic processing groups (e.g., topics like peer pressure, family of origin issues, cultural identity, individual, family and community violence, gender issues, etc.), individual therapy (e.g., personal concerns like past abuse or trauma, feelings of abandonment/rejection, self-identity issues, family of origin issues, personal values, emotional turmoil – anger/anxiety, psychological concerns like depression, suicidal ideation, post traumatic symptoms, grief and loss issues, addictive thought patterns, etc.) and family therapy (parenting issues, clarifying roles, communication patterns, etc.) as well as recreational interventions (e.g., groups and activities designed to expand the youth's recreational abilities and skill base). An important role of the cultural activities should be to prepare the youth for their participation in the "going into the country" experience.

When the youth are perceived as ready from a clinical and cultural perspective, they will be invited to participate in a cultural treatment intervention – "going into the country". This cultural treatment intervention involves two parts: 1) youth with the Innu elders and 2) youth and the family members with Innu elders. The initial cultural component would allow the youth to participate in cultural teachings (e.g., rituals, Innu history, stories, nature teachings, hunting practices) and rituals. The second part involves the families participating in cultural activities with the youth and provides a context for family healing and the reclaiming of roles and rituals for passing on cultural values from one generation to another. The purpose of this experiential

cultural intervention is to help the youth regain a sense of their heritage, develop a spiritually based value system, provide an opportunity to practice their cultural ways and new coping skills and to re-establish constructive family interactions. It will also provide an opportunity for the family members to develop a value system that would guide them towards embracing a healthier lifestyle and a stronger sense of purpose as well as an ability to support each other in the home community

Phase two will normally last six to twelve months depending on the progress the youth is making towards his/her treatment goals. In certain cases, the youth (especially those youth who are chronic users with an early onset of solvent use and are experiencing significant clinical and psychosocial deficits) may need an even longer stay in the clinical component of treatment with a therapeutic intervention that is more developmental and needs specific in its approach. The purpose of phase two (clinical and cultural components) is to invite youth to develop new coping skills and values in order to effectively address their solvent abusing behaviours, past trauma, and life stressors with the goal of enhancing his/her confidence and sense of self. The young person will be encouraged to become responsible for his/her actions, to take advantage of the cultural and therapeutic opportunities, to become self-motivated to work on understanding why he/she used solvents to cope with life stressors and to learn new ways that will help them maintain sobriety. This will be accomplished by providing a treatment program that will wholistically address their cognitive, physical and spiritual needs through clinically based interventions and providing an opportunity to participate in a "going into the country experience" (see Appendix A for an outline of the two-part cultural intervention).

Phase two should also include a strong educational component so that the youth can be re-integrated into the academic setting with a stronger sense of confidence and ability. Recreational opportunities and training need to be strong part of the treatment intervention with the goal of teaching the youth how to initiate and participate in constructive ways to entertain themselves and develop a sense of pride in their physical and mental abilities. During phase two, family involvement needs to be perceived as essential. Research clearly shows that when youth perceive their family members or caregivers as supporting them and willing to participate in the healing process, the degree of success in treatment is greatly enhanced.

PHASE THREE: Risk Evaluation and Transition to Home Community (Four Weeks)

Phase three would occur back at the treatment center is used to evaluate and review the young person's new skills, cultural/personal values, relapse plan and ability to continue their healthier lifestyle in order to determine degree of risk and required supports in the home community. By now, the program should have developed a clear sense of the young person's strengths and weaknesses and what supports he/she (as well as the family in general) will need in order to maintain their desired healthier lifestyle and advocate for themselves when at risk of relapsing. During this time period, the young person and their coach should have developed a relapse plan and strategies aimed at the young person both understanding his/her risk factors around returning home and feeling more confident about his/her new sense of self in all areas of life. Also, community supports systems (e.g., counselors, supportive extended family members, resource/healing centre participants, health agencies, Innu elders, etc.) should be invited into this transition process. Information around how the program was able to nurture success with the young person and the family as well as the relapse plan should be communicated with the extended family and support systems in the home community. Before returning home, the young person should be provided the opportunity to say good-bye in a positive manner and allow others to celebrate the success they had while in the treatment program through a parting ceremony.

PHASE FOUR: Community Aftercare and Support System

Phase four involves the support system that the home community will need in order to help the youths and their families continue practicing the healthier lifestyle they learned about and embraced in treatment. This aftercare component is essential since from a therapeutic perspective, real treatment starts when a youth or his family members have to draw upon their newly learned skills and face the life stressors that caused them to abuse solvents and substances in the first place. The support system should have a systemic focus (e.g., medical, cultural, educational, social services, etc. working together) and needs to be community based. It will need to be easily accessed and inclusive enough to address the individual needs of youth, adults and families as a whole. Some potential ideas might include a resource and healing centre where youth, adults and families could access a variety of resources (e.g., youth and family recreational activities, AA and NA support groups, youth mentoring program, cultural activities and elder support, individual and family counseling, parenting courses and support groups, etc.). A stabilization program where a family, their children could come and stay for a brief period of time (e.g., 3 to 5 days) and stabilize and receive support when they are perceived to be at risk or are feeling at risk. Another idea might involve a mobile community crisis team that would go to the homes of families in crisis or when at risk in order to help stabilize or help them access the necessary resources.

The community support system needs to work in a collaborative manner with the Stabilization and Treatment programs. It should also be understood that if a youth relapses during the transition phase or when in the community, the opportunity to restart the treatment protocol from the beginning would be a possibility. Overall, the goal of the treatment program and community support system is to offer an invitation to a relationship with the young person and their family that nurtures respect and the opportunity to learn new ways of developing a healthier lifestyle based on the values of their cultural heritage. The community resources and treatment program need to work together since the treatment program only plays a partial role in the success of the young person's recovery and ability to maintain his/her desired lifestyle in their home community.

APPENDIX A**Child and Youth Country Treatment Program**

*Draft Proposal
January 18, 2001*

Introduction

The Mushuau Innu are working hard to develop and implement programs to address the social problems that plague the community of Davis Inlet. One method of treating solvent and alcohol dependence that has been successful in the past are the country based treatment programs for both youth and adults that have been held at Ashuanapun (Border Beacon), Kanishushekestast (Flower's Bay) and other places in the country.

A country-based treatment program is needed to help address the issue of solvent abuse and family collapse in the community of Davis Inlet. Children and youth will enter this program following a four to six week detox period. This program will be run in conjunction with a clinic where children and youth can receive psychological counselling to prepare them to go into the country. An adult detox and treatment program will be run in parallel to the youth program.

At the end of the Youth Country Treatment Program, we want the children and youth to feel an important connection to the land and incorporate this connection into their own value system. We also want to prepare the children and youth for the Family Treatment Program.

Background

For thousands of years, the Mushuau Innu have been living undisturbed on what is now called the Quebec-Labrador peninsula, known as Ntessinan to the Innu. Moravian, Catholic and Pentecostal missionaries started visiting the Innu in the early twentieth century, beginning the process of assimilation that slowly began destroying Innu culture. An influx of trappers, settlers and diseases they brought further alienated the Innu from their land and culture. Gradually, the Innu began to depend heavily on traded goods such as flour, lard, sugar, tea and European clothes, as well as the Catholic religion. In 1967, the Innu were settled on Iluikoyak Island by government agencies, cutting them off from their traditional territory for several months of the year during winter freeze up and the spring thaw.

This process served to disconnect the Innu from their land, culture and spirituality. Innu leaders blame this disconnection and subsequent family breakdown for many of the social problems that exist in the community today, including alcohol and solvent abuse. A major part of the healing process must include a re-connection to the land, to Innu cultural values and to Innu spirituality.

Goal and Objectives

The goal of this program is to reconnect the children and youth to country life and Innu values and Innu spirituality. At the end of this program, the children and youth should realize that they have choices in life – principally, that they can choose to lead a happy and health life free from solvent dependency.

The objectives of the program are to:

1. Teach them about the geography of Ntessinan
2. Give them the skills necessary to live in the country
3. Pass down Innu cultural values
4. Teach and practice Innu spirituality
5. Teach Innu history
6. Let them have fun in the country
7. Provide counselling and education of a variety of topics

Programming

Past experience has taught us that we can take groups of up to eight to ten children and youth to the country at a time. We have also had good experiences with using peer counselling in our country treatment programs. This involves taking non-solvent abusing children and youths along with solvent abusers to show that solvents are not needed to cope with life. The total amount of solvent abusers that will be taken into the country at a time will likely be six to eight, with about two to four peer counsellors.

With roughly 35 children and youth in detox at the moment, the program will have to be run at least five times, and, if there is a need for some children or youth to repeat the program, maybe as many as ten times.

At present, we are planning to run eight programs in four different locations. Two programs will be run back to back at each location. The four locations are Big Bay, Kamistassin, Border Beacon and Voisey's Bay. Staff needed to run the programs includes Innu counsellors, elders, an outside counsellor and cooks, as well as a project manager.

The objectives of the program will be implemented through many different activities. The program will focus on learning by doing, and on developing social skills and values by participating in activities.

Objective	Activities
1. Teach geography of Ntessinan	<ul style="list-style-type: none"> • Bring children and youth to different places of importance (good hunting/fishing places, burial sites, shaking tent sites...) • Show and describe winter and summer travel routes • Teach place names and what they mean • Teach why places are given certain names and why they are important
2. Country skills	<ul style="list-style-type: none"> • Go fishing and hunting • Teach how to clean animals • Show how to treat the animals with respect during different times of the year

	<ul style="list-style-type: none"> • Show how to set up a tent properly and how to take care of it • Teach other skills such as making snowshoes, smoking caribou hide, making moccasins
3. Pass on Innu cultural values	<ul style="list-style-type: none"> • Show Innu value system, such as sharing the animals, following the utshimau, etc...
4. Teach and practice Innu spirituality	<ul style="list-style-type: none"> • Prepare mukushan • Play the drum • Hold drum dance • Build sweat lodge and hold sweat • Discuss the meaning and importance of dreams • Preparing and using Innu medicines
5. Teach Innu history	<ul style="list-style-type: none"> • Tell legends at night
6. Have fun in the country	<ul style="list-style-type: none"> • Slide down hills • Make traditional toys • Hold shooting and other contests • Play traditional games
7. Provide counselling and education	<ul style="list-style-type: none"> • Provide counselling • Hold sessions on sexual abuse, family violence, peer pressure, healthy lifestyles and other topics

Each child or youth will go through the program once. Clients will be able to repeat the program if necessary.

Integration with other Programs

The country-based youth camps will have three phases. Phase one, which will last two weeks, is described here. At this time, the youth and support workers will be at the camp on their own. During phase 2 they will go on a long hunting trip while the parents occupy the camp and undergo treatment as described in the Adult Country Treatment Program. The outside counsellor will stay in the camp at this time and work with the parents. During phase 3 children will re-integrate with their parents and the whole family will undergo treatment as a family unit. This is described in the Family Treatment Program.

After these programs are complete, the families will return to the community and continue to receive counselling at the Health Commission for a period of one to two years. There will be other follow up programs in the community as well, such as periodic gatherings and fun nights. Youth, adults, or whole families will be able to use the future Family and Cultural Renewal Centre in case of re-lapse or period of instability or crisis in the family.

Capacity within the Community

At present there are about six counsellors in the community who are qualified to run the youth country treatment program and who have been sober for a significant amount of time. There is a great need to train additional counsellors and help the counsellors who are presently drinking to sober up so that they can work in the youth and adult country treatment programs.

There are also three counsellors working at the Health Commission with a limited amount of training. These counsellors will be needed to provide support within the community.

Trainer/psychologist is needed in the community to increase capacity within the community.

This person would have three roles:

- (a) Assist trained counsellors to return to the healing path so that they may work on the country treatment programs
- (b) Provide training to the counsellors at the Health Commission, and to others if there is interest
- (c) Provide counselling services to community members

Resources Needed

Start-up Costs

Accommodations (such as tents and tent stoves) and supplies (such as axes, ice auger, pots, chainsaws...) for 18 people

Project Management

Project Coordinator

Travel, expenses, benefits

Technical support

Communications and Emergencies

3 bush radios (2 frequencies)

1 new frequency

satellite phone

Capacity Building

1 trainer/psychologist for six months

Treatment Camp Staff

2 elders

2 hunters

2 Innu counsellors

1 outside counsellor

Transportation

Transportation will be mostly by skidoo in the winter and boat in the summer. Skidoos and komatiks or canoes and 15 hp motors may be rented in the community for \$225 per week.

Airplanes may be needed to access the interior at certain times and to transport elders and young children to remote camps.

Food and Supplies

Food staples will be provided at a cost of \$50/person/week. Other supplies will be needed such as candles, rope, spark plugs, fish line, and hooks.

A detailed budget is attached to this proposal.

Conclusion

Country based treatment for the children and youth of Davis Inlet will not solve the social problems of the community on its own. The goal of this program is to re-connect the children and youth with the land and to bring them from a detox setting to a place where they are ready to be re-integrated with their families.

Resources Required for a Stabilization and Treatment Program

Physical Setting:

- Stabilization – secure residential setting with 8 beds
- Clinical Treatment – strongly supervised 8 bed residential setting and 12 beds located in caregiver homes (3 to 4 homes)
- Transition Home – a residence for families to stay in during the risk evaluation and transition planning in order to prepare for returning to the community
- this residence could also be used for families visiting their children during the clinical component

Human Resources:

- Management
 - 1 manager
 - 3 team leaders
- Frontline Staff
 - Stabilization – 7 staff
 - Clinical Treatment
 - residential – 8 staff
 - caregiver – 8 staff
- Complementary
 - 1 therapist
 - 1 nurse
 - 4 Innu cultural counselors
 - 1 maintenance
 - 1 recreational therapist
 - 1 cultural elder
 - 1 teacher
 - 1 intake/community liaison worker
- Contracted
 - computer/technical support
 - medical services (e.g., psychiatrist)
 - accounting and payroll services
 - initial and ongoing training of staff
 - program development, research and evaluation of treatment success
 - school based educational resources

Physical Resources:

- physical buildings
- furnishings and essentials (utensils, bedding, etc.)
- vehicles for transportation
- computers
- recreational equipment and access to resources
- security system
- food and other supplies
- program treatment material
- electronic equipment (TVs, VCR, etc.)

Things to Consider:

1. The treatment program will need to take into consideration the developmental needs (youth should be group according to age or developmental related abilities) and limitations caused by degree of abuse of solvents (severe users will need stronger supervision in light of their tendency to relapse). Taking these considerations into account will influence the type of physical setting required for a successful treatment program.
2. Staff and the physical setting are only part of a successful treatment program – there needs to be a treatment philosophy and culture that is effective in working with solvent abusers. Therefore, initial training and ongoing supervision/support of staff is essential.
3. An effective treatment program needs to have some flexibility around creative treatment interventions – program may need to have several different components to draw upon (secure and group home settings with a potential caregiver component).
4. The detox/treatment program should be in the same setting so as to not disrupt the engagement process and allow a greater length of time to develop a therapeutic relationship with the youth.
5. The detox/treatment program should be near medical resources to address any high-risk behaviours or relapses.
6. The treatment program will need to involve families in the treatment process and accommodate their needs when participating in the treatment program with their youth. Maintaining a strong relationship and communication with referral community helps develop trust and faith in the treatment interventions.
7. The treatment program will need to be aware of and develop a transition phase that complements the community based support system and after-care treatment interventions.