Council of the Atikamekw Nation

Project Number: 1311-QC

Case Study Report

Koskikiwetan

Written by:

Wanda Gabriel and Louise Tassé
Assisted by Melissa Gabriel-Ferland

Under the direction of:

Kim Scott, Kishk Anaquot Health Research

Prepared for:

Aboriginal Healing Foundation Board of Directors

2002

Table of Contents

Acknowledgements ..... **iii**

1. Introduction **1**

2. Project Description (Applying a Holistic Lens) **1**
- 2.1 Participant Characteristics 2
  - *2.1.1 Description of the Therapy Setting* 6
- 2.2 The Project Team—Personnel, Training, and Volunteers 6
- 2.3 Community Context 7

3. Using Common Sense—Data Collection Process 9
- 3.1 Thinking Logically: Activities and Results 10

4. Our Hope for Change **15**
- 4.1 Suicides 15
- 4.2 Physical Abuse 18
- 4.3 Sexual Abuse 18
- 4.4 Psychological Distress and Suicidal Thoughts and Actions 19
- 4.5 Alcohol and Drug Abuse 22
- 4.6 Perceptions of Change 23

5. Reporting Results **25**
- 5.1 Influencing Individuals—Workers and Participants 26
- 5.2 Influencing the Community 32
- 5.3 Partnerships and Sustainability 36
- 5.4 Reaching Those with Greatest Need 36
- 5.5 Accountability 36
- 5.6 Best Practices and Successes 36
- 5.7 Challenges 37
- 5.8 Lessons Learned 38

6. Conclusion **38**

7. Recommendations **39**

Notes 40

Appendix 1) Interview Questionnaire 42
Appendix 2) Evaluation Questionnaire 44

Tables

Table 1) Participation Rate by Activity, 1999–2000 3
Table 2) Overview of Participation Rate by Participant Characteristics 5
Table 3) The Atikamekw Social Services Team 7
Table 4) Population and Area of the Atikamekw Nation Communities in 2000 8
Table 5) Training and Therapy Activities, 1999–2000 13

Table 6) General Mortality Rate (per 1,000), 1996 ... 16
Table 7) Suicide Rate by Age Group, 1996 ... 16
Table 8) Proportion of Suicides by Age Groups Among the Atikamekw (1977–1998) ... 16
Table 9) Death by Suicide Based on Age and Gender, 1998 to 2002 ... 17
Table 10) Respondents Who Were Physically Assaulted Based on Gender, Age, Education, and Income in Wemotaci, 1997 ... 18
Table 11) Respondents Who Have BeenVictims of Sexual Abuse Based on Gender, Age, Education, and Income ... 19
Table 12) Respondents Aged 15 Years and Over Who Have Thought of Suicide, Planned, and Attempted Suicide ... 19
Table 13) Psychological Distress of Respondents Aged 15 and Over Based on Characteristics Related to the Household, 1997 ... 20
Table 14) Respondents Aged 15 Years and Over Who Thought of Suicide and Were Assaulted Sexually and/or Physically in 1997 ... 20
Table 15) Respondents Who Consulted a Health Professional After a Suicide Attempt Based on Age, Gender, Marital Status, Education, Occupation, and Income, 1997 ... 21
Table 16) Suicide Attempts Among Respondents Aged 15 and Over Based on Gender and Method Used ... 22
Table 17) Alcohol and Drug Abuse Among Young Atikamekw (1992) and Quebec (1991) Based on Type ... 22
Table 18) Drug Use of Respondents Aged 15 and Over Among the Atikamekw of Manawan, the Cree, and the Inuit ... 23
Table 19) Alcohol Consumption of Respondents Based on Age, Gender, Marital Status, and Education ... 23
Table 20) Frequency of Participant Response on the Most Helpful Training Method ... 27

Figures

Figure 1) Performance Map—Koskikiwetan ... 10
Figure 2) Logic Model—Koskikiwetan ... 14
Figure 3) Perceived Magnitude of Change in Social Indicators ... 24
Figure 4) Perceived Change in Denial ... 32
Figure 5) Perceived Change in Understanding the Legacy ... 33
Figure 6) Perceived Change in Community Understanding of Traditional Healing ... 33
Figure 7) Perceived Change in the Use of Traditional Healing ... 34
Figure 8) Perceived Change in Community Spirit ... 34
Figure 9) Perceived Change in Improved Family Relations ... 35
Figure 10) Changes Noted in Participant Behaviour ... 35

Acknowledgements

We wish to express from the bottom of our hearts all our gratitude to the Atikamekw Nation and especially to the staff of the Koskikiwetan Project for their support and their very warm welcome during this study. We would particularly like to thank the people in the communities who opened their doors and hearts to us to tell their story and to share their experience, without which this study would not have been possible.

We would also like to thank our assistant, Melissa Gabriel-Ferland, for her help and good ideas. She took notes conscientiously and made sure that Wanda's use of the French language was appropriate.

A very big thank you to Kim Scott of Kishk Anaquot Health Research for her enormous patience, open spirit, valuable teachings, and wise advice.

During this whole collaborative effort, we both learned to complement each other with our respective knowledge and awareness. We are very satisfied and very happy to have been able to work together.

Thank you, *Nia : wen*

Wanda Gabriel and Louise Tassé

[*Editor's note: This report has been translated from the original French version, with some omissions in order for the English text to flow.*]

1. Introduction

Thirteen case studies have been conducted to evaluate the impact of the Aboriginal Healing Foundation (AHF) on the well-being of communities, which are intended to provide detailed, holistic views of projects and their outcomes. Community support coordinators, under the facilitative guidance of Kishk Anaquot Health Research, have done the data collection, analysis, and synthesis.

The project, which forms the basis for this case study, is titled "Return to the source" or, in the Atikamekw language, *Koskikiwetan* (AHF-funded project 1311-QC). This project is divided into three phases, offering activities both at the individual and group level in the three communities of the Atikamekw Nation—Opitciwan, Manawan, and Wemotaci: 1) training of workers and counsellors and establishment of a support network; 2) awareness and education of the legacy of residential schools; and 3) healing.

Sources of information used for this study include project files (funding proposal, contribution agreement, quarterly reports), interviews conducted in the field with members of the project team and selected community service providers, and other documents and data collected.

2. Project Description (Applying a Holistic Lens)

Koskikiwetan is a continuation of the first pilot project (Miromatisiwinik) submitted to the AHF on 15 May 1999. Koskikiwetan[1] started in July 1999 and, at the time of writing, was in its third year of operation. The project serves the communities of Opitciwan, Manawan, and Wemotaci and has the same objectives as Miromatisiwinik: training of workers and counsellors and establishment of a support network; awareness and education regarding the Legacy; and healing. Koskikiwetan operated with a budget allocation of $517,317 from 1 July 1999 to 30 June 2000, and in the second year received $539,365 from 1 November 2000 to 31 October 2001, making a total budget of $1,056,682 for the two years of operation. This study focused on the period of operation between 1 July 1999 and 31 October 2001. This study specifically evaluated the outcome and impacts of activities related to training, therapy services, and development of a support network for which measurable data (qualitative as well as quantitative) are available.

Koskikiwetan seeks to restore individual and collective harmony in the communities in order to rediscover the pride and dignity lost during the time spent in residential schools. In the Atikamekw communities, the issue of the Legacy resurfaced in 1997 when an Atikamekw youth conference was organized as part of a series of local and national conferences and forums designed to examine different facets of social life in communities. Almost one-third of the members belonging to the Atikamekw Nation went to the Amos and Pointe-Bleue residential schools. Following a workshop on residential schools in 1998, the organizing committee responded to wishes expressed by participants by recommending the creation of community programs. The healing process began before the creation of the AHF, following the report of the Royal Commission on Aboriginal Peoples, as part of a process chosen by members of the communities rather than an endeavour influenced by external pressure. The Koskikiwetan team explained the contribution of the project to the healing process related to the Legacy:

> The project will contribute to complete the basic training of the majority of community workers and counsellors, in order to consolidate the human resources involved in community healing. The project will also contribute by offering culturally appropriate therapy in harmony with Atikamekw values. The therapy will take into account the existing intergenerational factors as well as specific needs of members of the Atikamekw Nation.

The main objective of the project is to promote a change towards individual and collective well-being by raising the level of awareness of the Legacy and diverse therapeutic and training activities in order to enhance the skills and knowledge of workers and counsellors. In regard to these training and therapeutic activities, the team formulated three specific objectives that correspond to three phases of the project:

- **Training local workers and counsellor**
  In order to complete the training cycle that began during the first pilot project (Miromatisiwinik), the team chose three training areas to provide workers and counsellors with specific skills and knowledge needed to respond to the Legacy. These training areas included: intervention techniques related to sexual abuse; crisis intervention; and group facilitation. Counsellors were initially invited to participate in sessions of Inner Child therapy and to commit themselves to this therapeutic process in order to provide training to others. The objective of this process was also to transform a five-day therapy into a 12-day therapeutic treatment that included information and on-the-land activities.
- **Offering a therapeutic process**
  Therapy was offered to residential school Survivors as well as their families. Six on-the-land therapeutic sessions were offered to each group and three were canoe expeditions for youth. The expedition was an intrinsic part of the therapy because one of the major consequences of residential schools was to tear away Aboriginal children from their culture and land. Each therapy session lasted 15 days (two sessions per month), one for adults and one for youth, held between March and August. Both groups met at the end of each month. "We have decided to do things this way out of a desire to build bridges between generations, since they have all suffered from the Legacy and its impacts, even if the context was different for each generation."
- **Psychosocial intervention, pre- and post-therapy**
  Community workers and counsellors were available for the entire duration of the project for continuity of psychosocial intervention. They were also invited to give pre- and post-therapy sessions. "In addition, several other types of activities are organized in each of the three communities to continue the work started by the first project. Within these activities, emphasis was placed on sharing circles to include as many people as possible in the healing process."

Koskikiwetan relied on existing local resources rather than outside experts in order to strengthen communication with existing networks at the local as well as regional level to ensure sustainability. The next section describes characteristics of the participants and project team including the Atikamekw Nation's three communities: Opitciwan, Wemotaci, and Manawan.

2.1 Participant Characteristics

Koskikiwetan focused on the residential school impact on families. The awareness-raising and therapeutic activities targeted participants of all generations. The Atikamekw Nation has a young population: 60 per cent are less than 25 years old. All ages were invited to participate in all healing activities without restriction: workshops, communal suppers, activities, therapeutic retreats, plays, meeting with Elders, forums, sharing circles, and individual sessions with a psychotherapist or psychologist (forums and/or meetings for youth accompanied by parents). Adults over 25 were invited to participate in training sessions and meetings between counsellors and project workers.

The target population included all Aboriginals. The project also served participants with special needs who were either residential school Survivors, their descendants who were affected, homosexuals, disabled individuals, non-Aboriginals, or Elders. Recruitment was to be done before the start of the Koskikiwetan project through information and awareness-raising and through the creation of committees and services, such as: a regional committee entrusted with the collection of stories from each community; local support committees; integration of healing services within existing health and social services; information sessions for young people (in schools, youth clubs); intercommunity sharing circles with other nations; and organization of public information sessions in each community. At the community level, the existing communication system was used: community radio and television, production of bilingual (Atikamekw–French) flyers, brochures, and meetings with leaders of the community. The video and play were used for information and awareness-raising. The team continued its promotion and awareness-raising work on a regular basis via the community radio and television, and local coordinators were responsible for the promotion of the project. In addition, the team ensured that each participant met with an agent from the Sûreté du Québec in order to conduct a criminal background check. To date, all participants do not have a criminal record.

Table 1 shows the participation rate by activity, gender, and age.[2] In the Opitciwan community,[3] children aged 0–14 did not participate in healing activities unlike Wemotaci and Manawan. In all communities, females doubled the number of male participants.

Table 1) Participation Rate by Activity, 1999–2000[4]

Activities/Communities	Age	Females	Males	Total
1) OPITCIWAN	0–14:			
	15–25:	9	5	14
	26–49:	43	16	59
	50+:	12	3	15
Limited showing of video	0–14:			
	15–25:	2	1	3
	26–49:	3	5	8
	50+:	1	2	3
Individual sessions	0–14:			
	15–25:			
	26–49:	5	3	8
	50+:	3	1	4
Public showing of video	0–14:			
	15–25:	4	2	6
	26–49:	22	3	25
	50+:	3		3
Therapy with a psychologist	0–14:			
	15–25:	3	2	5
	26–49:	13	5	18
	50+:	5		5
2) WEMOTACI	0–14:	1	5	6
	15–25:	23	13	36
	26–49:	84	44	128
	50+:	38	21	59
Workshop and supper	0–14:		1	1
	15–25:	1		1
	26–49:	16	2	18
	50+:			
Activities before showing of video	0–14:			
	15–25:			
	26–49:	9	9	18
	50+:	3	2	5

Activities/Communities	Age	Females	Males	Total
Training given by a psychologist on helping/ counselling others	0–14:			
	15–25:			
	26–49:	4	2	6
	50+:	3	3	6
Showing of video	0–14:	1	1	2
	15–25:	17	7	26
	26–49:	37	22	59
	50+:	20	4	24
Meeting between counsellors and trainees	0–14:			
	15–25:			
	26–49:	3	2	5
	50+:	3	2	5
Sharing circle	0–14:			
	15–25:	1		1
	26–49:	2		2
	50+:	4	2	6
In-the-bush therapy session	0–14:		3	3
	15–25:	2	3	5
	26–49:	5	5	10
	50+:	4	8	12
Therapy with a psychologist	0–14:	2	1	3
	15–25:	8	2	10
	26–49:			
	50+:	1		1
3) MANAWAN	0–14:	15	20	35
	15–25:	57	37	94
	26–49:	157	92	249
	50+:	48	33	81
Therapy with a psychologist	0–14:			
	15–25:	2	2	4
	26–49:	7	5	12
	50+:	2	1	3
Meeting with Elders	0–14:			
	15–25:			
	26–49:	3	2	5
	50+:	4	6	10
Presentation of the play	0–14:	15	15	30
	15–25:	22	18	40
	26–49:	70	49	110
	50+:	11	9	20
Meeting with adolescents	0–14:	6	1	7
	15–25:			
	26–49:			
	50+:			
Forum with Education Services	0–14:		1	1
	15–25:	20	15	35
	26–49:	31	23	54
	50+:	25	15	40
Individual sessions with a psychotherapist	0–14:		4	4
	15–25:	4		4
	26–49:	15	8	23
	50+:			
Video launch	0–14:			
	15–25:	2	1	3
	26–49:	17	12	29
	50+:	6	1	7
Total number of participants in the three communities	0–14:	16	25	41
	15–25:	89	55	144
	26–49:	282	152	434
	50+:	98	57	155
GRAND TOTAL		**485**	**289**	**774**

Table 2 shows participant characteristics in the three communities by age, status, social group, and gender during the first and second years of operation, 1990 to 2000 and 2001 to 2002. During the first year,

the majority were registered female Aboriginal participants residing on reserve. Also, the number of non-Aboriginal participants was higher in Manawan where the total number of participants was highest. By the second year females were still participating in greater numbers, and there was also an increase in participants aged 50 and over. The number of non-Aboriginal participants showed a marked decrease in the second year, from 70 to two, and the overall participation rate decreased by 3 per cent. On the other hand, participation of residential school Survivors increased by 1 per cent and Elder participation remained the same.

Table 2) Overview of Participation Rate by Participant Characteristics[5]

	Females		Males		Total	
	1999–00	2000–01	1999–00	2000–01	1999–00	2000–01
Age group						
0–14	16	7	25	20	41	27
15–25	89	66	55	62	144	128
26–49	282	164	152	72	434	236
50 and over	98	111	57	57	155	168
Status of participants						
Registered, living on reserve	435	308	252	185	687	493
Registered, living off reserve	11	27	8	3	19	30
Non-registered, living on reserve						
Non-registered, living off reserve		1				1
Non-Aboriginals	39	1	31	1	70	2
Total	**485**	**337**	**291**	**189**	**776**	**526**
Participant social group						
Residential school Survivors	162	228	75	94	237	322
Descendants affected	84	102	63	90	147	192
Homosexuals						
Disabled						
Non-Aboriginals	8		9		17	
Elders	9	7	4	5	13	12
Total	**263**	**337**	**159**	**189**	**422**	**526**

From quarterly reports, the project team reported several serious difficulties and challenges. Since the team did not participate in the AHF national survey, we cannot compare with other AHF-funded projects. From the beginning, encouraging participation was an arduous and lengthy process as people were still reticent and showed resistance toward the project. The team had to make personal contact by phone and letter in order to ensure good participation at the information sessions after having to postpone these several times.

Community radio was the most effective media with the exception of Wemotaci where it only worked sporadically. Research for the video production began in December 1999, and because editing was poorly done, the launch of the video was delayed several times. The communities are divided along two schools

of thought when it comes to the Legacy: people deny the Legacy and do not accept there is a need for healing; and people feel the need to get support to begin their healing work.

2.1.1 Description of the Therapy Setting

Therapy sessions were conducted in the bush/wilderness; one in winter and the other in summer. The winter site is accessible from October to May. There were eight cabins, one for the kitchen, shower cabins, and outbuildings. The summer site could only be reached by canoe/portage and participants erected tents for their own accommodation. The kitchen operated in a round log cabin, and showers and toilets were in similar but separate cabins.

2.2 The Project Team—Personnel, Training, and Volunteers

The project team is composed of the following members:

- one project manager;
- one regional coordinator;
- three local coordinators;
- one clinical supervisor;
- local workers and therapists/counsellors; and
- support personnel (cook, maintenance person).

Since the project involved all three communities of the Atikamekw Nation, a need to collaborate between the local coordinators and counsellors, as well as supervision by the regional coordinator, was a necessity. The regional coordinator offered technical support to local coordinators and the evaluation process. The role of the three local coordinators (one per community) was to assess needs, supervise, and coordinate activities related to awareness-raising, consultation, and healing. The clinical supervisor provided professional advice, awareness-training, and healing activities, recommended working methods, and responded to specific clinical needs. The team had to work in collaboration with the Council of the Atikamekw Nation (Atikamekw Sipi), its education, social services, and other administrative and consulting services. Koskikiwetan originated from a joint endeavour with the Atikamekw Tribal Council, health and social services, as well as the education department of the police services in the three communities.

Before submitting a proposal to the AHF, the project coordinator approached several social workers for guidance. This led to the formation of an initial local and regional 14-member team that included a psychologist and a lawyer, and more than half the team were residential school Survivors. The present regional and local coordination of Koskikiwetan has been in place since July 1999. Project team members are Atikamekw with the exception of the manager and clinical supervisor/psychologist and all possess a solid working experience with Aboriginal communities in Quebec.

In addition to management tasks, the regional coordinator ensured there was an efficient information management system related to professional, clinical, and administrative activities; hired other personnel and oversaw their orientation, participation, motivation, and valorization; and represented the Koskikiwetan team among the local organizations and committees. Including the assessment of needs and supervision of training and healing activities, local coordinators had to: work in close cooperation with the regional coordinator and clinical supervisor; act as resource-persons and counsellors for support

groups; develop working tools and methods; make recommendations; coordinate community activities; and actively participate in the evaluation of the program. In addition to clinical and supervisory work, the clinical supervisor participated with local coordinators in the development, monitoring, and evaluation of programs and services; made recommendations for the promotion and evaluation of the quality of services; ensured implementation; and assisted the regional coordinator on community activities in collaboration with local coordinators. Elders from the three communities volunteered to offer their spiritual guidance and to sit on various committees.

The local and regional services who were involved made some form of contribution, which included:

- educational, linguistic, and cultural services from the Atikamekw school system;
- Regional Council for Education and Language;
- team members from the Atikamekw Teaching Services;
- Atikamekw Language Institute (Wasikahikan);
- Round Table for Education;
- Round Table for Culture;
- Atikamekw Nation Documentation Services;
- family–youth–children services, which include prevention and health services, services for youth aggressors, and resource services for the rehabilitation of youth in difficulties; and
- other services for adults and older people.

The management team of the Atikamekw Social Services includes the following human resources, as indicated in Table 3:

Table 3) The Atikamekw Social Services Team[6]

Local Team	Coordinator	Professional therapists	Community workers	Support
Manawan	1	1	4	1
Opitciwan	1	1	4	1
Wemotaci	1	1	3	1
Regional Team				
Director	**Professional Services Director**	**Advisory Services**	**Community workers**	**Support**
1	1	3	1	2

2.3 Community Context

The three communities of the Atikamekw Nation are located in the regions of Haute-Mauricie and Lanaudière: Opitciwan is beside the reservoir Gouin; Wemotaci beside the Saint Maurice River, north of La Tuque; and Manawan is north of Saint-Michel-des-Saints. Most members of the Atikamekw Nation live in one of the three communities.

Table 4) Population and Area of the Atikamekw Nation Communities in 2000[7]

Communities	Members	Area (hectares)
Opitciwan	1,795	926.76
Wemotaci	1,106	2,978.00
Manawan	1,638	771.36

With over 4,500 members, the Atikamekw Nation ranks fifth in Quebec in population size with 60 per cent of the adults under 25 years of age. These three communities are situated in the heart of a vast territory, travelled and used by Atikamekw people for hundreds of years. Other communities in this territory occupied by the Atikamekw are accessible by dirt road and fairly distant from each other, causing some difficulty in implementing activities.

For centuries, well before the arrival of Europeans, Atikamekw people lived on this territory that ensured their livelihood; and it is the resting place of their ancestors. While taking part in modern life, Atikamekw people are still very attached to their traditional way of life, based on a close connection with nature. The Atikamekw Nation has been acculturated to the French language and the Catholic religion since the turn of the twentieth century. Roman Catholic churches were built in each of the three communities. Today, the Atikamekw Nation possesses its own school system that promotes Atikamekw education, language, and culture in a bilingual teaching system (Atikamekw and French) in each community. The school system includes a regional Council for Education, Language, and Culture (French acronym CRELC), a team responsible for curriculum and teaching material, the Atikamekw Language Institute (Wasikakikan) that was created in 1983 and is the authoritative body for all issues regarding language, a round table for culture, and a round table for language.

The Council of the Atikamekw Nation was created in 1982 and is composed of the chiefs from each community. The Council is the political, administrative, and negotiating voice of the Atikamekw Nation. In addition to providing services related to education, language, and culture as well as social and documentation services, the Council offers technical services for each community to implement community projects (construction, planning, maintenance, etc.).

During a youth conference in 1997, the Atikamekw Nation gathered to discuss and better understand the Legacy with the primary objective of finding solutions. At the conference, it became clear that a total of 119 children from the community of Opitciwan, 212 from Wemotaci, and 125 from Manawan attended residential schools. Workshop participants made the following recommendations:

- put in place support mechanisms;
- organize healing circles and encourage individuals to share their residential school experiences for themselves, their children, and their grandchildren;
- put in place, as soon as possible, an emergency service for people who have immediate and urgent needs;
- identify and teach Atikamekw values by using stories told by participants on their own healing journey and by using spirituality to help others deal with the Legacy and to find solutions;
- create a *family* healing circle for parents and their children;
- create a healing circle for individuals with similar experiences;
- create a *community* healing circle (Elders and youth);
- create an *inter-community* healing circle;

- create a circle or organize meetings between people from other nations who lived in similar circumstances;
- create, as soon as possible, a working group or review committee to develop a support program in order to improve the living conditions of Aboriginal people, especially in regard to education and professional training. This program (curriculum) should include the following four themes:
  - renewal of the relationship with First Nations;
  - strengthening Aboriginal governments;
  - new fiscal relationships; and
  - strengthening Aboriginal populations and communities and studying compensations;
- open a centre for counselling;
- reflect on the socio-cultural analogy between residential schools and *reserves*;
- begin a *return to our source* and to ancestral practices;
- begin the re-establishment of a social balance and a reconciliation process at an individual and a collective level; and
- put in place mechanisms for the preservation of patrimonial sites, such as birthplaces of ancestors and of living individuals.

3. Using Common Sense—Data Collection Process

In order to carry out data collection in the three communities, all project files were carefully reviewed (application for funding, quarterly reports, relevant data on suicide in the Atikamekw communities, and data on the testimonies and recommendations made by participants at the youth conference). After an initial review of all available documentation, a logic model and a performance map were designed to provide a measurement tool and an overview of the project. The interview questionnaire (Appendix 1) was based on project information and indicators of change highlighted in the performance map. During the week of 13–16 May 2002, the community support coordinator and her assistant visited the Atikamekw Nation communities to gather data from individuals involved with the project, information on participants, and the communities' archives; all were very open and cooperative. A total of 15 interviews were conducted. The following performance map details the project's mission, target, objectives, and goals. This map or one-page reference guide was used to determine what information should be gathered to measure change.

Figure 1) Performance Map—Koskikiwetan

Mission: Restore the individual and collective harmony of the members of the Atikamekw Nation to return pride and dignity lost in residential schools.			
How?	**Who?**	**What do we want?**	**Why?**
Resources	**Reach**	**Results**	
activities/outputs		**short-term outcomes**	**long-term outcomes**
Awareness-raising of the Legacy of residential schools; training local workers in suicide prevention, grief and supportive counselling, crisis situation management, and group facilitation; Inner Child therapy for future workers; training on sexual abuse; individual and collective healing; and psychosocial and cultural interventions.	Workers in the three communities; Survivors and their families (intergenerational) and youth.	Workers who respond adequately to the psychological, psychosocial, and cultural needs of victims of physical and sexual abuse; increase in the number of members of the three communities in the process of individual and collective healing.	A support network in the three communities and expanding throughout the region; improved family, intergenerational, and community relationships; continuity of the healing process; and restored lost identity and harmony.
How will we know we made a difference? What changes will we see? How much change occurred?			
Resources	**Reach**	**Short-term measures**	**Long-term measures**
$672,290	All members of the Atikamekw Nation in Opitciwan, Manawan, and Wemotaci.	Psychological and psychosocial services availability; # of cultural activities; and self-reported or observed changes in family, intergenerational, and community relations.	Reduced incidences of suicide, alcohol and drug abuse, family violence, sexual and physical abuse, children in care, and unemployment.

3.1 Thinking Logically: Activities and Results

There should be a logical link between activities undertaken by a healing project and what they hope to achieve in the short and long term. The following is a presentation of activities and desired results found in quarterly reports of the Koskikiwetan project.

To deal with the significant rates of suicide among the youth, alcohol and drug use, and numerous cases of family and social violence, the short-term goal of the project was to train community workers in healing that included Atikamekw culture and values. In the long term, the project's objective was to reduce rates of suicide; alcohol and drug use; family, physical, and sexual violence; foster home placement; and unemployment.

The expected short-term objectives and desired results were summarized as follows:

- increase resources by training local workers to specifically deal with the effects of residential school and modify therapies to include the Atikamekw socio-cultural context of past and present;

- set up a healing process in a natural setting aimed at youth and adults with the goal of giving members of the communities access to their culture and territory;
- deliver psychosocial interventions and pre- and post-therapy activities;
- modify Western therapeutic processes with traditional Atikamekw culture and spirituality; and
- sustain a partnership with the Council of the Atikamekw Nation educational section in the three communities.

During the first phase of Koskikiwetan (training of workers and modifying Western and traditional therapies), the team felt that they achieved the desired short-term goals despite resistance among older members of the communities and technical difficulties related to the video production (*Miromatisiwinik*).

Prior to training and healing activities, there was a need for education and consciousness-raising on residential schools; thus, the video entitled *Miromatisiwinik* (North Wind) was produced. It proved to be an excellent working tool to begin individual and collective healing for Survivors and other members of the communities. Training activities included grief counselling, crisis situation management, holistic approaches, group processes, supportive counselling, and suicide intervention. Sixteen social and health service workers received training between September and December 1999. During the first year, the project team assessed intervention techniques of various training approaches. As a result and with the specific goal of linking conventional intervention approaches with Aboriginal culture and spirituality, the team modified a therapy entitled "Intergenerational Impacts" that included an approach referred to as the "Inner Child." This approach consisted of having potential employees undergo therapy to initiate them into the healing process. The approach was tested in the last quarter of the project's first year of operation and continued into the second year. In addition, two weeks of training on sexual abuse was offered. All participants had access to clinical supervision one week per month.

The project hired three psychotherapists to serve each community bi-weekly. A full-time social worker was also hired in each community to work closely with the psychotherapists. With Intergenerational Impacts therapy, six Atikamekw therapists were trained in the Inner Child approach. According to project staff, the Atikamekw therapists carried out training in addition to their regular work at the local level, causing some to be nearly burned out.

The trainers were familiar with the Aboriginal community as well as with specific problems experienced by these communities. Seventy-five per cent (75%) of the training was taught by two psychologists, one is Atikamekw, and the other training was taught by an Aboriginal and two non-Aboriginal people from La Tuque working in the social services area. The training activities consisted of 40 per cent theoretical and 60 per cent practical content (i.e., role-playing, situation scenarios, and case studies). An evaluation of this initial training was conducted, and the most significant results included the following:

- ninety-three per cent (93%) of the participants in grief counselling training were very satisfied
  - strong point: enriching albeit difficult training
  - weak point: lack of written documentation
- eighty per cent (80%) of the participants in the crisis situation management training were satisfied
  - strong point: the trainer's self-management skills and know-how
  - weak point: digressions from the subject;
- seventy-four per cent (74%) of the participants in the holistic approach training were satisfied
  - strong point: training in the four elements
  - weak point: training too short, undertaking not sufficiently in-depth

- fifty per cent (50%) of the participants in group process training were satisfied
  - strong point: participation of the whole group
  - weak point: too much content for the short duration of the training
- ninety-one per cent (91%) of the participants in supportive counselling training were satisfied
  - strong point: sharing
  - weak point: group dynamics were affected by the departure of a participant
- sixty-seven per cent (67%) of the participants in suicide intervention training were satisfied
  - strong point: very good training tools
  - weak point: too many activities, not enough participants

A total of 46 people participated in training activities during the first year of operation (27 in suicide prevention and grief counselling, 30 in supportive counselling, 27 in group healing, and 34 in crisis situation management).

During the project's healing phase, project staff felt that it obtained satisfactory short-term results despite some resistance in participation. Each therapy group was able to benefit from six sessions in a natural setting, including three sessions for youth in the form of a canoe expedition. Each session lasted fifteen days, two per month, one for adults and one for youth. Participation was relatively good during the information sessions, and participants clearly benefited from the skills of the clinical supervisor. All activities, including the sharing circles (Mokocan) in the bush, were spread out over the duration of the project. Depending on the extent of needs, the clinical supervisor had to be readily available. Among the traditional methods of intervention, the project team supported activities in a natural setting (oral testimonies, sharing circles, training workers); the use of a nurturing community; the use of traditional teachings of Elders; and traditional cooking activities combined with information sessions for the youth. Table 5 lists the training and therapy activities that took place during the first year of the project.

Table 5) Training and Therapy Activities, 1999–2000

Activity	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.
Regional coordinator	■	■	■	■	■	■	■	■	■	■	■	■
Local workers	■	■	■	■	■	■	■	■	■	■	■	■
Training	■	■	■									
Modifying adult therapy												
Modifying youth therapy				■								
Therapy logistics					■	■						
Registration period						■	■	■	■	■	■	
Therapy in a natural setting												
Adult therapy							■	■	■	■	■	■
Youth therapy							■	■	■			
Youth therapy canoe expeditions										■	■	■
Psychosocial interventions	■	■	■	■	■	■	■	■	■	■	■	■
Pre-therapy follow-up					■	■	■	■	■	■	■	
Post-therapy follow-up							■	■	■	■	■	■
Clinical supervision							■	■	■	■	■	■
Evaluations												■
Local committee meetings	■	■	■	■	■	■	■	■	■	■	■	■

Regarding the third phase of the project (psychosocial and pre- and post-therapy interventions), project staff felt that they achieved the short-term objectives that were set out. The Koskikiwetan team was required to ensure local support was available to participants; community workers offered pre-therapy sessions to Survivors and their families in preparation of their healing journey. Once therapy was completed, post-therapy sessions were available.

The project also developed a partnership with the Opitciwan Issue Table, whose coordinator attended meetings of the local project committee. Another partnership being developed is with the Wemotaci Suicide Prevention Table where the clinical psychological supervisor brings his expertise in the area of preventing intergenerational suicide. The team contributed to the Effective Parenting training through efforts of a worker and the local Wemotaci coordinator. The project also linked with the Manawan social services, which gave technical support by facilitating the integration of the local project committee into the community. The logic model (Figure 2) below outlines the logical relationship between project activities and the short- and long-term benefits desired.

Figure 2) Logic Model—Koskikiwetan

Activity	Train local workers and establish a support network.	Offer individual and collective therapy adapted to traditional culture.	Develop means of psychological and psychosocial support for participants within the community.
How we did it	Hired a regional coordinator, three local workers, and nine therapists; created regional and local committees; and trained and developed human resources.	Six therapy sessions for adults who formerly attended residential schools; six therapy sessions for youth. All sessions took place in the bush and lasted 15 days each; three sessions for youth were carried out as a canoe expedition in the territory.	Pre-therapy sessions to prepare participants on their healing journey; post-therapy sessions to support participants; and sharing circles (Mokocan).
What we did	Suicide prevention, grief work, supportive counselling, crisis situation management, and group facilitation; training in Inner Child therapy and on sexual abuse.	Two therapies a month, one for adults and one for youth. Each group (adults and youth) meets at the end of every month to promote exchanges of oral testimonies and to encourage discussions between adults and youth.	Community workers were available for the duration of the project to meet the needs of participants before, during, and after therapy sessions; and several other awareness activities were organized in the three communities in a spirit of continuity between Miromatisiwinik and Koskikiwetan projects.
What we wanted	Trained workers able to link traditional therapy with modern therapy; and a solid support network in the communities.	A bridge between the generations who endured the effects of the residential schools; bridges between adults and youth in the community; and change in social indicators reflecting individual growth.	Have the greatest number of people participating, not only in the process of individual and collective healing, but also in all activities related to this process.
How we know things changed (short term)	Workers respond adequately to the psychological, psychosocial, and cultural needs of victims of physical and sexual abuse; and support networks consolidated and other networks developed.	Increasing psychosocial and psychological interventions; reactions and testimonies of participants (caregivers and care receivers) in the healing process; and involvement of community members in community activities and organizations.	Increase in number of persons directly or indirectly involved in the process of individual and collective healing.
Why we are doing this	Empower local resources; and individual and collective healing will contribute to cultural identity and re-establish harmony in the communities by giving people back their pride and dignity damaged by the suffering and injustice caused by residential schools.		
How we know things changed (long term)	Reduced rates of suicide, alcohol and drug abuse, family violence, physical and sexual abuse, children in care, and unemployment; and improvements in family and intergenerational relationships.		

4. Our Hope for Change

This section reports on changes that Koskikiwetan hopes for over the long term. Information was collected from available data, studies, and reports related to the three communities of the Atikamekw Nation as well as testimonies and observations gathered during the interviews carried out in two of the Atikamekw communities (Wemotaci and Manawan) and from the project team with key informants from the communities. The social indicators identified by the AHF Board of Directors provided a base to evaluate changes related to suicide, physical abuse, sexual abuse, psychological distress, suicidal thoughts and actions, use of alcohol and drugs, children in care, and incarceration. Inconsistent data in terms of location and time for all the Atikamekw communities made it difficult to compare the three communities.

4.1 Suicides

Suicide is defined as "an intentionally self-inflicted injury with the intention of ending one's life."[8] According to studies, *successful* suicides represent a miniscule part of all suicide attempts. This is why it was essential to report on attempted suicides when data were available. The suicide rate in the Atikamekw communities is very high compared to the rest of Quebec and Canada. In fact, for the three Atikamekw communities, suicides are between 3.5 to 5 times higher than in Quebec or Canada, and mostly affect youth.

Suicide in the Atikamekw Nation represents one of the main reasons for the Koskikiwetan Project. Data was obtained from the results of a study called the "Mikon Project" for the prevention of suicide among youth of the Atikamekw communities.[9] Koskikiwetan arose in the wake of the Mikon Project. The Mikon Project's principal objective was to ensure that the Atikamekw population take a central role in understanding the fundamental problems that afflict the nation so that solutions can be created.

The methodology favoured by the Mikon Project was action-research within the framework of an intervention program. Community workers from the three Atikamekw communities as well as anthropologists from Inter-university Group for Research into Medical Anthropology and Ethnopsychiatry of the University of Montreal coordinated the project. The analysis used was based on data dealing with cases of the Atikamekw living in these three communities and not Atikamekw living outside of their community. The collection of quantitative data presented several difficulties because the information on causes of death in the three communities was inconsistent; the data began in 1977 for Wemotaci, 1972 for Manawan, and 1970 for Opitciwan. However, the Mikon Project was able to gather qualitative data to analyze risk factors and identify those persons at an increased risk of committing suicide. These types of data include:

- information related to the history of those persons who committed suicide;
- data on attempted suicides from records of workers in social, health, and police services from each community;
- testimonies of individuals who attempted suicide; and
- location-based family genealogy where cases of suicide and attempted suicides were identified.

Table 6 indicates the mortality rate for each Atikamekw community was substantially the same based on population rates. From 1970 to 1998, the total number of recorded deaths was 390 in the three communities; 169 in Opitciwan, 81 in Wemotaci, and 140 in Manawan.

Table 6) General Mortality Rate (per 1,000), 1996[10]

	Opitciwan	Wemotaci	Manawan	Total
Mortality rate	2.77	3.04	3.81	3.22
Number of deaths from 1970 to 1998	169	81	140	390
Total population of the Atikamekw Nation	1,805	970	1,576	4,351

Table 7 presents the suicide rate for the total population in each community in 1996. The available demographic information did not allow for a yearly comparison nor did it allow the data to be grouped by a uniform age range. In 1996, death by suicide in Quebec was 19.4 (per 100,000), and in Canada, it was 13 (per 100,000). Compared to Quebec and Canada, death by suicide was 3.5 to 5 times higher in the Atikamekw communities and highest in Wemotaci with 103.09 (per 100,000).

Table 7) Suicide Rate by Age Group, 1996[11]

Suicide rate (per 100,000)	Opitciwan	Wemotaci	Manawan	Total
Total population	55.40	103.09	63.40	68.94
Age 16–20 years	507.61	–	862.07	682.59
Age 21–25 years	–	–	–	–
Age 26–30 years	–	1,176.47	–	317.46
Age 16–25 years	271.00	–	378.78	432.90
Age 26–35 years	–	662.25	–	242.13

Results of the Mikon Project revealed that youth among the Atikamekw were at high risk of committing suicide. From 1977 to 1998, the age of suicides in Wemotaci ranged from 16 to 42 years of age; 75 per cent were male and 25 per cent female. In Manawan, the range was similar; however, a greater number of suicides were among females (33%). In Opitciwan, the age range was greater than in the other two communities (10 to 65) but similar in gender to that noted in Wemotaci (75% male; 25% female). Table 8 indicates the proportion of suicides by youth and young adults from 1977 to 1998 in the Atikamekw communities. Since the mid-1980s, the increase in number of deaths by suicide surpassed the total number of deaths due to violence such as drowning, fire, murder, accidents, freezing, and intoxication.

Table 8) Proportion of Suicides by Age Groups Among the Atikamekw (1977–1998)[12]

Age Groups	Opitciwan	Wemotaci	Manawan
16–25	36.4%	58.3%	52.0%
26–35	45.4%	41.7%	24.0%
Total	81.8%	100.0%	76.0%

According to Mikon Project results, factors that contributed to suicides or attempted suicides were family violence, separation of couples, sexual abuse, and violence due to social pressures (rumours, physical assaults, debts) with the added factors of alcohol and/or drug use. Violence and suicide represented a significant

portion of deaths in the Atikamekw communities: 32.6 per cent of deaths were due to violence and 7.8 per cent due to suicide. Violent deaths were particularly evident among male individuals: 69 per cent in Opitciwan, 83 per cent in Wemotaci, and 64 per cent in Manawan. The age range of victims were between two months and 57 years, with 32 per cent being children (2 months to 11 years). Acts of suicide occurred more often during spring and summer. Most cases of attempted suicide took place in the home during or after the separation of couples, and use of alcohol and drugs was noted in many of the cases.

Table 9 shows recent data (1998–2002) of the three Atikamekw communities on completed suicides by age and gender. It also shows the problem of suicide among the young is still a critical one. The majority of individuals who committed suicide were youth and young male adults. Between 1998 and 2002 there were 11 suicides among males between 15 and 44 years of age, and four suicides among females between 15 and 24 years. There were no suicides among individuals older than age 44. Suicide by hanging was the most frequent; firearms were used in two cases. There were no suicides in 1999, and this corresponded to the start of the Miromatisiwinik/Koskikiwetan project activities.

Table 9) Death by Suicide Based on Age and Gender, 1998 to 2002[13]

Age group	Opitciwan		Wemotaci		Manawan		Total	
	Women	Men	Women	Men	Women	Men	Women	Men
1998 <15								
15–19			1				1	
20–24						1		1
25–44								
45–64								
2000 <15			1				1	
15–19								
20–24		2						2
25–44						2		2
45–64								
2001 <15								
15–19								
20–24		1	1				1	1
25–44				2				2
45–64								
2002 <15	1	2					1	2
15–19								1
20–24				1				
25–44								
45–64								
TOTAL	1	5	3	3	–	3	4	11

4.2 Physical Abuse

As stated earlier, detailed information on physical abuse could not be obtained. However, women were physically assaulted twice as often as men, and young adults between ages 25 and 34 endured more physical assaults. Individuals with college or university education and an annual income over $30,000 were assaulted most often. Table 10 provides information on the number of physical assaults.[14]

Table 10) Respondents Who Were Physically Assaulted Based on Gender, Age, Education, and Income in Wemotaci, 1997[15]

Respondents	Yes %	Never %*
Men	12.7	87.3
Women	32.6	67.4
15–24 years of age	13.3	86.7
25–34 years of age	32.9	67.1
25–39 years of age	26.1	73.9
50 years of age and over	14.3	85.7
Did not finish high school	18.6	81.4
Finished high school	20.0	80.0
CEGEP/University completed or not	35.5	64.5
Less than $12,000	12.9	87.1
$12,000 to $29,000	30.7	69.3
$30,000 and over	40.0	60.0

* The differences are significant in all cases

4.3 Sexual Abuse

Women endured almost twice as much sexual abuse as men in Wemotaci, while in Manawan it was about 33 per cent more. In other age groups, individuals aged between 35 and 39 endured most of the abuse in both communities. In Wemotaci, almost 25 per cent of individuals who suffered sexual abuse had an annual income of less than $12,000, and 40 per cent had greater than $30,000. Table 11 provides data on Wemotaci and Manawan on sexual abuse among respondents 15 years and older.

Table 11) Respondents Who Have Been Victims of Sexual Abuse Based on Gender, Age, Education, and Income[16]

Respondents	Wemotaci (1997)		Manawan (1996)	
	Yes %	Never %	Yes %	Never %
Men	19.4	80.6	16.5	83.5
Women	30.0	70.0	21.5	78.5
15–24 years old	15.6	84.4	26.2	73.8
25–34 years old	30.4	69.6	16.2	83.8
25–34 years old	18.5	81.5	6.9	93.1
35–39 years old	23.0	77.0	–	–
50 years old and over	20.0	80.0	–	–
Finished high school	22.1	77.9	–	–
CEGEP/University completed or not	25.3	74.7	–	–
Less than $12, 000	40.0	60.0	–	–

4.4 Psychological Distress and Suicidal Thoughts and Actions

Suicide and attempted suicide are always the result of great psychological distress. In comparing the problem of suicide attempts and suicidal thoughts in the Atikamekw communities among the Cree, Inuit, and non-Aboriginal people in Quebec, it was noted that suicides were generally twice as high for members of the Atikamekw communities and for Inuit than for Cree and non-Aboriginal people in Quebec, as indicated in Table 12. General data on suicide in the communities indicated that it was mostly youth and young adults who committed suicide.

Table 12) Respondents Aged 15 Years and Over Who Have Thought of Suicide, Planned, and Attempted Suicide[17]

Suicidal Thoughts and Actions	Wemotaci (1977) %	Opitciwan (1997) %	Manawan (1996) %	Cree (1991) %	Inuit (1992) %	Quebec (1992–93) %
Suicidal ideation	18.3	14.2	9.9	4.7	11.3	3.9
Planned a method of suicide	12.3	11.0	6.5	–	–	–
Tried to commit suicide	6.5	5.7	3.7	1.9	5.4	0.6

When psychological distress is put in perspective with sexual and physical abuse, these indices were also very significant in that area. Table 13 shows causes of psychological distress in Wemotaci and Opitciwan.[18] The data indicated abnormally high stress within the family: 78.6 per cent in Wemotaci and 75 per cent in Opitciwan. High stress in the home could be related to the fact that about half of these individuals want to leave their home; 57.8 per cent in Wemotaci and 44.2 per cent in Opitciwan.

Table 13) Psychological Distress of Respondents Aged 15 and Over Based on Characteristics Related to the Household, 1997[19]

Characteristics Related to the Household	Wemotaci		Opitciwan	
	Normal %	High %	Normal %	High %
Unsatisfactory relations in the home	2.8	12.7		
Lack of intimacy in the home			38.8	69.2
Tensions observed in the home	62.7	78.6	54.8	75.0
Rejection by members of the household	23.1	40.0	13.2	40.4
Would like to leave the household	26.9	52.7	24.4	44.2

When indicators of psychological distress in Wemotaci and Opitciwan were added to other indicators such as thoughts of suicide and sexual and physical abuse, results showed an alarming rate. Table 14 compares psychological distress with sexual and physical abuse in Wemotaci and Opitciwan, but nothing describes the normal and high comparisons. For Opitciwan, there were incomplete data on suicidal ideation and suicide attempts. Nevertheless, Wemotaci and Opitciwan showed a significant higher proportion than the norm. A 1997 study found that over half (56.4%) of respondents in Wemotaci had suicidal ideation, and over three-quarters (77.4%) had suicidal ideation during the year. In addition, almost three-quarters (67.7%) of the total population of Wemotaci attempted suicide at least once during their lives. It should be noted that results of the Mikon Project showed Wemotaci had the highest rate of suicide in 1996. Rates of sexual and physical abuse were just as alarming: 46.3 per cent had experienced sexual abuse and 32.2 per cent had experienced physical abuse. In Opitciwan, the rate of sexual assaults and physical assaults were lower than in Wemotaci.

Table 14) Respondents Aged 15 Years and Over Who Thought of Suicide and Were Assaulted Sexually and/or Physically in 1997[20]

Suicidal Thoughts/Attempts	Wemotaci		Opitciwan	
	Normal %	High %	Normal %	High %
Suicidal ideation during their life	26.6	56.4	15.7	42.3
Suicidal ideation during the year	48.2	77.4	–	–
Suicide attempts during their life*	48.1	67.7	–	–
Suicide attempts during the year	20.8	67.7	–	–

* The differences are significant in all cases except for the variable relating to suicide attempt during their lives where the difference was significant only at a threshold of 92 per cent.

Table 15 details individuals who attempted suicide in Opitciwan. Individuals between 35 and 49 years of age were among the highest for suicide attempt (75%), followed by ages 25 to 34 (50%). Men and women attempted suicide with the same frequency (about 50%). Statistically speaking, only percentages related to family status (single, married) showed significant differences. Individuals living as a couple had an alarming rate of suicide attempts (75%) in a greater proportion than individuals living alone. Higher education and occupation were associated with suicide attempts: 80.0 per cent of individuals with higher education and 71.4 per cent with an occupation.

Table 15) Respondents Who Consulted a Health Professional After a Suicide Attempt Based on Age, Gender, Marital Status, Education, Occupation, and Income, 1997[21]

Opitciwan	Yes %	No %
15–24 years of age	38.5	61.5
25–34 years of age	50.0	50.0
35–49 years of age	75.0	25.0
50 years of age and over	100.0	–
Men	44.4	55.6
Women	52.9	47.1
Single	18.2 *	81.8 *
Part of a couple	73.3 *	26.7 *
Did not finish high school	44.4	55.6
Finished high school	50.0	50.0
CEGEP, university completed or not	80.0	20.0
Working	71.4	28.6
Unpaid occupation	36.4	63.6
Inactive	50.0	50.0
Less than $12,000	33.3	66.7
$12,000 to $29,999	63.6	36.4
$ 30,000 and over	100.0	–

* Indicates that differences are statistically significant.

Table 16 shows methods used in suicide attempts. Women attempted suicide more often than men in 1995 (13 men and 20 women). Among male individuals, most used firearms. Among female individuals, the most frequently used method was ingesting drugs or chemical substances. Solvents and gasoline were frequently used as a substitute for drugs among young people in Aboriginal communities, which can have fatal consequences on the health and lives of those who use them.

Table 16) Suicide Attempts Among Respondents Aged 15 and Over Based on Gender and Method Used[22]

Manawan (1996)	# of Males	%	# of Females	%
Drugs/chemical substances	2	15.4	15	75.0
Slicing wrists	1	7.7	2	10.0
Hanging	5	38.5	2	10.0
Asphyxiation	1	7.7	–	–
Firearm	11	84.6	–	–
Automobile accident	2	15.4	–	–
Other	–	0.0	2	10.0
Total	13	39.4	20	60.6

4.5 Alcohol and Drug Abuse

Suicide prevention among young people in the Atikamekw communities revealed that use of substances such as alcohol, cannabis, naphtha, or cocaine was always associated with violent behaviour, physical assault, and suicide attempt. Table 17 indicates the rate of alcohol use in the three Atikamekw communities was relatively the same as that of Quebec. The use of cannabis was almost twice as high in Opitciwan and Wemotaci than in Manawan (43.2% and 38.2% compared to 12.2%, respectively). The average rate of cannabis use in the Atikamekw communities was twice as high as compared to Quebec (29.8% compared to 16.8%, respectively). The rate of naphtha use indicated a more alarming situation in Opitciwan and Wemotaci (55.7% and 23.5%, respectively) than in Manawan (9.2%) where the rate was still four times higher than in Quebec (2.5%). Thus, the use of alcohol and drugs, including some of the most damaging such as naphtha, was a very serious problem for the Atikamekw communities. Manawan had the lowest rate of gasoline and cocaine use and no data was available for Quebec. Table 18 compares the rate of drug use in Manawan to that of Cree and Inuit.

Table 17) Alcohol and Drug Abuse Among Young Atikamekw (1992) and Quebec (1991) Based on Type[23]

Type	Manawan %	Opitciwan %	Wemotaci %	Average %	Quebec %
Tobacco	74.5	79.6	61.8	75.0	36.8
Alcohol	60.2	75.0	52.9	66.8	65.7
Cannabis	12.2	43.2	38.2	29.8	16.8
Naphtha	9.2	55.7	23.5	29.4	2.5
Gasoline	6.1	18.2	11.7	11.5	No data
Cocaine	4.1	17.1	11.8	11.1	No data

Table 18) Drug Use of Respondents Aged 15 and Over Among the Atikamekw of Manawan, the Cree, and the Inuit[24]

Type	Manawan (1996) %	Cree (1991) %	Inuit (1992) %
Marijuana/hashish	11.0	15.2	37.3
Crack/crack	1.2	4.4	5.0
Solvents	1.2	0.8	2.9
	0.9	2.6	3.3

Individuals between ages 25 and 49 consumed the largest amount of alcohol (almost 65%); of those, men consumed the most (almost 70%). Among individuals who consumed the greatest amounts of alcohol, couples were in greater number than single people, and 75 per cent had only a high school education. The situation was alarming because more than half the population consumed large quantities of alcohol. However, data were not consistent across the board and must be interpreted with prudence. Table 19 shows alcohol consumption in Opitciwan.

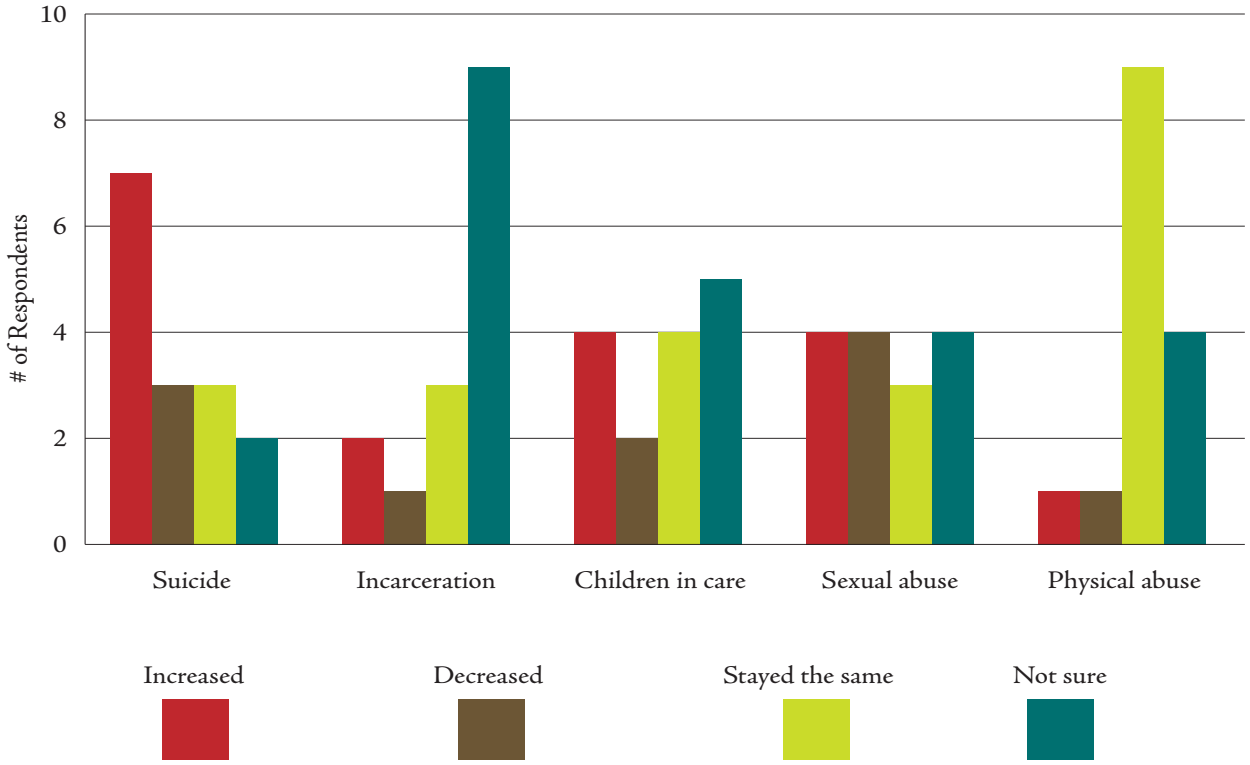
Table 19) Alcohol Consumption of Respondents Based on Age, Gender, Marital Status, and Education[25]

Opitciwan (1997)	7 days/week %	1–6 per week %	1–3 per week %	Less than 1 per month %
15–24 years of age	18.5	22.2	18.5	40.7
25–34 years of age	13,6	–	9.1	77.3
35–49 years of age	–	–	83.3	16.7
Single	21.4	21.4	14.3	42.9
Part of a couple	7.4	–	29.6	63.0
Working	5.6	11.1	27.8	55.6
Unpaid occupation	50.0	16.7	–	33.3
Inactive	4.2	8.3	29.2	58.3
Less than $12 000,00	24.0	20.0	8.0	48.0
$12,000 to $29,999	9.1	–	36.4	54.4

4.6 Perceptions of Change

Perceptions of change related to social indicators in the three Atikamekw communities are derived from 15 interviews carried out on-site during May 2002. The Koskikiwetan project team as well as key informants in the Atikamekw Nation's social and health services were interviewed. These key informants were asked to give their opinions on physical abuse, sexual abuse, children in care, incarceration, and suicide. The questions were open-ended to provide qualitative information. Figure 3 indicates the perceived magnitude of change on social indicators noted by respondents.

Figure 3) Perceived Magnitude of Change on Social Indicators



Sixty per cent of respondents felt there was a reduction in physical abuse, particularly among those who took part in healing activities. Some respondents stated:

- "In general, it is less hidden; women are more inclined to report it."
- "There is awareness; people are able to make the connection with the residential schools."
- "It is difficult to determine, but there is much less tolerance for violent behaviour."
- "There is less physical abuse, but on the other hand, there is more verbal and psychological abuse."

Twenty-six per cent of respondents felt that sexual abuse increased, stayed the same, or were not sure and less than 20 per cent felt that sexual abuse had decreased. Although there were no dramatic differences, most respondents felt there was an increase in the reporting of sexual abuse. While respondents disagreed about change in sexual abuse rates, they were able to state that there was an increase in awareness on the subject and that the chains of silence were finally being broken. The respondents elaborated on their opinions about sexual abuse in the following manner:

- "The silence is shattered; people are talking about it more and more."
- "Individuals who have been in therapy. Survivors have all experienced sexual abuse and have attempted suicide."
- "There is more reporting of sexual abuse, but that does not mean that there is more sexual abuse."

Thirteen per cent of respondents felt there was an increase in the number of children in care, while the majority (52%) felt rates had decreased or stayed the same and the remainder were uncertain. Most respondents stated they perceived an increase in awareness of parenting roles and responsibilities. Respondents also noted a trend in the community towards responsibility for children, and there were

conflicting opinions on the best method of intervening. The following comment clearly explains this situation:

- "There is a commitment towards community responsibility to keeping children and placing them in the community; conversely the influence of psychologists from outside is towards placing the children taken in charge outside the families and the community."
- "Parents have become more protective."

Sixty per cent of respondents were not certain if incarceration rates had changed. Some felt that it was too early to evaluate this problem, which explained the high percentage of individuals who were not certain. Only 20 per cent of respondents felt there was a decrease in the incarceration rate, and most of those who responded had considered the problem to be connected to individual awareness or to individuals dealing with their problems better. Moreover, 13 per cent felt there was an increase in the incarceration rate due to a different approach to maintaining order (i.e., new police officers are more ready to arrest and charge individuals). There has also been an increase in the number of youth charged in the last year. Finally, only six per cent of respondents felt the number of incarcerated individuals had decreased.

Forty-six per cent of respondents noted a significant increase in the number of suicides in the communities. Several pointed out that in January 2002 there were three suicides: *the youngest victim was 11 years old*. Only 20 per cent of respondents thought there had been a decline in the number of suicides, 20 per cent believed there was no change, and a small number were not sure if any change occurred.

5. Reporting Results

This section will examine the progress and successful accomplishments that occurred over the short term to highlight the logical link between activities and results achieved by Koskikiwetan; however, it should be noted that training and therapy activities were still ongoing and this case study covered only a short period of time (two years).

Intergenerational relations have been seriously weakened because of residential schools. The supervising clinical psychologist on the Koskikiwetan Project has noted that Atikamekw children assume an almost-parenting role by trying to reduce their parents' anguish and suffering. "Potentially destructive, these roles can perpetuate themselves from one generation to the next and lead to intense conflicts of loyalties."[26]

Koskikiwetan was able to meet service implementation objectives by:

- sensitizing members of the communities to the effects of residential school;
- training local workers in suicide prevention, grief and supportive counselling, crisis situation management, addictions, and group facilitation, and on sexual abuse;
- offering Inner Child therapy to future workers;
- modifying conventional therapies to the process of traditional healing;
- offering individual and collective therapy and ensuring the preparation and psychological follow-up of these therapies; and
- carrying out psychosocial and cultural interventions.

The following discussion deals more specifically with short-term results during the two years of operation, with an emphasis on activities in the second year (2000–2001).

5.1 Influencing Individuals—Workers and Participants

To understand the impact of project activities on participants and counsellors, an analysis of the evaluations contained in quarterly reports and review of the evaluation of the Inner child workshop by participants was done together with a synthesis of responses from the questionnaire (Appendix 1). All information sources suggest that Koskikiwetan was able to:

- create awareness of the Legacy;
- establish a support network;
- improve the quality of information on residential schools;
- reduce denial;
- increase participation of community members in various project activities;
- integrate the Inner Child approach with traditional healing culture;
- reduce suffering;
- address intergenerational relationship problems; and
- through pre- and post-therapy support and counselling activities, made it possible to set milestones for healing and logistical follow-up.

Results Achieved in Awareness Activities

During the second year of operation, the project team modified education and awareness activities in collaboration with the regional coordinator, local committees, and workers to take place in the bush or at traditional sites. There were also awareness workshops in the schools. The project's most current education and awareness activities continued through community radio and displays. In addition, Survivor involvement during project development and coordination at both regional and local levels ensured that the team could refer to Survivor testimony.

Initially, it became clear that local workers were not sufficiently informing their community. Using community radio and television as well as publishing articles in local papers corrected the situation. Now, local workers and the regional coordinator regularly make presentations on the project. "The more the project workers are visible, the greater will be the participation of people," said team managers. "Word of mouth contributes greatly to mobilizing people." The workers talked about training activities and therapy during individual encounters on the subject of supportive counselling.

The video, *Miromatisiwinik* (Wind from the North), and sharing circles proved to be very effective means of education and awareness because they served as triggering tools, which lead several Survivors to begin a healing process.

Results Achieved in Training Activities

The project team instituted a review and healing process called "therapy follow-up" (to distinguish it from post-therapy follow-up). This consisted of bringing together the therapy team, local workers, regional coordinator, and other resource persons such as Elders to continually assess training and therapy activities. This made it possible to implement any short-term changes to the program that were needed and to discuss the development of the therapeutic approach. This lead to several changes to training activities, including the development of a training package that was better adapted to Atikamekw culture and spirituality. As a result, training was undertaken using the Inner Child therapeutic approach, taken from the Intergenerational Impacts therapy and adapted traditional Atikamekw healing.

The team also allowed for time off during training so that trainees could work on personal issues. Once the healing began, trainees were then able to share their experiences in order to avoid reproducing the attitudes and behaviours associated with the Legacy. As a result of these changes, the project team was able to observe active participation and a greater satisfaction among numerous trainees.

Thirty-two people who came from health, social service, and education sectors of the Council of the Atikamekw Nation received training on sexual and physical abuse during the first two years of the project. During the second year there were two successful training sessions on sexual abuse that were given by six workers from the three Atikamekw communities. A clinical supervisor service was available once a month to provide technical and psychological support to local workers and therapists.

Support services and steps to protect personnel working on the project included consultation sessions with a clinical counsellor and telephone consultations with a trainer who provided Inner Child therapy. There were also reporting sessions for accountability purposes with local committees, exchange sessions with Elders and speakers integrated into the healing process, as well as support sessions between workers and the regional coordinator.

Seven of 15 people interviewed had taken training and most considered it was relevant and satisfactory. One would have liked to have "more training on sexual abuse" and another "was very unsatisfied" with the number of training sessions. Five of seven respondents felt that the training "helps them to better manage their clients." Only two felt it did not really help or helped a little. Two workers particularly appreciated the Inner Child therapy they were offered before training had begun. On crisis management, one worker explained that this method was relevant for all kinds of crises: "At work, during traditional ceremonies, or in daily life." The seven respondents mentioned training on sexual abuse most often. Two workers felt they were more aware of the different types of assaults. Moreover, one worker replied that all the training had helped. Table 20 lists which training method helped the most.

Table 20) Frequency of Participant Response on the Most Helpful Training Method

Type of training	# of responses
Supportive counselling	2
Suicide awareness	1
Crisis management	2
Inner Child therapy	2
Sexual abuse	3
All training methods	1

On acquiring new knowledge, respondents were generally proud and satisfied to have learned the early warning symptoms of suicide, the intergenerational effects of residential schools, the characteristics of assault, a complement of social-level development, how to listen and to help people, how to manage victims of sexual abuse, and knowledge about their ancestors. When asked what new knowledge they had learned in regards to intervention training, respondents felt they learned:

- "How to recognize the impact of the legacy on individuals and families."
- "How to deal with powerlessness."

- "How to respect another person's rhythm."
- "How to be open and share one's experiences."
- "How to give and receive compliments."
- "How to hold children in one's arms."
- "How to perform interventions."
- "How to facilitate a group."
- "How to use tools adapted from western therapeutic practice with atikamekw groups."
- "How to discipline the spirit."
- "How to live rather than survive."
- "How to work on therapy in classes and workshops."
- "How to get a person to talk, how to reach and feel people."

It became clear that community-based workers needed to undertake personal therapy (psychoanalytical or traditional) before starting their training. They "had learned to live rather than survive ... Learning to live despite everything that happened at the residential school."

There were mixed feelings among respondents regarding the project as a whole. In the first year of operation, the goal was to create a team and to train members to work in the framework of a healing process, which proved to be a real challenge. Persons involved in the project felt a great deal of uncertainty in facing the healing process and demonstrated distrust toward each other. It took a lot of courage for individuals to take the necessary risks to build confidence within the project team. It was also difficult for people to remain available given that the project was only subsidized one year at a time. This meant there was always a significant turnover of personnel. However, those who remained faithful to the project were very motivated by the healing process. These individuals were successful in following a very enriching path for themselves and their families. In fact, in addition to taking the training, each member of the team had to attend therapy, which was a prerequisite, in order to work on the Koskikiwetan Project. For most of them, it was a very good experience. In addition, it allowed them to acquire a better understanding of the impact of residential schools and to make connections between behaviours in their adult lives and behaviours they developed in residential school.

Another interesting aspect is the fact of creating an intercommunity dynamic involving all three communities in the training and therapy activities. This approach created a healthy environment and gave team members time to get to know each other and to develop closer relations. In addition, this improved the ability of communities to work together more effectively. Most informants spoke of the benefits of revitalizing traditions and culture. It also gave the project team opportunity to explore traditional healing practices in-depth and to make use of the practices with participants as well as members of their family. The majority of the project team were Survivors simultaneously healing and leading therapy, which had both positive and negative outcomes.

As far as advantages and disadvantages of having Survivors on the team, some informants felt having Survivors direct the project and therapy created a healing effect on other workers and participants because they shared their experiences. Others stated that the Survivors understood and could really be empathetic towards participants who were also Survivors, in private or collectively. However, according to other informants, having Survivors act as therapists posed particular problems; for example, during a healing circle or therapy session, Survivor–therapists may waver and be unable to direct the session, thereby leaving the session open with no one to guide it. In a therapy process, there has to be someone

who sustains the group so that people feel safe to commit themselves to open up. Several informants felt that the therapists were not receiving adequate clinical support to deal effectively with their own issues so that they could lead therapeutic work without interruptions.

The difficulties that the project team and participants had to overcome and still must overcome are part of the healing process. The healing process involved awareness of repressing very personal as well as collective problems. In addition to emotional outbursts and reliving the past of residential schools, the healing process lead to an upheaval of family and community solidarity, denial, resistance, or change. All things considered, the training and therapy were enriching, albeit painful at times as much for participants as for members of the therapeutic team.

Results Achieved in the Healing Process

A regular evaluation with participants was carried out one month after therapy, and the team took into account recommendations of local committees who generally met each month. The project team made a very positive evaluation of results it obtained in terms of participation, ease of suffering, and the improvement of family relationships at the end of the second year. With a goal to have 99 participants, there was a total of 62 participants that completed Inner Child therapy during the two-year period under study. However, the team was aware that Koskikiwetan was only touching the tip of the iceberg: "Breaking the silence, healing, and proceeding with rebuilding requires a lot of time, energy, and resources of all kinds because the whole nation is affected down to its soul."[27]

Koskikiwetan offered a process of individual and collective healing based on the Inner Child approach. Therapy took place in the bush based on the traditional style of living. This approach focused on actual experiences of Survivors. In this way, the project created a link between the generations and met a pressing need for communication between parents and children. One session during the second year encountered some operational difficulties when three withdrawals as well as delays in modifying the therapeutic process for adults left only one participant. Also, the therapeutic team was made up of two therapists: one resource person for culture and spirituality and one senior therapist who was present for two days.

The initial expedition therapy session for youth that took place during the third quarter of the second year also encountered some difficulties, as there were several mistakes and shortfalls in not informing the youth about the type of therapy. They did not know what it was all about as several had thought it was a vacation camp. In addition, there was a shortage of counsellors. All these shortfalls were corrected during the second therapy expedition.

Sharing circles (*makokan*) held in the bush throughout the project encountered resistance "from some individuals to accept the role of Survivor" because they thought they had already suffered enough. However, the sharing circles were still beneficial for participants who had opportunity to relate their experiences of residential schools.

Elders participated actively in Koskikiwetan, some as members of local committees and others during therapy sessions as speakers. These Elders are now integrated into the healing process to share their knowledge about sweat lodges, medicinal plants, tales, and legends. Several participated in sharing circles at the Elders' Conference held in Opitciwan during the summer of 2001.

In order to better ascertain needs and improve healing activities, the project team proceeded with an evaluation of the Inner Child therapy with participants using a confidential open-ended questionnaire (see Appendix 2). Overall, participants were very satisfied with the therapy, and only one had any previous experience of being in therapy. One person stated, "I liked the therapy because it allowed me to find myself and thereby find answers to my questions." Another noted that he/she was agreeably surprised. The majority felt the number of participants in therapy was sufficient, "Just enough, not too many, not too few; enough to be able to work on yourself." Only four of 11 responded that there were not enough participants. Their perception about satisfaction of other participants were very positive as one person revealed that a participant told him "that she would come back because twelve days is not enough," and another noted, "one man in particular who felt really good." Only one person did not want to comment on the satisfaction of others. Here are two very significant comments about this collective therapy process:

- "Overall, the participants seemed satisfied. Of course, at the beginning, some were asking themselves what they were doing in therapy. But as the days went by, we learned to know each other, all of us together."
- "Everyone had fun working on himself or herself. Everyone had emotions too."

All participants stated they would recommend the therapy to others. Participants revealed the psychological confusion and social isolation that existed among the members of the three Atikamekw communities. Participants emphasized that they were approached by other individuals who were suffering and hoped that everybody could receive the same type of help and comfort they received. Here are some participant comments:

- "It is really very good."
- "There are people who ask me what therapy is and I tell them they also need to live."
- "You live so much better afterwards."
- "I recommended it to three people and they went. I told them to go live the therapy like me because they were asking me for help and to listen to their experiences. I spoke about it to some people who had lived in residential schools. Today, they are looking for themselves and they want to understand why the nuns treated them this way."
- "I haven't recommended anyone in particular but I pass on the message to those who have problems."
- "Such therapy allows us to find ourselves. You feel good."
- "Perhaps to those who have already undergone other therapies or maybe to those who are ready to go to the bottom, that is, to find their inner child."
- "I think it is the first thing to do when we want to do a housecleaning inside yourself ... to go find the pure child who has been sleeping inside us for too long. As far as I am concerned, this has been beneficial in my life."
- "The best place an Aboriginal can undergo therapy is in the forest."
- "There are people who are doing drugs."

The participants unanimously recognized the skills of the therapists:

- "They know the program very well. The mutual help they convey and especially the respect they give to the other person are very important for the participants to be able to succeed in their therapy. The physically abused can follow their own healthy course every day."
- "The therapist greatly helped me even when I was blocked."
- "They are competent. What they are doing is so hard and I am grateful for them and I admire them very much."
- "As soon as I arrived at the site, I felt comfortable with them. They are competent, authentic people."

Participants also praised the therapists and resource persons by stating they knew their work very well and guided them in search for their Inner Child. One participant felt part of a family. Five participants offered these reasons for participating in Koskikiwetan:

- "To find our cultural and spiritual identity and to understand our parents."
- "The supportive relationship, the support, listening, the success of those involved in therapy, the way to recover our body and our inner child."
- "To guide us well by giving us self-confidence. When frustration, anger arises during an activity and I no longer know what to do, the guides are there to bring me back."
- "To help their people to find themselves and to deal with their problems in life.They were there to help people and to help themselves."

Only four participants were positive to integrating other cultural activities into the therapy.

> Yes, it would be good to integrate activities such as information on medicinal plants, on physical health, on tales and legends to understand the fundamental values of being a human being. We should give explanations of the usefulness of sweat lodges.

> In my opinion, it is already a lot because we have to start at the beginning and learn to ask questions about our culture. That is the work of the individuals coming out of his/her therapy. Otherwise, he/she will only have acquired what he/she has been taught and not what they learn themselves by asking questions of those around them and of their community.

Two participants suggested other activities be added such as, "accentuate the Aboriginal aspect in the therapy" and "to do couples therapy." Most agreed there were exactly enough activities integrated into therapy. Some participants felt that improvement could be made and offered these recommendations:

- "Have more time for the fourth phase."
- "Have a larger space for the workshops and give more information on how an activity will take place."

Although most participants were positive about their healing experience, there were some who held negative feelings about their experience, such as they did not like the "questionnaire on sexuality ... blocks with other people during the therapy ... people smoking in the tent ... the evacuation of the group because of the forest fire ... I felt like it was an abortion." The family sculpture, which is a method of family systems therapy, was named most often among the activities participants liked best.

Pre-therapy was offered in a cultural context using the Inner Child approach and was done as a group or individually where the participant was seen two or three times on average. In addition, participants had to fill out an evaluation as part of post-therapy intervention one month after each therapeutic program. According to team members, the goal of post-therapy follow-up was achieved only after some modifications. Initially, participants were not attending individual follow-up; therefore, post-therapy in groups or workshops were offered as a way of enticing participants to engage in individual follow-up. The number of participants in a group varied from five to 12 people. Parent-child connections among participants created some difficulties at the beginning, but these became less of an obstacle when post-therapy was done as a group. Finally, participants were invited to do a post-therapy summary to evaluate their needs, although data were not available at the time.

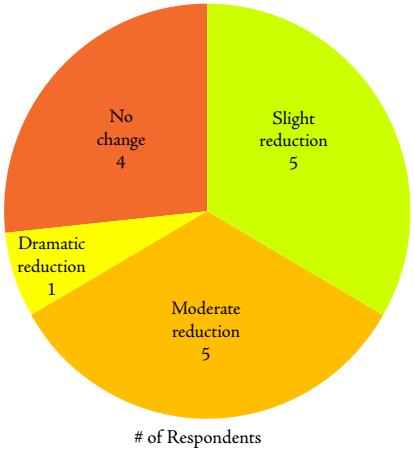
Finally, some participants expressed the wish that the project continue so that there could be harmony between the generations and the communities, and until all members of the communities undergo therapy

and not just the Survivors of residential schools. One participant stated, "I used to tell myself that I didn't need therapy, but today, I know that even I need it. It is really a nice present I gave myself."

5.2 Influencing the Community

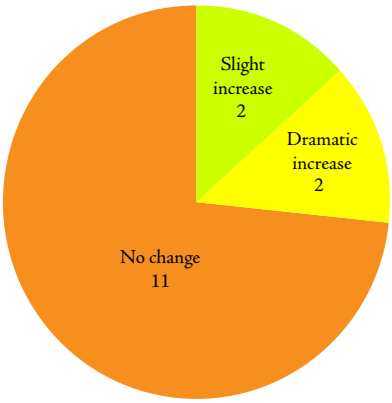
The opening created by this project regarding sexual and physical abuse contributed to the increase in knowledge of sexual abuse among children as well as adults and allowed more communication between generations. People are now more inclined to engage with their family or with others in their community about the Legacy. This led to an increase in the number of follow-ups. To meet this need, the project team trained 30 front-line workers on sexual abuse during the first two years of the project. Creating awareness of the Legacy caused people to be more in touch; however, some still refused to listen. "We believe that a project would be more likely to mobilize people if the Aboriginal culture, spirituality, and identity predominate in all the activities," the project team noted. Figure 4 indicates the views of the 15 respondents regarding denial in the communities. The majority felt only a moderate reduction due to the fact that the hardest to overcome denial were Elders, most of whom were Survivors.

Figure 4) Perceived Change in Denial



According to respondents, efforts undertaken to raise awareness were a real success. Figure 5 shows most respondents felt that those who participated in project activities demonstrated a moderate increase in understanding the history of residential schools. In addition, respondents noted that participants were able to make connections with current parental behaviour.

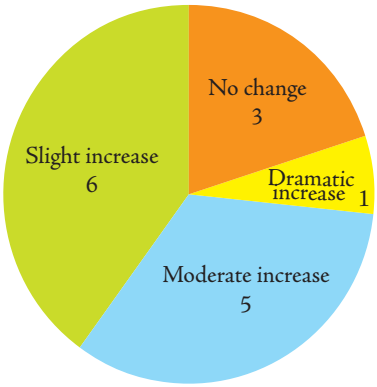
Figure 5) Perceived Change in Understanding the Legacy



# of Respondents

Figure 6 indicates the majority of respondents found there was only a slight or moderate increase in community understanding of traditional healing; however, these respondents added that many people still had serious concerns about traditional methods and approaches.

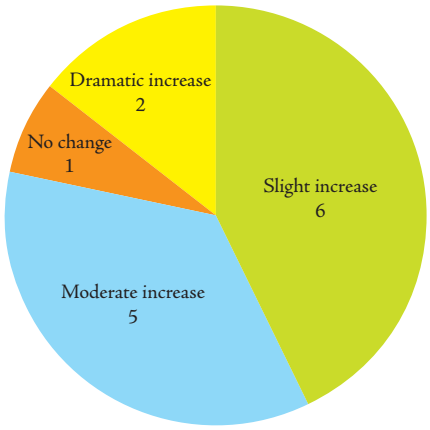
Figure 6) Perceived Change in Community Understanding of Traditional Healing



# of Respondents

Most respondents felt there was an increase in the understanding and demystification of traditional teachings, but that people were not really putting that knowledge into practice. Figure 7 indicates respondents noted a slight-to-moderate increase in the use of traditional teachings. Also noted was the fact that a lot of taboos still surround the use of traditional teachings in addition to many people still coping with the fear instilled by church representatives about traditional Atikamekw ceremony and ritual.

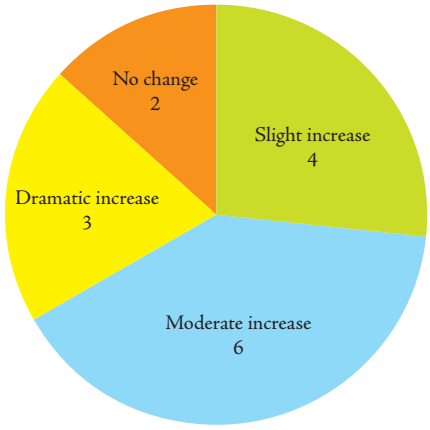
Figure 7) Perceived Change in the Use of Traditional Healing



# of Respondents

Figure 8 indicates that most respondents felt there was a moderate increase in community spirit or community solidarity. Several respondents noted that there were a greater number of people participating in community activities and that families were providing support during closure ceremonies.

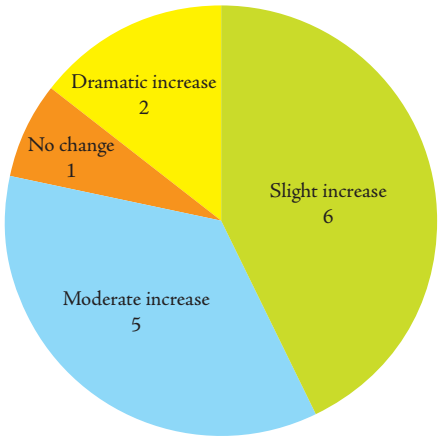
Figure 8) Perceived Change in Community Spirit



#of Respondents

Figure 9 shows the increase in improved family relations was slight to moderate. Respondents noted that parents improved rapport with their children and began following scholastic activities more closely. Some respondents stated that parents were trying to ensure children stay within the community when social services would intervene and that parents wanted their children cared for by the extended family or the community.

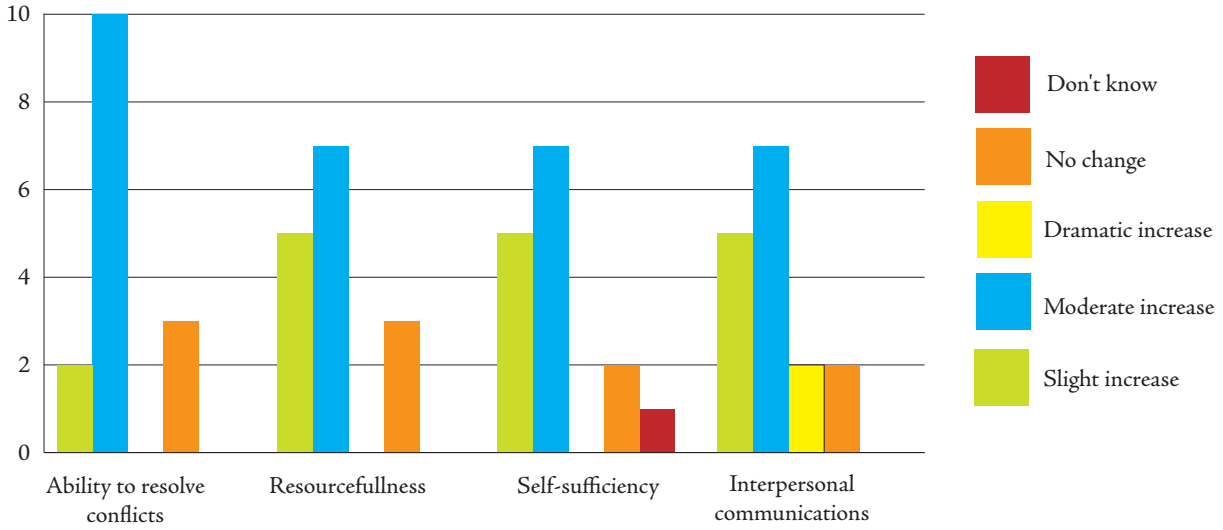
Figure 9) Perceived Change in Improved Family Relations



# of Respondents

Figure 10 illustrates the changes noted in interpersonal skills. A large proportion of respondents noted a significant increase in the way people were dealing with conflicts, resolving problems, and using communication skills.

Figure 10) Changes Noted in Participant Behaviour



Finally, participants have become more aware of existing connections between bad experiences in residential schools and the violence and abusive use of alcohol and drugs that exist in their community. A respondent noted, "The participants are asking themselves questions about the recurrence of the project ... The project had the effect of opening wounds and the healing process will take a long time." Because of the depth of suffering and confusion they felt, participants are worried about the continuation of the project. They believe the healing process should be longer than the duration of Koskikiwetan activities and want the healing process continued for several more years.

5.3 Partnerships and Sustainability

In each community, there was a support group made up of education, social, health, and police services. Managers of these services also freed up members of their teams so they could participate in healing activities. The project team did not establish new partnerships but was pursuing linkages with members of these services to sensitize local authorities so that they could contribute actively in healing activities when AHF funding ran out. The project team felt that the knowledge acquired by workers, support networks, connections created, as well as community awareness will survive AHF's funding.

5.4 Reaching Those With Greatest Need

It is not clear that pre-therapy activities were designed to select those in greatest need; rather, pre-therapy was intended to prepare those who were self-selected for the healing process. Continuous Legacy education and awareness programs respected individual and community readiness.

5.5 Accountability

The team implemented security measures for hiring, participation, and discharge. In addition, it ensured continued collaboration among various agencies by direct involvement or by informing them regularly on the progress of ongoing activities. However, they were unable to complete the quarterly report regarding CPIC (Canadian Police Information Centre) as stipulated in the contribution agreement because they did not know exactly what it was about.

In follow-up therapy (individual or collective post-therapy), each local team member worked in close collaboration with each service sector, including members of various local committees. At the end of each therapy session, local workers invited those agencies that were significantly involved with the participants to welcome and support them.

During the Elders' conference held in 2001, team members promoted the project and provided information on its progress. The team also took advantage of meetings organized by social, health, education, and police services to provide a report on project activities. During the second year at a regional meeting of workers from various sectors of the three communities, the project team presented results of the evaluation of the project and a report on activities to a general meeting of the Atikamekw Nation.

5.6 Best Practices and Successes

The best quality of Koskikiwetan was the vigilance and creativity the team demonstrated in the continual examination of activities and its effects on the workers and participants. The project team had, in fact, implemented quality control of activities, corrective actions and innovations to deal with specific traumas of Survivors and their families, and the generational and cultural differences between workers and participants. The modification of the Inner Child therapy was an example. In addition, each local worker developed a work plan in collaboration with the regional coordinator and members of local committees who contributed to the process. The idea of having their healing experiences evaluated by each participant after therapy was another way of exercising vigilance and meeting needs.

Another quality of the project was the diverse and creative nature of Legacy education. Impact evaluation was done and any needed changes were made. For example, during the first year of operation, the team noted that the video *Miromatisiwinik* was an effective triggering tool that should have been produced *before* the start of the project. The team now uses *Miromatisiwinik* before each therapy session. The team also participated in radio shows. The clinical supervisor participated in teleconferences on suicide prevention and the intergenerational effects of residential schools. A play on Atikamekw ancestral knowledge was presented, written by an Atikamekw in collaboration with the Atikamekw Nation regional education service. Finally, information and awareness-raising meetings took place with high school students and primary school teachers. Even if the use of traditional methods was constant (therapy in the bush, sleeping in a tent, use of traditional rituals and ceremonies, sweat lodges, gathering medicinal plants, purification rites, relating tales and legends, and teaching ancestral history), the project team also used modern methods for publicity, pre-therapeutic evaluation, and training.

The project team endeavoured to follow the recommendations of each community's regional coordinator and local workers' committees to consolidate partnerships with other organizations. However, the project team was aware of improvements to be made to exercise best healing practices. According to them, it would be essential to continue the training, therapy, and pre- and post-therapy activities:

> Continuing training sessions seem to us to be a necessity ... We are also of the opinion that support must be given to the local workers and workers in the other sectors so that they can be in a better position to obtain support for their clients. The activities to raise awareness about the impacts of the residential school experiences must also continue.

5.7 Challenges

Healing for Survivors and their families was facilitated by Koskikiwetan activities. Parents and children were beginning to see an improvement in family interactions. The modification of the Inner Child therapy to the Aboriginal culture and spirituality produced a feeling of belonging and wellness, which was very invigorating and very encouraging for participants. Still, resistance remained for which the project team was working to improve educational and awareness activities.

Continuity, confidentiality, and safety were the primary conditions for effective interaction in the context of any healing process, as much for individuals as for the collective. Taking into account the time and complexity these conditions required, the principal difficulties in achieving sustainable results among participants was the high turnover of the project team. During the third quarter of year two, the team had to change resource persons and two local workers. During the fourth quarter of the same year, a new resource person joined the team and a local worker resigned. Thus, the resignation of some members of the project team as well as the process of modifying the healing activities in order to meet specific needs of individuals interfered with the schedule. Unplanned activities included the Inner Child therapy modified to traditional healing as well as a seminar on non-violence.

According to reports from a clinical supervisor involved with the project during its first year, one of the principal challenges faced is the revitalization of the bonds of solidarity at the community and tribal level. "The lack of solidarity is also one of the consequences of the process of Aboriginal acculturation, part of which was the locking away of Aboriginal children in residential schools."[28] At a basic level, this translates into conflicts among members of the communities and among communities themselves.

5.8 Lessons Learned

The lessons learned were obviously connected to the recommendations listed above. They related specifically to logistical organization and the therapeutic quality of the healing process to meet the needs of participants and the availability and networking of workers. The project team became aware that there was a lack of knowledge, more particularly on intervention with adolescents, for personnel to carry out post-therapy, to easily perform a follow-up in an office and with persons in need outside the community, to control the integration of workers into the training, and, as needed, to reduce the number of expeditions into the bush. In summary, the project must aim at putting together a reliable and competent team (clinical supervisor, therapists, workers, volunteers, and support personnel) who could ensure effectiveness, regularity, and continuity of activities.

The uncertainty regarding the duration of the project affected not only the time workers could dedicate to therapy activities but also the effectiveness of the healing process. During two years of operation, two project therapists had to provide two consecutive therapy sessions that required a lot of energy and proved to be an excessive workload. The project, therefore, decided not to demand this type of performance from their therapists. In light of their experience, the project team felt the ideal context in which residential school Survivors and their families could start a healing process was to have the process extended to at least three years. Their report stated, "it would be a good thing to be able to keep the same personnel and that they have a periodic evaluation. There is also a need, at the start of the process, to create an annual schedule of the activities with the team and to evaluate it periodically."

Finally, the positive aspect of lessons learned is undoubtedly the integration of cultural elements within all awareness-raising, training, and therapy activities. This approach enhanced individual self-esteem, the feeling of belonging to the Atikamekw people, and, consequently, increased pride. Use of the Atikamekw language proved to be an important intervention tool.

6. Conclusion

Thanks to Koskikiwetan and the experiences that were lived, the Atikamekw Nation demonstrated its commitment to the healing process by breaking the cycle of abuse. The data presented in this report clearly showed the Atikamekw committed themselves to a healing process well before the AHF was created. It was evident that members of these communities would pursue this process well after AHF closed its doors. This intention was largely manifested by the dedication and commitment to healing and by the compassion the project team demonstrated for each other.

This being said, was Koskikiwetan able to achieve its objectives of training workers, mobilizing and sensitizing members of the Atikamekw communities, and thus getting people into therapy as outlined in the performance map? The data presented confirm that this project addressed the needs of individuals and successfully achieved its implementation objectives. The skills of the workers increased and they received specialized training modified to their particular vision of healing from the Legacy. On the one hand, the community now has a better understanding of the impact of residential schools, and on the other hand, there are more people in therapy and the demand for care and services is growing. Among awareness-raising activities, the project produced a video that is now used as a very effective tool to begin the healing process.

Workers were directly concerned with problems related to physical and sexual abuse. There were increasingly more people opening up on the subject of sexual abuse. The healing process was carried out through a unique and complementary method by modifying a Western therapeutic approach that included an Aboriginal cultural context. Members of the communities were then able to receive therapy in their own language and were also introduced to traditional methods, which once kept the First Nations' culture alive. There are now more people trying to acquire knowledge on how to live in the traditional way, thanks to the revitalization of traditional and cultural methods. In the long term, the communities are going to achieve their goals and re-establish Atikamekw pride and dignity.

Like any healing process, the movement towards change and wellness takes time. It will be several years of constant effort and personal and collective investment before the Atikamekw will consider the period of acculturation as only a bad memory, a *cursed* heritage that residential schools represent today.

7. Recommendations

After two years of awareness-raising, training, and healing activities the project team was ready to make several recommendations for the continuation of the project with realistic objectives in mind. These recommendations covered five categories: the safety and wellness of participants and project team; organizational development; awareness-raising; team development; and the evaluation of the project. Several informants indicated that the main point of their recommendations concerned continuous examination of the healing process. If Koskikiwetan did not have enough qualified workers and team members did not receive the needed support and time to achieve their objectives, this would threaten the healing process and risk aggravating Survivors' traumas and those of their family. Here are the principal recommendations made by team members:

Concerning the safety and well-being of participants there is a need to:

- ensure full-time clinical supervision just for the project;
- ensure the workers have vacations and cultural holidays;
- give more support to workers and coordinators; and
- ensure there are briefings and debriefings before and after each therapy session.

Concerning the organizational development there is a need to:

- ensure the regional office introduce the personnel to members of the communities;
- improve communication between the regional and local offices and during therapy sessions;
- strengthen and clarify the program structure by creating an organizational chart;
- have a cook and camp assistant in order to have less staff turnover; and
- select teams trained in intervention with adolescents, guides able to share their knowledge, and therapists able to carry out therapy with adolescents.

Concerning organization of healing activities there is a need to:

- accept or reject individuals for therapy on a case-by-case basis;
- ensure clients register at least one week in advance;
- organize pre-therapy information sessions and talk about culture and spirituality;
- ensure participation in pre-therapy activities is a prerequisite;
- ensure the speakers are present at pre-therapy rather than at therapy sessions;
- modify the application form to improve therapeutic follow-up;
- promote regular activities to improve healing; and
- include the cultural aspect in post-therapy and group activities.

Concerning the development of co-operation and networking within the work teams there is a need to:

- actively participate in the Issue Tables (education, health, police, etc.);
- ensure decisions are made at the local level in conjunction with the regional coordinator;
- develop team spirit;
- increase the number of meetings with all teams (local and regional); and
- establish a protocol to promote networking.

Concerning the continuing evaluation of project activities there is a need to:

- create a questionnaire to evaluate participant satisfaction using the *Community Guide to Evaluating Aboriginal Healing Foundation Activity* as a model;
- commit to formal planned evaluations and add a long-term follow-up on the impact of the program;
- ensure the project team has a clear vision of the distinction between activities and results;
- profile participants for whom the program seemed to work;
- clearly identify differences between those for whom the program worked or did not work, e.g., denial as the only obstacle or if there were other obstacles such as age and gender.

Notes

[1] For the purpose of this case study, we have used the second title given to the project, Koskikiwetan, instead of its former title (Miromatisiwinik).
[2] This data originates from quarterly reports submitted by the project during its first year of operation to the AHF.
[3] According to data available from the third and fourth quarter reports submitted to the AHF.
[4] Information from fourth quarter reports of the Koskikiwetan project submitted to the AHF.
[5] Information from quarterly reports of the Koskikiwetan project submitted to the AHF.
[6] Information from quarterly reports.
[7] Information from quarterly reports.
[8] Canadian Institute for Health Information (CIHI) (1995). *Indicators of Community Health: Definitions and Interpretations*. Ottawa, ON: New Edition 1996, 1997:146.
[9] Coloma C. (1999). *Programme Mikon: La mortalité dans les communautés Atikamekw* [Mikon Project: Mortality in the Atikamekw Communities] [unpublished research report].
[10] Coloma (1999).
[11] Coloma (1999).
[12] Coloma (1999).
[13] Information received from the Council of the Atikamekw Nation in 2002.
[14] Council of the Atikamekw Nation [CAN] (1997a:104). *La vie quotidienne et adaptation des Atikamekw de Wemotaci à la modernité*.
[15] CAN (1997a).
[16] CAN (1997:102), see note 13; and CAN (1996:115). *Problèmes sociaux, solidarité et entraide à Manawan*.
[17] Council of the Atikamekw Nation (1997a; 1996); and CAN (1997b). *L'adaptation des Atikamekw d'Opitciwan à la modernité*.
[18] CAN (1997a:108; 1997b:110).
[19] The differences are significant in all cases; CAN (1997a; 1997b).
[20] CAN (1997a; 1997b).
[21] CAN (1997b).
[22] Rates exceed 100 per cent because respondents could mention more than one method; CAN (1996:124), see note 15.
[23] Scheid, F. and I. Olacabal (1994:7). *Consommation de substances psychotropes chez des adolescents amérindiens au Québec* [Consumption of psychotropic drugs, solvent, alcohol and tobacco among amerindian youth in Quebec]. *Cahiers d'anthropologie et biométrie humaine* 12(3–4):145–168; and CAN (1997a).
[24] CAN (1996:114).
[25] CAN (1996:103). All these differences are significant; however, the data must be interpreted with caution as over 20 per cent contain values less than 5.
[26] D'Aragon, N. (2001:13). *Le suicide et al mémoire des peuples*. *Vis-à-vie* 10(3):12–17.

[27] Information from *Koskikiwetan* second year quarterly reports submitted to the AHF.
[28] Interview response, May 2002.

Appendix 1) Interview Questionnaire

Case Study—Council of the Atikamekw Nation

Miromatisiwinik and Koskikiwetan

Before we begin we would like to assure you:

- that there are no right or wrong answers, only answers that are true from your perspective
- your participation is strictly voluntary and you can choose to answer or not answer questions as you see fit
- the project has been selected based upon the criteria that were important to the board (i.e. geographic, group representation, project type, etc and *not* on past/present performance, this is a case study, not an evaluation)
- we are *only trying to learn from your experience* so that we can help others get what they want from their AHF projects
- the report will *not be able to identify who said what*, so please feel free to say things that may or may not cause controversy.

Name: _____

Profession: _____

Date: _____

1. Please describe your role in this project.
2. What element of the project do you judge the most effective?
3. Can you give examples showing that the community has benefited from the project?
4. For each indicator, select which best describes the changes due to the project:

Physical abuse	Increased	Same	Decreased	Not sure
Sexual abuse	Increased	Same	Decreased	Not sure
Children in care	Increased	Same	Decreased	Not sure
Incarceration rate	Increased	Same	Decreased	Not sure
Suicide	Increased	Same	Decreased	Not sure

   Why do you think this way?

5. What have been the impacts of this project on your team?
6. What have been the impacts of survivors on the team dynamics? Explain:
7. What are the strengths and weaknesses of the project in terms of using local resources?
8. Explain in concrete terms what is traditional therapy and what is inner child therapy. In your opinion, what is the relationship between these two types of therapy (framework, cultural specificity, methods, expected results and outcomes)?
9. Please describe the natural setting where the healing and training activities took place?
10. To what extent the project treated effectively the Legacy of physical and sexual abuse in residential schools, including intergenerational impacts?
11. What were the needs identified that the project intended to respond to?
12. How would you evaluate the capacity of the project to deal with these needs and satisfy them?
13. In your opinion, were the people responsible for the project's activities accountable to the community (did they report and communicate clearly with members of the communities, did they seek and obtain feedback?)
14. How do you deal with resistance, crises, and other reactions to the therapies?

15. To what extent the methods used, the activities and the process presented in the contribution agreement have helped in reaching the results that were planned?
16. Will the project continue to function when support from the AHF is no longer available?
17. To what extent has the project been able to monitor and evaluate its activities?
18. Here is a scale describing attitudes and behaviours. Reflect on these and choose the extent for each category:

		Dramatic increase (>80%)	Moderate increase (40–80%)	Slight increase (1–40%)	No change	Don't know	Slight decrease (1–40%)	Moderate decrease (40–80%)	Dramatic decrease (>80%)
a)	Denial	❑	❑	❑	❑	❑	❑	❑	❑
b)	Understanding residential schools	❑	❑	❑	❑	❑	❑	❑	❑
c)	Capacity to resolve conflicts	❑	❑	❑	❑	❑	❑	❑	❑
d)	Capacity to act independently	❑	❑	❑	❑	❑	❑	❑	❑
e)	Autonomy	❑	❑	❑	❑	❑	❑	❑	❑
f)	Interpersonal communication skills	❑	❑	❑	❑	❑	❑	❑	❑
g)	Understanding of traditional healing	❑	❑	❑	❑	❑	❑	❑	❑
h)	Use of traditional healing	❑	❑	❑	❑	❑	❑	❑	❑
i)	# of families involved in healing	❑	❑	❑	❑	❑	❑	❑	❑
j)	# of individuals involved in healing	❑	❑	❑	❑	❑	❑	❑	❑
k)	Existence of support network	❑	❑	❑	❑	❑	❑	❑	❑
l)	Use of support network	❑	❑	❑	❑	❑	❑	❑	❑
m)	Community spirit	❑	❑	❑	❑	❑	❑	❑	❑
n)	Skills of the personnel	❑	❑	❑	❑	❑	❑	❑	❑
o)	Restoring family relationships	❑	❑	❑	❑	❑	❑	❑	❑

19. Other comments?

Questionnaire for Counsellors on the Subject of Training

Circle your answer

1. How do you evaluate the quality of training you received?

1	2	3	4
Excellent	Good	Average	Poor

2. Have you received the training you needed?

1	2	3	4
Very satisfied	Quite satisfied	Fairly satisfied	Not satisfied at all

3. To what extent has the training responded to your needs?

1	2	3	4
Completely	Quite well	Fairly well	Not at all

4. Are you satisfied with the number of training sessions you received?

1	2	3	4
Very satisfied	Quite satisfied	Fairly satisfied	Not satisfied at all

5. Has the training helped you deal better with your clients?

1	2	3	4
Very much	Quite a lot	A little	Not at all

6. Which method has helped you the most?
7. What new methods have you learned?
8. What can you do now that you could not do before?

Appendix 2) Evaluation Questionnaire

Conseil de la Nation Atikamekw

Rehabilitation Program

Residential School Syndrome

Koskikiwetan II

Evaluation Questionnaire

In order to better assess the needs for Koskikiwetan II project, your responses will enable us to enhance the quality of therapeutic services. The answers provided will only be used to obtain information and will remain confidential.

1) When did you attend therapy? (indicate the date)
2) What is you community of residence?
3) In your opinion, is the number of people attending therapy too high or too low?
4) In your opinion, was the therapy program satisfactory? If your answer is no, please explain why:
5) Would you recommend the healing program to others? Why?
6) In your opinion, were other participants satisfied?
7) In your opinion, are the therapists competent?
8) Did therapists and resource-persons show interest in the therapy? Why?
9) In your opinion, should there be more activities included in the program? (for example: cultural activities)
10) In your opinion, were there too many activities included in the program?
11) What could be improved?
12) What did you like best?
13) What did you like the least?

Comments: