

COMMUNITY SUPPORT FOR GRADUATES
OF A RESIDENTIAL NATIVE TREATMENT CENTRE:
A CASE STUDY

by

ANN ELIZABETH TASKO
B.A., University of Victoria, 1978

A THESIS SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS


in the department of
Psychological Foundations in Education

We accept this thesis as conforming to the required standard


Dr. Vance Peavy


Dr. Rey Carr


Professor James Anglin


Dr. Mary Habgood, External Examiner

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University of Victoria

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Supervisor: Dr. Vance Peavy

ABSTRACT

The intent of this case study was to gain a deeper understanding of the meaning and experience of support for graduates of a native residential treatment centre once they returned home to the community. The exploration drew upon a number of human science orientations: psychological, sociological, community psychology, environmental, ethnographic and qualitative-phenomenological. The process of triangulation involving multiple data collection procedures (interviews, a walkabout survey and a review of relevant records and documents) as well as multiple data sources (receivers of support, informal and formal givers of support from within and from outside the community) was employed to cross-validate the data.

All comments relating to support were extrapolated from the interview transcripts and divided into categories of "Support As Received and As Given", "Lack of Support as Perceived by Receivers and Givers" and "Support as Envisioned by Receivers and Givers". Within each of these constructs, the comments were subdivided into seven types of support

(emotional, social, practical assistance, financial/employment, advice/guidance, spiritual and cultural). Quotations of the receivers of support were separated from those of the givers within each type. The comments were grouped by themes. The information was then synthesized into a descriptive analysis.

It was found that graduate clients had not experienced significant support on returning home. On the contrary, most experienced great loneliness and disappointment, unable by themselves to find the support they needed either from friends, family, AA or formal caregivers. The givers of support seemed fully aware of the general lack of support, although they thought that graduate clients sometimes had unrealistic expectations. They offered many ideas on how the situation could be improved.

Support is discussed further within the framework of the present transfer of responsibilities from the Federal Government to the Nuu-chah-nulth Tribal Council and the Tla-o-qui-aht Band Council. Recommendations are made and the implications for counsellors, administrators and future research are

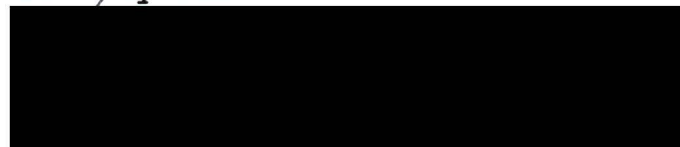
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Dr. Vance Peavy



Dr. Rey Carr



Professor James Anglin



Dr. Mary Habgood

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ACKNOWLEDGEMENTS

My appreciation to:

Dr. Vance Peavy for your belief and trust in me,
your patience with my speed of production and
your professional guidance;

Dr. Rey Carr for your participation in this
venture and your input in the early stages;

Mr. Jim Anglin for agreeing to come on deck in
the latter stages and your helpful feedback;

Ms. Marjorie Martin for your on-going interest
and constructive comments;

Dr. Mary Habgood for agreeing to be involved as
External Examiner;

Dr. Ken Benson for all your emotional support,
advice/guidance, social support and practical
assistance (especially your interviewing and
editing skills) and for all the support
I experienced through our shared cultural and
spiritual moments.

All the subjects of this study who generously
shared their time, their experiences, their
thoughts, their feelings, their impressions
and their dreams. I feel privileged to have
entered your world.

My sincere thanks.

Along with my campfire, I gaze about on the completely circling hilltop, crested with countless campfires, around which are gathered the people of a dying race. The gloom of the approaching night wraps itself around me. I feel that the life of these children of nature is like the dying day drawing to its end; only off in the west is the glorious light of the setting sun, telling us, perhaps, of light after darkness.

E. S. Curtis, 1905

CHAPTER I - INTRODUCTION

Background

History is an account of the ebb and flow of the people of the world over its land surface. Atlases have a habit of containing obsolete information. As expanding nations have extended their territorial base to meet economic objectives so the indigenous nations have been stripped of their cultural identity. Destruction of the existing fabric of a society - its traditions, language, customs - ensures a loss of human rights and consequently the loss of empowerment of individual members. In turn, this has allowed expanding nations to take advantage of local material and human resources.

There are numerous examples of this pattern of territorial expansion, the experiencing of which still remains in the minds of many people alive today. The Irish remember when the English decided to expand their economic base to Ireland, taking land, evicting tenant farmers, forbidding use of local language and customs. The indigenous people of the African continent, New Zealand and Australia remember similar experiences. The native Indians of North America also

remember. In particular, the native Indians of the Pacific Northwest remember what it was like to be forbidden to speak their own languages, to celebrate customs such as the potlatch and what it was like to give up their lands, to be taken from their families to attend residential schools and to be employed as laborers in canneries.

Nations have responded to their losses in different ways. One interpretation of the response of the native people is that they have used alcohol to obliterate the emptiness and emotional pain resulting from their many losses. White people distributed alcohol liberally to the native people in order to exploit and take advantage of them, as is graphically shown in the Alkaki Lake documentary (Lucas, P. 1986). The etiology of native alcoholism is a complex phenomenon but statistics demonstrate the horrendous impact that it has had for native communities since its introduction to them. 80% of all deaths among Canada's indigenous people aged between sixteen and thirty-five years are linked to alcohol or drug use; 75% of accidental, poisoning or violent deaths are attributed to alcohol abuse; 90% of deaths by

accidental fire are alcohol involved and this is thirty times higher than for non-natives (NNADAP, A Progress Report, 1985).

And so it seems that alcohol has affected the lives of many native Indian people, destroying individuals, families and whole communities. Alcohol abuse is considered a major problem in 93% and drug abuse in 84% of native communities in British Columbia (Ministry of Labour and Consumer Services Report on Drug and Alcohol Programs, 1988). The situation has been exacerbated by reduced economic opportunities in reserve communities and the emptiness caused by loss of cultural identity and self-respect.

Schilit (1986) compared childhood social support deficits of alcoholic women with nonalcoholic women and found that alcoholic women reported feeling less comfortable with and experienced less support from both the family and peer group than did the control group. She wondered whether an individual starts with sufficient supports as a child, develops a drinking problem, then loses support as a result of the drinking or whether he/she starts with fewer supports and, as suggested by the stress-buffering hypothesis,

experiences greater stress as a result. A substantial body of literature supports the theory that alcohol is frequently used for stress reduction (Marlatt, 1979). Individuals who do not have sufficient support systems to buffer the stressful events in their lives may turn to alcohol as an alternative stress reducer.

During the past twenty years residential treatment centres have been developed for native peoples dealing with problems resulting from alcohol and drug abuse. They provide a great deal of support to the clients who attend their programs. Leaving their immediate community, the client is freed from economic pressures, extended family problems and personal responsibilities. Perhaps the idea of "going away" for treatment comes from the native peoples' experience of being taken away from their community to receive their education. Residential schools for Indian children continued to exist into the early 1970's here, in British Columbia.

Christie School, located on Meares Island on the west coast of Vancouver Island, operated as one of these residential schools for native Indian children of the Nuu-chah-nulth nation (known until 1970 as the

Nootka people). Built in 1890, the school existed until 1971 when the native children were required to attend the "public" schools in nearby Tofino.

For the next two years Nuu-chah-nulth leaders, encouraged and supported by local church officials, social workers and others, met in various locations along the West Coast of Vancouver Island to determine the future role that the school building should play in the life of the West Coast communities. The property was, and still is, owned by the Oblate Fathers of Western Canada. They had assumed responsibility for "educating" the native people and since Christie School had been an integral part of native Indian life for eighty-one years, the Fathers decided to endow the property and buildings for use by the native communities in whatever way they felt to be best.

Lengthy meetings resulted in a decision to use Christie School as a retreat for native families struggling to bring some peace to their often painful and chaotic lives. The school was renamed "The Kakawis Family Development Centre" and from the ashes of a learning centre for children arose a phoenix

housing under its wing a learning centre for the whole family. This is the uniqueness of Kakawis.

During the last fifteen years, Kakawis has established itself as a respected treatment centre for families struggling with the adverse effects of alcohol and drug abuse. Initially funding was slow to arrive and many personal sacrifices by staff and clients - poor housing conditions, little or no pay, belching stoves and meagre rations - were made to render that dream a reality. Gradually, the Ministry of Health, through its Alcohol and Drug Program assumed total financial responsibility, to complete the transition from the Oblate Fathers and the Sisters of Saint Ann. (In 1988, this financial responsibility was transferred to the Ministry of Labour and Consumer Services).

The program that has evolved is a sophisticated one, synthesizing western philosophies and psychotherapies with native Indian culture and spirituality. Although not identified by name as an alcohol treatment centre this is, in fact, its *raison d'etre*. Family development for many native Indians all too often involves having to confront difficulties

arising from excessive use of alcohol. Kakawis originally served the west coast native people, expanded to include families from British Columbia and has recently returned to a policy of restricting its intake to Vancouver Island, with priority given to west coast people. The Kakawis Program is one of five residential treatment programs offered to native Indians in British Columbia.

Statement of the Problem

A major concern that arose time and time again during the interviews conducted for the Kakawis report (Tasko, 1987) was that of support for client families once they have returned to their own communities. Lack of community support was identified as a problem as early as 1976 when the Alberni Valley Times found it to be "the weakest point in the program". It seems that administrators, funders and community network resource persons were not only aware of, but frustrated by, the limitations inherent in providing a temporary support system for clients during their rehabilitation program which might or might not be continued upon their return home. "Going away" for

treatment has advantages such as confidentiality for the client and a greater freedom to concentrate on the program because the client is less distracted by life in his/her own community - by family, by friends, by events. However, the going away entails "coming home" when the program has been completed. Back in the community, chances are that lifestyles, events and the expectations of others have not changed significantly.

The problem is that no studies have been conducted where this phenomenon has been explored within the context of a native community. Consequently, nobody actually knows what the meaning and components of "community support" are for native people, what sort of support members of the community are willing to give, in what ways graduates of residential programs feel unsupported when they return home and what possibilities for support exist in peoples' minds. It is not reasonable to intervene in a community without an adequate awareness of the pulse of the community. Before attempting to bridge the gap between program delivery and the clients' return to the community it is imperative that an understanding of the essential nature of support be examined.

Some studies have shown that there is little correlation between the various components of treatment and outcome (Parihar & Kirchhoff, 1985). This finding appears to be substantiated by the fact that, in addition to the outcome not being associated with any particular treatment modality, "patients provided with a minimum of services showed as much improvement as those provided with extensive treatment over the same period of time" (Powell, 1985). If this is so, it is important to look at the role the community plays in the process of rehabilitation. Administrators and funders of programs, community resource persons - and the clients themselves - have a vested interest in the success of any residential treatment program.

As mentioned earlier, there is at this time no information on the meaning and components of community support insofar as it applies to the process of rehabilitation for graduates of native residential programs. Before any support is superimposed by formal caregivers, it seems very important to capture what it does mean to both the givers and receivers and the role that it plays in west coast native life. The

purpose of this study, therefore, is to explore the notion of support from a community perspective.

The Concept of Support

The subject of support has stimulated a lot of research in the last fifteen years. Despite the confusion regarding definitions, the findings show that social support is a powerful factor in the prevention of many physical and mental disorders. In fact, it has been suggested that alcoholics who stop drinking, without any form of social support, are more likely to drink again than those who do have social support (Mitchell, 1986). Socially isolated persons tend to perceive themselves and their problems as unique, feeling lonely, vulnerable, unloved and excluded from the community.

From 1982 to 1984 over 450 entries were recorded under the heading of "social support" in the Psychological Abstracts (Early, 1986). The same publication contains a detailed account of the theory and research surrounding social support. One conclusion is that the support construct is not generally agreed upon and the subject needs to be more

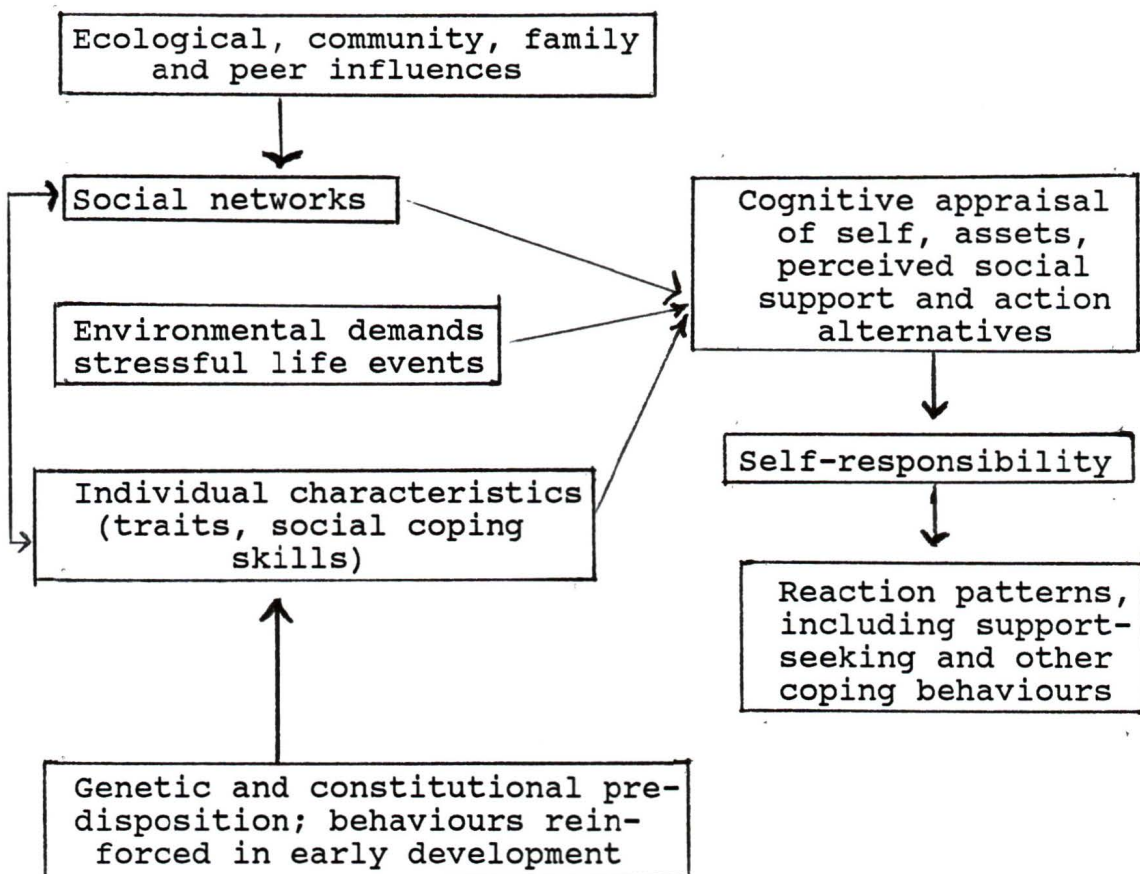
precisely specified (Barrera, 1986; Fiore, Coppel, Becker & Cox, 1986).

The number and variety of conceptual schemes cover many diverse aspects and dimensions of what is known as social support and are confusing. These include network resources or source (frequency of contact and characteristics), general versus problem focused, objective versus subjective, description versus evaluation, available versus enacted, provided versus received, - to name a few. The subject is a very complex one. A comprehensive schema proposed by Heller & Swindle (1983) links social support and the coping process. It distinguishes between social networks, the environmental and ecological variables that encourage their formation, personal attributes which facilitate their use, cognitive appraisal of the situation resulting in recognition that support is needed and the actual support-seeking behaviours themselves (see Figure 1). With the addition of a personal contribution through self-responsibility, the schema becomes a useful framework when considering support as part of the coping process.

Vaux et al. (1987) suggest that "social support" can best be understood as a metaconstruct containing

Figure 1

A Model of Social Support and the Coping Process
 (adapted from schema developed by Heller & Swindle, 1983)



three subsidiary constructs: support network resources, supportive behaviours, and subjective appraisals of support. In addition to independent consideration of each of these theoretical constructs, they go on to suggest that a second distinction cuts across the first - that is, the idea that social support can be broken down into different types of help or assistance.

Vaux, Riedel & Stewart (1987) tested the adequacy of a Social Support Behaviours (SS-B) Scale which separated support into five of these modes - emotional support items, socializing items, practical assistance items, financial assistance items and advice/guidance items. Similar distinctions have been made by others: tangible, intangible, advice and feedback (Tolsdorf, 1976); environmental action, problem solving, emotional sustenance, indirect influence (Gottlieb, 1978) and emotional support, cognitive guidance, tangible assistance, social reinforcement and socializing (Hirsch, 1980); self-esteem, appraisal, belonging and tangible support (Cohen & Hoberman, 1983); emotional support, task-oriented assistance, communication of expectations, evaluations and shared

world view (Mitchell & Trickett, 1980); material aid, behavioural assistance, intimate interaction, guidance, feedback and positive social interactions (Barrerra and Ainlay, 1983).

Consideration of these categories led to the conclusion that the five modes outlined by Vaux et al. (1987) were the most useful as a guideline for this study. These categories seem to incorporate many appearing in previous literature under similar classifications; however, Vaux et al. tested the adequacy of the Social Support Behaviours (SS-B) Scale and found that each of the five strategies used to test it gave some evidence for the validity of the SS-B.

This study attempts to look at these various types within the context of a native community to determine the experience and meaning from the perspective of both those in a position to provide support and those in a position to receive it. Wherever the term "support" is used in this study, in reference to supportive behaviours, it refers to the concept of "perceived support". This applies to all modes except financial/employment and practical assistance.

Limitations of the study

A criticism of the case study is that the results are limited to that specific situation and cannot be generalized to other similar situations. Yin (1984) writes that "case studies, like experiments, are generalizable to theoretical propositions and not to populations or universes".

Lang (1975) believes that a case study can set the stage for obtaining meaningful information but is limited to the extent that the information can never be "complete and dependable". However, Merriam (1988) states that the case study "can examine a specific instance but illuminate a general problem."

Certain other criticisms might involve the possibility that misunderstandings in the interpretation of information may occur as a result of the culture-bound nature of the interviewers. In addition, some of the feelings of the interviewers may have been projected unconsciously onto the subject matter, thereby clouding reality.

It has been found that members of minority cultures or persons under stress are likely to have problems communicating with the interviewer (Woodward

& Chalmers, 1982). This can be further exacerbated by a difference in the use of language. Weiss (1975) reported that the interviewer with sociodemographic characteristics similar to the interviewee will elicit different responses to the interviewer with dissimilar characteristics. Members of minority groups may want to please the interviewer, trying to figure out what it is he/she wants to hear and responding in what is perceived to be a socially acceptable manner. Non-response or silence may account for omissions in data collection. Although every effort was made to take these factors into account, it is probable that in this particular study, cultural differences between many of the interviewees and the interviewers resulted in a degree of bias and error.

CHAPTER II - HISTORICAL REVIEW

The Nuu-chah-nulth Nation

The west coast of Vancouver Island is characterized by the presence of many small islands, bays and estuaries. It faces the open sea - the Pacific Ocean, with all of its bounties as well as its storms. By virtue of their seamanship and canoe-building skills, the people of this area were renowned for their prowess in dealing with the challenges of the sea, such as whale hunting from an open canoe.

They are known as the Nuu-chah-nulth nation. Fourteen different tribes belong to this nation, scattered along the coastal region from Kyuquot in the north to Pacheenaht in the south (see Appendix A).

Archeological evidence suggests that this land has been occupied for at least four thousand years (Arima, 1983). During that time, lifestyle changed very slowly with the sea providing a bountiful food supply while the trees provided most of the other basic needs such as clothing, utensils and bedding. Until the advent of Europeans, most social positions were fixed. The chiefs inherited their status from their fathers, the highest ranking chief being the

eldest son of an eldest son. The position was a powerful one and carried responsibilities for "economic and ceremonial resources; he directed day-to-day use and made long-range plans." (Kirk, 1986). Commoners did not own any rights or privileges (songs, dances, ceremonial names, rank or property), although these might sometimes be granted by the chiefs to those who were particularly skilled.

Slaves were an integral part of society and it was not possible to gain status as a "free man" (although it was possible to lose it through capture) since all slaves were owned by a chief. Nuu-chah-nulth society was composed of "perhaps twenty to twenty-five percent ... slave, to judge from early documents" (Kirk, 1986). What is important in this context is the rigid class structure of the traditional society. People knew whether they belonged to the nobility, to the commoner or to the slave status and therefore what rights and privileges they could expect since these were inherited and passed down through the ceremonies of a potlatch, often given by chiefs to share wealth and well-being, but also to transfer these same rights to certain names, songs and

dances. All social transactions were witnessed at these events. The potlatch was therefore the cornerstone of the society.

Also of extreme importance in everyday life was the care taken with rituals, whether personal - "cleanse your body, cleanse your mind and then you can find meaning" explained a Nuu-chah-nulth lady to Ruth Kirk (1986) {see photograph, "Ceremonial Bathing" (Davis, 1985 p.171)}- or with rites shared by others (for example, the prayers offered in appreciation before the killing of fish, whales or other wildlife).

Traditional Indian society was decorous with serious consequences for those who broke the rules of conduct. Politeness and respect were expected at all times. This extended from attitudes and behaviours toward immediate and extended family to all of nature. Self-discipline was necessary for survival.

However, as new customs were introduced by European traders, so the existing ones were replaced. Slaves were freed. Hereditary chiefs co-existed alongside elected chiefs. Potlatches were banned. Children were given white man's names. The Great Spirit was replaced by Christian concepts. Ceremonial traditions were forgotten. The spoken Indian word was

forbidden in the residential schools. The rift began between the generations.

During the span of just one generation the whole society was restructured. Gone was the economic independence, the pride, the stability, the initiative and the respect for one's elders and traditions. A cultural vacuum existed with consequent loss of personal identity and an economic dependence on government. In fact the Indian Act of 1880, Section 12 declared, "The term person means an individual other than an Indian". Smallpox, tuberculosis and other infectious diseases were primarily responsible for the population decline of the West Coast people from somewhere between 15,000 and 30,000 late in the 18th century when the Europeans arrived, to a low in the 1930's of around 2,000. Since then the population has been increasing so that the member bands now have a combined population of 5,139 (Nuu-chah-nulth Health Board, 1988).

The Nuu-chah-nulth Tribal Council

Until recently, the West Coast native peoples were known as the Nootka - a name incorrectly ascribed

to them by Captain Cook in the late 1700's. The word "nuu-chah-nulth", in one of the west coast dialects, means "all along the mountains" and was chosen by the people as their name. The West Coast District Council had emerged in 1971 as a body of people committed to the idea of self-government. The slow process of re-claiming autonomy began on a formal basis at this time. The West Coast District Council was renamed the Nuu-chah-nulth Tribal Council (NTC) in 1973 and incorporated as a non-profit society.

The NTC is composed of chiefs and councillors representing fourteen bands scattered along the West Coast of Vancouver Island. Meetings are held regularly. Present leadership of the NTC is reported as being "outstanding", "very strong", "having accomplished a tremendous amount" and "very committed".

By means of this non-profit society, the Nuu-chah-nulth people created a legal vehicle through which to apply for funding as well as "provide a political forum for the Tribal membership to meet together on a regular basis to discuss problems, goals and objectives" (Wesley, G. personal communication,

October 15, 1988).

The major problem which the NTC began to tackle was the dominant role that the Department of Indian Affairs (DIA) had played in the lives of the people. Examples given were the right that the DIA had to take children from their homes and put them in residential schools. Another, to take children from their own homes and place them in homes of the Department's choice. Tangible results of the work of the NTC are seen in the closing of the last two residential schools - Christie School on Meares Island and Port Alberni residential school. The NTC has since been very active in Land Claims and is presently heavily involved in the gradual transfer of federal government responsibilities to their own people.

The Tla-o-qui-aht Band (formerly known as The Clayoquot Band)

The Tla-o-qui-aht band is a member of the the Nuuchahnulth nation. Tla-o-qui-aht is the anglicized spelling of the Indian word meaning "different". One member of the band described the Tla-o-qui-aht people as being very independent. Most

recently, they have received publicity for their united and successful stand against logging on Meares Island.

The Tla-o-qui-aht tribe moved into Clayoquot Sound at the time of first European contact and through war, either dominated or eliminated at least eight other groups in the area. After British Columbia joined Canada in 1871, reserve lands were allocated by government agents to native Indian peoples according to the native peoples' "needs". The Nuu-chah-nulth peoples have one hundred and fifty reserves, most of which were occupied at the time of allocation. These have now been centralized to about thirty, the Tla-o-qui-aht people occupying two of these.

One is a parcel of land measuring 29 acres known as Esowista and is located in the Long Beach area; the second is a parcel of land measuring 108 acres, situated a ten-minute boat ride from Tofino on a small bay on Meares Island. This is the location of the

tribal village of Opitsat. Although not appearing very far apart as the crow flies, the journey is a difficult one requiring both car and boat. Historically, the majority of the Tla-o-qui-aht people have lived in Opitsat. It was only as recently as the early 1970's that the population of Esowista began to expand. Today the population is almost equally divided between the two reserves.

A third piece of land close to Esowista is leased by the Tla-o-qui-aht. This is the site of a modern residential dormitory, built in the early 1970's to accomodate children attending school in Tofino after segregation had ended. Known as "Tin-Wis" (meaning "calm waters") it is now a hostel, owned and operated by the Tla-o-qui-aht Band. In addition, other tourist-related enterprises are under development with scenic, fishing and whale watching charters in demand. The buildings contain a gymnasium used frequently as a community centre by the Band. At the time of data collection, these buildings also housed the Band Offices. Since then, however, a new community centre has been built in Opitsat and the Band Offices have moved there. The official opening of the new centre

took place in the summer of 1988.

The Nuu-chah-nulth membership list published in 1986 includes four hundred and seventy-four persons belonging to the Tla-o-qui-aht Band. Approximately one hundred and fifteen persons live in Esowista and a similar number in Opitsat - a total population "on reserve" of two hundred and thirty. The balance of the membership live off-reserve - some in nearby Tofino, others in Port Alberni, Victoria and beyond. There are twenty-two houses in Esowista and twenty-eight in Opitsat. This study is limited to the investigation of the various aspects of "support" as experienced and envisioned by those members of the Tla-o-qui-aht Band living in the communities of Opitsat and Esowista.

Transfer of Federal Government Responsibilities

For almost twenty years local band expenditures have been subject to the approval of the Federal government. This resulted in a situation whereby the needs of local communities (as seen by the native peoples) were not always recognized by government. In addition, it restricted the application of these expenditures to the extent that re-allocation from one

area to another was impossible and again, local needs could not be met. As a result of this frustrating situation, the Report of the Special Committee on Indian Self-Government (Penner Report, 1983, Communications Operations Directorate, Indian and Northern Affairs Canada, 1988) recommended constitutional amendments entrenching the right of Indian peoples to self-government in the Constitution of Canada and Indian self-government legislation to recognize First Nations and to establish the legal framework for their operation.

Over a period of twenty years, the budget of the Tla-o-qui-aht Band Council has increased from \$12,000 to \$500,000. This is, therefore, a time of great change and opportunity for the native peoples. Strong and effective leadership at the Tribal Council level has enabled local bands to reclaim responsibility for themselves. The paternalism created by the Department of Indian Affairs (DIA) has been replaced by native leadership displaying initiative, creativity and a strong commitment to self-government.

Despite attempts by the Federal government to assimilate native peoples into the Canadian mosaic,

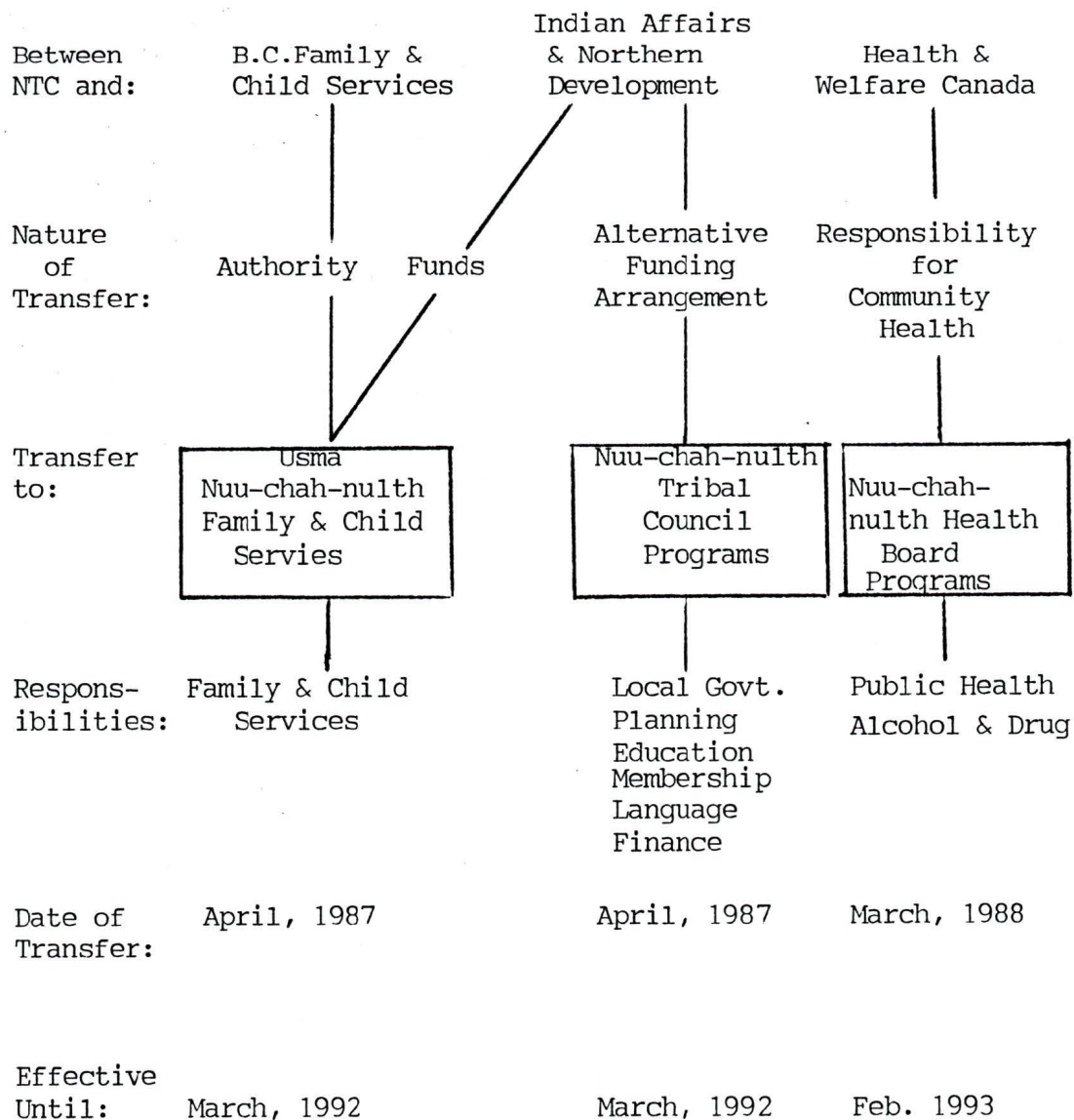
opposition has been strong and was forcefully expressed in a brief presented to the Federal Government by Wuttunee in 1970 (Zentner, 1973) as he represented the Union of British Columbia Indian Chiefs, "Changing attitudes of the Canadian people will accept and support our desire to create a viable economic life for our people on our terms, at our speed, and based upon our cultural identity and heritage".

Political and social change necessitates success at three major stages - issue recognition, decision-making, and implementation of policy (Zentner, 1973 p.89). The Nuu-chah-nulth peoples have successfully negotiated these stages and as a consequence are now leaders in Canada in accepting the transfer of responsibility for self-government in a number of program areas.

Table 1 summarizes the agreements which have been signed by the Nuu-chah-nulth Tribal Council. The first such agreement heralding the transfer of responsibilities was signed in 1985 between the Superintendent of Family and Child Services of British Columbia and the Nuu-chah-nulth Tribal Council (NTC), effective April, 1987, at the same time as a separate

Table 1

Devolution Agreements Signed by the Nuu-chah-nulth
Tribal Council



agreement between Indian Affairs and Northern Development was signed which looked after the financing. The terms stipulated that the NTC would develop and maintain child protection services (to the satisfaction of the Superintendent). For the native people to be responsible once again for the welfare of their children was a major victory. Known as Usma (meaning "cherished ones"), the Family and Child Services program is the direct responsibility of the NTC and ultimately to the Superintendent of Family & Children's Service. The bands, band councils, tribal council and its executive director do not have the delegated authority from the province to remove children from families. That authority lies only with five employees of the Usma program. One of the goals of the Usma program is to bring native Indian children back to their communities to be looked after by the extended family. Other goals include investigation of complaints of neglect and abuse; developing a closer liaison not only between NTC and the Ministry of Social Services and Housing (MSSH) but also with outside agencies and resources and finally, of assessing and prioritizing Band Committee and Family

Services programs in consultation with Band workers and the committee. At the band level, committees have been working together on these community issues concerning the care of the children. Group meetings have led to greater communication through the exchange of information and sharing of responsibility.

Although the abuse of alcohol is not identified as a direct issue within the context of the Child Welfare program, there is no doubt that it is often involved when maltreatment of children takes place and therefore cannot be dealt with as a separate issue.

The Nuu-chah-nulth Health Board was formed in 1987 as a subsidiary of the NTC to develop and administer a public health program for the Nuu-chah-nulth peoples. This is the fourth agreement signed by the NTC in connection with the transfer of responsibilities from Health & Welfare Canada. With respect to the Public Health Programs, it was one of the first two to be signed in Canada - the other one was signed one day earlier with the Nishga people, simply because the government official concerned stopped first in the Interior of British Columbia, before continuing west to Vancouver Island. Insured

and non-insured health programs are not included in the transfer, although the NTC is responsible for administering transportation funding (a non-insured service) and other minor services. The transfer of public health services was in the planning stage and under negotiation for seven years. During this period a review of health services, a community health demonstration project and extensive community surveys were conducted to determine the needs of the various communities. This particular contract is the first to be signed in Canada between a tribal council and the federal government (the Nishga peoples' agreement was the first between a Band Council and the government) and the largest of seven Alternative Funding Agreements (AFA's) signed in Canada to date (Indian and Northern Affairs Canada Communique, 1988). The contract is worth over 58 million dollars and covers the five-year period, April 1988 - 1993, with full service expected to be transferred by the end of the third year.

The federal government has clearly stated its commitment to the transfer of responsibility for health care to Indian control in order to create "a

more integrated, culturally relevant community health program and improved health conditions for Indian people" (A Discussion Paper on the Transfer of Indian Health Programs for Consultation with the Indian People, 1986). Although ready to transfer responsibilities, the government's position is to respond to communities whose leaders initiate negotiations and demonstrate their readiness and willingness to accept responsibility. Apart from the seven signed agreements, forty-four other bands and five tribal councils are involved in the AFA process. Of these, eighteen have been declared as having met the entry criteria and are proceeding to negotiate AFA agreements (Communications Operations Directorate, Indian and Northern Affairs Canada, Information Sheet 1-8819).

Signing of the AFA means that the tribal and band councils have a flexibility to apply funds in ways that most benefit specific communities. Tribal and band councils are directly accountable to their memberships for the delivery of services and to Indian and Northern Affairs Canada through an annual expanded audit.

Alcohol and drug abuse and the associated mental/emotional problems have been identified by the NTC as involving 50% of the population directly and 100% indirectly and "as not being amenable to institutional treatment alone" (NTC Health Services Transfer Plan, 1986). The NTC has stated its change in focus from "assisting people to give up their addictions to providing continuing support and alternatives to those who have already done so" (NTC Health Board Bulletin, 1988).

The new health program is committed to promoting good health and prevention of disease by "giving people tools to help themselves through community-based health education and encouragement to community level support programs" (NTC Health Services Transfer Plan, 1986). The program focuses on community health, public health nursing and alcohol and drug abuse prevention.

Perhaps this transfer of responsibility from government to the west coast peoples can be seen as some of the first rays of the "light after darkness".

CHAPTER III - METHODOLOGY

Strategy

The strategy chosen for investigating "community support" for graduates of native Alcohol and Drug Treatment Centres is a descriptive case study. This type of research has been called "monographic research" (Nowak, 1982), meaning a written account of a specific phenomenon. It has been described as "a collection of all available evidence - social, psychological, physiological, biographical, environmental, vocational - that promises to help explain a single individual or a single social unit such as a family" (English, 1958), as "an intensive, detailed analysis and description of a single organism, institution, or phenomenon in the context of its environment" (Anderson and others, 1975) and as "an empirical inquiry that:

- investigates a contemporary phenomenon within its real-life context; when
 - the boundaries between phenomenon and context are not clearly evident;
 - and in which
- multiple sources of evidence are used"

(Yin,1984).

Merriam (1988) states that the purpose of concentrating on a single phenomenon or entity (or "case") detail is to "uncover the interaction of significant factors characteristic of the phenomenon through holistic description and explanation". In addition, Merriam (1988) suggests the four following characteristics which she sees as being essential properties of a qualitative case study:

- a) particularistic - referring to the way particular groups deal with specific problems;
- b) descriptive - meaning that the case study is a complete description of the phenomenon under investigation;
- c) heuristic - in that the phenomenon contributes to learning either through giving new meaning or by confirming what is already known; and
- d) inductive - meaning that a case study is a process of inductive reasoning, beginning with tentative hypotheses but reformulating these as new themes and information arises.

In order to examine the phenomenon of community support for graduates of native treatment centres, a case study strategy seems to be the most comprehensive and adaptive approach to take. It enables an investigation and examination of data to occur in a naturalistic setting. A qualitative approach within this framework allows the investigation to examine all the parts that form the whole, to understand the nature of the setting and the meaning of support in the lives of a cross-section of a particular native community - it is an ecological framework.

This piece of research stands as both an independent case study in and of itself, and as the fourth step within the framework of a larger case study. As the latter, it fits in well with the following categories outlined by Wise, Nordberg & Reitz (1967):

1. the systematic collection of data
2. an adequate analysis of the data collected
3. usually the application of therapeutic procedures, and
4. a follow-up study to determine the results of such therapy.

As the fourth step, it is building on information previously gathered for the report, "The Kakawis Program: History and Current Description 1971 to 1986" (Tasko, 1987), including all previous research connected to The Kakawis Family Development Centre documented as appendices to that report. The report itself gave a detailed picture of the program as it existed at that time and explained how it had developed.

As an independent case study, this research attempts to "deal with all pertinent aspects of one thing" (Good, 1972 p.328) - that is, community support for graduates of residential treatment centres. The intensive investigation of the subject matter results in "interpretations, diagnoses, or prognoses" (Good, 1972, p.329) and thus falls into the classification of a case study. It allows "an investigation to retain the holistic and meaningful characteristics of real-life events" (Yin, 1984. p. 14). The case study lends itself particularly to community sociology and psychology.

The multiple methods of data collection procedures used were:

- i) interviewing:
 - a) receivers of support (graduates of treatment centre programs);
 - b) givers of support:
 - informal (family, friends, neighbours, elders);
 - formal (Nuu-chah-nulth Tribal Council employees, Tla-o-qui-aht Band Council employees and Medical Services employees);
- ii) reviewing records and documents:

previous research directly relating to native follow-up support;
Federal Government documents;
Tribal Council records and documents;
Band Council records and documents; and
- iii) "a walkabout" survey

during visits to the reserves, time was spent observing the nature of the environment to determine to what extent it and the man-made amenities facilitated the giving and receiving

of support.

Interviewing was the major source of the data, while records, documents and direct observation were the secondary sources completing the social-ecological framework of the study. Each source of information complemented the other and provided an opportunity for cross-validation of reported experiences and behaviours.

This case study did not use participant observation as a method of data collection because it was not feasible to spend an extended amount of time "in the field" in order to obtain detailed observational evidence. The methods used, especially the interviews, were considered to provide robust data and, as mentioned by Yin (1984) "one could even do a valid and high-quality case study without leaving the library and the telephone".

Mannen, Dabbs & Faulkner (1982) consider that social or human science is best understood through a descriptive approach achieved by "revelation and disclosure". Following this approach, hypotheses regarding the structure and dynamics of support emerged gradually from the collected data.

During the interviews a phenomenological approach was determined to be most appropriate, enabling the interviewers to actually enter "the world of the studied ... (to) attempt to come forth with a close reading of that world in terms of the interpretive standards found there (as embedded in the actions, language, symbolic forms, and emotions of the studied)" (Maanen, Dabbs & Faulkner, 1982, p. 17). To borrow an analogy used to describe the part played by a logotherapist, the approach resembles "the role of an eye specialist rather than that of a painter. A painter tries to convey to us a picture of the world as he sees it; an ophthalmologist tries to enable us to see the world as it really is" (Frankl, 1959).

For this purpose, therefore, it was necessary to set aside the belief of "naive realism" - the almost universal belief that "all people define the real world of objects, events and living creatures in pretty much the same way" (Spradley, 1979). It was an endeavour to learn from the subjects about their reality. Interpretations were made based on the recognition that cultural differences may have come into play - that is, the meaning of the subjects'

actions or words may have been different to the meaning assigned by the interviewers. Where appropriate, clarification of possible misinterpretation was sought.

Selection of the Community

Preliminary discussions were held with the Director of the Kakawis Family Development Centre to identify a community considered appropriate for the study. Selection criteria involved accessibility, the presence of families who had attended the Kakawis program and a community that was relatively isolated. The Tla-o-qui-aht Band seemed to meet the criteria. The Director agreed to approach some members of the community to find out whether they were interested and would agree to the study taking place. Their approval was forthcoming. To make doubly certain of this, the interviewers arranged to attend a Band Council meeting. At that time, the Chief expressed his interest and support, and also that of the Band Council and Band Manager.

The Tla-o-qui-aht Band is distributed between two communities - Esowista on Long Beach and Opitsat on

Meares Island. Some members have left the reserve lands and live in adjacent communities while others live further afield. For the purposes of this study and unless stated otherwise, the term "the community" refers to the combined communities of Esowista and Opitsat. Both are relatively isolated, Esowista hidden away off the main road between Ucluelet and Tofino while Opitsat is accessible only by boat or seaplane (generally from Tofino). Of all the west coast communities, the Tla-o-qui-aht Band most nearly met the criteria of being isolated and self-contained while at the same time being relatively accessible. Ten to twelve families had attended Kakawis during the past seventeen years and a number of families had attended other treatment centres both in Western Canada and the U.S.A.

Selection of the Subjects

The Director of Kakawis arranged for one of the native employees, a member of the Tla-o-qui-aht Band, to be on contract as a liaison person between the interviewers and members of the Band. I contacted the person by telephone and letter (Appendix C) about the

interviewing strategies and he agreed to inform potential subjects about the strategies (Appendix D). This included explaining the purpose of the study and obtaining their voluntary participation while guaranteeing confidentiality. The liaison person further agreed to ask permission for the tape-recording of interviews, explaining that the tapes and the written material obtained from the tapes would be destroyed upon completion of the study. Mutually acceptable times were arranged to introduce the interviewers to the interviewees and for the interview process itself.

A cross-section of the community was chosen representing as broad a range as possible of opinions, feelings, thoughts and experiences about support for graduate clients. This non-probability quota sample was believed to be a balanced representation of the community. Apart from meeting the basic criteria of being in a position either to receive support or give support, selection also had to be based on availability - a major problem due to the peripatetic nature of the population as a whole. In addition, some of the graduate clients were working at other

locations. The perspectives of both givers and receivers of support were gathered as a method of determining perceived similarities and differences.

Table 2 contains a minimum of information about the subjects - whether they attended Kakawis or another treatment centre; whether they were in a position to give support either from within the community or from outside the community (Federal Government and Nuu-chah-nulth Tribal Council employees); or whether they had once received support and were now in the position to give support. Confidentiality precludes more detailed demographic information on the subjects.

Those interviewed included an elder, current and former band council members, three graduate client couples, one graduate client single parent, two graduate client wives, an elected chief, Band Manager, two native employees of the Band Council, Nuu-chah-nulth Tribal Council administrators and field personnel, employees of the Usma program and two Medical Services, Health & Welfare Canada employees.

Pilot Study

Table 2
Subjects

	Receivers of Support		Givers of Support	
	K	OC	In the Community	Outside the Community
(A f	x	x	x	
(B m	x	x	x	
(C m	x			
(D f	x			
(E f			x	
(F m			x	
G f			x	
H f		x	x	
I m			x	
(J f	x	x		
(K m	x	x		
L f	x	x		
M f	x	x	x	
N m				x
O f				x
P f				x
Q m			x	x
R m			x	x
S f				x
T f		x		x
U m				x
V m				x
W m				x
23	8	9	10	10

Note. K = Kakawis Graduates (= married couple
 OC = Other Centre Graduates (= married couple
 m = male Outside the
 f = female Community = Nuu-chah-nulth Tribal
 Council & Health &
 Welfare Canada

One visit was made to the community to interview subjects for the purpose of testing a set of research questions and for the interviewers to gain experience in working as a team. The interviewing team consisted of myself and Dr. Ken Benson, Consultant in Community Health. The pilot study also provided the opportunity to establish a rapport and working relationship with the liaison person at that time and to become familiar with the topography of the native Indian reserve communities.

Two homes were visited and interviews conducted with a married couple and a single parent. Based on the responses of these interviewees to the prepared questions, it was found that some were too general and on occasion, quite irrelevant. As a result they were rewritten or omitted altogether. The pilot study proved to be extremely helpful, enabling the interviewers to complement each other during the interviewing process and to gain some understanding of, and insight into, the community.

The Questions

The prepared questions were used as a guide

during the interviews (Appendix E) and were presented in a semi-structured way. A conversational tone was set to allow for a natural ebb and flow in the exchange of information. The interviewers tried to maintain a tone of informality so that respondents felt unpressured when answering questions and at the same time, felt free to add any additional information, be it relevant or irrelevant (in the opinion of the interviewers). Questions were both open and closed-ended - open-ended to provide the participants with "a frame and a canvas and asked to paint a word picture of their experiences" (Spradley & McCurdy, 1972, p. 85); closed-ended to obtain answers to specific questions. Where necessary, probes were used to expand the information given in the response.

The Interviews

The interviews lasted a total of seventeen hours, of which eleven and a half were tape-recorded with notes only taken for the additional five and a half hours. The average interview lasted one hour, some were held with individuals, others with two or three persons present. Interviews were held in the homes of

graduate clients, elders, council members and formal support givers in Esowista and Opitseht, in offices at Kakawis, in various Tla-o-qui-aht Band Offices at Tin-Wis, in Public Health offices in Tofino, in a number of Nuuchahnulth Tribal Council Offices in Port Alberni and in Medical Services Branch, Health & Welfare Canada offices in Victoria. Tape-recorders were used in a discrete manner where appropriate with the permission of the interviewees.

As mentioned previously, the interviewees had been informed by the liaison person of the confidential and voluntary nature of their participation in the interview, of their personal anonymity, and of the purpose of the interview. These issues were addressed for a second time prior to the commencement of each interview to ensure that the participants had full understanding of them.

The goal of the interviewers was to create a relaxed atmosphere in order to minimize formality and reduce suspicion. It was appreciated that native peoples have been subjected to numerous interviews by curious persons without any positive change seeming to occur in their lives. In addition, the interviewers

were only too well aware that having a different cultural background from the majority of the interviewees, every effort must be made to create an impression worthy of trust thus justifying the confidence of the interviewees. In retrospect it is our impression that this was achieved through sensitivity, respect, empathy and above all, our very genuine interest and concern, both for the individual and the community.

Review of Records and Documents

All relevant documents and records made available by the professional support-givers were reviewed. These included documents pertaining to the transfer of Indian health programs; statistics relating to the Tla-o-qui-aht Band population and their employment and labour force; a Nuu-chah-nulth labour force survey; various press releases relating to the signing of the Alternative Funding Arrangements Agreements; Schedule D of the Agreement between the Superintendent of Family and Child Service of British Columbia and the Nuu-chah-nulth Tribal Council; native newspapers, job descriptions, Kakawis attendance records and other

miscellaneous material.

Walkabout Survey

This approach is used in the field of community psychology and public health. It was recommended by the World Health Organization (1987) as a proven methodology to assess community social, economic and physical factors. Information was gathered by observation of facilities and other environmental factors which might assist in the giving and receiving of support in both Esowista and Opitsat.

Transcribing the Interviews

Field notes were made immediately after each series of interviews in order to record general impressions, observations and the conversations which frequently occurred on the way out and after the tape-recorded session was completed.

Tape recorded interviews totalled eleven and a half hours. These were transcribed at the earliest possible opportunity following the interview. While transcribing the recorded voice into written material, notes were also made on the non-verbal content of the

tapes, for example pauses, sighs and voice intonations.

Written notes were taken during the balance of the interviews and these also were typed at the earliest opportunity. Field notes were made following these interviews, again with notation of impressions, description of the interviewee and of the setting.

Processing and Analysis of Data

The review of the literature and the pilot study brought into focus the helpfulness of the five modes of support outlined by Vaux et al. (1987) as the key "pegs" upon which the analysis of the material was to hang. However, it became apparent during the transcription of the tapes, however, that these five modes did not provide a sufficient number of pegs on which to hang the material. As the transcribed notes were read and re-read, some additions and modifications were made to Vaux et al.'s categorizations.

First of all, the mode of "financial" was expanded to include employment. It is impossible to separate these two issues in an Indian community. Two additional modes, until now unmentioned and totally

ignored by all researchers of social support, were added. These are the categories of "cultural" and "spiritual" support. The mode of cultural support is of especial relevance to the Indian people at this moment in time as they proceed to rediscover their cultural heritage. Although closely related to the category dealing with "socializing" items (since socializing often takes place during cultural events), it seemed important to make a distinction between the two in order to discover specifically, the non-supportive/supportive role of culture. The absence from the literature of a spiritual support mode is both a surprising and serious omission since its absence applies equally to all peoples.

This process of elaborating the five modes of support provided by Vaux et al. (1987) paralleled and exemplified the phenomenological method described by Giorgi (1975) in which he describes how themes gradually emerge from a careful sorting out of the data. After the transcribed notes were read and re-read in their entirety, they were subsequently re-read seven more times, once for each category of

support. During each reading, statements that pertained to a particular category were highlighted and written onto index cards - a different coloured card being used for each category. Sometimes comments belonged equally to more than one category and an arbitrary decision was made and the comment placed in only one category. Each group of index cards was then sub-divided into supportive and non-supportive heaps. Again, this information was sub-divided depending on whether it was from the perspective of those giving or receiving support. It became apparent that the notes contained a great deal of material describing those ideas the interviewees thought might be supportive. These were then collected together by category and receiver/giver under the heading "Envisioned Support". The three areas into which the material was sorted were: existing support; lack of support; and envisioned support. The comments were sorted within each of these categories into those made by the receivers and those made by the givers.

The process then became one of grouping items according to the emergent themes. Under theme

headings, each comment was given a numerical reference, e.g.:

5. Role Models

5.1 "They (non-practising alcoholics) give the strength to the people that have the weakness."

5.2 "The Elders give support through being good role models."

Confidentiality and the anonymity of the participants was adhered to as much as possible. Given the small population and the easily-identifiable nature of the employees, total concealment was impossible. However, care was taken to be respectful at all times.

Copies of the draft report were circulated to participants with a covering letter asking for confirmation of factual information and clarification of incorrectly written material. The draft reports were returned with appropriate notations. The necessary amendments were then made to the text.

CHAPTER 4 - FINDINGS

Support Categories

As mentioned in the methodology chapter, a decision was made to organize the data obtained from the interviews into the five modes of support outlined by Vaux et al. (1987), adding employment to financial items and two brand new categories heretofore unmentioned by other researchers - those of spiritual and cultural support. The seven categories used to organize the data, then, are:

- a) emotional support items;
- b) social support items;
- c) practical assistance items;
- d) financial assistance/employment items;
- e) advice/guidance items;
- f) spiritual support items; and
- g) cultural support items.

Some items were difficult to classify since they applied to more than one category. In these cases, decisions regarding their classification were based on what appeared to be the dominant mode of support. It will be obvious that such items as, "I think the cultural life is important in bringing

people together" refers to two components - cultural and social. In cases such as this, an arbitrary decision was made as to where to include the item. The categories should be viewed as a useful guide and with the understanding that some support items contain components of more than one category.

The comments made during the interviews about different aspects of support have been divided into three separate areas. A summary of each area can be located in the Appendices as follows:

Appendix G: Support As Received and As Given

Appendix H: Lack of Support as Perceived by
Receivers and Givers

Appendix I: Support As Envisioned by
Receivers and Givers

A breakdown will be found in each appendix of the particular component of support and whether the comment was made by graduate clients or potential givers.

The amount that people had to say about each category of support is revealing (see Tables 3 and 4). Table 3 shows that people had far more to say

Table 3

Response Frequencies - Appendices G, H & I

Category	Support		Lack of Support		Envisioned Support	
	R	G	R	G	R	G
a) Emotional	1	0	10	3	1	8
b) Social	8	18	32	28	3	23
c) Practical Assistance	1	5	1	5	0	19
d) Financial/ Employment	5	8	4	5	0	2
e) Advice/Guidance	2	16	2	30	1	12
f) Spiritual	5	1	2	4	0	0
g) Cultural	0	11	7	5	0	2
Totals	22	59	58	80	5	66
	81		138		72	

Note. R = Receivers of Support
G = Givers of Support

Table 4

Response Frequency Totals

Category	R	G	Total
a) Emotional	12	11	23
b) Social	43	69	112
c) Practical Assistance	2	29	31
d) Financial/Employment	9	15	24
e) Advice/Guidance	5	58	63
f) Spiritual	7	5	12
g) Cultural	7	18	25
Total	85	205	290

Note. R = Receivers of Support
G = Givers of Support

about the lack of support than about the amount of support either received or given. They were equally reticent about the sorts of things they envisioned would be supportive. It is also of interest that the graduate clients had little to say about how they felt things could be improved (n=6); on the other hand the givers had plenty to say about this (n=65).

Table 4 summarizes the total response frequency by category. It is noteworthy that social support is by far the most talked about component (n=107). By comparison, references to spirituality were very infrequent (n = 13).

The following is a descriptive summary, by category, of the comments contained in the three appendices. Some of the ideas for improved support can be found under the heading "Recommendations" in Chapter 5.

a) Emotional Support

The interviewing process did not reveal much information about the amount or type of emotional support, either received or given. Lowes (1986)

comments that the native peoples are "traditionally ... reticent to speak their inner feelings because they have been taught that it is impolite to offend the feelings of another human being." Certainly, the interviews confirmed this. Questions relating to emotional support were sometimes met with silence and often with replies such as "I don't know". Respect for the individual being interviewed prohibited further probing questions. For this reason, one can only speculate on the reasons for lack of data surrounding both the giving and receiving of emotional support. It could be that the persons interviewed were not receiving or giving much emotional support. Certainly, it was much easier for people to discuss the apparent lack of emotional support and these discussions reflected the isolation of some families once they had returned home. Left to their own devices, it would seem that members of each nuclear family tried to support other members. Although successful in the short-term, ultimately all but one family were unable to sustain each other. The family in which spousal emotional

support was effective was one in which each person was actively involved in the community and presumably in a position to receive a variety of support modes from outside the nuclear family.

Other comments are of interest, demonstrating as they do a variety of reasons leading to a failure to obtain the needed support. These include:

- a distrust of others;
- a tendency to use children as a source of emotional support;
- a deep state of depression preventing persons from reaching out to available sources of support;
- the perceived hopelessness of finding emotional support when a spouse decided to drink again;
- the embarrassment of asking for help in a small community where anonymity is impossible;
- the inability to share emotional problems with others outside the family;
- the experience of not being able to find emotional support in the community.

A number of graduates interviewed wished that

potential enactors of emotional support would make house or phone calls to "see how they were feeling". The contrast between the supportive atmosphere of Kakawis and the reality of life in the community has been identified as a problem (P. Koreski, personal communication, November 18, 1987). This is especially true for the children, and efforts have been made to close this gap by providing a more reality-based program for them. It was evident that persons connected to the Kakawis program were very cognizant of this problem and were actively seeking for ways in which to provide follow-up support to meet these emotional needs. This problem is not new to program deliverers - frequently it is due to financial restraint. At the present time, the residential programs are not in a position to provide community-based support services. In any case, and although these might well be advocated by residential treatment centres, there can be no doubt that they can best be supplied by the individual communities themselves.

The administrative personnel of Kakawis were

hopeful that one day they would be in a position to train selected individuals from the community who would then return home to provide counselling services as required. This plan would require trainers to return to the community with the counsellor-trainees to set up the service. In this way, the community could readily learn to accept responsibility for itself. On-going support from Kakawis could then be provided in the form of workshops, held at the community level and the continued promotion of networking.

Another idea suggested for on-going emotional support involved the provision of a mobile treatment unit by the Nuu-chah-Nulth Tribal Council. This approach has been successful in other communities (e.g. Prince George, Tatla Landing). The support of this idea by Chief and Council was recognized as an essential pre-requisite to its success.

In summary, potential providers of emotional support recognized the absence of community support for graduates returning home and recommended some type of follow-up support for the whole family.

b) Social Support

The family was reported to be the main source of social support. This included extended family members. Interviewees also reported that other graduates of treatment centres were a source of support. Those attending treatment centres gained the respect of friends and relatives and this prevented them "coming at all hours of the night."

A far greater number of those in a position to give social support considered it to be available as compared to the amount that graduates of the programs felt that they had, in fact, received. The potential givers reported that they tried to involve graduates in community activities, invited them out, and attended their graduation ceremonies at Kakawis. They also reported setting an example by holding "sober dances" and other community functions at which no alcohol is allowed. They have encouraged those members of the community who have attended treatment centres to participate in these events so that "there is at least a core of people we can start with instead of having individuals coming and then having them compete

against their peers who are still drinking. That's how it's gone in the past - people have gone on their own and gone back to the same situation. Nothing has changed but themselves".

A Self-Awareness Group for the ladies is held in Esowista on Tuesday morning which is attended by elders, those who have attended treatment centres and other interested persons. At the time of the interviews, the Alcohol & Drug Counsellor was actively involved in organizing this, as well as making all possible efforts to create an AA evening group. The difficulties involved were fully recognized. "The problem is native people aren't willing to open themselves up in any public forum, whether it's a small group or a large group. People say when they come back from any treatment centre that the hardest thing they found is opening up and sharing". Concerns were expressed by graduates of being judged by others or looked down on, and the difficulties of "speaking up" in a group situation were fully acknowledged. A few people had been successful in attending an Adult Children of Alcoholics (ACOA) group and another had

sometimes been to Alanon meetings (for those living with an alcoholic) but had been unable to keep up attendance.

Peer pressure to drink was mentioned as a factor negating support. Some people were unable to resist the social pressure to drink, finding the isolation and loneliness of not belonging anywhere outside the home, too great. Those especially vulnerable to the group drinking norms are families in which one spouse has begun to drink again. Teasing by family and friends in an effort to get the non-drinker to join the ranks of the drinkers occurs not infrequently. "When you think about all the people who have come out of Kakawis the major problem is separating them from their old friends - the problem happens over and over - the time comes when that separation has to be made". At the same time, the thought was also expressed that it was very important for people coming back into the community to learn to relate to their friends and relatives without drinking, to be able to accept them and be with them without being influenced by them.

The anti-climax of returning home to a non-supportive atmosphere was mentioned several times. However, most of these painful experiences occurred during the 1970's rather than the more recent past. Fifteen to twenty years ago, returning clients had not only to deal with a non-supportive community, but often with one that was openly hostile toward them. Being stigmatized and alienated by others renders the rehabilitation process an extremely lonely and arduous affair.

As mentioned many times, the client may have changed but the community has not. A major factor affecting the quality of community life is the presence of family feuding. This was identified as "taking away from any support that could be there The people coming from Kakawis or from anywhere - they have to deal with these things when they come back. They are torn in between from one side to the other. What's been lost in all that shuffle is that no-one has helped them or tried to give support." Others reported families "sticking to themselves". This division between families seems to be exacerbated by the further division

between the communities of Esowista and Opitsat. Not only separated geographically, these communities also "are divided between talking about the Esowista people and the Opitsat people. That's how we talk. Deep down in people's hearts, we wouldn't move from one place to another. It happens over the years. People feed this to you. I was fed this back in elementary school. People in Esowista said the people in Opitsat are drunks. When you're that young, it's part of your roots." Loss of community spirit was a theme that emerged time and again. Survival was described as being dependent upon individual accomplishments. The word "community" has implications of a social process, a sharing of more than a geographical location. As one person commented, "TV tends to totally isolate people in the community". Approximately one half of the houses in both Esowista and Opitsat have their own satellite dish. Violence on TV was cited as a bad influence, as well as the addiction that some of the women had to day-time viewing.

The lack of recreational facilities were cited as a reason for the lack of community social

events. Again, difficulties associated with the geographical division of the two reserves hampered the development of support services.

The transient nature of the west coast people cannot be overlooked, being yet another factor increasing the obstacles towards providing a supportive environment. "It's hard to arrange anything. We never know what we're going to be doing" is a comment that accurately describes an impossible situation. Some ideas expressed by people which would create a supportive social climate include:

- having a community welcoming-home party for clients;
- more home visits by elders and band councillors;
- bringing people together to work as a community;
- an expanded role for the Community Health Representative (CHR);
- making specific people responsible for organizing community activities;
- going back to Kakawis for refresher courses; and
- graduates of treatment centres taking the

initiative in providing support to those returning home.

c) Practical Assistance

One family mentioned that they received practical aid from their family on an on-going basis. Since they did not own a car, one set of parents and a brother offered rides for grocery purchases. These expeditions often involved very little notice. From an administrative viewpoint, there seem to be plenty of opportunities for involvement. The Tribal Council (NTC) were proud of the role they played in providing a platform for people to address their concerns. With the recent transfer of responsibilities to the Band and the implementation of the Child Welfare program, it is now possible for families to receive direct assistance where such practical support is deemed necessary. Both the Tribal Council and the Band Office were planning workshops to cover topics such as sexual and other types of abuse. Again, a hindrance to receiving practical assistance was reported to be the lack of available transportation

between Opitsat and Esowista. Some people felt that family members living in the other location would have offered them social or emotional support, had they had the physical means of getting there.

Those in a position to offer assistance reported that there was still a lot of "unreal expectations of what is possible" on the part of people returning home. Major problems confronting them involved employment, housing and transportation. Some did not have telephones. There was a feeling that it would be easier for people if they maintained a realistic perspective about their personal situation while earning the respect of other community members over a period of time, rather than for them to expect more assistance than was reasonable. To solve many of these problems, one interviewee suggested a "holding house" in the community - a separate building which would house returning client families. It was felt that this would provide a transition time during which it would be possible to "balance things out and look at the realities of

life". Paid counsellors providing Life Skills courses might answer some of the problems of adaptation to the new, non-drinking lifestyle.

Trained as educators, the community health representative (CHR's) were seen to be in a good position to offer a lot more practical assistance and advice/guidance to people. There were suggestions that the CHR work with the Alcohol & Drug Counsellor, perhaps as an assistant. More formal education was felt to be very necessary as a way of providing practical assistance for children and adults. Some teenagers, aged between sixteen and twenty, were reported to have a Grade 8 education. In the past, employees of the Band Council such as the CHR and the Alcohol & Drug Counsellor received a standardized training provided by Health and Welfare Canada. Although central control is still retained by the federal government for basic training, the Nuu-chah-nulth Tribal Council is responsible for providing supplemental training and is in the process of trying to change federal policy to secure resources for basic training. The transfer of responsibility

for training standards to the Tribal Council "will allow for the subtle differences between our fourteen tribes. We are in a position to deal with that much better and make people more aware of the cultural patterns."

d) Financial Assistance/Employment

Some people were appreciative of having received "back-up" from the Band to enable them to move to better houses. Others were waiting for the opportunity to move out of older premises needing repair, to a new house.

The people interviewed who were employed presented very differently from the unemployed. Kakawis instituted a policy a few years ago whereby jobs would be offered to graduates from the program living in the area, as long as they agreed not to drink. This program has been very helpful to those people able to keep to the agreement. One interviewee, unable to work because of an injury, felt very encouraged about the possibility of working at Kakawis as and when he was able to do so.

Since jobs are so hard to come by, it was reported that the Band maintains a policy that only one member of a family can be employed. Some of the husbands worked away from the immediate area, being glad to take jobs in fish plants and on fish boats. In cases where both husband and wife were unemployed, there was a noticeable increase in tension, worry and concern. As a result, some people begin to drink again. "How can you employ them? It's a catch twenty-two situation."

Unemployment has been identified as a major concern by the Band Council and they have put considerable effort into finding employment for the band members. However, "some people come out thinking - well, I'm sober now, now they can hire me. But what they haven't really looked at is that all through their drinking years their reputation, their credibility isn't there. Business people don't look at you."

The Alternative Funding Arrangement (AFA) has now given more control to the Tribal Council. A representative of the NTC advised, "The social assistance money can now be used to pay wages."

It's possible to use it to supplement almost any project and this acts as a powerful tool toward re-employment".

Going away for treatment means some financial sacrifice. The program lasts for six weeks - that means six weeks without pay. If that happens to come during the fishing season, it can represent a fairly substantial reduction in income. Two interviewees resented the fact that they received only two days' notice before the start of their program. As a result they lost many days of employment. In their opinion, better planning with longer lead time for admission could have avoided this.

Jealousies appeared to exist around who had been hired for jobs at the Band Office. The Esowista residents felt that inhabitants of Opitsat were favoured. "I think there are a lot of political decisions - they should be selective about who they pick for the jobs." However, the Chief and Councillors were able to point out that it was not possible to hire people from Esowista if they had not applied for the jobs.

The overall feeling of the support givers in the community was that hiring must depend on a strong commitment to sobriety by the employee.

e) Advice/Guidance

A number of people returning home agreed that the most helpful form of guidance to them was being able to see how certain people in the community lived. These "role models" appear to have a significant influence on people struggling to change behaviour patterns and find healthier lifestyles. Sometimes the role model mentioned was an elder; sometimes a staff member at Kakawis. Of the latter, taking the memory home served as a form of guidance during reintegration in the community. This importance of role modelling was also stressed by an elder, who said, "They (the non-practicing alcoholics) give the strength to the people who have the weakness". Banning alcohol from Band meetings offers another opportunity to set the stage for community leaders. People were very proud that Council had taken such a responsible attitude toward alcohol.

The role model concept has filtered down from the NTC. Alcohol has been prohibited at NTC meetings for the past five years. The majority of the NTC leaders "are now abstainers from alcohol. Most of them were drinkers at one time in their lives. It's a bit difficult for us if the Tribal Council try to develop an attractive alcohol and drug program and have our membership turn around because we were drinking. The leadership has to look to itself." In addition, the Tribal Council will soon be taking initiatives along the lines of the National Role Models program. At the time of interviewing, an advertising program had begun in search of a cross-section of successful Nuu-chah-nulth people - fishermen, forest sector workers, nurses, lawyers. It is planned that these people will visit the communities to share their life experience as a means of demonstrating just what can be done.

AA was mentioned by some as another vehicle for modelling more successful lifestyles. However, as mentioned previously, this is limited in its application because of the number of people who

expressed difficulty in attending group sessions.

At the Band Council level, a Staff Advisory Committee has been formed composed of a social worker, home/school co-ordinator, guidance counsellor and co-ordinator. Weekly team meetings, attended by a cross-section of staff show that Band Council employees are prepared to work co-operatively.

A difference of opinion exists regarding the role of the alcohol and drug counsellor. Whereas the administrators felt that it was time to concentrate on preventive services "through education, prevention and support" rather than continued crisis intervention, those in the field seemed to favour provision of counselling services. The comment, "I don't see that we are ever going to get away from the one-on-one counselling" indicated that the need will continue to exist and prevention is considered by some to be essential.

Conflicting views were also expressed on the future priority of the program itself, "I'll go into why in my experience we have taken over from Health and Welfare. It is primarily to concentrate

on alcohol and drug (problems) ...". And on the other hand, "The problem of alcoholism is getting lost now that these other things are there - so that sometimes there are other priorities. A lot of things are being passed on to us - the Child Welfare Act. We are so busy trying to update ourselves on each issue that other social problems can't be looked after."

This feeling was echoed by others. In fact, there were far more comments on the lack of support for people coming out of treatment centres than comments on any existing support, especially in the area of guidance/advice. A lack of adequate communication and coordination was also apparent. Professionals who might have offered advice or provided guidance, such as public health nurses and the community health representatives, frequently received no formal notification of who was attending treatment centres and would be returning home. These professionals make house visits and are ideally placed to act as an important support link. To date, it appears that their services have not been utilized in this area. Feelings of

frustration are expressed, "we learn through rumours who is there (at Kakawis)."

Perhaps confidentiality is an issue. If this is so, it would appear that it sometimes works to the exclusion of a potential community team approach.

Some felt that the position of the alcohol and drug counsellor was an impossible one, involving too much work spread over too large a territory. Certainly it appeared that it was not possible for one person to visit all those who had returned to the community from treatment centres. Financial constraint in the present and the foreseeable future will apparently prevent expansion in this area. As a result, it is very likely that some people returning home will not be visited by an alcohol and drug consultant.

The position appeared to be a subject of considerable controversy among a number of those interviewed. Some felt that both role and responsibilities required complete re-definition, while others suggested that responsibility should be increased to include follow-up support for

clients. While the term "counsellor" had been changed to "consultant" at some point during the period over which the interviewing took place, no-one offered any ideas on who should do the counselling if "consulting" was the name of the game, even though counselling has always been one component of the job description.

Great concern centred around the lack of guidance given to the children, especially the teenagers who are seen "walking around with other adults as drunk as they are. That's not support". And again, "A lot of time adults are really open in letting the kids drink with them". Even if the parents were drinking somewhere else, or had left an older sibling in charge while they went shopping, the children were considered to be at risk "for adults to go and molest them". Lack of parental guidance was considered a major factor in students losing respect for their parents, school and friends.

Federal government administrators were concerned about the lack of support for field workers, as the available financial resources have

decreased over time. At a time of such great change in the transfer of responsibilities, one cannot help but wonder just who supports the helpers?

Suggestions for ways of ensuring that guidance and/or advice is made available to those returning home included the following:

- sharing the videos made at the beginning and end of the Kakawis program with others in the community;
- obtaining a commitment from the Band to provide follow-up support;
- promoting team work in the community;
- improving communication between all professionals and network resource people;
- making sure that those who attend treatment centres do so of their own volition and not through court orders or because other resource people are unable to deal with them.

g) Spiritual Guidance/Support

Until the intervention of Europeans,

spirituality pervaded all aspects of the native Indian's life. It inextricably linked all parts of nature and demanded "reverence, respect and gratitude" (Lowe, 1986). This recognition and acceptance of "one god" was replaced by another with the teachings of the white man's "god" in the new faith brought to the people by the missionaries. The last fifteen years have seen a decline in teachings of and by the church and it was not surprising that some of the interviewees had neither an opinion nor any apparent awareness of spirituality.

One conversation led to an explanation (by the interviewers) of the belief underlying the AA philosophy of "a power greater than ourselves". This concept delighted the interviewee (an elder) who was able to transpose and understand it as it related to old Indian teachings.

Many interviewees replied to questions about spirituality with answers such as, "I don't know about that" and "I've never thought about it." No longer forced to accept the beliefs of the white man, but with the old Indian spiritual beliefs

almost forgotten, these people seem to have "fallen between the cracks". One person resented the fact that the elders are reluctant to teach the younger people about "the medicines and what can cleanse your body spiritually".

Two female interviewees reported that prayers were helpful to them, "when I stop praying, it seems that I lose my strength". For them, prayers had played an extremely important part in their lives as they struggled to find the strength to resist returning to alcohol as a solution to the myriad of problems facing them. One said, "I think a lot of them haven't forgotten about church but there isn't any church in our community."

Interestingly enough, in the present state of native spirituality there is an apparent willingness on the part of some, to accept spiritual beliefs from native cultures other than their own, for example the sweet grass smudging ceremony incorporated into the Kakawis program. A delightfully open attitude was expressed by one person who stated, "I wasn't brought up Catholic or with sweet grass smudging. I think I believe that

if our grandfathers did these things in other communities that was something they were getting from the Creator. I got to believing in using that."

Acceptance of foreign native traditions and spiritual beliefs is a subject of considerable controversy, however, and raises resentment amongst some people. According to a recommendation of a Ministry of Labour and Consumer Services Report on Drug and Alcohol programs, "participation in cultural aspects of native substance abuse treatment programs, such as sweat lodges or sweet-grass ceremonies should be optional" (Friendship Centres, 1988). It would seem that while some native people are open to a variety of spiritual ideas and traditions, others are more likely to stay within the traditions of their own culture.

g) Cultural Support

The 1980's has seen a revival of many native Indian traditions across the country. The Tla-o-qui-aht Band shares in this celebration. In the past four years, "the strongest pulling force of sobriety right now is culture anywhere on the west

coast. Culture has offered them that light - that vision at the end of the tunnel. Who am I? With culture, I know who I am. The identity and entity of who I am."

Participation in cultural activities provides a forum in which people are able to enjoy themselves without drinking. The activities mentioned include potlatches given on a variety of occasions - including a clouooqua (a potlatch given one year after someone dies), songs and lahal games. Of all of these, the one that seems to have created a huge impact on the community are the lahal games. This is a team game involving a large number of people and can last a day or more. The object is to collect "bones" and involves certain traditional songs, a lot of fun and laughter and above all, for those participating, a sense of belonging. However, some graduates expressed discomfort about attending the games, feeling that the games involved only certain families (and did not include theirs), that they sometimes watched but did not participate and others were simply not interested in attending. A number of administrators pointed out that a lot of money exchanges hands during these games

and that there is a common pattern of replacing alcohol with addiction - in this case, gambling.

None of the advocates of the game volunteered that this was, in fact, a betting game in which considerable amounts of money change hands. Although the lahal games have the potential of meeting social and cultural support needs, it would appear that some graduates approach them with caution.

The excitement of the game had extended to the children, including teenagers, a short time prior to the interviews. They could be seen walking around the school yard wearing walkman's and listening to the lahal songs. The songs also stimulated interest in the almost-forgotten language. Responding to the interest the Band offered a language program in the fall of 1987. In 1988, the tribal council created a position for a language acquisition resource person.

Walkabout Survey

a) Esowista

Although just off the main road and a few miles from Tofino, Esowista is tucked away out of sight, unnoticed by the casual passerby. However, in

contrast to the isolation of Opitsat, its location means that many community members own cars. The single road through the community winds down towards the ocean and eventually turns to follow the curve of the beach. The new homes in this section of the community, and a few on the higher ground, stand out in sharp contrast to the older more dilapidated ones. Late model cars are common. Apart from the houses, the only other building in Esowista is the General Store. This appeared to function also as a meeting place for community members.

Individual satellite dishes were numerous, painting a picture of a community which valued television as a way of life. All houses visited had a television set; in some cases, they had very little else in the way of furniture.

Driving onto the reserve created some excitement amongst the schoolchildren walking home after being dropped off by the school bus. Some cried out in delight, touching the car which was travelling at the posted 5 mph, while others frowned, making menacing gestures and advising that we were on Indian Reserve Land.

Inside individual homes, adults were gracious and hospitable, sharing their time willingly. A few were in obvious need of all kinds of support - openly sharing their emotional pain and anguish with strangers. In one instance, the "interview" became shared time; it was not possible to ask questions and gather data because of the distress level and emotional intensity of the subjects. The interview served the purpose of an unofficial crisis intervention. In the community of Esowista, the support groups met in private homes. There is no community building at this location, the nearest is being Tin-Wis, a short distance away by road. There, the old school gymnasium functions as a community centre.

b) Opitsat

Characterized by its insularity, Opitsat combines the old with the new. There is a feeling of timelessness here, a place spanning many generations where cattle and dogs roam freely through the village and children play outside without the hazards of traffic. There are no roads, just a gravel pathway from the dock separating the houses from the beach. A

truck parked at one end of the village had the option of driving to the other end of the village - a distance of a few hundred yards.

As in Esowista, not only is the environment dominated by a multitude of satellite dishes but the lives of many of the residents appeared to be dominated by the television. Daytime viewing is a way of life. In fact, requests to turn off the soap operas during an interview had to be made by the interviewers. Although this was willingly agreed to, the television set was turned on again as we departed.

In the early afternoon, a group of people returning home from Tofino were encountered on the gravel pathway. The ages of the eight to ten people in the group ranged from mid-teens into the fifties. They were mostly males. The group had obviously been drinking and made no effort to accommodate us on the path. One of the two native people accompanying us left the main path to accommodate them while the other warmly embraced some members of the group. The incident left us feeling somewhat ill at ease and concerned but with a better understanding of the everyday reality of community life and what it might

be like for client families returning home from a treatment centre.

At the time of interviewing, this community did not have any community buildings. As mentioned earlier, a new centre, built on the old school site, was opened in the summer of 1988. Overlooking the beachfront and Clayoquot Sound, the new building houses Health & Welfare Canada offices, Tla-o-qui-aht Band Offices, a day-care centre, a whirlpool, a kitchen and community activity room.

CHAPTER V - CONCLUSIONS

Discussion

This case study has investigated a variety of modes of support which are an inherent part of what Vaux et al. (1987) describe as the metaconstruct of social support - support network resources, supportive behaviours and subjective appraisals of support. The context was a native west coast community on Vancouver Island. The subjects interviewed were both potential receivers of help (graduates of native treatment centres) and potential givers of help (friends, family, neighbours as well as those belonging to a more formal network such as employees of the Band Council, the Tribal Council and the Federal Government). Various documents and other relevant material were perused to gain a fuller understanding of the context of the study and eyes and ears remained open and alert while visiting the community. Only as an "ophthalmologist" have I endeavoured to enable the reader to see into the world of "support" as it really existed for native clients returning home from treatment centres and for those who could possibly help them.

The study was timely. It came at a pivotal point in the history of the west coast people - a time of transition between what was and what will be. The "what is" changes so rapidly that some of the data collected was no longer applicable by the completion of the study. For example, during those sixteen months the spelling of "Clayoquot" became "Tla-o-qui-aht"; a beautiful new cedar community hall was built in Opitsat and the Band Council moved there from Tis-Wis; some of the subjects left the area and were not available to comment on the draft copy of this study; the Nuu-chah-nulth Tribal Council made history by being the first in Canada to sign an Alternative Funding Arrangements agreement with the federal government - the largest of seven such agreements signed to date and benefiting the greatest number of people; finally, the Nuu-chah-nulth people are now responsible for the care of their children.

How did the people view the role of support in their community? Most had more to say about what was lacking and how it could be improved rather than how it appeared to be working at the present time. During many of the interviews in the community, it was very

apparent that the subjects had little, if any, understanding of the concept of social support. Replies such as, "I haven't thought about that", "I don't know what my answer would be" and "I don't know" were common. Further conversation sometimes resulted in comments such as, "Now I see the connection between AA and spirituality", or, "Support is something I'd like to see more of, now I've thought about it". The interviews themselves seeming to act as a catalyst, aroused interest, brought fresh ideas and thoughts into focus and not least an awareness of the concept of support. Since the data was obtained in a conversational, informal manner it is possible that some areas of support do, in fact, exist but did not emerge. However, if we assume that equal opportunity was given for both the receivers and givers of support to talk about all relevant aspects of the phenomenon, it is of interest to note the difference in the number of comments made in each category. It could be that some areas were simply too private and off-bounds to interviewers (e.g. emotional support) or that they were not utilized nor thought of as a source of support (e.g. spiritual support).

Among the subjects, those persons in a position to give support were under the impression that there was a fair amount of support being given. This differed from the perceptions of the receivers who, without exception, conveyed their concerns about feeling alone and unsupported. They gave the impression that one phone call or a house visit would have meant a great deal.

The givers of support seemed to have a number of ideas about what people could do to help others, but failed to identify themselves as belonging to this category and therefore act accordingly, e.g. to invite someone in or phone them up. This was especially noticeable in the category of advice/guidance. This attitude could be a legacy of the days of dependency, where support of any kind was something that was received, not given - something that was someone else's responsibility. Certainly this attitude did not prevail at Tribal Council level where initiative and a willingness to accept risking new responsibilities were often demonstrated.

Not infrequently, the information gathered was contradictory and confusing. For example, some people

(the receivers) reported that there were no community events while others (the givers) felt quite proud of the success of recent community events. One of the latter felt that on the one hand, the divisiveness of the two communities was a drawback, physically separating families and friends and preventing support being readily available; but on the other hand, seeing this same divisiveness as an asset because it acted as a safety valve, reducing pressure in times of conflict.

A definite deterrant to the development of a functioning support system was the family feuding and political divisiveness exacerbated by the geographic separation of Esowista and Opitsat. The roots of this feuding seem to lie in the legacy of the rigid class system of the west coast people. One subject was very upset about being excluded from some of the cultural events. The tradition of families owning the right to songs and dances appears to create ill-feelings among community members eager to learn, and to share in, their cultural heritage.

The "sobriety rate" offered yet further confusion. In Opitsat, while two people thought that

40% of the people drank, another thought there were only three families drinking. (If "family" was understood to mean the "extended family", then possibly everybody was saying the same thing). In Esowista, one person felt an alcoholic problem did not exist at all; another that there had been a big change during the last five years from "many people drinking" to just three families drinking at the present time.

Television is also a subject of considerable controversy and a very obvious substitute addiction - one that blocks the way to the use of a support system. In a strange way, television appears in some cases to be the only "support" available - it eliminates loneliness and emptiness and offers an escape from what appears on the outside to be a hopeless and dead end situation. It has been argued that television programs can provide educational information about public health issues, particularly the use of alcohol. Wallack (1985), for example, suggests that the daytime soap opera "All My Children" provides some good role models in the major characters for abstinence and social drinking; he further

suggests that heavy and "high risk" drinking was negatively reinforced. He concludes that television as an educational institution can provide the opportunity to teach viewers how to deal with the problem drinker, how to use community services and an opportunity to look at "alcoholism and alcohol-related problems as community concerns not as purely individual problems" and to treat alcoholism and related problems as serious issues. Unfortunately, continuous television viewing makes it impossible for any potential support in the community to be mobilized - either by the giver or the receiver. Therefore, the problems of social isolation remain, creating feelings of loneliness and exclusion. These appear to lead to meaninglessness, anomie and powerlessness - creating a vicious cycle. Perhaps there is a link between the lack of awareness of emotional support and the addiction to television. These people live vicariously through other people's feelings rather than experiencing their own.

Another addiction of concern to some of the formal caregivers was gambling. Subjects in the community gave no indication that the lahal games

involved the exchange of considerable amounts of money. However, any form of gambling is considered to be a substitute addiction by the formal caregivers.

One of the difficulties facing both formal and informal caregivers is in deciding when and how to intervene in supportive ways. The actual giving of support is only helpful if the receiver defines it as helpful. Extended family may be assumed to be supportive but the receivers may experience some members as interfering and intrusive. During one interview, the subject's mother rushed into the house without knocking, apparently to pick up something from the kitchen but nevertheless showing undue curiosity toward us. AA groups may be helpful for many people, but, as mentioned earlier, many native people find group participation stressful because they are just not comfortable sharing their feelings in public. In the past, it has been a common experience for graduates of treatment centres returning home to be teased and encouraged to drink by those still drinking. Support, therefore, can also be negative and constrictive. Potential support givers may appear to have good intentions but be unable to offer

support because of their own lack of knowledge or understanding. However, it is felt that all this is starting to change. Today, the very absence of hassle might be seen by the graduate client as a measure of support. The community is becoming aware of the potentially positive role of support.

At the same time, confusion exists among the formal caregivers around the role of counselling. The primary objective of the NTC National Native Alcohol & Drug Abuse Program (NNADAP) is to "deliver services which will continually reduce the abuse of alcohol and drugs on Nuu-chah-nulth Reserves and the problems which may be associated with alcohol or drug abuse" (Nuu-chah-nulth Health Services Transfer Plan, 1988). It is proposed that this be achieved through preventive programs and workshops as well as individual, family and group counselling. However, a problem existed at the time of interviewing - none of the clients who had recently returned home were receiving any professional counselling. The recent job description for the Alcohol and Drug Consultant written by the Nuu-chah-nulth Health Board includes responsibilities such as dissemination of information,

development of support groups, referral and crisis intervention, stimulating community awareness and "providing group and individual counselling for clients with abuse problems, and for family members and others in a position to be supportive, before, during and after treatment". The position title has now been changed from "Counsellor" to "Consultant" to reflect these expanded responsibilities. The question is whether it is possible for one person in any community to be responsible for prevention, crisis intervention and on-going counselling and if not, who will pick up what slips through the cracks?

Acceptance of responsibility for public health and child welfare also means being accountable for effective service delivery. Leadership and initiative among native people are traits that were quelled by the white settlers. At this turning point in their history, west coast indigenous peoples are beginning to demonstrate that they are eager to accept responsibility for themselves and to leave behind the patriarchal policies and encouraged dependencies of the past. This transition will be facilitated by on-going evaluation of service delivery with support

made available over a broad front by the Tribal Council to its employees and to Band Councils and, in turn, by the Band Council to its employees who will then be in a position to offer support to individuals. Offering support necessarily involves a sensitivity to timing, amount and type. To support is not meant to encourage dependency, rather it is meant to strengthen and encourage initiative and self-responsibility.

Recommendations

The following recommendations are made based on the information obtained:

1. that the Nuu-chah-nulth Tribal Council make counselling services available to all clients who have attended treatment centres;
2. that follow-up phone calls be made by the treatment centres to the clients at regular intervals following their return home (e.g. one month, three months, six months and one year);
3. that the information obtained from the follow-up calls be reported in the treatment centre's Annual Report;
4. that communication between all the formal

cargivers be improved so that more network resources are available to the client (e.g. Kakawis, public health nurses, community health representatives, alcohol and drug consultants);

5. that the Tla-o-qui-aht Band Council take a more active role in supporting clients on their return home by making sure they are visited on a regular basis by Band Councillors, the alcohol and drug consultant or Band employees;

6. that the content of drug & alcohol counselling be expanded to include an awareness and understanding of the extent to which anxiety underlies addictions;

7. that the Nuu-chah-nulth Tribal Council consider making funds available to train counsellors who would then be "on call" in the community;

8. that consideration be given by the Nuu-chah-nulth Tribal Council to the setting up and staffing of a Mobile Treatment Unit;

9. that the idea of building a community "holding house" - a temporary home for returning clients - be considered by the Tla-o-qui-aht Band Council;

10. that before leaving Kakawis clients be made aware of the resources available to them on their return to

the community and how to use them;

11. that a system be developed by Kakawis to advise clients and formal caregivers of anticipated admission and discharge dates from the treatment centre and in sufficient time for all necessary arrangements to be made;

12. that Appendix I, "Quotations from Interviews - Support As Envisioned by Receivers and Givers" be used as a guide in future planning by the Nuu-chah-nulth Tribal Council and the Tla-o-qui-aht Band Council.

13. that more "sober" activities be organized at the community level and graduate clients be invited.

14. that the job description of the Alcohol and Drug Consultant be revised; a decision needs to be made regarding the counselling component because at the moment the emphasis from NTC is on alcohol and drug prevention through increased awareness and education; if that is the priority, other arrangements should be made to provide counselling services;

15. that the Tribal Council establish clearly defined policy and program objectives and measure the outcomes to ensure the program is working effectively;

16. that a system for providing support to all

support givers, formal and informal, be implemented (e.g. monthly debriefings);

17. that the Tla-o-qui-aht Band be encouraged in their pursuit of the "tourist industry" at Tin-Wis and consideration be given to extending this initiative to Opitsat;

18. that more guidance be offered to those who provide both informal and formal support to teenagers (e.g. Parenting Workshops);

19. that the elders and other formal support givers consider the need to reintroduce spiritual guidance;

20. that consideration be given to the expansion of the role of the community health representative to include follow-up visits to returning clients;

21. that a closer working relationship be developed between the alcohol & drug consultant and the community health representative;

22. that the formal caregivers (Kakawis, Nuuchahnulth Tribal Council and the Tla-o-qui-aht Band Council) continue to provide creative employment opportunities.

Implications

a) for research

Reference was made earlier to the limitations encountered in using a phenomenological approach to obtain data which was subsequently divided into separate categories. Assuming that the seven support categories are a helpful way of breaking down the components of support, I developed a questionnaire designed to obtain more specific information about each of the seven categories used in this study (Appendix J). This questionnaire could be used in future research to develop a broader and more complete picture of these aspects of support.

It would be interesting to compare the categories of formal and informal social support (by network resource persons and friends, family and neighbours) and their availability in a west coast native community which is perceived as being very active and involved, such as Hot Springs or Ahousat. These communities have a larger core group of residential centre graduates who have been responsible for numerous activities, such as establishing support groups, holding meetings and arranging welcoming suppers for returning graduates.

A variety of addictive behaviours need further study. Is it true that individuals replace one addiction with another? Do differences exist between the addictive behaviours found in native and non-native communities of similar size? There is the question of how communication skills, social skills and perceived helplessness relate to the ability to ask for help and use the existing network resources. Do improved communication skills mean that people are better able to utilize existing resources?

A community in the process of accepting responsibility for self-government would provide an ideal environment in which to study the phenomena of empowerment to determine how this affects the ability of the individual to gain a feeling of control over his/her own life.

b) Counsellors

For those counsellors who work in residential centres, the most significant point to remember is that the client needs to be seen and understood in the context of his/her own community. Counsellors are in the position of providing various modes of support -

emotional, advice/guidance, spiritual. It is important for counsellors to discuss with clients how these, and other support needs, will be met when the client returns home. What links exist to and within the community? Is the client capable of using those resources which are available? It seems imperative that a thorough discussion of these matters take place before the client returns home.

Another point for counsellors to address with clients in the residential treatment process is the possibility of unrealistic expectations - both of themselves and the community. Therapeutic residential or retreat programs often provide an extremely high level of support to participants who are removed from the familiar everyday hassles. They may find themselves able to cope and even to thrive in an "artificial" environment but unable to integrate this learning upon returning to the stressors of their old environment. Acknowledgement of the discrepancies between the artificially protected environment of the residential program and the realities of community life would help to reduce the anti-climax of returning home - aptly described by one subject as "a dead

feeling".

c) Administrators

It is important that administrators approach treatment from a holistic perspective, considering the community from which the client comes and to which he/she will return. It is unfair to run programs which end abruptly with the clients' return home. Clear and open communication with network resource persons in the community, especially regarding intake and follow-up procedures must be considered as important as the program itself.

Concluding Statement

From the perspective of each individual, it seems that the strength and courage required for successful rehabilitation and personal growth can be facilitated by the acceptance of support from others. However, responsibility for personal growth also lies with the individual. Jung provided the concept of individuation, a process of personal development which allows for the integration of the conscious and the unconscious. The process of individuation itself can

be either conscious or unconscious. The results reflect which one it is - when consciousness is not involved "the end remains as dark as in the beginning" whereas where consciousness is extended and enhanced "the personality is permeated with light" (Moacanin, 1986). The outer search for light through acceptance of community responsibility must be complemented by an inner search for light through awareness by each individual of his/her own needs and by the acceptance of a personal responsibility toward meeting them. The balance towards achieving both inner support and support from without is delicate and cannot be ignored. For the first time, native communities have a choice - to stay in the darkness of the complex matrix of legacies from the past hundred years such as the loss of culture, of spirituality, of identity, and of self-government - or to move toward the first rays of the impending dawn by reclaiming individual, organizational and community empowerment.

There have been many changes since 1905 when Edward Curtis contemplated the gloom of the approaching night. He seemed to sense the loss of a great culture but yet his intuition spoke of the

returning light. Perhaps eighty-four years later, we are to be witnesses to this "return" and just perhaps, it has already begun.

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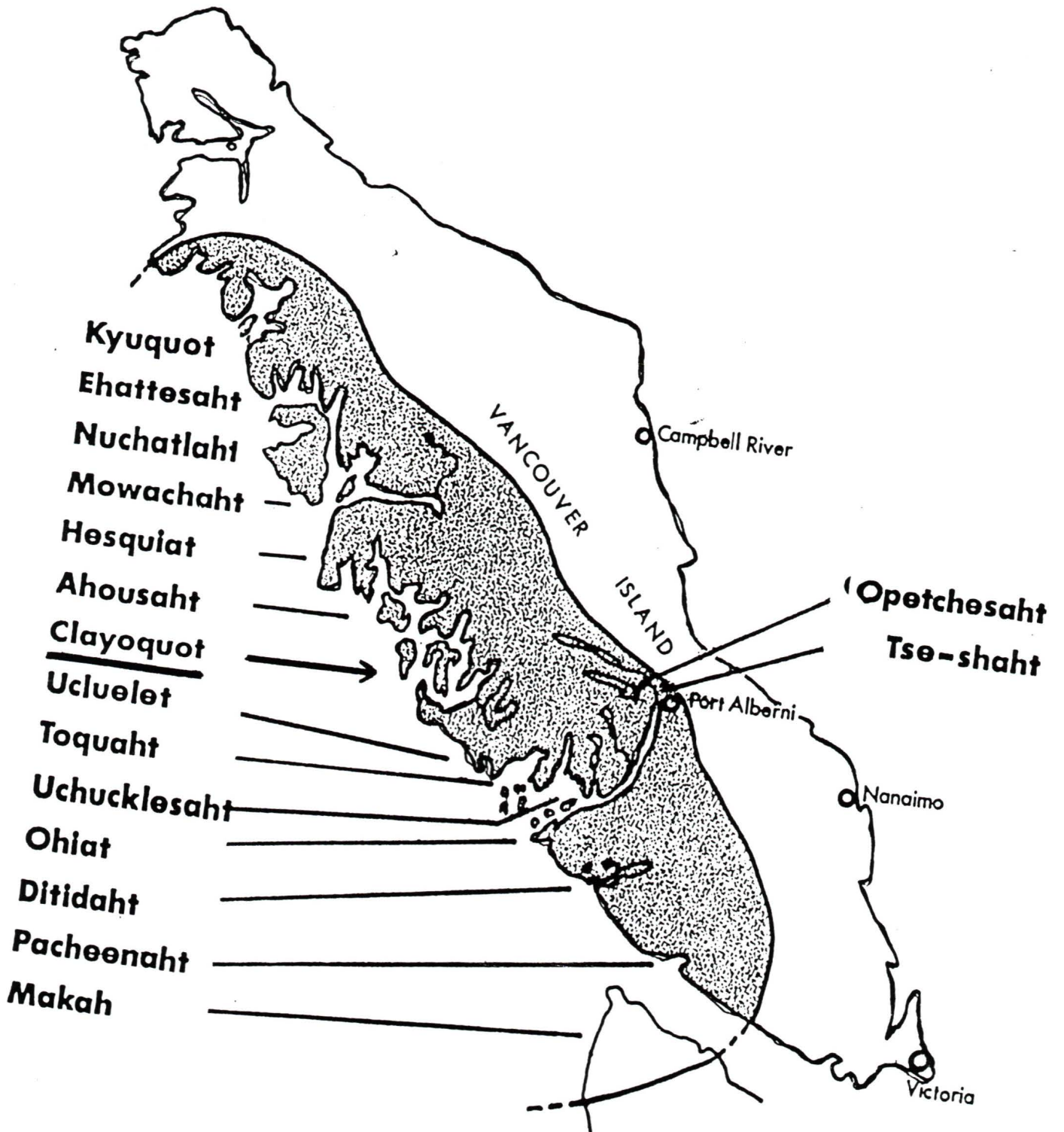
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Appendix A
Directory of West Coast Tribes



Ann E. Tasko
2569 Annabern Crescent
Victoria, B.C.

April 18, 1989

TO WHOM IT MAY CONCERN:

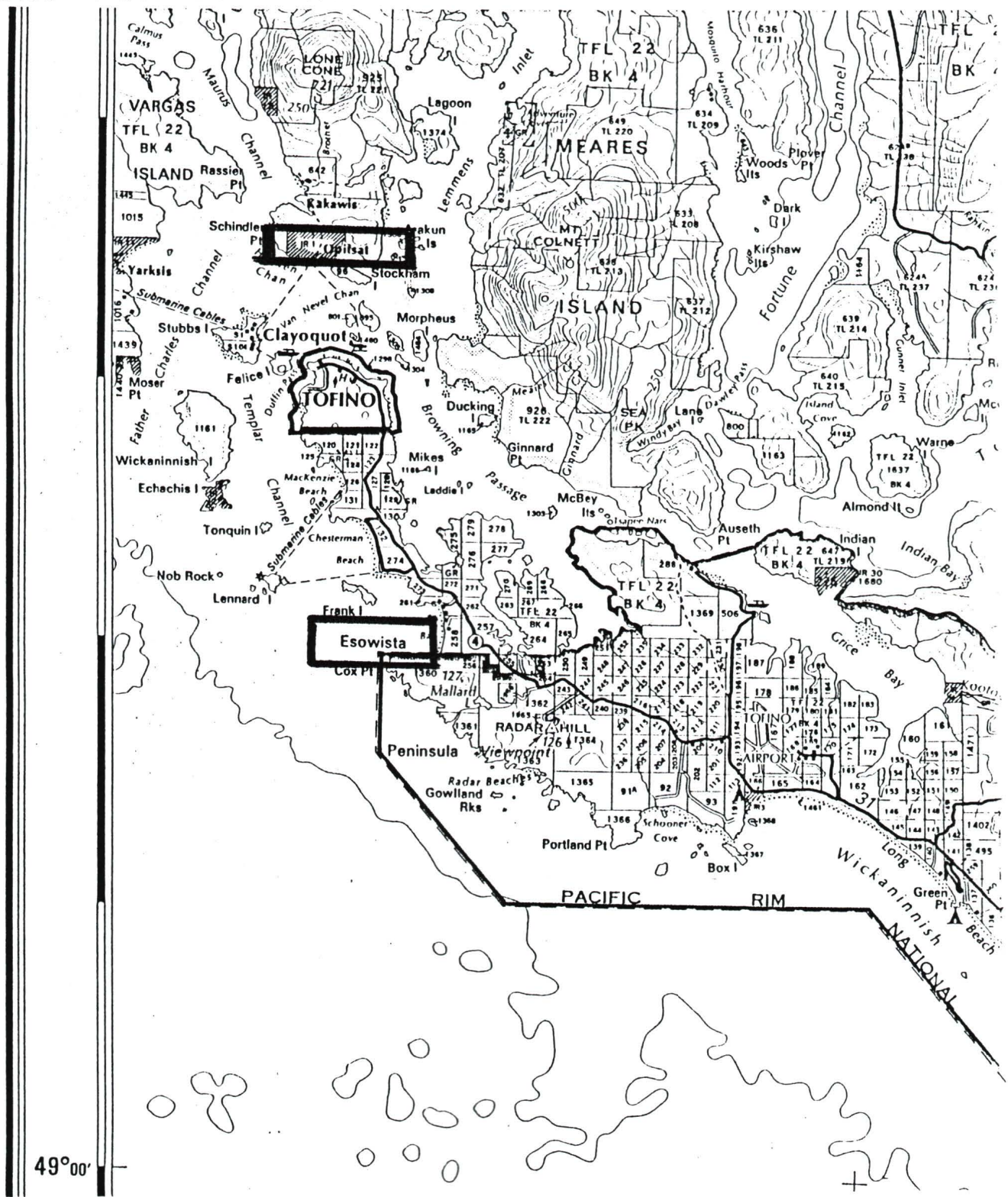
Please note that it is not significant that the detail of the map in Appendix B will be unreadable when it is reduced in size for the microfiche.



Ann E. Tasko

Appendix B

LOCATION OF TLA-O-QUI-AHT BAND RESERVE LAND



Appendix C

Ann E. Tasko
2569 Annabern Crescent
Victoria, B.C.

November 4, 1987

Mr. Ray Seitcher
C/O Clayoquot Band Council Office
Tofino, B.C.

Dear Ray,

Further to our phone conversation, here is a list of the items to mention to the persons you will be able to arrange interviews with for the Post-Kakawis study:

- a) your participation is voluntary;
- b) the actual interview will be totally confidential;
- c) you will not be identified in the study
- d) the interviews will be conducted in your own homes;
- e) the time will be at a mutually convenient time;
- f) this study is an M.A. Thesis conducted under the auspices of the University of Victoria.

Thank you for agreeing to act as a liaison person for this study. We look forward to meeting with you soon.

Sincerely,



Ann E. Tasko

c.c. Human Subjects Committee) University of Victoria
Dr. Vance Peavy)

Appendix D

Ray Seitcher
Esowista, B.C.

January 17, 1988

Ann Tasko,
2589 Annabern Crescent,
Victoria, B.C.
V8N 5E9

Dear Ann,

Re: Post-Kakawis: The Outreach
Impact on a Community

Further to our discussions regarding the above, this is to confirm that I have clearly made known to the possible subjects for this research project that their participation is entirely voluntary.



Ray Seitcher

Appendix E

Research Questions

For Potential Support Givers:

1. Is it your impression that families who have gone to Kakawis have received support from their community when they returned home?
2. If so, what support have they received?
3. Have you noticed any changes in the attitudes or behaviour of those clients who have completed the Kakawis program?
4. Have the graduate families influenced or had an impact on your community?
5. If so, in what way?
6. What programs have been initiated by Kakawis graduates in your community?
7. Are these programs still in effect?
8. If they are not in effect, why were they considered to have failed?
9. If they are in effect, are the original Kakawis graduates still involved?
10. Do you consider these programs to be successful?
11. If so, in what ways?
12. What more could Kakawis do to assist the Kakawis graduate families upon their return to the community?

13. Do you have any ideas as to how Kakawis could improve their community outreach program?

For Graduate of the Kakawis Program:

1. When you got back home, do you feel that you received support from people in the community?
2. If so, what sort of support did you get?
3. Was there anyone who you could talk to?
4. Did you feel like talking to anyone?
5. Were there things you didn't like when you got home again?
6. If so, what sort of things were they?
7. Did people help you out?
8. What did you learn at Kakawis that was helpful for you when you got home?
9. Did you become involved in the community when you got home?
10. Did you get together with other people who had been away for treatment?
11. Did you get involved with anybody else who came back from Kakawis after you?
12. Do you have any ideas about how families coming home could be helped out?

Appendix F

Support Network Resources

Formal Caregivers

1. The Nuu-chah-nulth Tribal Council (NTC)
 - a) NTC employees - 2 Public Health Nurses with offices in Tofino
 - b) Usma employees - Social Worker
 - c) Health Board employees - Alcohol & Drug Consultant
2. The Tla-a-qui-aht Band Council (TBC)
 - a) Elected Chief and five Councillors
 - b) TBC employees - Band Manager, Home/School Coordinator, Recreational Director, Pre-school Supervisor
 - c) Community Health Representative (hired by TBC, financed by Medical Services)
3. Indian Health Services, Medical Services Directorate, Health and Welfare Canada
4. Kakawis Family Development Centre
5. Other B.C. Treatment Centres
6. AA, ALANON, ACOA Groups
7. Tuesday Morning Self-Awareness Group

Informal Caregivers

1. The Elders
2. Family, including extended family
3. Neighbours
4. Friends

Appendix G
Quotations from Interviews
Support as Received and as Given

a) Emotional Support

Receivers:

1. From Counsellors

1.1 "Someone available for counselling (is what helps me.)"

b) Social Support

Receivers:

1. From Former Graduates

1.1 "When we came back from treatment, there were quite a few people who were drinking. We weren't getting any support at all. But now it's changed. There are quite a few of them going to treatment centres. We have support now from the people who have been."

2. From Family/Friends

2.1 "No-one bothers us - they respect us for going through the treatment. Before we had people coming at all hours of the night."

2.2 "I get support from my family."

2.3 "Sometimes we see a couple of uncles who aren't drinking."

2.4 "Family support is important to me."

2.5 "When you go in and come back, it's good to talk

to others who've been through."

3. From Groups/Kakawis

3.1 "The meetings on Wednesday nights and sharing are helpful."

3.2 "Going to Kakawis twice each session to share where I was at, what I do today."

Givers:

4. From Inviting/Encouraging

4.1 "We try to get the people feeling that they are one of us again."

4.2 "I for one would say that people do have the support from the community when they come back."

4.3 "What we usually do is try to get them involved in the activities of the community which they couldn't do before because they were mostly concentrating on their weakness."

4.4 "We invite them out."

4.5 "I think most people do have support coming out of Kakawis. There are a lot of people going to (the graduate families') graduations and that's important."

5. From Community Functions

5.1 "We try through community functions - we don't go directly and say - this is a sober dance, no alcohol. We just try to operate our functions so that the message gets there indirectly."

5.2 "Well, it's proven itself over the past two years. We've been operating two years. We have held community functions that have gone really well."

6. From Former Graduates

6.1 "What we are trying to do is to get other people

who have gone to treatment centres to take part in activities so that there is at least a core of people we can start with instead of having individuals coming and then having them compete against their peers who are still drinking. We want a core of people to work with, not just individuals. That's how it's gone in the past - people have gone on their own and gone back to the same situation. Nothing has changed but themselves."

7. From Teachings of the Elders

7.1 "The oldtimers say that a woman marries a chief and you are taught you are going to be working along with your husband. He's out there working, hunting, whatever, supporting his family, whereas you are at home, doing the housework, bearing the children. A woman can bear a lot more than a man. She bears children, she bears the pain through childbirth, she has that courage. A woman can absorb a lot more than a man would. That's the teaching. He tells her what his problem is. She's going to encourage him."

8. Observed Increased Involvement

8.1 "They (the parents) go to parent-teacher meetings, Christmas plays and concerts. You see them attending those functions more. And doing volunteer work at the schools, helping the teachers with difficult children and the other children."

8.2 "You see the children changing, especially (after Kakawis."

8.3 (the teenage son).... "was right out of his shyness. I was amazed to see so much change. He doesn't go by without saying hello. Before he didn't even try to be friends with anybody."

9. From Social Activities

9.1 "We play bingo."

9.2 "We have sober dances in the community hall."

9.3 "The ladies get together on Tuesday morning -

it's a Self-Awareness group. These meetings are attended by people in the community who have attended the treatment centres as well as elders and other interested persons who haven't attended centres. They come and give support."

10. From Geographical Divisiveness

10.1 "It's a blessing in disguise that we have two reserves. You go into one community or the other and you don't feel the tension as much because they don't have the split between who agrees and who disagrees."

11. From Relationship Management

11.1 "The people that I've seen who are able to do it (keep sober) are able to fit both sides together - those who are drinking and those who aren't. Otherwise it's a conflict - they may be life-long friends or family and they still have that feeling inside."

12. From the Band Council

12.1 "The Band Council now has a team approach. Staff Advisory Committee meets each Friday to discuss all preventive programs."

c) Practical Assistance

Receivers:

1. From the Family

1.1 "I don't have a car. My parents or brother give us a ride to town for groceries."

Givers:

2. From the Band Council

2.1 "There are now more responsibilities taken on by the Band - implementation of the Child Welfare program means that the Band Council, together with the Tribal

Council, can now offer direct assistance to families needing practical support. There are plans for workshops covering sexual abuse, etc. for the community."

3. From the Tribal Council

3.1 "We (the Tribal Council) try to give everybody an equal opportunity at whatever has to be done. Any member can stand up and address us at Tribal Council meetings and express their concerns, their position. We meet on a regular basis, approximately every six to eight weeks. Once a year we have an annual assembly. We rotate all our meetings throughout the communities so that we don't force everybody to come to Port Alberni every time."

3.2 "The second purpose (of the NTC) was to provide a political forum for the Tribal membership to meet together on a regular basis to discuss problems, goals and objectives."

4. From Education

4.1 "A lot of preventive education is creating activities in the communities."

4.2 "The role of the CHR is provide education for the people."

d) Financial Assistance/Employment

Receivers

1. From the Band Council

1.1 "The Band backed me up getting this CMHC house."

1.2 "Housing and infrastructure control were strictly that of the government but has now come back to the bands."

2. From Employment

2.2 "Having a job is what helps me."

2.3 "I can phone Kakawis anytime I want a job when I can work."

2.4 "Having a job is great support."

Givers:

3. From Employment

3.1 "I'll tell you one thing about Kakawis - not only do they try to help our people when there are employment opportunities - they give them a crack at it. We had half a dozen people working there just recently under the condition that they would stay away from drinking and try to get straightened out. I think that worked quite well. It improved their work habits."

3.2 "Paydays at the plant are on Sundays because if they get the money on Friday they go out and drink and don't come home."

3.3 You have to choose people (for jobs) from those who apply."

3.4 "We have been working hard to get some employment for our people."

3.5 "The employment situation is a priority for everyone."

3.6 "The families in Opitsat are working. They work for the Band."

3.7 "Kakawis has given many jobs to natives under the condition that they stay sober."

3.8 "With the Alternative Funding Arrangements which started last year, now the Tribal Council has considerably more control. For example, the use of social assistance money can now be used to pay wages. It's possible to use it to supplement almost any project and this acts as a powerful tool toward

re-employment."

e) Advice/Guidance

Receivers:

1. From Role Models

1.1 "The Elders give us guidance. They are good role models. I can go and talk to (....) if I am having a problem."

1.2 "Seeing how "X" couple lived - it was something I wanted."

Givers:

2. From the Hereditary Chief/Band Council

2.1 "..... if it's a very important thing, the elected Chief and Council invite the hereditary Chief to come and sit in and be part of the decision."

2.2 "Our Council is really involved in looking at the problems of alcohol and drugs. It's something we talk about at the meetings."

2.3 "We have formed a Staff Advisory Committee - a coordinator, guidance counsellor, home/school worker, social worker. We meet every Friday and try to do preventive programs. How we are trying to change it is that our staff is trying to take more of a responsible role, having more support systems here. In the past we worked individually. Now we are working cooperatively as a team."

3. From Role Models/Leadership

3.1 "By and large the majority of our leadership (NTC) now are abstainers from alcohol. Most of them were drinkers at one time of their lives. It's a bit difficult for us if the Tribal Council try to develop an attractive alcohol and drug program and have our membership turn around because we were drinking. It's

kind of contradictory. The leadership has to look to itself."

3.2 "The NTC has had very dynamic leadership since the early 1970's."

3.3 "They (non-practising alcoholics) give the strength to the people that have the weakness."

3.4 "The Elders give support through being good role models."

3.5 "We have the teachings to respect our Chief. He's got the power - what he says, goes. It's always been like that."

3.6 "The Band not drinking at their meetings is support for others."

3.7 "AA is a place where people are role models."

3.8 "We (the Tribal Council) are starting something similar to the National Role Models program. At the present time, we are looking for models from this area and they will be NTC people. At this time, we have just advertised asking people to name potential models. The role models will visit the communities - hopefully they will want to do that. We are hoping to get a cross-section of people - fishermen, forest service officials, we have a couple of lawyers and nurses. Anybody who is living a good lifestyle and has been able to demonstrate what can be done with their lives."

4. From Counselling

4.1 "The alcohol and drug counsellor has been trying very hard to get something in place for those people that just come out of Kakawis. She tried to organize an AA meeting just recently."

4.2 "The alcohol and drug counsellors are trying to get away from counselling because it tends to take over the job. The responsibility has always been intended to be toward prevention and yet the demand

has always been for counselling and, if adhered to, it takes over one hundred percent. We are now moving toward prevention through education, prevention and support. They have changed the term to Consultant from Counsellor."

4.3 "We are trying to de-emphasize counselling."

4.4 "I don't see that we are ever going to get away from the one-on-one counselling."

4.5 "I'll go into why in my experience we have taken over funding from Health and Welfare. It is primarily to concentrate on Alcohol and Drug and in order to access that funding we had to spell out the criteria such as - hiring alcohol and drug counsellors who would deal with individuals and family groups and send people away to treatment centres. And do whatever was necessary to address the schools - the classroom situation. However, our original objective is still there and that is we do not wish to merely react to these problems (the alcohol and drug problems) but we do wish to focus on prevention for the future generations. It has been very difficult to achieve that."

f) Spiritual Guidance/Support

Receivers:

1. From Prayers

1.1 "I believe in prayer."

1.2 "I get support in my prayers."

1.3 "When I stop praying, it seems that I loose my strength."

2. From Non-Tla-o0qui-aht Traditions

2.1 "I wasn't brought up Catholic or with sweet grass smudging. I think I believe that if our grandfathers did these things in other communities that was

something they were getting from the Creator. I got to believing in using that."

2.2 "Those people that came in were from a different religion but they kind of built into the young children that you can pray for them and hope for something better."

Givers:

3. From Elder's Traditions

3.1 "The teaching is private to each family - each clan - they have their own teachings. From the chief's house down the line"

g) Cultural Support

Givers:

1. From "Sober" Cultural Events

1.1 "Having (cultural) activities helps. A lot of people go and slowly they are beginning to see that they don't need to drink to have a good time."

1.2 "The strongest pulling force of sobriety right now is culture anywhere on the west coast. In the past three years the people on the west coast have kind of had a re-birth of their culture and their culture has sobered up more people than all the counsellors that the Tribal Council is providing because our Chief is an example of that. Culture has offered them that light - that vision - at the end of the tunnel. Who am I? With culture, I know who I am. The identity and entity of who I am."

2. From Cultural Events

2.1 "I think the cultural life is important in bringing people together."

2.2 "The culture is potlatches, lahal games and clouooqua - a potlatch given one year after someone

dies - they've accepted he's gone - he's dead - now we live for the living. potlatches to give young ladies and men their names, and songs."

2.3 "I'll tell you one thing - you should have seen the change when our people returned to their culture - the young people especially - they picked up on the lahal games and that took them away from the streets. The young people were spending a lot of time participating and being involved."

2.4 "One year, when we had lahal, you would see the kids listening to walkman's with lahal songs on them. That was a lot of excitement then. Everyone would be going in with the bones and the games."

2.5 "The cultural group - with lahal games - because they are a different set of people - there is a lot of support in those gatherings."

2.6 "My grandson, he learns to sing while he's there" (at the lahal games).

2.7 "At the lahal games they are not a bit shy - the kids - even the little ones. There are still a few families who shy away from these activities - going back to Indian dancing."

2.8 "The lahal games have had a lot to do with young people and even myself just learning the songs - because the games songs are just short, you don't have to memorize a great many words. But it's a vehicle - the lahal games - for many of them to proceed in that direction of accepting their culture."

2.9 "About two months ago we started pursuing a language program."

Appendix H

Quotations from Interviews -

Lack of Support as Perceived
by Receivers and Givers

a) Emotional Support

Receivers:

1. From Spouse

1.1 "I felt like I had no support anywhere. Between him and I we just argued and a couple of weeks later I was drinking again. I had no support."

1.2 "I try to help (my husband) along now that we thought that we would test ourselves. We started drinking. We said we could handle it. Apparently we can't. We wont ever be able to I guess."

1.3 "It's been very difficult since we got home. We still argue a lot and have to remind ourselves what we learned at Kakawis."

1.4 "I haven't bothered trying to get help. I'd be the only one (in the family)".

2. Pride

2.1 "It's just a matter of pride right now (asking others for help).

3. Children as Supporters

3.1 "I get support from my kids."

3.2 "I manage somehow with the kids."

4. Inability to Share Feelings

4.1 "I kept it all inside when they (the staff at Kakawis) said I shouldn't be doing that."

5. Inability to Trust Others

5.1 "How do you know who you are comfortable with? Who you can talk to?"

5.2 "You have to be careful who you talk to and what you say in a place like this."

Givers:

6. Contrast between Kakawis and the Community

6.1 "It's an anti-climax when people get home. We are not wanting to give the children such a good experience because it is such a let-down when they go home."

6.2 "People think when they get home things will be different there but they are still the same. They might have changed but the community hasn't."

7. Unrealistic Expectations

7.1 "People for the first time they are sober and in their communities, they have to say - now what? What about their lifestyles? There is still a lot of unreal expectations of what is possible. These people have opened their eyes for the first time and they want to see. They see a lot of problems around them and they want them fixed instantly. That's something we have to be aware of because things don't change."

b) Social Support

Receivers:

1. Peer Pressure

1.1 ".... (my husband) told me not to bother going for counselling until he was able to not be drinking."

1.2 "The pressure (to drink) is just too great."

1.3 "I had no support. We just got right back into

the crowd again."

1.4 "It doesn't make it any easier because my parents both drink. I've been to some Alanon meetings but I guess I haven't gone enough because I don't really have patience with alcoholics in my family."

1.5 "I think they (family and friends) are making fun of us a little bit. 'Have one beer - have one beer.'"

1.6 "There wasn't any support. I just didn't like to leave my wife alone. One night I came home and she was drinking. What the hell - I moved out and a few days later I started drinking."

1.7 "I would go and see (.....) but he (my husband) says it doesn't help."

1.8 "They (the drinkers) don't have very much respect for them (the non-drinkers)."

1.9 "You never know what's going to happen. Lots of things going on, eh? They're all drug and alcohol related. You've got to really watch yourself."

1.10 "When I first went through (treatment), there was so much stigma - people just ignored me. There was no recognition of being sober. The way people looked at it was - here is something we have to do through the back door."

2. Feeling Alone

2.1 "I get tired of being in all the time with the little kids when he's out. So I start drinking."

2.2 "I came home December 26. Everybody was drinking. There was no-one to talk to. I was all excited about coming home and there was no-one here for me at all."

2.3 "I never have anyone to talk over problems."

2.4 "There's not much to do. It's kind of lonely."

Our friends drink."

2.5 "I don't see anybody anymore. No-one comes to see me."

2.6 "The hardest thing is being alone after Kakawis. It feels dead."

2.7 "It would probably be a good idea (to get together with graduates from Kakawis) if I was feeling better."

2.8 "When we left Kakawis, I didn't really find any kind of support."

2.9 "There's no support in the community."

2.10 "There's no-one to talk to."

3. Relating to/Trusting Others

3.1 "I could talk to people. I'm not."

3.2 "They told us at Kakawis to phone whenever we felt down and I think that's a mistake I made in not doing that."

3.3 "There is a couple of families I could talk to but some things are a little too private or something."

4. Feeling Abandoned

4.1 "Nobody bothered to phone after I left Kakawis."

5. Dislike of Groups

5.1 "They are starting AA meetings. but we are uncomfortable talking if there are people. They might think they are higher than us or something. You know, you just never want to talk in front of people you know."

5.2 "AA is not helpful for me. I don't like groups."

5.3 "I wouldn't have anything to say in a group."

5.4 "It's difficult for me going into a group not knowing anybody."

5.5 "We tried AA meetings when we were over there but no-one was interested."

5.6 "The people I spoke to about AA just giggled about it and didn't believe in it. They don't think it's going to help them."

6. Hopelessness

6.1 "I don't know what will help."

7. Lack of Communication

7.1 "I don't know who the CHR is here."

Givers:

8. From Family/Friends

8.1 "There are many changes in the kids when they get back to their own schools - they manage to stay with the changes as long as sobriety remains in the family. However, if the parents start drinking again, then the kids go down with them."

8.2 "Our biggest problem is the follow-up coming home. The people are put in a situation where they have changed but the community, the family hasn't."

8.3 "When you think about all the people who have come out of Kakawis the major problem is separating them from their old friends - the problem happens over and over - the time comes when that separation has to be made."

9. Divisiveness of the Community

9.1 "Our people segregate each other. They accept it that way. That's how we are. We function like that."

9.2 "The family feuds take away from any support that could be there."

9.3 "Family feuds - that's the main problem that I see right now. They have to be settled. There are hereditary chiefs in Opiteht and Esowista. The people coming from Kakawis or from anywhere - they have to deal with these things when they come back. They are torn in between from one side to the other. What's been lost in all that shuffle is that no-one has helped them or tried to give support."

9.4 "Right now, everybody is sticking to themselves. Each family. Nobody's bothering. A few years back we used to get together. I don't know what happened. Maybe - I don't know - I think maybe it's just jealousy - each family."

9.5 "Right now, we are divided between talking about the Esowista people and the Opitsat people. That's how we talk. Deep down in people's hearts, we wouldn't move from one place to the other. It happens over the years. People feed this to you. I was fed this back in elementary school. People in Esowista said the people in Opitsat are drunks. When you're that young, it's part of your roots."

9.6 "That makes things very difficult for families who are single - coming out of Kakawis and into a community that hasn't dealt with the problems of working together."

9.7 "Outside agencies are unaware of internal strife."

10. Lack of Communication

10.1 "I don't know who has come back from Kakawis here."

11. Discomfort with AA

11.1 "We have a hard time getting AA going. The problem is native people aren't willing to open themselves up in any public forum, whether it's a

small group or a large group."

11.2 "People say when they come back from any treatment centre that the hardest thing they found is opening up and sharing."

12. Lack of Community Cohesion

12.1 "I don't think there is any community spirit anymore. It used to be that most communities looked after themselves."

12.2 "The problem is bringing people together to work together as a community."

12.3 "All the communities are apart right now."

13. Role of Television

13.1 "TV plays a really large part in people's lives. It was introduced to our communities back in the mid-60's."

13.2 "TV tends to totally isolate people in the community."

13.3 "A lot of them are fighting with each other now. They are watching TV and learning a lot about fighting and they do it everyday - violence - it's really accessible now through videos."

13.4 "A lot of women are watching the soap operas all day long."

13.5 "It's (television) the only thing left".

13.6 "I know myself if there is a hockey game on I'm not going to leave it and visit someone else - especially on a night like last night."

14. Community Events

14.1 "There are no recreation activities, no community events."

14.2 "We have no recreational vehicles anymore. There's no swimming, no trips."

14.3 "There is a lack of activities in the communities because we haven't got the facilities. Here (at Tin-Wis) we have a gymnasium but it's not that easily accessible. We have to cross the water or get the kids out here by car."

14.4 "There is a lack of support for the people that do go through the Family Centre. There are no support services that are provided - no recreation activities or community events that might help them afterwards."

15. Transience of Population

15.1 "It's hard to arrange anything. We never know what we're going to be doing."

15.2 "Native people are traditionally transient - in the end 95% of them end up back on their own reserves - go back to their roots. White people don't."

c) Practical Assistance

Receivers:

1. Transportation

1.1 We were living across in Opitsat - I didn't find any support. I could have gone all the way to Long Beach but it's pretty hard for me to get back and forth without a boat."

Givers:

2. Housing

2.1 "The people are put in a situation where they have changed but the community, the family hasn't. You may come back to the same run-down house."

2.2 "There are a lot of problems here with unemployment, housing and transportation."

3. Communication

3.1 "I can't phone anyone. I haven't got a phone."

4. Programmed Thinking

4.1 "Even in Child Welfare, looking for home placements. Automatically we think Opitsat is full of people who drink, so there can't be any good homes there. And then, we stop and come up with three really good homes. It's just at the back of our minds there, it's still controlled by our thinking."

5. Involuntary Admission to Treatment Centres

5.1 "A lot of people go in (to treatment) through court orders and then you are not going in through yourself - it's not the same motivation. I've seen lots of them going back through court orders again."

d) Financial/Employment

Receivers:

1. Unemployment

1.1 "It's hard times. It's not too bad anyways. I'm not working. I have to make my house payment this weekend. Don't know where my money's coming from."

1.2 "On the reserve they wont allow you and your husband to be working - it's the Band. There's a real shortage of jobs - hardly anyone is working and there are a lot of people drinking."

1.3 "I got laid off."

2. Cost of Treatment

2.1 "It's expensive to go for treatment - they don't give you much money and you can't work."

Givers:

3. Unrealistic Employment Expectations

3.1 "People start drinking again. How can you employ them? It's a catch twenty-two situation."

3.2 "Some people come out thinking, "Well, I'm sober now, now they can hire me." But what they haven't really looked at is that all through their drinking years, their reputation, their credibility isn't there - because business people don't look at you. What they require is that you are going to have to prove it to me first. You have to re-establish your credibility."

3.3 "The way that most native communities are is that they are affected by alcoholism and what-have-you. Also the lack of employment. It creates further problems."

4. Employment Jealousies

4.1 "I think there are a lot of political decisions - they should be selective about who they pick for the jobs (at the Band Office.).

4.2 "There are jealousies between Opitsat and Esowista about employment. Some jobs become available at Kakawis and some at the Band Office and decisions have to be made based on who has applied."

e) Advice/Guidance

Receivers:

1. Lack of Band Support

1.1 "You don't get band support when you come out - just like when you go in. You're alone."

1.2 "We don't get any home visits. It used to be that the other Chief and Council went from house to house talking to members. We haven't seen our Chief yet. He hasn't come house to house."

Givers:

2. Community Priorities

2.1 "The problem of alcoholism is getting lost now that these other things are there - so that sometimes there are other priorities. A lot of things are being passed on to us - the Child Welfare Act, we are so busy trying to update ourselves on each issue that other social problems can't be looked after."

2.2 "The problem we have is when they come back home. What we would like is that they come back home and have a good support system. The biggest fault I see is that programs aren't utilized. Even with all the staff we have we still don't provide them with support."

2.3 "The energy and focus of the Council has been on the implementation of the Child Welfare Act. Alcoholism has not been a priority."

3. Lack of Band Support

3.1 "A lot of times (the Band Council) is negative and have too many prejudices. Sometimes I don't think they are very respectful."

3.2 "I feel the Band Council should be the backbone of the whole thing."

3.3 "The failure lies with the Bands."

4. Lack of Communication

4.1 "There isn't enough follow-up. I go out to see people but I don't know who has gone through the programs and who hasn't."

4.2 "I did a Nutrition workshop at Kakawis but there is no communication about the clients. It's not considered our responsibility to get involved in support but we see the people in the clinics."

4.3 "I don't think they tell them (the clients) to

keep coming back to me because I seem to have to be going to them."

4.4 "We learn through rumours who is there. It depends if they feel comfortable talking about going to Kakawis and then coming back to the community. Six weeks is not enough to change."

4.5 "To this point, they've (the returning clients) got to be asked to be involved".

5. Role of Alcohol & Drug Consultant/Counsellor

5.1 "It is the alcohol and drug counsellor's job to see to follow-up, referral, recreation, youth and crisis intervention. She doesn't see it as her responsibility."

5.2 "The alcohol and drug counsellor has come here two or three times in the past two years."

5.3 "The alcohol and drug counsellor is responsible for three reserves but it's like working for five because of the reserves being apart".

5.4 "(the alcohol and drug counsellor) has come to Opitsat two or three times in the past two years."

5.5 "The alcohol and drug counsellor does a lot of preparatory work before they (the clients) go in. The problem is that she is spread between four or five bands here."

5.6 "Our community blames the alcohol and drug counsellor. But she's pretty limited what she can do once they come home."

5.7 "We've been home for three months and haven't seen her" (the alcohol and drug counsellor).

6. Lack of Support Groups

6.1 "They (support groups) worked for a while because there were men who were older and knew more about life skills than the younger ones. It really helped a

lot.. It not only brought the women together but it brought out problems that the younger ones were going through."

6.2 "There are no supportive services for families returning home."

7. Negative Role Models/Parenting

7.1 A lot of time adults are really open in letting the kids drink with them."

7.2 "I've seen it all last year - high school students walking around with other adults as drunk as they are. That's not support."

7.3 "They think it's alright when they are drunk because they are having a good time and they don't think how they are affecting the children - making it easier for them to have access to drugs or alcohol."

7.4 "Children are really accessible for adults to go and molest them when parents are out drinking."

7.5 "A lot of the time, even though the parents aren't drinking they've gone to town and left the kids. The older school-aged children are left to babysit and so they miss school."

7.6 "A lot of the time the students do not have respect for their parents, their school, their friends."

7.7 "A lot of children don't see their mums and dads going to work or getting an education. They know that what Mum and Dad do every is watch TV and clean up the house and that's about it."

8. Lack of Information/Knowledge

8.1 "Most of them say, no - they don't want to go (to Kakawis). I don't think they are aware what is offered there."

8.2 "I find myself in an awkward position because we

are going into this program (the Public Health program) without any knowledge and experience."

9. Lack of Support

9.1 "Because of cutbacks, the field workers just aren't getting enough support."

f) Spiritual Guidance/Support

Receivers:

1. Lack of Teaching/Awareness

1.1 "The spiritual part of life has gone."

1.2 "I don't know about that."

Givers:

2. Lack of Teaching/Awareness

2.1 "Now that you mention it, it's probably a good idea."

2.2 "We have a lot of elders that know the medicines and what can cleanse your body spiritually but then they are so blocked that they won't teach us these things."

2.3 "I think a lot of them haven't forgotten about church but there isn't any church in our community."

2.4 "The old Indian family ways are gone - what this meant to them" (spirituality).

g) Cultural Support

Receivers:

1. Lack of Acceptance

1.1 "I wasn't brought up with the cultural things. I

don't feel comfortable."

1.2 "The cultural groups meet at Tin-Wis for Lahal and whatever - I don't go."

1.3 "They (the lahal games) are only good for some people."

1.4 "I was watching. Not cultural enough, I guess...!"

1.5 "Not everyone is interested in lahal."

1.6 "Ever since lahal came along, no-one is interested in anything else."

1.7 "There's nothing (cultural) here."

Givers:

2. The Right to be Included

2.1 "People I talk to say the same things - only certain families can be involved - not only with the culture but also with administration in the band."

3. Lack of Information/Communication

3.1 "Right now we have no sense of our own culture. Books have been written about everybody else's culture but our own. They (the Elders) have a lot of stories about what happened a long time ago and what we did. But they don't have a language. It could be on films, tape-recorders. We want to be able to tape their voices, their songs and maybe what the dance means, the importance of it."

3.2 "Right now we are having a block between our culture and white society. A lot of the time it's colour TV and we never talk our native language. We need native language classes even for adults. Otherwise we don't understand what the elders are saying."

3.3 "My parents' generation and their parents - they

lost their language and were hurt badly."

3.4 "There is a tendency for most of the bands to forget about their cultural values. I think it's very true that the people need to become aware of the culture that we lost. It's a lot to do with the way we were brought up in the education system. I myself can attest to that - we weren't allowed to speak our own language and therefore we switched over to their (the white people's) way of thinking."

Appendix I

Quotations from Interviews -

Support as Envisioned by Receivers and Givers

a) Emotional Support

Receivers:

1. Respect from Others

1.1 "I would still like respect, even if I did drink once in a while. I don't like people being angry with me."

Givers:

2. From Counsellors

2.1 "We need to train counsellors who could be in the community."

2.2 "Somebody needs to be here and available for counselling."

2.3 "I think it would be helpful people talking to other people in their homes."

2.4 "We need to build up self-esteem and help people feel good about themselves."

3. From Kakawis

3.1 "We need follow-up support (from Kakawis) for the whole family."

3.2 "Kakawis needs to provide a service by giving workshops at the community level and promoting networking."

3.3 "Two-week follow-up sessions would be a good idea. They have them at Round Lake."

3.4 "I would like to go to a refresher course at

Kakawis."

b) Social Support

Receivers:

1. From Community Events

1.1 "I'd like to get together with people, having community suppers or with relatives."

2. Home Visits

2.1 "I think home visits are helpful."

3. Having a "Dry Reserve"

3.1 "Declaring the reserve dry would be helpful."

Givers:

4. From Former Graduates

4.1 "If only they (graduates) could go to the other people who have the same weakness and encourage them."

4.2 "We need to get people who have gone to treatment centres to work with the ones who come home."

5. From Friends

5.1 "I'd like to see people getting back to helping each other instead of helping out themselves and their family."

5.2 "We should be more open to the clients who have been in Kakawis - inviting them in for coffee or a meal to discuss what they learned. They would come out of their shell."

5.3 "If only some of the other families would encourage or call them in for a cup of coffee and have a talk - discuss what they learned. If they could re-live the day they started and the way they lived

when they left Kakawis."

6. From Personal Commitment

6.1 "I know as a person who has been in AA all these years that you have to be very very strong with alcoholics. It can't be once a week - (support) - it's got to be every day."

6.2 "In my mind it's (support) twice a day."

6.3 "You never bullshit a bullshitter - it's one day at a time."

7. From Formal Caregivers

7.1 "It is the alcohol and drug counsellor's job to see to follow-up."

7.2 "If the Band Council were more involved - they could have a welcome-home party for clients coming back from Kakawis - it would help. They don't see it as their responsibility."

7.3 "The CHR and drug and alcohol counsellor I think have more input for rehabilitation before and after treatment but they should be really involved with the community and try to develop things that will work. not only games like lahal - that's nothing compared to finding something for them to do, to talk about. Like it's really stressful on a Friday because on Thursday or Friday they want a drink."

7.4 "We are beginning to focus on the networking of staff resources. There is going to be more of a shared responsibility. For example, the travelling of the social development workers, the alcohol and drug workers, the CHR's - any number of resource people are being brought into play now. They will be working in a much tighter capacity than they were before."

8. From the Community

8.1 "We need to promote networking in the community."

8.2 "The responsibility for follow-up is needed at the community level."

8.3 "The initiative needs to come from the community. This will take time. A lot of time."

8.4 "I'd like to see people visiting more when people get home."

8.5 "It's important to bring people together - to work as a community."

8.6 "I'd like to see more (home) visiting by the elders and councillors."

9. From Kakawis

9.1 "I think follow-up sessions at Kakawis would be helpful."

9.2 "We need follow-up for the whole family."

9.3 "I think a refresher course like they have at Round Lake would be good. Perhaps six months after they have come home - then go back for two weeks."

10. From Community Sponsor Families

10.1 "Over the summer we have a few families who stopped drinking and more or less acted as sponsors for families going in. It would work. That way we would have not just the people going in but an equal amount of people who were still in the community who would be prepared to support them when they came out."

11. From Education of Non-drinkers

11.1 "We need to work with the non-drinkers. They need to understand the drinkers. What happens is that they keep people in their places."

c) Practical Assistance

Givers:

1. A Mobile Treatment Unit

1.1 "A mobile treatment unit would be helpful for follow-up."

1.2 "A mobile treatment unit might work. There has been one in Prince George and Poundmakers' Lodge in Alberta. This could be a start for the NTC. It would also need the support of the (Band) Chief and Council."

2. Role of the Community Health Representative

2.1 "Expansion of the role of the CHR would help. They go into the homes now. They have that opportunity."

2.2 "I would like to see the CHR working side by side with the alcohol and drug counsellor. The CHR is visiting the homes now but it's not her responsibility to ask about how people are doing when they get back from Kakawis."

2.3 "The CHR's could do a lot if they more openly identified themselves as assistants to the alcohol and drug counsellor."

2.4 "The way I understand it, the CHR is supposed to be looking after sickness. Well, a drunkard is sickness. So that's in their field. I'd like to see them more open where they could identify themselves as assistants to the Alcohol and Drug Counsellor."

3. A Community "Holding House"

3.1 "The only solution ... is that they need to be brought in and put into a holding house here when they come back. Then they need to have counselling so that they understand that they are on a high and they have the time to balance things out and look at the realities of life. They need Life Skills staff there. Those individuals would be on payrolls - that way we know we have their commitment to be there."

3.2 "We need a separate building for them when they

come home. I feel very strongly about a support system and a home that needs to be in place."

4. Education

4.1 "The Kaiser Substance Abuse Foundation is interested in promoting health for children from kindergarten to Grade 7 in the next two years."

4.2 "We have to start by educating the children."

4.3 "We need education from white society, culture from here. If they see both worlds, it not only makes them feel better, their self-esteem picks up."

4.4 "We need Basic Adult Education. There are some who have graduated with Grade 12 but others who haven't made it up to Grade 8 and they are (aged) 16 or 20 now."

5. From Kakawis

5.1 "Workshops in the community would help a lot."

5.2 "I think workshops in the community and people coming to the reserves would help. Perhaps people from Kakawis."

5.3 "Kakawis needs to provide a service by giving workshops at the community level and promoting networking."

5.4 "Kakawis could play a role in providing training for counsellors in the community. There is the idea of having five people come from the community to Kakawis - one person would then train and prepare them. The course would take six weeks. They would then return to the community with a trainer. Then the trainer would leave and the five trained people stay."

6. Increased Band Responsibility

6.1 "I think some of the programs that are beginning to happen at (the band) level will be of some help. The implementation of the Child Welfare program,

together with the Tribal Council. Also the government is handing over to the bands more responsibility around administration."

7. Increased Tribal Responsibility

7.1 "The Tribal Council will be responsible for setting standards and also for training. The Tribal Council is going to change the training. In the past, the provincial government sent people off for training for a period of six weeks, to learn how to become a counsellor, to learn how to become a CHR. Now we are going to integrate the training. But of course there will always be subtle differences between our fourteen tribes. We are in a position to deal with that much better and make people more aware of the cultural patterns. We can do this much better than Health & Welfare ever could for two hundred bands spread out over a large area."

8. Improved Housing

8.1 "We are hoping to change the run-down houses that people come home to and they will come back to a comfortable feeling - like a fresh start."

d) Financial/Employment

Givers:

1. Employment

1.1 "The jobs need to be given to the best person, even if that person is white. That's what happens in Hot Springs."

1.2 "The Chiefs need to give jobs to sober/AA member people - there must be specific conditions for employment. The people must want to work on staying sober. If they don't have any additional energy to work then it's not good enough."

e) Guidance/Advice

Receivers:

1. Role Models

1.1 "I think the videos we make at the beginning and end of Kakawis would be good to show to people in the community."

Givers:

2. Referral and Follow-up Responsibilities

2.1 "The skill of the referral person in the community is very important. If alcohol and drug personnel "dump" a client because they don't know how to help them, the client isn't necessarily ready to go to Kakawis. If it doesn't work out, then it's Kakawis' fault."

2.2 "We need to re-define the role and responsibilities of the alcohol and drug counsellor."

2.3 "Whoever refers clients for treatment should be responsible for their follow-up."

2.4 "For treatment centres to work, we need to prepare people who are coming and make sure the follow-up support is there afterwards."

3. Community Responsibilities

3.1 "If there is enough support in the communities, then the clients would not need to go away."

3.2 "The community needs to be turned around to being responsible for itself."

3.3 "Kakawis isn't failing. It's that support system outside Kakawis that's failing. It's the people here that haven't made that commitment and said "I really care about you - and I'm here to support you." We need to have that in place and let's get on with it."

4. Importance of Voluntary Attendance at Treatment Centres

4.1 "It's very important that people want to go for treatment."

5. The Band Council

5.1 "I think we succeed much faster if the individual bands made a commitment to take care of the follow-up right here. And I think it's time that bands made a commitment in that area."

5.2 "It's important for the Band Manager to take a role because it is a permanent position, not elected like the Band Councillors."

6. AA Meetings

6.1 "We need to have AA meetings."

7. Team Approach

7.1 "We have seen changes - the USMA child care program - they are working as a team. We have seen changes. The native people are still learning to walk. We need to promote team work."

f) Spiritual Guidance/Support

g) Cultural Support

Givers:

1. Education

1.1 "We need education from the white society, culture from here. If they see both worlds, it not only makes them feel better, their self-esteem picks up."

1.2 "We need an Elder's committee to teach the younger children dancing, listening to songs and learn what the songs mean."

Appendix J

Questionnaire Developed
As an Outcome of the Research

A. Emotional

Receivers:

1. Are there people for you to turn to when you are feeling upset?
2. If so, do you feel that these people listen to you when you need to talk about how you are feeling?
3. Do you feel encouraged by others when you are trying to do something difficult?
4. Are there ways that people show you that they understand how you are feeling?
5. Do you feel judged or criticized by the people who listen to you?
6. Are there people who stick by you when you're in a crunch?
7. Are there people who are affectionate towards you?
8. Are there any other ways in which you feel that people care about you?

Givers:

1. Do you think that families who have come back from treatment centres need emotional support from other people in the community?
2. In your position as _____, do you ever find yourself listening to how those people are feeling?
3. If so, what sort of thing seems to be helpful for

them?

B. Social

Receivers:

1. Are there social events happening in your community, like community suppers, sober dances, potlatches?
2. If so, do you ever get involved in going to them?
3. Which events do you enjoy?
4. What seems to be helpful about participating in those events?
5. Do people sometimes invite you or encourage you to attend any of those events?
6. Do you get invited over to other people's homes?
7. Are there people who drop in to visit with you sometimes to see how you are doing?
8. Would you say that you know people living here who you can have fun with?
9. Are there any other ways in which you receive support or encouragement with social events - either in people's homes or publicly?

Givers:

1. What sort of social events take place in the community - community suppers, sober dances, potlatches?
2. Do you take part in any of them?
3. What do you enjoy about them?
4. Do you think it's helpful for families coming back from treatment to get involved in these events?

5. Do you sometimes find you are inviting those people along?
6. Are there times when you drop in to visit these families to see how they are doing?
7. Do these families sometimes visit you?
8. Are there any other ways in which you feel that support or encouragement could be given to the families to attend these events?

C. Practical Assistance

Receivers:

1. Are there people who give you a ride into town (or boat ride to Tofino) when you need one?
2. If you need to be away for a while, are they people who will keep an eye on your house (children/pets) for you?
3. Are you able to borrow someone's car if you need to?
4. If you are coping with a big chore, is there anyone who would come around and help you?
5. If you needed to borrow tools or appliances or equipment of any sort for a short while, would you be able to borrow them from anyone?
6. Are there people here who would be willing to show you how to do something you didn't know how to do?
7. If there are arrangements to be made, are there people you could ask to help you?
8. Do people sometimes lend you a hand with:
 - i) shopping
 - ii) cooking

- iii) cleaning up
- iv) chopping wood
- v) fixing things
- vi) other ways

10. Is there anyone you can ask to help you out when you're not feeling well?

Givers:

1. Are you ever involved in helping out any of the families who have come back from treatment in any practical ways like:

- i) cooking
- ii) cleaning
- iii) chopping wood
- iv) fixing things
- v) shopping
- vi) other ways
- vii) loaning tools/equipment/appliances
- viii) helping with a big chore
- ix) giving a ride to town
- x) showing someone how to do something
- xi) helping with arrangements
- xii) looking after house/children/pets
- xiii) other ways

D. Financial Assistance/Job Finding

Receivers:

1. Have you ever been loaned money when you've been broke or when you've wanted to buy something special?
2. Has anyone bought you clothes or food when you were short of money?
3. Do people sometimes give you presents of things to help out?
4. What sort of financial help are you able to get from the Band Office?
5. Where do you go for help if you are looking for a job?

Givers - Informal

Have you ever been in a position to give financial help to any of the families returning home, i.e.

- i) loaning money
- ii) giving small gifts or presents
- iii) buying clothes or food
- iv) other ways

Givers - Formal

What sort of financial aid are your people entitled to apply for:

- i) housing
- ii) social services
- iii) education
- iv) travel

v) health

E. Advice/Guidance

Receivers:

1. Are there people you are able to turn to when you want to find out more information about something?
2. Do others sometimes come up with good suggestions about how you could do something?
3. Have people sometimes helped you decide what you wanted to do?
4. Have people sometimes helped you figure out what was going on?
5. Do you know anyone you can talk to who knows what resources are available?
6. Is there anyone who sometimes gives you reasons why you should or shouldn't do something?
7. Has anyone ever helped you think about a problem?
8. Are there any other ways people have given you advice or guidance?

Givers:

1. When families come back from treatment, are you ever in a position to offer guidance or give advice in any of the following ways:
 - i) suggesting how they could find out more about a situation
 - ii) suggesting a way they could do something
 - iii) helping them figure out what to do
 - iv) helping them figure out what was going on

- v) telling them who they could talk to for help
- vi) telling them why they should or shouldn't do something
- vii) telling them what to do
- viii) other ways

F. Spiritual Guidance/Support

Receivers:

1. Have you ever thought about spirituality?
2. Is there anyone who helps you with your spiritual needs?
3. Do any of the following things seem to help you in a spiritual way:
 - i) going to church
 - ii) going for walks, being near the sea or outdoors
 - iii) praying
 - iv) meditating
 - v) quiet reflecting
 - vi) others
4. Do you feel that you receive enough spiritual guidance or support in your life?

Givers:

1. Does spirituality play a role in your life?
 2. Is this something that you discuss with families when they are come home?
 3. Do you think it's a subject that many people give much thought to?
 4. What sort of spiritual guidance or support is available for people here?
 5. Are there any other ways which you feel would be helpful for people to explore their spirituality?
- G. Spiritual

Receivers:

1. Do you have dancing, games, music, story-telling - those sorts of things - happening in your community?
2. Do you ever take part in any of them?
3. If so, which events do you enjoy?
4. What seems to be helpful about participating in those events?
5. Are there people who invite you or encourage you to attend any of those functions?
6. Are there any other ways in which you receive support for being involved in cultural events?

Givers:

1. What sort of cultural events take place in the community - dancing, games, story-telling, dancing, language classes?
- 2, Do you take part in any of them?
3. What do you enjoy about them?
4. Do you think it's helpful for families coming back from treatment to get involved in these events?

5. Do you find you are sometimes inviting those people along?

6. Are there any other ways in which you feel that support could be given for the people to become involved with cultural events?

These questions were adapted from Modes of Support: The Social Support Behaviours (SS-B) Scale developed by Alan Vaux, Sharon Riedel and Doreen Stewart (1987) appearing in The American Journal of Community Psychology, Vol. 15, No. 2 pp 2-9 - 237. The categories developed by Vaux et al were: emotional support items, socializing items, practical assistance items, financial assistance items and advice/guidance items.

Appendix K

The Alkali Lake Story
(Alkali Speaks, 1976)

Alkali Lake community leaders used extreme intervention procedures to ensure that their community members would seek help. Upon return from treatment the community members have built the following developments to ensure community strength:

School:

- a) They taught their own language
- b) culture and reviving cultural activities and classes
- c) are employing native teachers
- d) ensure adequate housing for college students
- e) employed native counsellors
- f) community gained control over their education system
- g) instituted a guideline that ALL teaching staff must not drink 365 days a year.

Economic:

- a) housing off reserve to accommodate students going to college. Reserve families who owned new rental units for students.
- b) set up a small store - Band owned
- c) set up a piggery
- d) set up a logging company

Management:

- a) people work for their welfare
- b) people do not receive assistance if they drink
- c) development of video ON HOW THEIR COMMUNITY REACHED THEIR LEVEL OF HEALTH.

Mental Health:

- a) workshops for sexually and physically abused teenagers who drank to hide their feelings
- b) workshops for abusers

Education:

Band members were given the opportunity to go back to school or university after completion of high school or treatment.

Training:

- a) each member of the community has taken training on alcoholism and personal development which focused on:
 - i) healing emotions
 - ii) developing effective communication skills between spouses, families, extended family and neighbours
- b) utilizing native trainers, a native consulting company, community members, non-native training institutes, the local community college, non-native trainers (at the REQUEST of the community for their help).
- c) education the children in school about sexual abuse

Spiritual

- a) workshops recognized prayer, sweetgrass ceremony and sweat lodges as necessary in the healing process.

b) teaching that true spirituality is manifested in the belief that the power of God can heal through each person who is involved in the community healing process.

c) ceremonies offer an opportunity to focus good energy

d) recognition of the healthy community of Alcoholics Anonymous and its spiritual foundation.

Cultural

a) meetings at the Band Hall to discuss community issues

b) Indian and contemporary dances

c) revision of their language

c) active leadership of the Elders in the ceremonies and gatherings.

External Environment:

a) Government employees who are known drinkers are not allowed on the reserve.

Appendix L

The Tache Recovery Plan

(taken from Historic Theory Develops
Futurist Treatment Approach in Indian Community
by Maggie Hodgson of the Nechi Institute (1987)

The following activities were included in the recovery plan:

1. Devising a long term plan for developing and maintaining sobriety and to change community norms to support their sobriety.
2. Commenced alcohol education workshops (some which Nechi assisted in).
3. Provided training for community peer support groups with the focus of those groups defined by community needs.
4. a) Organized a group comprised of Chief & Council, elders, homemakers, two staff loaned from an urban treatment program and two reserve alcohol counsellors to run a thirty day treatment program for the community right in the Band Hall. While this treatment program served 26 people, in fact the whole community was involved in the treatment process. 26 people came to treatment daily, community members babysat for couples in treatment and homemakers assisted Elders who were normally taken care of by the members who were in treatment and C.H.R.'s and Band Social workers also assisted.

b) The WHOLE community agreed not to drink for the full 28 days while the 26 people were taking treatment in the Band Hall as a demonstration of their support (only two out of 400 broke this commitment).

c) Elders set up a pot luck feast to honour participants.

d) Elders taught old traditional songs and Indian games they had never shared before (evening

activities).

e) The Priest said mass in the community.

f) Other denominations held prayer groups in support of the treatment session taking place.

g) People hunted and fished for a wrap up pot luck feast.

h) at the feast the Chief and Council honoured people who took treatment.

5. Aftercare was a weekly session with local alcohol counsellors and AA meetings and monthly group sessions with treatment counsellors from the city. Those therapy sessions included family discussions in the midst of family cam-outs, family hunting trips and counsellors discussing problems while walking through the bush.

VITA

TASKO, Ann Elizabeth

Place of Birth: London, England

Date of Birth: June 28, 1943

Educational Institutions Attended:

York University, Toronto 1963 - 1964

University of Victoria, B.C. 1972 - 1978

Degrees or Diploma Awarded:

B.A. Sociology/Psychology 1978

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Author:



**ANN TASKO
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ISBN 0-315-50150-2