

YUKON COMMUNITY WELLNESS COURT DRAFT THEORY OF CHANGE

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May 2007

Introduction

This document describes the purpose of the Yukon Community Wellness Court and the process by which it intends to achieve that purpose. The primary partners of the Wellness Court; i.e., the Yukon Territorial Court, the Yukon Department of Justice and the Yukon First Nations, acknowledge that the outcomes they are currently getting with respect to creating safer and healthier communities are not the ones they desire. They are therefore embarking on a journey to carry out their functions in a somewhat different manner—one that they believe will reduce recidivism, better address the needs of victims, and help address public safety issues.

The Purpose of a Theory of Change

A description of the Wellness Court's purpose and the process by which it will achieve that purpose can be thought of as the Court's "theory of change". A theory of change is a program's set of ideas about what interventions are required to bring about the change that is desired. It is a valuable tool for two important reasons.

- *One function of the Court's theory of change is to guide its design and implementation.* A good theory of change states what must be included in the Court's program and how the program must be carried out. It helps ensure that the Court's work is not piecemeal, but rather that it is systematic, that it builds on what is known about best practice related to Court-supervised therapeutic interventions, and that its cumulative impact is likely to be aligned with its purpose.
- *Another function of a theory of change is to serve as a platform for monitoring the Court's effectiveness.* It ensures that evaluation moves beyond enumerating outputs to examining the extent to which the activities lead to the desired outcomes, and the

extent to which these outcomes are producing the intended impact. Without an adequate theory of change, it is very difficult to determine how to adjust the Court's efforts in order to be as effective as possible. Two questions are important when using a theory of change to guide monitoring and evaluation: Is what we are doing consistent with our theory of change? Does our theory of change need to be modified in the light of our growing body of experience as we work toward our purpose?

Long-term Objectives of the Yukon Community Wellness Court

The Yukon Community Wellness Court is designed to offer a therapeutic alternative for offenders with substance abuse problems, fetal alcohol spectrum disorder (FASD) or other cognitive impairments, and/or other diagnosable mental health problems to address issues related to the commission of their offences.

The Court believes that by investing sufficient and appropriate resources in these offenders, who often come before the Court more than once in their lives, the following long-term objectives/benefits can be achieved.

1. The “revolving door” of recidivism (either related to the number of new charges or to the seriousness of breaches) and re-offending will be reduced for the individuals who participate in the Wellness Court.
2. The safety of Yukon communities will therefore be enhanced.
3. A restorative justice approach ensures that the needs of the victims of the offending behaviour of the targeted population can be more adequately addressed.
4. The use of and effectiveness of alternative justice approaches in the Yukon, including community-based justice, therapeutic or problem-solving approaches and restorative justice, will be increased.
5. The stakeholders of the Community Wellness Court will enhance their capacity to achieve the four objectives listed above,

Characteristics of the Population Served by the Yukon Corrections Program

The March 2006 report released by the Department of Justice entitled, “Corrections in Yukon and the Corrections Consultation”,¹ highlighted the following

¹This report details the findings of the *Moving Forward Together Public Consultation on Corrections* guided by the following team: Sharon Hickey, Brenda Jackson, Barb Joe, and Joanne Lewis.

characteristics of the clients of the correctional system in the Yukon at the time of the study.

- ◆ 70% belonged to a First Nation (of which 15% were female with an average of 33.5 years, 85% were male with an average age of 30.4); 30% do not belong to a First Nation (of which 9% were female with an average age of 35.3 years, 91% were male with an average age of 34.8 years)
- ◆ Approximately 86% of the sampled population reported using substances (83% used alcohol, 53% used other drugs and 51% used both)
- ◆ Generally these clients are not suitable for the current addictions programs offered by the Alcohol and Drug Services unit of the Department of Health and Social Services
- ◆ The prevalence of mental disorder in this population is nearly three times that of a comparable non-corrections population.
- ◆ 70% of individuals who are supervised by the Adult Probation Unit do not work and those who do work usually have seasonal employment.
- ◆ The average educational level is between grades 9 and 10 (but are likely functioning at a much lower literacy level).
- ◆ Many seem to suffer from FASD, but have not been diagnosed.
- ◆ Approximately 30% do not have stable housing
- ◆ 66% are repeat offenders
- ◆ A review of offences committed in Yukon between 1989 and 2003 revealed that the most common offences were administration of justice offences (breach of probation, failure to appear, etc.), assault, assault with a weapon or causing bodily harm, break and enter, theft, possession of stolen property, bail violation or being unlawfully at large, disturbing the peace, impaired (boat, plane or motor vehicle), failure to provide a breath sample, and driving when prohibited.
- ◆ The Victims Services program served 853 clients in 2004-2005. Of this number 78% were females and 58% were First Nations. 60% required services because of assaults (more than three quarters of which were spousal related).

Rationale for Adopting a Restorative Justice Approach

Section 718.2 of the Criminal Code of Canada states that “A court that imposes a sentence shall also take into consideration the following principles: (e) available sanctions other than imprisonment that are reasonable in the circumstances should be considered for offenders, with particular attention to the circumstances of Aboriginal offenders.” The Supreme Court of Canada, in its 1999 decision in *R. v. Gladue*, found that this section has three main purposes:

- ◆ To improve the serious problem of over-representation of Aboriginal offenders in prison
- ◆ To encourage sentencing Judges to take a “restorative approach”; and
- ◆ To consider the unique systemic factors that may have played a part in bringing the offender to court.

By offering those offenders who meet the legal and suitability criteria² of the Court the opportunity to participate in a therapeutic program before they are sentenced, the Wellness Court is committing itself to learning how to implement Section 718.2 of the Criminal Code more effectively within the specific social, economic and cultural context of Yukon.

Brief Overview of the Purpose of Therapeutic Courts

Therapeutic courts have gained political and social popularity around the world over the past two decades. Specialized courts targeting non-violent drug offenders, the mentally ill or individuals involved in family violence are operating in a number of jurisdictions in Canada and have an even-longer history in the United States and Britain. Basically, these courts were established to respond to the increasing stress placed on the criminal justice system by the expanding numbers of such offenders and to a growing recognition that the traditional approach to dealing with these offenders addresses the symptoms of the client’s legal problems rather than the cause.

Therapeutic courts are part of a move to restorative justice, which aims to replace an adversarial orientation with a focus on rehabilitation and reconciliation. As Benaquisto of the Department of Sociology at McGill University (*Canadian Journal of Sociology Online*, March-April 2003) points out in her review of this approach, therapeutic courts require a reorientation of the role of the court’s key actors.

² Note: the following criteria are general guidelines only. A more comprehensive description of the legal criteria can be found in the Wellness Court’s policy and procedures manual. Eligibility criteria include: a) the offender should have a demonstrable wellness-related problem such as a pattern of alcohol and/or other drug abuse, chronic mental health challenges, FASD or other cognitive impairment; b) these challenges should in some way be contributing to the applicant’s problems with the law; c) the nature of the crime the applicant is accused of cannot be a serious offence for which mandatory jail time is prescribed; d) the offender’s past record and current emotional state suggest this program of rehabilitation has a reasonable chance of success; e) the accused poses no serious danger to public safety.

The judge is no longer an impartial adjudicator, but the treatment team leader, interacting directly with the defendant and coordinating his or her care in an individualized manner. The defense attorney...is no longer the defendant's advocate but a member of the treatment team, along with the prosecutor and health care personnel. Proponents argue that this nonadversary [sic] approach is beneficial to achieving the therapeutic outcome desired for the good of the defendant, the community, and the efficient administration of criminal justice. Critics argue that this presuming away of interest conflict enlarges the vulnerability of "clients" who still remain at risk to coercion in "treatment".

The Yukon Community Wellness Court has been established after the jurisdiction's experiment with a successful domestic violence treatment option (DVTO). It is an essential part of the Yukon Department of Justice's commitment to achieve excellence. It is based on the assumption that an integrated and culturally appropriate program of intense supervision, treatment, therapeutic support, personal development, skills development, behaviour management, incentives and sanctions, coupled with a demonstrated willingness on the part of the offender to take responsibility for his or her behaviour, will produce better results for the offender, the victims, the community at large and the courts than current approaches which often see the offender appearing before the courts through a type of "revolving door" because the underlying causes of the offending behaviour have not been addressed.

Elements of Effective Therapeutic Intervention for Offenders

As listed above, the crucial therapeutic elements that will be used by the Yukon Community Wellness Court are the following: a) acknowledgement on the part of the offenders of their responsibility for the consequences of their behaviour; b) intense supervision; c) therapeutic treatment and support related to the specific issues underlying the offender's behaviour that brings him or her before the court (e.g. addictions, cognitive impairment, and/or mental health challenges); d) personal and skills development (e.g. behaviour management, literacy, anger management); e) advocacy and other types of support related to daily living needs (e.g. housing, adequate income, supportive social

network); f) incentives and sanctions, and g) graduation and transition to other community resources. The Community Wellness Court also recognizes that in order to be successful, the therapeutic program needs to be culturally relevant and to integrate these elements into a holistic program. More information about each of these seven elements is included below.

1. The Offender Takes Responsibility for His or Her Actions

A critical feature of the therapeutic approach is that, to become a participant of the program, the offender must enter a guilty plea and express a willingness to comply with the established release conditions, which will vary according to the needs of the offender. In addition, the participant will be required to sign a waiver that outlines the conditions of acceptance to the program (such as providing personal information, including a history of drug use, undergo drug testing, and consent to have materials related to the prosecution or investigation of the case shared with the treatment team). The treatment team must be convinced that offenders *understand* that addictions, mental health issues and cognitive functioning challenges play a critical role in the behaviour that brings them before the courts *and that they are ready and willing to work on those issues* in order to improve the quality of their own lives and to prevent further harm to those around them.

2. Intense Supervision

It is believed that holding offenders accountable for their day-to-day actions is an important element in supporting them to make the types of life changes that will alter the pattern of their offending behaviour in a positive way. The Wellness Court will use several strategies for maintaining intense supervision.

- a) The experience of therapeutic courts across the country and internationally is that the judge can play a key therapeutic role. Judicial authority reinforces the need to change behaviour and to participate wholeheartedly in the treatment program. Relatively frequent Court appearances are therefore a usual element of the release conditions.
- b) Especially for offenders suffering with addictions, cognitive impairments (such as those typical with FASD) and mental health issues, a consistent and single point of

contact with the court system is crucial. The designated probation officer for each offender has been assigned the role of serving as the primary case manager for each participant of the Wellness Court and therefore will be present at all hearings and will coordinate the development and implementation of the treatment plan in collaboration with therapeutic professionals and relevant family and community support systems.

- c) The treatment program itself, which will require that the offender interact extensively with health professional and other community helpers, will serve as an on-going check on his or her progress.

3. A Culturally Relevant, Individualized and Integrated Treatment Program

An obvious key to the success of a therapeutic court is the treatment program that is designed to address the underlying issues that contribute to the offending behaviour of the participants. In the case of the Yukon Wellness Court, the targeted individuals are struggling with addictions, cognitive impairment (such as that caused by FASD) and/or mental health issues. Once an individual offender has been accepted as eligible and suitable for the Wellness Court, an extensive assessment of his or her specific needs will be made. This assessment, coordinated by the designated primary case manager and carried out by relevant treatment team personnel (e.g. mental health workers, social workers, and addictions workers), will inform the development of a personalized treatment plan.

The resulting plan could include medication or other treatment for physical health issues, residential addictions treatment, individual counselling, group counselling, participation in peer support groups, regular drug testing, effective after-care services community service, and targeted knowledge and skill development related to specific behaviour management (such as anger management, assertive communication, stress management). The treatment program will be closely monitored and adjusted as needed through regular case conferences and through regular appearances before the court.

Besides including the elements listed above, an effective treatment program in the social, cultural and economic context of the Yukon needs to take into account the following features.

- a) *Cultural relevance* - Since a significant proportion of the participants of the Community Wellness Court will be members of Yukon First Nations, treatment modalities need to take into account cultural realities. More about this topic will be included in a latter section of this document, which focuses on cultural relevance. Best practice from Aboriginal treatment practice also underscores the importance of healing families and communities at the same time as building personal wellness. The groundbreaking work carried out by First Nations communities such as the Esketemc First Nation (Alkali Lake), the Squamish First Nation, the Mnjikaning First Nation, the Eskasoni First Nation, the Waywayseecappo First Nation, and Hollow Water clearly demonstrates the unsustainability of a myopic focus on the individual that does not take into account the family and community context that has such an impact on the individual. [Note: Appendix A to this document contains a summary of a 1997 study commissioned by the Aboriginal Policy Unit of Solicitor General Canada (now Public Safety and Emergency Preparedness Canada) to explore the cultural dimensions of individual and community healing.]
- b) *Individual healing and treatment must go hand-in-hand with family and community healing and development* - As the Yukon Wellness Court evolves it will build the partnerships it requires and provide support to community-based healing and development efforts, such that the intensive investment it is making in specific individuals will have the best chance to succeed and so that the intergenerational pattern of family and community life that contributes to the offending behaviour of individuals is disrupted.³ A subsequent section of this document will explore the relationship between individual and family and community healing and development in somewhat more detail.
- c) *An effective therapeutic program works in an integrated way to support individuals to move up the “ladder of capacity development” from his or her current condition toward wellbeing and productivity* – This journey can be defined by certain

³ The ruling of His Honour Chief Judge Barry Stuart in R. v. Jacob, 2002 eloquently articulates the need to prevent “the parade of next cases” that is all too common in the Yukon. In his reasons for sentence, Chief Judge Stuart calls on the “system” of agencies and professionals to accept their responsibility for shattered lives like that of Marcellus Jacob, as well on the family and the immediate and larger community in which he lives to recognize their role and to learn from this case.

benchmarks, such as emotional competence, good human relationships, capacity to manage money, employability, and service to others. Parts of this journey are best categorized as elements of the treatment program, while others fit better under the next element of the therapeutic process, which deals with the skill development. (Note: Some further information about the development of personal capacity through an integrated and holistic treatment program is included in the section below dedicated to personal and skills development.)

4. Personal and Skills Development

Once the immediate treatment needs of individuals have been taken care of, they require support to build a pattern of life that will assist them to function to their capacity as contributing members of society. Examples of the types of information and skills that can be an important part of this process include literacy and further educational upgrading, employment and vocational skills, parenting and other relationships skills, and tenancy and money management skills. A systematic process for achieving a level of personal wellness and then gaining such skills can be thought of as a “ladder of capacity development” that moves individuals from a condition of dysfunction and dependency to move from dysfunction and dependency toward wellness, productivity and self-reliance, or what some have called “an honourable existence”.

This ladder of capacity development⁴ can be thought of as having four levels or stages that an individual on the journey might move through.

Category	Indicators	Steps Needed
<i>Stage 1 – Unemployable and dysfunctional</i>	<ul style="list-style-type: none"> • does not seek employment • chronic pattern of substance abuse and ill health • does not benefit from normal employment programming support • has special needs 	<ul style="list-style-type: none"> • healing, • sheltered workshops, • life skills, • sheltered work experience, • remedial learning
<i>Stage 2 - Marginally employable and wounded</i>	<ul style="list-style-type: none"> • Unreliable work patterns: frequently absent from work, frequently in conflict, low level of productivity, 	<ul style="list-style-type: none"> • healing and personal growth workshops • life and other relevant skills

⁴ © Four Worlds Centre for Development Learning, 2004

	personal crises as a lifestyle	training <ul style="list-style-type: none"> • work experience • more responsibility and rewards that go with it
<i>Stage 3 - Employed and working on themselves</i>	<ul style="list-style-type: none"> • can hold a job in right kind of environment, • advancing in personal and job skills, • on a healing and learning path, • has taken responsibility for own development, and is sometimes supportive of others working up the ladder 	<ul style="list-style-type: none"> • life skills • job skills • wellness • technical support and coaching • specialized training • career planning
<i>Stage 4 - Leaders</i>	<ul style="list-style-type: none"> • creatively using gifts • emotionally competent, • have good human relationships • able to manage money • healthy families • could hold a job in an First Nations community or in society at large • capable of running own business with support 	<ul style="list-style-type: none"> • opportunities for continuous improvement in knowledge and skills • access to funding, job and business opportunities • on-going personal wellness work • a pattern of reaching out and helping others up the ladder

Essentially, what is needed is a coordinated sequence of experiences and supportive program opportunities that systematically help individuals to move up through the levels of the “ladder of capacity”. The Community Wellness Court program team (and especially the primary case manager) will collaborate with other community agencies to ensure that the individuals participating in the program have access to the types of culturally appropriate learning and support opportunities represented in the above table.

5. Advocacy and Other Types of Support related to Daily Living Needs

First Nations individuals and communities across Canada have consistently identified a number of determinants of wellbeing (i.e., preconditions for a healthy and productive life), most of which cannot be delivered to people as services, but must rather be created by individuals, families and communities through the way they organize their

lives. These characteristics of a healthy life pattern have been expressed by Aboriginal communities in a variety of ways, and can be summarized as follows.⁵

- a) *Basic physical needs* - adequate nutrition, clothing, shelter, pure drinking water, sanitary waste disposal and access to medical services.
- b) *Spirituality and a sense of purpose* - connection to the Creator and a clear sense of purpose and direction in individual, family and community life, as well as in the collective life of the nation.
- c) *Life-sustaining values, morals and ethics* - guiding principles and a code of conduct that informs choices in all aspects of life so that at the level of individuals, families, institutions and whole communities, people know which pathways lead to human wellbeing, and which to misery, harm and death.
- d) *Safety and security* - freedom from fear, intimidation, threats, violence, criminal victimization, and all forms of abuse both within families and homes and in all other aspects of the collective life of the people.
- e) *Adequate income and sustainable economics* - access to the resources needed to sustain life at a level that permits the continued development of human wellbeing, as well as processes of economic engagement that are capable of producing sustainable prosperity.
- f) *Adequate power* - a reasonable level of control and voice in shaping one's life and environment through processes of meaningful participation in the political, social and economic life of one's community and nation.
- g) *Social justice and equity* - a fair and equitable distribution of opportunities for all, as well as sustainable mechanisms and processes for re-balancing inequities, injustices and injuries that have or are occurring.
- h) *Cultural integrity and identity* - pride in heritage and traditions, access to and utilization of the wisdom and knowledge of the past, and a healthy identification with

⁵ See Lane, P., J. Bopp and M. Bopp, Community Healing and Aboriginal Social Security Reform: A Study prepared for the Assembly of First Nations Aboriginal Social Security Reform Initiative, 1998.

the living processes of one's own culture as a distinct and viable way of life for individuals, families, institutions, communities and nations.

- i) *Community solidarity and social support* - to live within a unified community that has a strong sense of its common oneness and within which each person receives the love, caring and support they need from others.
- j) *Strong families and healthy child development* - families that are spiritually centered, loving, unified, free from addictions and abuse, and which provide a strong focus on supporting the developmental needs of children from the time of conception through the early years and all the way through the time of childhood and youth.
- k) *Healthy eco-system and a sustainable relationship between human beings and the natural world* - the natural world is held precious and honoured as sacred by the people. It is understood that human beings live within nature as fish live within water. The air we breath, the water we drink, the earth that grows our food and the creatures we dwell among and depend on for our very lives are all kept free from poisons, disease and other dangers. Economic prosperity is never sought after at the expense of environmental destruction. Rather, human beings work hand-in-hand with nature to protect, preserve and nurture the gifts the Creator has given.
- l) *Critical learning opportunities* - consistent and systematic opportunities for continuous learning and improvement in all aspects of life, especially those connected to key personal, social and economic challenges communities are facing, and those which will enhance participation in civil society.
- m) *Adequate human services and social safety net* - programs and processes to promote, support and enhance human healing and social development, as well as to protect and enable the most vulnerable to lead lives of dignity and to achieve adequate levels of wellbeing.
- n) *Meaningful work and service to others* - Opportunities for all to contribute meaningfully to the wellbeing and progress of their families, communities, nations, as well as to the global human family.

There are many barriers that make it difficult for the population targeted by the Yukon Community Wellness Court (i.e., that is, individuals suffering from addictions, cognitive impairments and mental health issues) to maintain a daily life that includes these determinants or preconditions. For example, securing and maintaining appropriate housing is a significant challenge for many residents of the Yukon, but particularly for this segment of the population. Many of the potential clients of the Wellness Court need some type of supported living arrangement, but very few such options exist.

Poverty is a fact of life for many Yukoners, and especially for those with the type of disabilities experienced by the types of individuals most likely to benefit from the Wellness Court. It is very difficult to cover housing, transportation, food, clothing and health costs with monthly income support allocations. Individuals working at or close to minimum wage levels fare little better, earning only about two thirds of the cost of living for an single adult with one dependant.⁶

As well, many of these individuals are alienated in some way from their families and home communities. Some of the members of their extended families may also be struggling with addictions and mental health issues, especially those associated with the intergenerational trauma experienced by many First Nations peoples. In many cases the same behaviour that brings people before the court also separates them from family and community, who may have experiences harm at the hands of the offenders or may not want to live with the chaos associated with addictions and mental health problems.

Similar barriers exist to the achievement of other determinants, such as adequate voice in the political decisions and social and economic conditions that affect this population, personal safety, and a sense of purpose and opportunities to serve others. The Community Wellness Court team will include a community advocate/social worker whose mandate it will be to help the Court's participants as well as the family and community around them, build a pattern of life that is positive and allows people to meet their basic needs with dignity.

⁶ See M. Craig, *Women and Poverty in the Yukon/Canada*, Whitehorse, YK: Yukon Anti-Poverty Coalition, 2005.

6. Incentives and Sanctions

Sanctions and incentives are determined by the Community Wellness Court Judge, based on the recommendation of the case management team.

Sanctions for continued drug or alcohol use, other criminal activity and/or breaches of release conditions imposed by the Community Wellness Court may include lectures, increased check-in requirements, longer court attendance requirements, increased reporting requirements, more restrictive conditions or short periods in custody. A consistent pattern of non-compliance may result in the participant being removed from the Wellness Court program and returned to regular court.

Incentives for compliance and progress within the program may include public acknowledgement in the form of praise, decreased frequency of check-ins, shorter court attendance requirements, decreased reporting requirements, reduced conditions, or bus passes, coffee cards or gift certificates provided by community partners.

7. Graduation and Transition to Other Community Resources

The Community Wellness Court program provides a temporary “holding pattern” to support participating individuals while they build a positive life pattern that does not include offending behaviour, but the Court’s influence is time limited. At the end of the program the Judge will set the matter down for sentencing. Depending on the nature of the original charges and the success of the participant in completing all the requirements of the program, the offender’s charges could be stayed or he or she could receive a conditional sentence or a suspended sentence with probation and with or without a reporting condition.

At this point, it is likely that the individual concerned will still require ongoing support and encouragement, but these functions will need to be picked up by other community agencies and programs or informal social support networks. Many of these relationships should have evolved throughout the therapeutic program, since the Court’s program staff does not have the resources or the mandate to provide all the needed support. Ideally, the case management team for each particular participating offender will have included elders or other First Nations representatives as appropriate,

representatives of appropriate community agencies (such as those specializing in FASD, job-training, literacy, supported housing), and representatives or other government departments (such as Health and Social Services).

The treatment plan for each participant of the Court's therapeutic program will include strategies for ensuring that he or she has developed supportive relationships with the relevant support systems.

Elements of an Effective Support Program for Victims

In adopting a restorative justice approach, the Community Wellness Court recognizes the needs and rights of victims. The following program elements are designed to assist victims: a) Support related to the trauma of being harmed; b) support for understanding and participating in the criminal justice process; and c) where appropriate and desired, support for achieving reconciliation with the offender.

1. Support related to the Trauma of being Harmed

Many of the victims of the offenders who choose to participate in the Wellness Court program will have suffered trauma from what they have experienced. The Victims Services program of the Department of Justice offers an opportunity for victims to share what has happened to them, to receive support and to be connected to other appropriate community resources

The literature on recovery from trauma⁷ highlights the following conditions or features as critical to success. These conditions can be created through the work of the staff of the Victims Services program, as well as other community agencies.

a) Safety - The creation of a safe "holding" environment⁸ for the healing work. For individuals this can mean establishing a relationship of trust and confidentiality with a

⁷ See, for example, a study prepared for the Assembly of First Nations Aboriginal Social Security Reform Strategic Initiative by Michael Bopp, Judie Bopp and Phil Lane, Jr., entitled *Community Healing and Aboriginal Social Security Reform* (1998) for a review of relevant literature.

⁸ See the work of Judith Herman (*Trauma and Recovery*, Basic Books, 1992) and Ronal Heifetz (*Leadership with Easy Answers*, Harvard University Press, 1994) for a discussion of the need for a safe or holding environment for people to do healing and reconciliation work. A holding environment can be defined as the psychological or physical space that allows the traumatized person to deal with feelings and rebuild relationships with others at a pace and through a process that does not overwhelm the person and cause further trauma.

counsellor or other helper. It can also mean spending time in special healing settings such as healing and treatment centres, spiritual centres or ceremonies. An important element of safety is establishing a process for the healing work which allows the victim to feel assured that he or she will not be overwhelmed by working on the trauma and can remain in control. The family or the community can also create conditions that make it safe for individuals to do healing work. Strong interpersonal bonds, which are non-judgmental and supportive and which foster autonomy rather than dependence, are essential.

- b) *Discharging* - People need to acknowledge the harm they have experienced and discharge their feelings of grief, anger and despair. People who have experienced profound loss need to tell their stories, often many times. If properly handled, this stage allows people to move past denial and through depression and anger to a readiness to begin moving toward a new understanding of their potential and purpose as human beings. This stage is a challenging one, because breaking through the numbness of denial or depression in order to face what has occurred can seem overwhelming and be very painful. The telling of the story brings with it all the feelings of violation, fear, powerlessness, rage and shame that are part of being a victim of abuse or other types of trauma. It is also challenging because many people will resist completely facing their pain by focusing on seeking revenge or compensation or on simply forgiving the abuser.
- c) *Reconnection* - Since feelings of helplessness, isolation and a lack of trust are the primary long-term harmful effects of trauma, an essential next step is for the victim to reconnect with themselves and with others in fulfilling and constructive ways. This means first of all that the individuals who are going through a healing process have to re-examine their basic beliefs about themselves, or, as it is sometimes described, to create a “post-trauma self”. Trauma has such a profound effect on people that it often shakes their view of themselves, of their self-worth, of their purpose for living and of their capacity to be loving, creative, intelligent beings. Creating a new self can involve re-learning what it means to be an ordinary, healthy human being because the victim’s sense of such things as appropriate intimacy boundaries as well as appropriate emotional expressions can be distorted as a result of the trauma. It

involves changing both beliefs and values, as well as behaviour. It also usually means moving past a definition of oneself as a victim, forever powerless and fearful. It means accepting responsibility for the future and taking important first steps to become constructive members of society and to develop one's mental, emotional, physical and spiritual potential. As this new self is being born, the individual healing from trauma must begin developing trusting, caring relationships with others.

- d) *Building Capacity* - Unless personal development is part of the healing process, individuals run the risk of continuing their dysfunctional ways of thinking and acting. It has been observed that the mental, emotional, physical and spiritual development can become blocked if people remain trapped in the early stages of trauma, such as denial, anger, depression, and violent or self-destructive behaviour. Once they have worked past these stages, they must actively begin learning and growing again in ways that allow them to develop their potential in all aspects of life. Some of the capacities and skills which need to be built include decision making, coping effectively with stress, effective communication and human relations, life skills concerning meeting basic needs and setting goals and priorities for life, exercising positive values and ethics, working with others on issues of common concern, having satisfying work and fulfilling career aspirations, and maintaining positive mental and physical health.
- e) *Building a New Pattern of Life* - A final stage of the healing journey is building a pattern of life that ensures that the basic conditions of health and wellbeing are met. These conditions are sometimes called the determinants of health, and include such things as being able to meet basic physical needs; having a strong cultural and personal identity; feeling safe and secure; having mutually supportive relationships with family, friends and neighbours; having access to appropriate human services; being engaged in meaningful work and service to others; having a strong connection with life-sustaining values, morals and ethics; having opportunities to learn and develop throughout the life span; and having a voice in the decisions which affect your life.

2. Support for Understanding and Participating in the Criminal Justice Process

This element in providing support for victims could include the following:

- a) information about how the criminal justice process works in general, and about their particular case, including the steps in the process, what role the victim can play, and how a sentence is determined;
- b) the opportunity to submit a victim impact statement (either orally or written) and support for the preparation of such a statement;
- c) the opportunity to contribute to a resolution agreement with the offender; and
- d) the opportunity to request a meeting with the offender to determine whether or not he or she is remorseful or to understand more clearly why the offense occurred.

3. Support for Achieving Reconciliation with the Offender if Appropriate and Desired

In some instances eventual reconciliation between the victim and the offender is appropriate and desired by both parties. The Victim Support program can provide assistance to all stages of such a process.

Therapeutic Program Characteristics

In order to be successful in the context of Yukon communities, the Community Wellness Court will need to pay as much attention to the process through which it delivers its program as it does to the actual elements (or content)⁹ of the program. The following process characteristics have been identified as crucial to an adequate theory of change for the Court: a) cultural relevance, b) a holistic/integrated approach that targets individual needs, c) the healing and development of families and communities goes hand-

⁹As described earlier in this document, the elements of a therapeutic program for offenders includes: a) acknowledgement on the part of the offenders of their responsibility for the consequences of their behaviour; b) intense supervision; c) therapeutic treatment and support related to the specific issues underlying the offender's behaviour that brings him or her before the court (e.g. addictions, cognitive impairment, and/or mental health challenges); d) personal and skills development); e) advocacy and other types of support related to daily living needs (e.g. housing, adequate income, supportive social network); f) incentives and sanctions; and g) graduation and transition to other community services. For victims, the following elements are essential: a) support related to recovery from the trauma of being harmed; b) support for understanding and participating in the criminal justice process; and c) where appropriate and desired, support for achieving reconciliation with the offender.

in-hand with the wellness and capacity development of individuals, d) a trauma-based approach, and e) a learning-centered approach.

1. Cultural Relevance

Since, as stated earlier in this document, 70% of the current population of the Yukon correctional facility belongs to a First Nation, it is reasonable to assume that a significant proportion of the offenders who elect to participate in the Wellness Court program will also be First Nations individuals. The therapeutic program of the Wellness Court will therefore have to pay close attention to cultural relevance. Achieving this goal will require several simultaneous strategies.

- a) *Ensuring that First Nations organizations and representatives are fully engaged in all aspects of the Court's development and implementation* - This will require the channeling resources to First Nations governments and organizations to support their participation.
- b) *Using culturally appropriate healing models, strategies and resources* – The use of medicine plants, ceremonial processes, medicine wheel teachings, sharing circles, elders and other cultural resource people—these are just some of the cultural resources that have proven to support the healing and rehabilitation of First Nations people. As each Nation has their own traditions, incorporating effective cultural tools and resources will require close collaboration with First Nations, as well as the channeling of resources to support these processes. [Note: Appendix A consists of a summary of key features of a First Nations approach to healing.]
- c) *Building the capacity of First Nations governments and programs, as well as First Nations civil society organizations to play their role in revitalizing justice programming in the Territory* – The Community Wellness Court requires partnerships with effective community justice programming (that includes prevention, treatment and aftercare support) in order to achieve its desired outcomes. Building the capacity of First Nations to carry out these functions will require capacity building support and resources.

2. A Holistic/Integrated Approach that Targets Individual Needs

The elements of the Wellness Court program cannot be seen as separate components. They have to converge in a strategic way to address the unique needs and circumstances of each participating offender or victim. In other words, an offender is unlikely to be able to maintain sobriety if he or she does not have stable housing and a supportive social network. Similarly, he or she will not be able to maintain housing without an adequate income or a clean and sober lifestyle. The needs of victims are also inter-related. Without support to heal from the trauma they have experienced, they will be unable to participate in the Court process in terms of providing an impact statement or resolution agreement. Assigning a primary case manager to each case and holding regular case conferences will support the implementation of an integrated approach. Careful thought about the composition of the program team to ensure that it includes the appropriate community resource people (including family members and elders where appropriate) is a key to success.

3. The Healing and Development of Families and Communities goes Hand-in-hand with the Wellness and Capacity Development of Individuals

Families and communities are the womb within which individuals are born and develop. Unless these levels are healthy, individuals who have undergone an intense program of healing and development will have a very difficult time sustaining a positive life pattern. The Community Wellness Court will need to develop viable and creative partnerships with a broad range of community agencies, both governmental and non-governmental in order to have a system-wide approach to strengthening family and community wellbeing and prosperity.

4. A Trauma-based Approach

The stated purpose of the Yukon Community Wellness Court is “to offer a therapeutic alternative for offenders with substance abuse problems, fetal alcohol spectrum disorder (FASD) or other cognitive impairments, and/or other diagnosable mental health problems to address issues related to the commission of their offences”. Those that have worked with this population in the context of treatment and other community services agencies recognize that addictions and many mental health issues have trauma at their core, and that the ability of individuals with cognitive impairments

like FASD to function to their capacity is also impacted by trauma. Unless what is termed in the addictions field as the “core issues”, such as sexual abuse, grief, loss of identity, domestic violence, poverty and dependency thinking, are addressed, the presenting issues of substance abuse and other mental health challenges will persist. First Nations government programs and agencies have accumulated considerable knowledge and experience related to the impact of intergenerational trauma resulting from a history of colonization, missionization and bureaucratization and about the interventions that can make a real difference. For the Wellness Court to be successful, this experience and knowledge will need to inform its programmatic efforts to address the needs of offenders and victims.

5. A Learning-centered Approach

Although therapeutic courts have been operating in Canada for over a decade, what the Yukon Wellness Court is doing is unique. It is committed to building a justice model that is transferable to other northern communities. This means that the Court is entering new territory and will, in effect, have to “make the road by walking”.¹⁰ The Court will adopt a capacity-building approach in two primary ways.

- a) *Building a community of practice with its primary partners* – A community of practice is a group of people who are connected by a shared task or issue. They take responsibility for their own ongoing learning and development in order to achieve excellence and to provide mutual support. The Court will be building a community of practice with its key partners and stakeholders to maintain a focus on continuous improvement. Quarterly participatory reflection sessions will ensure that the Court’s activities are leading to its intended outcomes and are likely to ultimately have the sought-for impact. Annual broader stakeholder consultations will also contribute to a clear analysis of effectiveness and of capacity-building needs within the system. A learning curriculum will evolve from these sessions that will shape upcoming learning sessions.

¹⁰ This phrase is from the title of a book of conversations with Miles Horton of the Highlander Center and Paulo Freire entitled “We make the Road by Walking: Conversations on Education and Social Change”, Temple University Press, 1990.

- b) *Building capacity for broad-based healing and community development initiatives*** –
- There are many parts of the work that is required to bring about more sustainable wellbeing and prosperity in Yukon communities that is not within the direct mandate of the Court, yet the effectiveness of the work done by others will have a big impact on how successful the Court will ultimately be. The fourteen determinants of wellbeing listed in section related to the therapeutic program for offenders in a previous section of this document are one articulation of the whole system of conditions that need to be created to support individuals such that their risk of offending is low. The Court, through its support for community-based justice initiatives and through its collaborative approach to solving the underlying issues that contribute to offending will build the capacity of Yukon communities to become actively engaged in the healing and development work related to crime prevention, wellness promotion, and family and community development.

Appendix A - Mapping the Healing Journey of Canadian Aboriginal Communities

Introduction

People access healing services for many reasons. Their life is out of control, they are hurting, their primary relationships are failing, they are in trouble with the law, or they have specific (presenting) issues such as addictions, physical or sexual abuse, chronic anger, depression, or a whole host of these and other problems in combination.

At the root of all of these is trauma. People have been hurt, and most likely they have been hurt by others who themselves were hurt (“hurt people hurt people”).

When we use terms such as “healing” or “therapy” it implies that someone is sick, that is that something is broken, lost or “out of balance” and that restoration is both necessary and possible.

Indigenous people of the Americas have a particular cultural and historical legacy that has produced widespread intergenerational trauma (i.e., the hurt is passed down in families and communities across generations). This trauma resides simultaneously within individuals of every age, and within their family and community systems.

From an Indigenous peoples’ perspective, the healing and wellness-related services and programs need to:

1. address core healing issues related to trauma, and not just presenting problems such as addictions, abuse, chronic anger, depression, etc., etc.;
2. address three critical dimensions or domains within which healing needs to take place; namely, (a) individuals, (b) families, and (c) communities.

None of these can be effectively isolated and dealt with out of context with the others.

During the past twenty years, a Native healing movement across North America has developed that has (collectively) learned a great deal about what healing is, what works and what doesn’t, and how to utilize the strengths and assets of Indigenous (and other) communities to build and sustain healing and wellness interventions and services that make a real and lasting difference to the people they are intended to benefit.

Lessons About Healing and the Healing Journey¹¹

The lessons learned about healing in North American Indigenous communities can be summarized in the following way.

- Healing is possible for individuals and communities. Both appear to go through distinct stages of a healing journey.
- The healing journey is a long-term process, probably involving several decades.
- Healing cannot be confined to issues such as addictions, abuse or violence.
- Healing interventions and programs have most impact when they take place within the context of a wider community development plan.
- Community healing requires personal, cultural, economic, political, and social development initiatives woven together into a coherent, long-term, coordinated strategy.
- Such a coherent strategy requires integrated program development, funding delivery and on-going evaluation.
- Healing is directly connected to nation building. At some point, there needs to be a merger of program efforts between community healing activities and movements towards self-government and community development.

What is Healing?

1. Healing is a developmental process aimed at achieving balance within oneself, within human relationships and between human beings and the natural and spiritual worlds. It has to do with choosing to live in harmony with the basic values and teachings that are at the core of all Indigenous (as well as other) cultures. "Healing" actually describes a wide range of initiatives, impulses and efforts happening at the levels of the individual, the family, the community, organizations and institutions and the nation.

¹¹ Adapted from "Mapping the Healing Journey" (2002). Lane, Bopp, Bopp and Norris. Solicitor General Canada, Ottawa and Four Worlds International [see www.fourworlds.ca/publications]

2. The concept of healing in Indigenous communities focuses on wellbeing rather than on sickness. It focuses on moving the population toward wholeness and balance. It includes all levels of the community from individual to nation, and embraces politics, economics, patterns of social relations and the process of cultural recovery. To those schooled in the abstracted disciplines of Euro-American universities, such broadened definitions seem to include everything and therefore seem to mean nothing. The important point that Indigenous people keep making is that their way of life-which was an integrated *system* of many dimensions-was taken away and if healing doesn't mean restoring some form of life that can support human well-being, then what does it mean?
3. There are two distinct impulses within the community healing process. "*Healing as recovery*" essentially involves moving away from the pain and suffering experienced by a community in crisis. "*Healing as wellness*" involves moving towards and maintaining healthy patterns of life.
4. The healing journey may well take generations. It took generations for many communities to internalize the pain and trauma they now carry and it may take generations to move past them. Healing is possible, however, and although there will always be a need for programs to help people heal from the pain and suffering which is an inevitable part of life and to learn skills for healthy living, the type of intensive healing work which is now required will not necessarily always be needed. Currently, there are some special situations (such as the legacy of residential schools and years of colonialism), which require intensive healing work. In time this work is likely to shift from recovery to rebuilding new patterns of life.
5. *Healing as Decolonization*. At this point in history the healing journey has a lot to do with overcoming the legacy of dependency and dysfunction that are the result of decades of colonization, missionization and residential schools. The term "healing" refers to restoring human and community integrity and wellbeing that were destroyed by the aftermath of such historical trauma. It is certainly not confined to the restoration of mental health and the ending of dysfunctional behaviors such as abuse, addictions and violence, though it does, of course, include these things. Those

working on the front lines of it sometimes describe community healing as "decolonization therapy".

The Community Healing Journey

1. The healing process seems to go in cycles. There are periods of great movement and apparent growth and periods of stagnation and retreat. This is true of any learning endeavor, from an individual mastering a new skill to an organization reorienting itself around new principles. It is very important for those leading and supporting healing to understand the learning process. Often what seems to be stagnation and retreat is actually a plateau on which important consolidation and learning takes place. The periods of rapid growth are invariably preceded by long periods where "nothing much happens." Learning how to track these cycles is an important step in itself so that people can gain an appreciation for the type of work that must be done at the various stages of the journey.
2. Periods of rapid growth and development are often triggered by a crisis of some sort. If properly managed, such crises can create opportunities to mobilize people for rapid learning and coordinated action. Once the crisis loses its edge (either because the issue is dealt with to a significant extent or because people become discouraged, apathetic, bored, etc.), the healing process can really bog down as well. Because the healing work has become organized around a series of crises, it can be very difficult to shift gears in order to take advantage of new opportunities to mobilize the community to take responsibility for its problems.

The Individual Healing Journey

1. People can heal, change, learn and grow. There are inspirational and effective leaders of healing processes nationwide who are a living testament to the possibility of transformation. Program initiatives across the country clearly demonstrate the life-altering power of engaging individuals (no matter how unhealthy they may be) in a long-term, systematic transformation process leading from dysfunction to wellness.
2. The personal and community healing journeys go hand-in-hand. The leaders of the healing movement have to pay careful attention to their own wellness or they will

not be able to work effectively in their communities. At the same time, progress with the general wellness levels in the community gives the leaders the courage to continue and eventually the human resources they need to build on.

3. It is not possible to talk about "healing" or the "healing journey" in one simple definition. We can talk about the attributes that someone acquires through personal healing. For example, healthy people do not need to control others, are not crippled by fears from the past and have gained skills to look after themselves. They have strong confidence and self-esteem, respect themselves and others and can listen to what others say about you without taking it inside.
4. It is also possible to talk about healing in terms of the medicine wheel. Healing involves the whole person-body, mind, spirit and feelings. It involves the whole individual, the whole family, the whole community and the whole nation. It involves the whole cycle of life from childhood, to the time of youth, to our adult years and to eldership.
5. People only begin their healing journey when they are ready and that is often when they hit bottom. At this point, when they are in danger of losing something (i.e. their freedom, their relationship, their children, their job), people are ready to work. We have to be ready to work with people when they are ready (not in our time frames and on our terms).
6. Every recovering individual needs to have a dream (i.e. a vision and a plan) that lays out a pathway to a better future. The dream grows as people go further on their healing journey. For some the dream may entail getting more education and training. For others it may mean having access to credit or investment dollars. For still others, it may mean building viable partnerships or obtaining needed support and approval from the community leadership.

Elements of the Healing Journey

1. Many different healing methods and modalities have been tried in communities. The lessons, both from community experience and the literature, is that there are many ways that are of value. Nothing works all the time or is appropriate for everyone.

Body therapies, breath-work, spiritual healing, energy work, individual and group counseling approaches (of which there are more than 200 different documented forms), participation in traditional healing ways, participation in religious activities, recreation, skills training, arts and music, support groups, relaxation techniques and mind/body practices all have something to offer. Skilled helpers in communities are aware of the multiple entry points available and are able to guide different people to a modality that will be helpful for them.

2. A major piece of the healing journey is understanding the past. What happened to us? What choices did we make that led to the layers of hurt? What was done to us? What did we lose? What did we use to have that we need to recover or rediscover?
3. "Forgiveness" is a controversial concept, given the justice-related issues connected to the legacy of residential schools. Nevertheless, forgiveness is an *essential* part of healing. Unless people learn to forgive (not forget), they are still holding onto feelings that hurt them. The healing journey requires taking full responsibility (as individuals, families and communities) for the work that needs to be done to overcome that legacy.
4. Often it takes a crisis (such as a disclosure of abuse on the part of a prominent person) to help the community overcome its denial that a problem exists and to recognize the need for healing.

The Individual Healing Journey

Stage 1: The Journey Begins

The healing journey of individuals often begins when they come face to face with some inescapable consequence of a destructive pattern or behavior in their life or when they finally feel safe enough to tell their story.

They may have spent a significant part of their life unaware or denying that the pattern is destructive or may have believed that the rewards of the behavior outweighed the costs. But here they are (in jail, facing other legal consequences, pregnant, their spouse leaves, fired from work, tired of living this way, losing their kids, someone close dies, a spiritual awakening, being confronted, etc.) with some desire to change the way

things are. The answer must be to stop the behavior. At this point people often enter some kind of treatment/therapy/support group or they may do it alone. Either way, the healing work remains the same. Often people make many attempts to start their healing but retreat again into denial and pain. When the threat of consequences outweighs the fear of opening up and trusting others or when people feel "sanctuary" (i.e. a sense of safety) in the relationship they develop with those working to support their healing then the journey can really begin. Usually the first steps involve telling their story, at first just to get it out and later to understand how the story is related to the pain and dysfunction in their lives.

It can be very hard to stop the behavior. The consequence of stopping may appear worse than continuing. People may go through many cycles of relapse and recovery. They may become stuck in this cycle for years - even a lifetime. The cycle will continue until they address the primary driving forces that gave rise to and maintain their patterns of dysfunction and addiction. There are two main reasons for this.

1. Substance abuse is usually a whole lifestyle and most addicts are part of an addictive sub-culture. Whether addicts get involved with the substance and then progress to the lifestyle or gain a sense of belonging within the sub-culture and find that substance abuse is the price of entry, their lives become oriented around a culture of addiction. Within this addictive sub-culture, the addicts' basic human needs are met - albeit in a way that has very high costs. Their friends and family, their group membership and sense of belonging, their activities, their daily routines, their diet, their social role, their sense of purpose and order, their dress, their language, their sexuality, their rituals, symbols and music, their livelihood and much more are shaped by the addictive sub-culture. Their whole world and identity are bound up with it. "Quitting" is like trying to get out of a moving vehicle. Treatment is not simply competing with the intoxication experience; it is required to provide an alternative pattern of living. Many people learn this the hard way when they return home from treatment centres.
2. Once the addictive behavior is stopped, traumatic feelings and fearful consequences often surface. Feelings of shame, worthlessness, anger, rage, grief, loneliness, guilt, depression and sadness may have festered and built up for years. Once addicts "quit,"

they become aware that such feelings dominate their inner landscape. They are likely to face terrifying ordeals - confronting abusers, being confronted by victims, accepting one's inner nature or calling, taking responsibility for one's life. They may have no effective coping strategies to replace the addictive behavior itself. A vicious cycle can ensue in which the addiction is used to treat the symptoms brought about by the withdrawal from addiction or just the complexities and stresses of daily life itself.

3. The healing journey seldom means returning to a previous healthy life. It is a rite of passage that requires a separation from the old identity, a period of learning, guidance and support and the forging of a new identity, new patterns of life and new relationships.

Stage 2: Partial Recovery

At this stage individuals have mostly stopped their addictive behavior, but the driving forces that sustained it are still present.

At this stage the journey involves struggling to uncover the roots of trauma from the past that caused the pain and dysfunctional behavior. It can be slow and painful work, but it can also be tremendously exhilarating. While the recovery is precarious, people often experience enthusiasm, excitement and renewed energy. They are doing something with their lives. They make discoveries about themselves. They may join new communities within which they gain acceptance and which rewards them for participating in the healing process. A new vision of possibility emerges. During this transition stage people need a lot of support. Many become involved in healing communities of some kind, whether they be therapeutic (such as A.A. or community treatment programs), religious (such as a church group) or focused on traditional cultural ways. These groups often meet many needs that were previously met by the addictive lifestyle and people may fully and wholeheartedly immerse themselves in this new "culture" (in some cases for the rest of their lives). The culture of recovery replaces the culture of addictions.

Stage 3: The Long Trail

Once someone has reached a hard-won sense of stability, it takes a great deal of courage, discipline and motivation to continue in the healing journey.

The momentum begins to wear off, the length of the journey becomes apparent, support may drop off ("she's just obsessed with healing!"), opposition may be encountered ("Why can't she just let sleeping dogs lie?") and there is life to get on with. Many people stop doing the healing work once the pain becomes bearable or once life seems manageable. This can be a dysfunctional stability where the old behavior is no longer dominant ("I'm sober") but the consciousness that generated it still exists. It may come out in what seems to be less drastic or destructive ways. It may manifest in unhealthy and compulsive relationships with people, work, food, tobacco and gambling.

Ultimately, this stage is about developing a new identity and life pattern. It may be long, slow work. There may be long periods of stagnation, enlivened by periods of growth and change. There will be many mistakes made, many lessons to be learned. New strategies and patterns will be tried on. Some will fit and some won't. Each person must find his or her own way through.

It is hard to walk this path alone. There are many things that can help a person to keep going: renewal experiences, supportive community, guides and mentors, participating in a disciplined path (such as traditional ceremonial cycles and activities) and on-going education. Much of the work is invisible because a person is building new foundations, putting down new roots.

Stage 4: Transformation and Renewal

Ultimately the healing journey is about the transformation of consciousness, acceptance and spiritual growth.

At this stage of the journey, it is no longer about dealing with the demons of the past. It becomes an attraction to a higher vision. There is a conscious determination to build one's life and community around life-enhancing principles (spiritual laws, original teachings, healthy virtues, etc.). There is a conscious articulation of the vision that motivates and draws you. The experience of the hurt self diminishes and the experience

of universal self grows. As one's consciousness becomes more fully aligned with life-enhancing principles, one's outer life also naturally goes through profound changes. New relationships emerge. New pathways of expression and of service to the community become important parts of an emerging pattern of life. At this stage it often happens that people no longer need the "culture of recovery" and so participation in "healing" activities declines. Nevertheless, the self-centered focus of addictions has been replaced by a much more outward-looking orientation to serving others and a personal identity of dysfunction is replaced by a much richer, deeper identity anchored in culture and community.

The Four Seasons of Community Healing

Background

The community healing process seems to go through distinct stages or cycles. Four distinct stages have been identified:

Stage 1: The Journey Begins (Thawing from the long winter)

Stage 2: Gathering Momentum (Spring)

Stage 3: Hitting the Wall (Summer)

Stage 4: From Healing to Transformation (Fall)

Taken together, these stages form one type of "map" of the healing process, which can be useful both for understanding the current dynamics of the community process and determining future actions and priorities. It must be stressed at the outset that these stages are only approximate models of complex real-life events. They are not "the truth" although there is truth in them. They also do not take place in a linear way. They are more like ripples unfolding in a pool, where each new circle contains the previous ones. Following a review of this model by the six partner communities, it should be stressed that the cycle identified here could just as easily begin in the spring. The important thing is that it is a cycle.

As each stage progresses, those involved further develop their understanding and power to transform existing conditions. This development is primarily driven by a dynamic cycle of action and reflection that generates learning.

Stage 1: Winter - The Journey Begins

This stage describes the experience of crisis or paralysis that grips a community. The majority of the community's energy is locked up in the maintenance of destructive patterns. The dysfunctional behaviors that arise from internalized oppression and trauma are endemic in the community and there may be an unspoken acceptance by the community that this state is somehow "normal".

Within this scenario one of two things may happen:

1. Key individuals begin to question and challenge the status quo, often making significant shifts in their own lives. Their personal journey is often characterized by service to their community as they begin to reach out to other individuals to provide mutual support and initiate healing and crisis intervention activities. These activities often are undertaken at great personal sacrifice and they frequently encounter intense and very real opposition from within the community.
2. Another starting point is the program route, in which existing programs and agencies, often frustrated with their inability to affect the scale of the crisis they find themselves dealing with, begin to work closely with other allies in the community to develop a wider strategy. Often interagency groups are formed and begin planning collaborative interventions and initiatives.

Both starting points lead to similar effects. "Healing" begins to make it onto the community agenda. Core groups begin to form that are oriented around health, healing, sobriety, wellness, etc. and these groups begin to lay the foundation of an alternative reality, often with significant support from outside the community in the early stages. Another key source of support and inspiration at this stage are key elders who have kept the cultural ways alive.

What is driving this stage?

One or more of the following:

- Dedicated key individuals (often women) responding to their awareness that things are bad and there is an alternative.

- Leaders and staff within programs tasked with addressing the consequences of some part of the "crisis".
- Visionary and courageous political leaders within the community creating an "enabling climate for healing". All three are essentially responding to a particular problem (alcohol abuse, suicide, etc.).

Community consciousness - how is the nature of the situation perceived?

- It is often denied at the community level. Those driving the process often view the key tasks as creating awareness of the need for healing and may be largely focused on the outward face of the problem (e.g. "alcohol is what is holding us back").

What types of action are being taken?

- Personal healing and revitalization experiences, formation of informal core groups and networks for mutual support.

What are the results and indicators of success?

- People begin their own healing journeys. A growing number of people seek help for a particular presenting issue or problem. Success/failure is measured in stark terms (drinking vs. not drinking).

What are the restraining forces?

- Restraining forces, often from within the community itself, ranging from denial of the issues to overt and intimidating opposition directed at key individuals.

What is being learned?

- The mechanics of the individual healing journey are being mapped out and modeled.

Stage 2: Spring - Gathering Momentum

This stage is like a thaw, where significant amounts of energy are released and visible, positive shifts occur. A critical mass seems to have been reached and the trickle becomes a rush as groups of people begin to go through the healing journey together that was pioneered by the key individuals in Stage One. These are frequently exciting events.

Momentum grows and there is often significant networking, learning and training. The spirit is strong.

New patterns of organization begin to emerge. A recognizable network oriented around healing begins to develop, which is legitimized by the community, often with political support. The healing process begins to take visible form as programs and organizations. There is often a lot of volunteer energy at this stage, but professional organizations are also beginning to emerge. The way the "problem" is seen also begins to change. There is a gradual shift from a sickness to a wellness model and the focus begins to move from presenting problems to the underlying core issues and traumas.

There is great hope and optimism at this stage. People have the sense that if enough individuals and families can begin the healing journey, then the "problem" will be "solved". Those driving and involved in the process invest huge amounts of time and energy into the community healing movement. There is still opposition but it is generally overshadowed by the enthusiasm of the healing movement.

What is driving this stage?

- A growing awareness of the scope and scale of the problem within the community. The lid has come off the box and it becomes very hard to put it back on. The growing momentum makes it easier for people to "get on board".

Community consciousness - what is the nature of the situation?

- The underlying issues (such as residential school trauma, sexual abuse, etc.) that give rise to the presenting problems become recognized and addressing these "root causes" is accepted as a solution.

What types of action are being taken?

- More and more people are going through treatment and becoming involved in programs, services and healing gatherings, etc.

What are the results and indicators of success?

- Increased numbers of people are on a path of sobriety and wellness. There is a growing sense of hope, momentum and transformed vision. People now believe that

community healing is possible.

What are the restraining forces?

- There is also a lack of capacity within the community in terms of services and trained service deliverers. The inability of service providers to work together effectively, a lack of available resources, absence of or token political support and resistance to healing by groups within the community all push against the momentum that has been built.

What is being learned?

- The process of individual healing becomes more clearly articulated and a recognizable pathway begins to emerge with local relevance for people to follow.

Stage 3: Summer - Hitting the Wall

At this stage there is the feeling that the healing movement has hit the wall. Front-line workers are often deeply tired, despondent or burned out. The healing process seems to be stalled. While there are many people who have done healing work, there are many more who seem left behind. There is the growing realization that it is not only individuals, but also whole systems that need healing. There may already be some new initiatives in these systems (education, governance, economics, justice, etc.). In some cases these initiatives appear to become institutionalized and to lose the sense of spark and hope that characterized them in Stage Two. In other cases, while awareness has begun to shift, old patterns of working persist for lack of new (and culturally relevant) models and strategies. The honeymoon stage is over as the community begins the difficult work of transforming deeply entrenched patterns and reconstructing a community identity that was forged in oppression and dysfunction.

There are often a series of paradoxes at Stage Three:

1. Relations with organizations, agencies and forces outside the community are being transformed. There is often far more openness and the prevailing climate has shifted. The availability of outside support is much greater than in the past. At the same time,

support and collaboration within the community itself may have actually decreased, as old patterns begin to re-establish themselves and a "healing fatigue" sets in.

2. Just when a significant number of adults seem to have sobered up and regained control over their lives, a new and seemingly worse crisis seems to be breaking out amongst the youth. Youth crime is on the increase. Alcohol use is replaced or augmented by drug use.
3. Many adults seem to have gained new addictive patterns to replace alcohol abuse. Gambling is becoming a serious social issue, along with prescription drug abuse and other self-medicating behaviours. It also becomes apparent that drinking covered up many other things and community secrets begin to emerge. Despite increased sobriety, things actually seem to get worse.
4. To those on the frontlines it may seem as if a lot of people have "dropped out" of the healing movement. Many people don't get involved or show up like they used to. At the same time there may be the emergence of a relatively healthy group of people within the community whose energy is focused on their own lives and the lives of the families. No longer engaging in the "culture of addiction" they would rather spend time on family activities and live their lives than be actively involved in the "culture of recovery".

What appears to have been a wall may in fact be a long plateau. One of the characteristics of a plateau is that not much seems to be happening and you don't seem to be going anywhere, but it is actually where the foundation for all future advances are being laid. On reflection, it is clear that there have been significant gains during this stage. The community norms have shifted; "bad" isn't as bad as it used to be. More people are engaged in positive activities. Capacity is growing within the community as more people access training, education and employment. There is often a cultural and spiritual revitalization that has developed parallel with the healing process, both shaping and being shaped by it.

As Stage Three develops, a new analysis emerges. There is the dawning realization that "healing" alone is not enough and never will be. Healing from the hurts of the past does not build the future. There is growing awareness of the need for

decolonization (of thought patterns and structures) and the need to address structural obstacles to development, such as government rules, racism, poverty, etc. The realities of the economy of scale become apparent. There is only so much you can do as a small community to address such things by yourself.

What is driving this stage?

- The organizations and initiatives that have grown out of the previous stage. Healing becomes increasingly institutionalized as professional capacity develops within the community - a key challenge becomes maintaining community participation. Also driving the process (although not necessarily overtly) are the agendas of funding agencies that provide the material support for healing initiatives.

Community consciousness - what is the nature of the situation?

- Complex and competing patterns of analysis emerge and people rarely stop for long enough to take a hard look at the current situation. Feelings of despondency and frustration exist side by side with a realization of progress being made and a nagging question: "Is this as good as it gets?"

What types of action are being taken?

- Specific program initiatives develop and there is increasing control over programs and services that affect community life. Increasing numbers of community members become trained to develop and run initiative and expertise grows.

What are the results and indicators of success?

- There is an increase in community participation in and support for healthy activities.
- The climate has shifted such that negative behaviours (such as public drunkenness, family violence, sexual assault) are no longer tolerated or considered "normal".
- Public policy (i.e. local and government rules and practices) has shifted toward legitimizing healthy standards of behaviour and supporting and enabling healing efforts.
- New programs and services now exist to support individual and family healing.
- More people are seeking out education and training opportunities leading to self-employment.

- There is a greater awareness and acceptance of traditional cultural values and a stronger tendency to incorporate traditional approaches into community initiatives and activities.

What are the restraining forces?

- Few viable models exist for how to work holistically and community agencies are hampered by an inability to work together.
- Funding comes in isolated pockets and may require considerable energy and creativity to harness to the community healing agenda or there may simply be too little funding for too short a period with too onerous a set of strings and reporting requirements attached.
- There is pressure to "produce results" rather than reflect and refine approaches.
- Dealing with the pain and suffering of community members day after day, begins to weigh on front-line workers and key volunteers, draining their energy and vision.
- Political agendas and in some cases corruption and other networks of vested interests, may oppose the momentum for healing.
- Old tensions, conflicts and habits that were put aside during the excitement of Stage Two re-emerge at this stage.
- Momentum and support for healing slows once a dysfunctional stability emerges and once the overt crisis is over.
- New forms of social problems emerge, especially amongst the growing number of youth.

What is being learned?

- There is a great deal of individual learning, training and skill development going on. A key challenge is that learning often does not make the shift to the level of the whole institution because time is not taken to reflect on and apply the considerable learning that has taken place.

Stage 4: Fall - From Healing to Transformation

In Stage Four a significant change in consciousness takes place. There is a shift from healing as "fixing" to healing as "building" as well as from healing individuals and

groups to transforming systems. The sense of ownership for your own systems grows and the skill and capacity to negotiate effective external, reciprocal relationships develop. Healing becomes a strand in the nation-building process. Civil society emerges within communities and the Native community at large and a shift of responsibility begins to take place. The impetus for healing moves from programs and government to civil society.

The leaders of the healing movement in Stage Two are now entering a new stage in their own lives. They are approaching elderhood and their analysis and vision has matured and deepened. They have shifted their focus from putting out fires to building new and healthy patterns of life and their own families and networks often begin to significantly reflect such new patterns. A search begins for new partnerships, alliances and support for addressing larger scale issues.

What is driving this stage?

- The realization of the limitations of current approaches, the growing participation by community members in the wider economy, the increased interconnection of the Aboriginal community, the shifting macro-political agenda and wider socio-cultural forces (e.g. increased urbanization, youth culture, the Internet, etc.).

Community consciousness - what is the nature of the situation?

- A shift to a systemic analysis and from "healing" to nation building and transformation

What types of action are being taken?

- Networks and alliances with other groups, increased community take-over of programs and services, design and delivery of locally relevant training, conscious modification of mainstream programs to fit local needs.
- Community economic development ventures now being used to partially fund community development initiatives.

What are the results and indicators of success?

- Increased control over and responsibility for the fundamental patterns that shape community life.

What are the restraining forces?

- The scale of ongoing effects of trauma and suffering amongst community members, "siphoning off" of competent leaders into industry and government, political systems that continually maintain division and disunity within communities. Government systems not only haven't caught up with the level of holistic analysis increasingly understood by communities, but existing policies and rules are geared to maintain dependency and external decision making.

What is being learned?

- Learning like healing is constantly evolving and is dependant upon experience. (The story is still unfolding.)