

**THE DEVELOPMENT AND EVALUATION OF THE
TRADITIONAL ABORIGINAL PARENTS PROGRAM
(TAPP)**

by

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Abstract

Using the focus group method, graduates of the Traditional Aboriginal Parents Program (TAPP) were interviewed in order to (a) determine how TAPP is effective in promoting personal healing, (b) identify the factors that contribute to TAPP's effectiveness, and (c) to identify areas for program improvement. The results of this study revealed four themes about how TAPP is effective—TAPP as a comfort zone, TAPP as a means to finding ones' voice, TAPP as a means to facilitate personal healing and growth, and TAPP as a means to re-connect with Aboriginal identity and culture. The two factors contributing to TAPP's effectiveness are the provision of a safe, non-judgmental environment where participants can witness and be witnessed. Areas for program improvement include increasing the length of the program, incorporating more cultural teachings into the curriculum, and participant partner inclusion. Additional program recommendations are also discussed.

Keywords: Aboriginal; Aboriginal Parenting; Aboriginal Parenting Program; Healing; Evaluation, Focus Groups, Program Development

Dedication

For my daughters, Katie Lee Gaudry and Breanna Cecilia Hawkins, who were only five and four-years-old, respectively, when I began my post-secondary journey in the spring of 1998. I want you both to know that you were, and continue to be, the inspiration for everything that I do. Mommy thanks you for your unconditional love and all of the sacrifices that you had to endure while I pursued this.

In return, I encourage you to chase your dreams and know that I will always be there for
you.

I love you. I love you. I love you.

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To my friends and family, thank you. Cindy, you are an amazing friend and big sister and I thank you for always being there to answer your phone when I call, even when the hockey game is on. Nanny, you still have no idea about what I do or how I do it, and you do not even care; you just love me no matter what I do. Thanks for that. Jessica, you might be far away right now, but you are always close to me. You have been my conscience in so many ways. Thanks. Scott and Marci, my cohort friends and my Facebook cheering section; thank you for all your support. To my daughters, Katie and Breanna for growing up to be relatively sane (well, Katie more so than Breanna) given what I have put you through. Thanks for loving me (well, Breanna more so than Katie). To my stepchildren, Anthony, Matthew, and Alyssa; thanks for allowing me to join your family and accept me into your lives.

To my best friend and love of my life, Mr. Angelo Petovello. Thanks for responding to my craigslist ad. The rest is history. I love you like no other, and yes, I will marry you. You can stop asking now. Sheesh!

P.S. On November 27th, 2010 (2 days after writing this page) Angelo proposed. We will be married in Las Vegas on May 14th, 2011.

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Chapter 1: Introduction and Rationale

The Birth of the Spirit of the Children Society (SOTCS) and the Traditional Aboriginal Parents Program (TAPP)

In June 2002, a historic and landmark meeting took place amongst Aboriginal nations, communities, and peoples to discuss, and ultimately agree upon, the much overdue need for Aboriginal self-governance with a particular focus on Aboriginal children, youth, and families. With the signing of the Tsawwassen Accord (2002), Aboriginal people asserted their inherent right to regain and assert self-governance over their people. The signing of this document signified the restoration of rights for Aboriginal people to identify, design, and implement service delivery plans for their children and families that would reflect Aboriginal culture and the needs of its people. The Tsawwassen Accord created a vision for Aboriginal people that would guide them along their healing journey. This vision would include the restoration of culture, self-identity, pride, and family and could be passed on from generation-to-generation.

Their journey towards full Aboriginal authority began and the province of British Columbia would soon create and transfer governance to various regional Aboriginal authorities throughout the province. One such authority in the movement towards Aboriginal self-governance was the development of the Fraser Region Aboriginal Planning Committee (FRAPC) whose initiative was to assist in asserting Aboriginal self-determination over the delivery of services that were currently being offered by the Ministry of Children and Family Development (MCFD). In order to operate more effectively and efficiently, FRAPC is comprised of six circles (six communities) within the Fraser Region and each circle provides an array of culturally appropriate social

services to Aboriginal children and families, such as traditional Aboriginal parenting programs.

In the summer of 2007, I began employment as the *Traditional Aboriginal Parenting Support Worker* at a newly founded organization called *Spirit of the Children Society* (SOTCS). SOTCS is a non-profit agency that serves Aboriginal (status, non-status, Métis, and Inuit) families residing within *Circle 6* (Burnaby/New Westminster/Tri-cities regions). The agency is currently funded by MCFD and Urban Multipurpose Aboriginal Youth Centres (UMAYC) and they offer a variety of culturally relevant social services and programs that are designed and facilitated by Aboriginal people, for Aboriginal people. “As part of the process of developing culturally relevant programs, research on the current state of Native parenting would be very useful” (van de Sande & Menzies, 2003, p.132). Thus, the focus of this research project is on the development and evaluation of one of the programs offered at SOTCS, namely, the Traditional Aboriginal Parents Program, otherwise referred to as TAPP. Given the variability between terms used throughout the literature, the terms Aboriginal, Native, and First Nations will be used interchangeably throughout this paper.

Personal Experiences in Cultural Identity and the Development of TAPP

When I started at SOTCS as the Aboriginal Parenting Support Worker, the agency was in its infancy and it did not yet have a parenting program. It was my task to develop, design, and facilitate a culturally appropriate curriculum for what would later become TAPP. Once I had finished developing the curriculum, it would be my responsibility to (a) recruit and screen potential participants, (b) facilitate each group session, and (c) coordinate and manage all aspects of TAPP. In retrospect, and despite being a parent of

Aboriginal descent myself, I felt utterly under-qualified and under-equipped to perform such tasks. My apprehension was not due to my lack of skills, capabilities, or even confidence for that matter. Instead, I found myself suddenly struck by the reality that while I could objectively identify myself as an Aboriginal woman, I most certainly did not subjectively feel Aboriginal. Instead, I felt like an imposter; like a fair-skinned Caucasian trying to play the part of a Native. I was, simultaneously struck by the irony of how I had spent the past 32 years of my life denying my Aboriginal ancestry (and essentially getting away with it because of my fair skin) and now finding myself at SOTCS with an eager willingness to learn about the culture, the people, and my place amongst them. It was not long before I found my place; in fact, I felt as though I finally belonged somewhere, like the last piece of a puzzle just waiting to be picked-up and placed in its rightful position amongst all of the other pieces.

I was born in Burnaby and raised in Vancouver by my non-Aboriginal mother and her boyfriend. Following my parent's divorce, when I was about one-year-old, my biological father, a Métis (Cree and French) from Manitoba, returned to the Prairies. Consequently, I was raised 'White' and received no Aboriginal cultural training. While this did not mean much to me as a child, it most certainly came to mean everything to me once I started my work at SOTCS. It was here that I was confronted with the cultural differences between how I was raised to be 'White' and how I might have been raised had I received traditional Aboriginal cultural training from my biological father and his family. It was not until I got to SOTCS that I experienced a sense of profound loss and grief. I felt that I had missed out on a culture rich in love, respect, courage, honesty, wisdom, humility, and truth; the seven sacred teachings. I did not know how spiritually

empty and culture-less I was until I surveyed my new surroundings at SOTCS and came to know my co-workers and the families that we served. How could I have come to know such a loss without having had something to compare it to all this time? Up until then my culture had consisted of things such as Hockey Night in Canada, consumerism, and individualism. I vividly recall sharing my apprehension and fears with my manager and telling her that I did not feel qualified to teach anything remotely related to Aboriginal culture because I was inexperienced. Words such as *longhouse*, *smudging*, *traditional medicines*, *talking circles*, and *spirituality*, were simply that--nothing more than words to me. I had no experience or knowledge that I could connect them with, no semblance of cultural understanding or meaning. I also vividly recall my mother telling me that my biological father was just like all Native men--drunk, abusive, uneducated, and worthless. I shamefully came to equate Aboriginal culture with such things as alcoholism, abuse, and violence. This is probably why I spent most of my life either ignoring or denying my ancestry. I felt as though I had arrived at SOTCS ill-equipped to develop a culturally relevant program. I questioned my capabilities. Would I actually be able to develop a program for which I knew nothing? Perhaps more importantly, I recall asking myself if I was ready to learn and accept an aspect of myself that I had spent so much of my lifetime avoiding. I remember confessing these things to my manager as if I had to expose myself as the imposter that I felt that I was for fear that it would be discovered by someone else instead. She simply laughed at me and said "Shannon, you have nothing to worry about. Your Indian is in you and so is your culture, it is in your blood. People can say what they want to you, but they can never change this fact. Once you open yourself to the idea, you

will soon see that it has been there all along” (personal communication with Shannon Courchene, 2007).

At the time, my manager’s words did little to comfort me, but shortly thereafter I found myself fitting in and before long I had the sense that I was in exactly the right place, doing exactly the work that I was intended to do. Not only was I learning about the culture, the teachings, and the traditions, I was also learning about myself. Some of the most fundamental ideas about who I was, what I believed, and what mattered the most to me were being challenged as I embarked on my own journey of self-discovery, acceptance, and healing as a result of my work at SOTCS.

I decided to accept the challenge of developing the parenting program, in part so I could better serve the families that I would be working with, but also to finally begin my own healing process in relation to my cultural origins. I have since learned that the resistance that I felt towards acknowledging my cultural identity is not uncommon for Aboriginal people. In his research on acculturation and Aboriginal cultural identity, Berry (1999) notes that, “the notion of identity is closely linked to self-concept. Basically it is the way in which one identifies oneself; for example, in response to questions such as “Who are you? or “How would you describe yourself?” (p. 3). For me, I never identified myself as Aboriginal. Berry states that self-identity is typically derived from a sense of membership that the individual feels to a particular social group as well as the emotional significance that the individual attaches to his or her membership with that group. Needless to say, I had no membership to an Aboriginal group while I was growing up and consequently, no attachment to their culture. I can even recall being encouraged to deny that I was Native. Berry’s research illustrates that many Aboriginal

people grow up feeling ashamed of themselves, and that some even express a need to hide their connections to their Aboriginal communities in fear of discrimination or maltreatment. Moreover, some children grow-up with parents who hide their Aboriginal ancestry in hopes that doing so would ensure the children a better future. One of his research participants stated, “At one time being Native, and this culture, meant nothing to me. Now I have a different view. It is the most important thing in my life and I want to keep it.” Another participant said, “I grew up very much ashamed of who I was. It’s only in the last four years that I have started to be proud of who I am as an Indian person” (p. 16). These are sentiments that I can relate to today and while I find it sad to learn that there are so many other people suffering in silence, I am somewhat comforted to know that I was not alone in my shame, and I will not be alone on my healing journey.

In the summer of 2007, I attended a course, entitled *Facilitator Training for Personal Healing and Traditional Parenting Programs* offered through Métis Family Services. The course was designed to assist individuals like myself develop a culturally sensitive community-based parenting program, and it was the foundation from which I would start to conceptualize TAPP. At the same time, my manager thought that it would be beneficial to hire an Elder to work with me as my mentor and co-facilitator. Verl Ferguson had the spiritual name of Morningstar, and we have worked together from the inception of TAPP. When we first met, we would sit together and I had the opportunity to engage her with any questions that I had. I would ask her one question after another incessantly, just like an inquisitive child. I could not get enough of her stories, teachings, and wisdom; I was acutely aware of how I valued her because I had a lifetime of catching up to do.

The topics of our conversations created a springboard from which I could continue to acquire and collect information about the history, traditions, culture, and needs of Aboriginal people, and Aboriginal parents in particular. I learned there are many different nations, tribes, and communities with different ways of living amongst each, yet many similarities in the lived experiences of Aboriginal people.

In large part, I developed the teaching curriculum for TAPP based on the needs of the parents that I was working with. The very first time that I facilitated a TAPP group, I stood in the room with a flip chart and marker, simply asking participant's what they wanted to learn about and what kinds of issues were relevant in their lives. What did *they* want to talk about? What was meaningful *to them*? After spending countless hours trying to create lesson plans based on my own ideas, opinions, and beliefs about the needs of the parents that I would be working with, it occurred to me that I could just simply ask them! This method of curriculum development proved to be extremely insightful and after facilitating the program numerous times, I asked parents what topics they want to discuss and invariably they continued to create the same list over and over. The list constituted the topics of the program and included building group safety and trust; discussing triggers and stress management; abuse and personal healing; self-awareness; self-esteem; change; feelings; communication and relationships; sexuality; addiction and recovery; mental and physical wellness; and self-care. This core set of issues comprises the curriculum, set against a backdrop of traditional Aboriginal culture and spirituality. While the curriculum is flexible and can be tailored to the specific needs of the group, these topics have subsequently become the core infrastructure for TAPP.

How is TAPP Unique?

One of the most defining features of TAPP is that it runs as a women-only group. However, there are plans of piloting the next session of TAPP as a men-only group. I originally designed TAPP for both parents, however, when I first started offering the program I did not have any fathers register until the fifth session was being offered. At that time, I considered how a mixed group would change the dynamics of the program. Given that we often spent a lot of time talking about childhood sexual abuse, domestic violence, and inter-personal relationships, it seemed that mixing genders would be a detriment to the women's process of disclosure, honesty, and healing. When I asked the TAPP graduates in this study about their opinion on this issue, they always agreed unanimously that it should continue to be women-only. But as will be discussed in Chapter 5, there is definitely a place for men, boyfriends, and husbands in TAPP.

Another unique aspect of TAPP is that the mothers and children are in the same physical space during group sessions, rather than being separated. While there are some practical reasons for this, such as limitations with space and childcare, there are also benefits and costs to this arrangement that need continual assessment. For example, one benefit is providing mothers opportunities to assist in childcare such as watching over their children, providing appropriate discipline when necessary, or even having their supervised visit with their children who are in Ministry care. From a facilitator's perspective, this also allows us to monitor the interactions between a mother and child(ren), to assess any possible developmental needs that the child may have, or to address any child-protection concerns. Also, meals are shared together, mothers are responsible for changing diapers or escorting their children to the washroom, and generally ensuring that their children are cooperating and playing safely together.

The group room is large enough to encompass two activity areas separated by space rather than walls. Children are generally on one side of the large room (play area), while the mothers sit at a large table on the other side. We have found one of the costs of having mothers and children in the same room is when children react to the emotionality of parenting group members. For example, if a mother is upset and crying when she debriefs a difficult memory it unsettles the children. If necessary one of the facilitators will accompany the mother into a private room for a one-on-one session until she feels ready to re-join the group, but this does not always ensure that the children are not exposed to some of the emotional pain that a group member may be experiencing. On the other hand, when these situations do arise, it can also become an opportunity for the facilitators to model how to manage intense emotions, such as grief. For example, during one session a young mother became emotionally distraught while discussing the death of her infant daughter and she began sobbing uncontrollably. Instead of leaving the room we used this time to empathize with her pain and engaged in a breathing exercise that helped to relax and calm her.

Another feature of TAPP that makes it unique is that we incorporate other services offered by SOTCS directly into the program. For example, while TAPP is housed within the Family Development Program (FDP) and we work closely with the Family Strengthening Workers (FSW), some of which share our clients, and we also work hand-in-hand with the Early Childhood Development (ECD) program. The ECD program provides TAPP with various outreach support services such as Early Childhood Education (ECE), the Aboriginal Infant Development Program (AIDP), the Fetal Alcohol Spectrum Disorder (FASD) worker, and the Infant Massage program allowing us to

provide on-site and in-program assessments and interventions. For example, during one of our sessions we identified a child who appeared to be displaying symptoms of autism. At first, her mother had an extremely hard time accepting the child might be autistic but with the help of the support staff and early intervention we were able to have the child assessed and diagnosed while continuing to support the mother throughout this process. We also incorporated education about how to identify signs of autism and FASD and had a speaker come to one of the TAPP sessions to present information about childhood disorders as a way to educate the parents, normalize their experience, and foster their level of comfort in talking about these types of parenting issues.

Lastly, TAPP offers spiritual healing, (which will be defined and discussed in further detail in Chapter 2) and teachings to those who request it. For example, we work with traditional healers and Elders to provide home visits, cleansings, prayer, and other forms of spiritual guidance.

Who are the TAPP Participants?

We anticipated working with parents (mostly mothers) who either had their children in Ministry care and were trying to regain custody and guardianship, or who were currently at-risk for having children apprehended. In 2009, there were 4,666 Aboriginal children in British Columbia living in care (Ministry of Children and Family Development, 2009). Further, in the 2009/2010 fiscal year, an Aboriginal child is 4 times more likely to have a protection concern reported than a non-Aboriginal child, 5.3 times more likely to be investigated, 8.0 times more likely to be found in need of protection, 5.6 times more likely to be admitted into care, and 12.3 times more likely to remain in care. (MCFD). We also anticipated working with families who were experiencing the inter-

generational effects of colonialism and residential schools. According to the 2001 Aboriginal Peoples Survey (Statistics Canada, 2001), it is estimated that there are approximately 80,000–90,000 living individuals that attended residential school.

Many of our participants either have parents, grandparents, or great-grandparents who attended residential school and who continue to be plagued by its effects. Even though the residential school system no longer exists, an intergenerational legacy of struggle remains. Through the process of colonization some First Nations people adapted and assimilated within the dominant society. For many others this process led to a loss of sense of self, personal identity, and well-being that is all too often characterized by “substance abuse, high mortality and suicide rates, high rates of physical and domestic violence and family disintegration, and involvement with the child welfare and correctional systems.” (Shepard, O’Neill, Guenett, 2006, p. 231). As such, many of the families that come to TAPP are dealing with addiction, abusive interpersonal relationships, self-harming behaviours, poverty, low self-esteem, anxiety, depression, and social isolation.

The Goals of TAPP

My job description states, “the Parenting Support Worker is primarily responsible for providing Aboriginal parents with education to improve their parenting skills and family relationships and to build culturally appropriate supports for parents to increase the permanence and stability of families” (Spirit of the Children Society, 2008; p. 47). Thus, the primary goals of TAPP are to establish and maintain a trusting relationship with each family and to provide a safe and non-judgemental environment where they are encouraged to explore their physical, emotional, mental, and spiritual well-being. They

are encouraged to take personal responsibility for their wellness, to set and pursue personal or family goals, and to strive towards restoring balance in their lives. The primary role of the facilitators is to offer supportive positive guidance during this time. I like to use the following metaphor to describe TAPP: I believe that everyone carries with them an imaginary sack. The sack contains all of the things that we have difficulty processing or thinking about or remembering or dealing with. You can think of it as a container for our pain. For some people their sacs are light and they are relatively easy to manage. For others, their sacs are enormous and weigh them down. The goal is to begin taking things out of the sac in order to make life more manageable. In order to accomplish this you must first take the sac off your shoulder, place it on the ground, and open it. This requires a trusting environment. Next, you must reach in and take something out, and look at it. You then have to decide if you want to face it or put it back and continue carrying it around with you. This is the goal of TAPP; to support families while they go through this process. Not all people are ready to explore their sacs, so to speak, and often times these are the families that repeat the program or get referred for other services such as residential treatment programs.

While conceptualizing, planning, and developing the program, I had an epiphany- the issues that interfered with a person's ability to parent did not stem from lack of love or care for the child. It seemed to stem from a legacy of pain and suffering. I found a preponderance of life-issues that seem to be at the heart of the obstacles to people's parenting. These life issues included addiction, low self-esteem, shame, social isolation, the inability to express emotions, or staying with an abusive partner out of fear, to name a few. This realization prompted my decision to change the focus of the program from

parenting to the parents themselves (i.e., originally the program was called the Traditional Aboriginal Parenting Program and I changed it to the Traditional Aboriginal Parents Program). Thus, the focus for the program would not be on healing the interpersonal relationships or the interactions between the parent and child *per se*, which is the typical focus for most parenting programs such as Triple P (de Graff, Speetjens, Smit, de Wolff, & Tavecchio, 2009) and Nobody's Perfect (Chislett & Kennett, 2007), but rather, TAPP would become a parents program with the primary focus on the parent. My logic was simple: How could I expect anyone to help another, without first helping themselves? For example, the quote below is an excerpt taken from the Traditional Aboriginal Parents Program Facilitator Manual (2009):

While TAPP is known as a parenting program, we want to stress that it is actually a parents program. While this difference may seem trivial to some, it is important that the distinction remains clear. The main focus of TAPP is on the parent, rather than the interaction between the parent and the child. The reasoning for this is simple: we are better able to parent when we are taking care of ourselves! The logic is that there will be a trickle-down-effect: a healthy mom = a healthy child. TAPP is premised on the idea that no one wants to be told how to parent (nor do they need to) or what a "good" parent *should* do, therefore much of this course focuses on some important issues that can affect all parents. Some examples include stress, the inability to regulate emotions, abuse issues, addictions, lack of social support, depression, domestic violence, poverty, etc. THESE are the things that are most likely to interfere with our ability to parent; NOT a lack of love. (p.7)

Justification and Processes for this Study

Currently, I have facilitated 11 separate groups using the TAP program. TAPP continues to run as a hugely popular and sought-after program offered by SOTCS. From word-of-mouth reports, TAPP is often described as being 'useful' and 'successful' by judges, lawyers, social workers, family strengthening workers, and participants. Many of the parents report having had extremely positive experiences with TAPP and some of

them have even participated in the program more than once. SOTCS managers have received positive word-of-mouth feedback from the Aboriginal community, and there have even been requests for me to offer train-the-trainer workshops so that members of other communities, in more rural areas and reservations can set-up similar programs for their families. While all of this information is anecdotal, and the success of TAPP is further supported by the continuation of referrals, as well the long wait-list for a placement in the program, there is no empirical data to support any of these claims. In fact, while there have been evaluation studies of non-Aboriginal specific parenting programs such as the Nobody's Perfect program (Chislett & Kennett, 2007) and Triple P (de Graff et al., 2008), as will be discussed in the next chapter, there is a dearth of research on Aboriginal specific parenting programs. This is unfortunate because evaluation studies are a critical and necessary component to the continuation and development of these programs. For example, the outcome of an evaluation study may have the potential to influence decision-making or to justify the need for continued funding, or it can determine the efficacy of the program, identify program strengths and challenges, or identify community, participant, and facilitator needs. It is also a means to be accountable, that is, a method of ensuring that the goals of the program are consistent with the needs of the participants, and that the program is continually meeting its service delivery goals.

The current evaluation study is essential to the continuation of TAPP, its future participants and their families, TAPP facilitators and staff, community social workers, lawyers and judges, SOTCS, and the Aboriginal community as a whole. More specifically, it is essential to our commitment to serve and protect the integrity and

sustainability of Aboriginal families, with a particular emphasis on keeping families intact and Aboriginal children out of foster care.

The purpose of the current evaluation study is to determine if TAPP is meeting its service delivery goals of (a) establishing and maintaining trusting relationships with families and (b) providing a safe and non-judgemental environment where they are encouraged to explore their physical, emotional, mental, and spiritual well-being. If so, I am interested in discerning: (a) How has TAPP been effective? (b) What is it, specifically, about the program that facilitates its effectiveness? and (c) What are participants' recommendations for program development and improvement? Therefore, the aim of the present study is to empirically address these questions with the hope that the information acquired from the successful graduates will contribute to the development of an even more efficacious TAPP program that can continue to support the growth and development of Aboriginal families.

Additionally, there are only a few urban community agencies (i.e., Spirit of the Children Society, Kla-How-Eya, Métis Family Services, and Vancouver Aboriginal Child and Family Services Society) in the Lower Mainland that offer traditional parenting programs with a specific emphasis on promoting traditional Aboriginal models and teachings. Unfortunately, most Aboriginal specific parenting programs have not been evaluated empirically, so it is critical that we begin to assess the effectiveness of these programs and continually monitor the needs of the families that we are serving. Without these programs, many urban Aboriginal families may continue to be socially isolated and not have the opportunity to reconnect with their culture and their traditional ways of life. Thus, the present study aims to address this gap in the literature. Using the focus group

method, several TAPP graduates were interviewed and asked to share their personal experiences with the TAP program. Specifically, they were asked to identify which particular aspects of TAPP they found useful or helpful for themselves and their families. Moreover, they were also asked to identify any unhelpful aspects of TAPP, and to provide feedback about the structure, facilitators, and how it can be improved.

Chapter two will explore the literature on: (a) Aboriginal history, values and beliefs, healing, spirituality, and traditional ways of healing, (b) the needs of Aboriginal people, particularly parents and families, (c) the effects that residential schools have had on parenting, (d) traditional parenting programs (such as Triple P and Nobody's Perfect) versus (e) traditional Aboriginal parenting programs. Chapter three will describe the specific methodology and the rationale for why I chose to use focus groups for collecting my research data. Here I will also describe the protocol in selecting the research participants, the questions for the focus group, and the specific methods that I chose to code, analyze, and report the data. Through the use of metaphor, chapter four will highlight the results of this study and show that TAPP has been effective at promoting a sense of personal growth and healing in Aboriginal mothers. This chapter will explore the specific variables identified by the participants that facilitated this sense of personal growth and healing. Further, chapter four will also highlight the feedback about how TAPP can be improved for future participants. Chapter five explores in more detail the future directions and recommendations for TAPP and also highlights the limitations of this study. I will conclude with chapter six where I will share my personal experiences in conducting this research. Here I will illustrate an example of personal healing occurring

in real-time and share with the reader my personal challenges of feeling caught between two very different worldviews while conducting this research.

Chapter 2: Literature Review

A Brief History

There is little doubt that our Aboriginal people have endured years of personal and cultural devastation through the processes of colonization and forced acculturation. In 1876, Parliament passed legislation that was not only designed to abolish Aboriginal culture, it was specifically designed to force Aboriginal people to assimilate to Western culture. In reference to this new law (the *Indian Act*) John A. Macdonald, Canada's first Prime Minister, said that we must “. . . wean them [First Nations] by slow degrees, from their nomadic habits, which have become almost an instinct, and by slow degrees absorb them on the land” (Beltrame, 2003; as cited in France, McCormick, & Rodriguez, 2004, p. 270). The *Indian Act* had profound effects on Aboriginal people. It affected their identity by defining who was an Indian. It displaced them by forcing them onto reserves and controlling the sale of land, it allowed the Minister of Indian Affairs to appoint non-Natives as Indian Agents who controlled almost every aspect of Indian life. In turn, the Indian Agents manipulated the election of Chiefs who were sympathetic to, and under the control of, the government of the day. Indians were not allowed to obtain a university degree or engage in many professions without first relinquishing their First Nations status. The Indian Act also provided the authority for assimilating Aboriginal children into Western culture by forcing them into residential schools. Clearly, the impact of these atrocities is still being felt today, which elucidates the need for community programs that can assist in restoring Aboriginal culture.

One of the most important documents in Canadian Aboriginal history is the *Royal Commission Report on Aboriginal Peoples*. The commissioners, four Aboriginal and

three non-Aboriginal, set out to investigate the relationships between Aboriginal peoples, the Government of Canada, Indian and Northern Affairs Canada, and the culture of Canada as a whole. They interviewed over 2000 Aboriginal people on their past and current conditions. Their research culminated in a 4000-page report that covered an array of issues and recommendations for changing and improving the relationships between Aboriginal and non-Aboriginal peoples of Canada. Most notably was the need for healing Aboriginal people and restoring their culture through initiatives designed to address the intergenerational effects of the historical trauma experienced by Aboriginal people. These initiatives include social programs that are governed by Aboriginal people for Aboriginal people, as a means to reflect the needs and values of Aboriginal people.

What Are the Values and Beliefs of Aboriginal People?

First, it is important to note that there are hundreds of different nations, tribes, bands, and languages that comprise our First Nations peoples. As in other cultures, not all Aboriginal people ascribe to the same values and beliefs. For the purposes of this paper, I will be discussing some of the more general attributes of our Aboriginal people, while being cognizant that not all Aboriginal people will ‘fit’ my descriptions. Let us begin with a look at the contrasting values between mainstream Western society (i.e., Euro-American values), and traditional Aboriginal values.

Aboriginal Values

Garret and Garret (1994) provide an overview of the differences in the value systems between Western mainstream society and traditional Aboriginal culture. These differences can be seen in Table 1.

Table 1 A Comparison of Western and Aboriginal Values

Mainstream-Western Values	Traditional Aboriginal Values
Saving Domination Competition and aggression Doing Individualism Nuclear family Mastery over nature A time orientation toward living for the future A preference for scientific explanations Clock-watching Winning as much as possible Reverence of youth	Sharing Non-interference Cooperation Being Collectivism Extended family Harmony with nature A time orientation toward living in the present A preference for supernatural explanations Time begins when everyone gets there Non-competitive A deep respect for Elders

Source: Garret and Garret (1994)

Clearly, in outlining the differences in values between the two cultures it becomes apparent that they, for the most part, are in complete opposition.

Aboriginal Beliefs

Spirituality is essential to the Aboriginal worldview; at the heart of this worldview is the notion of connectedness. All things are connected, all things have a purpose, and all things are worthy of respect. The term “All my relations,” which is typically said at the end of a prayer, is indicative of the sentiment of connectedness such that Aboriginal people believe that they are related to all that exists including the earth, the air, people, and animals. The form that this connectedness takes is referred to as the sacred circle. The circle symbolizes the cyclical nature of life such as the coming and going of the seasons and the aging process (Hunter & Sawyer, 2006).

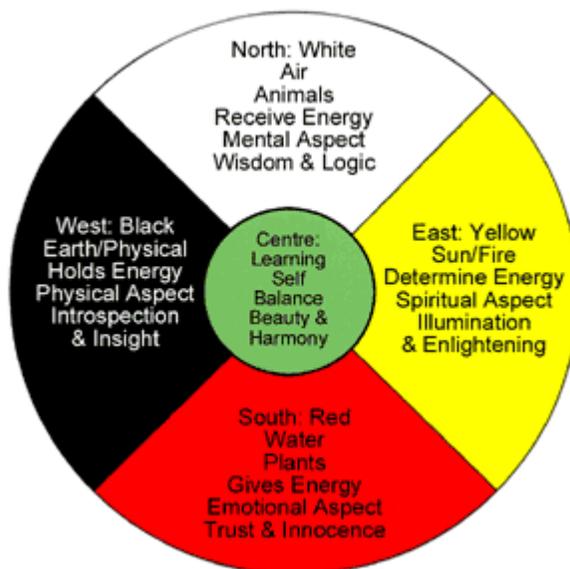
In an ethnographic study exploring how urban-based First Nations peoples use healing traditions to address their health issues, Hunter, Logan, Goulet, and Barton

(2006) found three themes emerging from their data: (a) the importance of following a cultural path including maintaining strong ties to family and community relationships; (b) the belief that good health was the result of gaining balance between spiritual, physical, mental, and emotional aspects of self (an idea that we will look at more closely in the following section); and (c) sharing in the circle of life. As Hunter, et al. state, “the circle of life is viewed as a continuous process. As participants learned the lessons, knowledge followed, and they wanted to share this cultural understanding with others. This allowed generations to teach each other” (p.18). Clearly, the circle is revered in Aboriginal culture and perhaps the significance of this sacred symbol can be best understood in terms of the crux of Aboriginal philosophy--the medicine wheel.

The Medicine Wheel

Unlike our Western conceptualization, where medicine is typically equated with prescription drugs from our doctors, ‘medicine’ in reference to the medicine wheel refers to “the way of things” or to “the way of life” (Garret & Garret, 1994, p. 5). A version of the medicine wheel is depicted in Figure 1.

Figure 1 The Medicine Wheel



Source: Garret & Garret, 1994

The medicine wheel has multiple components (e.g., four colours that represent the races, the four elements). Most notable are the four directions: North, East, South, and West because each direction is associated with an aspect of the human being, namely, mental, spiritual, emotional, and physical. Thus, in seeking ‘medicine’ or ‘healing,’ Aboriginal people are seeking a balance between these four directions and between themselves and the universe. Illness or un-wellness can be defined as an imbalance between one or more aspects of the self (e.g., perhaps one is not taking care of their emotional health). The idea of healing will be discussed in more detail in the next section, but first it is necessary to recognize that not all Aboriginal people ascribe to the same values and beliefs as described above.

Acculturation

Garcia and Ahler, (1992, cited in Garret and Pichette, 2000) describe acculturation as:

The cultural change that occurs when two or more cultures are in persistent contact. In this process, change may occur in each of the cultures in varying degrees. . . a particular kind of acculturation is assimilation, in which one culture changes significantly more than the other culture and, as a result, comes to resemble it. This process is often established deliberately through force to maintain control over conquered people, but it can occur voluntarily as well. (p. 24)

Garret and Pichette also outline five levels of acculturation:

1. **Traditional:** may or may not speak English; but generally speak and think in their native language; hold only traditional values and beliefs, and practice only tradition tribal customs and methods of worship.
2. **Marginal:** may speak both the native language and English; may not, however, fully accept the cultural heritage and practices of their tribal group, nor fully identify with mainstream cultural values and behaviours.
3. **Bicultural:** generally accepted by dominant society and tribal society/nation; simultaneously able to know and practice both mainstream values/behaviours and the traditional values and beliefs of their cultural heritage.
4. **Assimilated:** accepted by dominant society; embrace only mainstream cultural values, behaviours, and expectations.
5. **Pantraditional:** assimilated Native Americans who have made a conscious choice to return to “the old ways”. They are generally accepted by dominant society but seek to embrace previously lost traditional cultural values, beliefs, and practices of their tribal heritage, therefore they may speak both English and their native tribal language.

One method that can be used for assessing the level of acculturation would be to depict each level on a continuum. This diagram would be useful for facilitating a

discussion about acculturation or assessing where on the continuum an individual situates his or her self. If appropriate, you could even use the medicine wheel to explore levels of physical, emotional, mental, and spiritual acculturation.

When working with Aboriginal people, it is important to recognize that the level of acculturation may vary from one person to the next. It would be a mistake to assume that the individual wants or needs to pursue traditional Aboriginal healing, or does not want or need to pursue it. Therefore, it is the responsibility of the service provider to ensure that an individual has an opportunity to discuss their personal goals within the service offered.

Aboriginal Healing3

What does it mean to heal from an Aboriginal perspective? Hunter et al., (2006) offer the following definition:

Healing is described as a process that brings parts of one's self (physical, emotional, mental, and spiritual) together at a deep level of inner knowledge. This can result in an integrated and balanced whole self, with each part having equal importance and value. (p.13).

I chose this definition because it closely fits my personal definition of healing. For example, it encapsulates the notion of healing as a process (rather than an end state), is multi-dimensional (encompassing all four aspects of self), and recognizes each aspect of self as equally important (rather than having physical well-being at the forefront). In their study on Aboriginal healing, Hunter et al., (2006) conclude that health care providers need to incorporate the concepts of balance, holism, and cultural healing into their therapeutic treatments for Aboriginal people.

When I asked our two female Elders at SOTCS to define healing, one said, “Healing is about taking care of each of our four aspects, emotional, physical, mental, and spiritual. Healing begins when you open your heart. Once your heart is open, everything else will follow” (Verl Ferguson, personal communication, May, 2010). The other elder said, “Healing is allowing yourself to let go of the pain and trauma’s that have affected any one of your four aspects. Letting go means that you must embrace and release your pain through prayer, laughter, physically shaking, crying, or screaming. You innately know when you have healed” (Merle Williams, personal communication, May, 2010).

In his research on personal healing, McCormick (1996) examined the facilitation of healing First Nations people in British Columbia stating,

The view of the means and ends of counselling for First Nations people differs from Western therapeutic approaches. The aim of healing for First Nations people, for example, is concerned with attaining and maintaining balance between the four dimensions of the person: physical, mental, emotional, and spiritual. (p. 164).

In this way, Western approaches are seen as being imbalanced and overly one-dimensional with far too much emphasis on treating only one aspect of the individual (typically the physical aspect). Moreover, McCormick notes “that effective healing for First Nations people focuses on interconnectedness rather than on autonomy, which is more a common goal for Western therapy . . . connecting with family, community, culture, nature, and spirituality all seem important in successful healing. Similarly, First Nations healing requires the individual to transcend the ego rather than strengthen it as Western counselling aims to do” (p.164). McCormick has identified balance,

connectedness, and transcendence as some of the most important means and ends of healing as described by First Nations people.

In a similar study, McCormick (2005) focused on the specific conditions and behaviours that are necessary for healing. He interviewed traditional Aboriginal healers and their clients to determine the factors they believed contributed to the healing process. The themes he identified were: (a) anchoring oneself in tradition and participation in ceremonies, (b) setting goals and pursuing challenging activities, (c) expressing oneself, (d) support from others, (e) spiritual connection, (f) role models, and (g) a connection to nature. These themes are important and are, in one way or another, embedded within TAPP.

The Relationship between Healing and Spirituality

When does one need healing? According to Garrett's (1998) overview of the basic Aboriginal spiritual and traditional beliefs, human beings are composed of a mind, body and spirit. All three are interconnected; thus, if one area is unwell there is a potential to affect the other areas. Wellness is defined as "harmony in mind, body and spirit" and un-wellness as "disharmony in mind, body, and spirit" (p. 5). Therefore, anyone experiencing disharmony is in need of healing.

If healing is the process that occurs while restoring balance between the four aspects of self, then spirituality can be thought of as a means to this process. For example, I think of spirituality as one's inner path to self-discovery and personal fulfilment. As such, the path is going to be unique to the individual and so too will be the things that the individual chooses (or not) to utilize along this path. If we conceptualize spirituality in this way, then it makes sense to talk about spiritual practices—these are the

activities that we do along our path that enable us to make our personal discoveries, attain personal fulfilment, restore balance and heal.

Some Aboriginal spiritual practices and traditions that may be a part of one's healing may include participating in ceremonies such as singing, drumming, dancing, or smudging. For some it could be going into the longhouse or a sweatlodge, and for others it could be praying, or using traditional medicines and crystals, or touch therapy by a shaman, an Elder, or a healer, undergoing dream analysis, participating in sharing circles, creating crafts, crying, or fasting, just to name a few. These practices are all considered to be medicine. Using the medicine wheel as a model of wellness, one of the things that we do in TAPP is encourage the participants to identify where in their wheel of wellness (i.e., in which of the four aspects of self: physical, emotional, mental, or spiritual) are they un-well or in disharmony. Once they have identified something they set a goal (or goals) for restoring balance. The role of the facilitator is to co-create a plan with the participant to reach and maintain balance. Typically, on the advice of an Elder, the plan would include using some form of traditional or spiritual medicine, such as those named above.

Traditional Ways of Healing

Given that most conventional Western healing interventions are incongruent with traditional Aboriginal practices and beliefs, traditional healing and its associated philosophies are seen by many Aboriginal people as the most viable option in their attempts to achieve physical, emotional, spiritual, and mental wellness. It is interesting that in his work with Aboriginal healers and their client's, McCabe (2007) notes that by continuing to counsel Aboriginal clients using conventional Western practices “. . . this

can become another form of colonization” (p. 149). Wihak and Price (2006) note that the vast majority of Aboriginal people do not access many non-Aboriginal social services that are available to them and those that do, tend to terminate the service prematurely. They say that this is due to “(1) generations of interactions with non-Aboriginal people that have had tragic consequences, (2) the expressed concerns of Aboriginal clients about the biases of Western psychology, and (3) how counsellors try to mould behaviours that fit a Western worldview” (p. 2). Thus, one can see the need and urgency for culturally sensitive programs and facilitators who have an understanding of these issues, as well as an understanding of traditional practices. Some of the most common traditional Aboriginal healing practices are outlined in Table 2.

Table 2 Traditional Aboriginal Healing Practices

Healing Practice	Explanation
Talking circle	A place of trust and confidentiality. Opened by prayer and a song sung by an Elder. Whoever holds the eagle feather may speak of what they wish. All are heard, and no one has to speak if they do not want to. They can be very emotional as well as therapeutic
Drum circle	Similar to a talking circle except that there is drumming and singing. The drum represents the heartbeat of Mother Earth
The eagle feather	Represents vision, strength, and courage. A very sacred object. The eagle can see the furthest and fly the highest
The medicine wheel	See above
Smudging	Traditional medicines such as sweet grass, tobacco, and sage are burned in a small bowl and the smoke is brushed over the face, heart, and body to cleanse and purify. This is typically done silently in a circle while standing. Prayers are said before and after the smudge
Sweat lodge	A purification and healing ceremony that takes place inside a hut. Molten rocks are placed inside the hut and water is poured on them to produce steam. Prayers, songs, and talking circles occur. Medicines are usually burned as well
Cedar brushing	Bows from cedar trees are brushed over the body. Cedar is used to remove negative energy

Source: Adapted from Hunter, Logan, Barton, & Goulet, (2004).

The Needs of Aboriginal Parents and Families

The need for Aboriginal healing, or in other words, the need to restore balance between the four aspects, within Aboriginal families is unquestionable. For example, the following excerpt taken from Ing (1991) describes how residential school experiences have impacted Native child-rearing practices:

The systematic indoctrination by the school staff of the inferiority of Native culture induced acculturation; this acculturation created confusion in young children; this has manifested itself in the way Natives see themselves. It has

created some lack of self-confidence, lack of pride in their uniqueness, and lack of self-esteem. If self-esteem is low and there is a negative self-concept, the task of parenting is adversely affected, as both are essential for the rigorous demands of child-rearing. Furthermore, inferiority and resentment are nurtured by low self-esteem; low self-esteem is destructive. Child-rearing requires confidence and the need to be strong emotionally. Children need and have a right to the investment of nurturance, love, and care to promote proper development. The task must now be to focus on healing for the Native community as they struggle to regain dignity and strength (p. 115).

In a recent study by Barton, Thommasen, Tallio, Zhang, and Michalos (2005) they report finding significant differences in the overall quality of life between Aboriginal and non-Aboriginal individuals. Interestingly, they found that Aboriginal residential school attendees and Aboriginal non-residential school attendees reported significantly poorer health on most of the outcomes measures, compared to the non-Aboriginal sample. This is significant because it shows that some Aboriginal people experience the trauma and effects of the residential school, despite not having actually attended one. This illustrates the idea of *intergenerational trauma*. “Intergenerational or multi-generational trauma happens when the effects of trauma are not resolved in one generation. When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next” (Wesley-Esquimaux and Smolewski, 2004, p. 2). This concept is highlighted by Brasfield (2001) who offers a more Aboriginal culturally appropriate conceptualization of Post Traumatic Stress Disorder (PTSD) that he has termed the Residential School Syndrome (RSS) (see Appendix 1 for a complete description of the diagnostic criteria). The first diagnostic criteria is that “The person has attended an Indian residential school *or is closely related to or involved with a person who has attended such a school* [italics added]” (p. 80). Importantly, two other defining features associated with RSS are: (1) “Markedly deficient

knowledge of one's own culture and traditional skills" and (2) "Markedly deficient parenting skills, despite genuine fondness for offspring" (p. 81). While most of the TAPP participants are too young to have attended a residential school themselves, as Brasfield points out, the effects can be passed down from one generation to the next. While TAPP participants are not specifically screened to determine if their predecessors attended residential school, many of the participants disclosed that they have family members who attended these schools; therefore, the intergenerational effects that Brasfield identifies are often highlighted and included as topics that are explored in TAPP. Not surprisingly, many of TAPP's participants can identify with the symptoms of RSS and are often relieved to find this recognized and named.

The Effects of Residential Schools on Parenting

Residential schools and their effects on Aboriginal people have had, and continue to have a devastating impact on Aboriginal families, particularly on parenting. As noted by Quinn (2007), "residential school included parenting models based on punishment, abuse, coercion, and control. Children in residential schools did not experience healthy parental role models and without proper parenting models, many Aboriginal parents lacked the necessary knowledge to raise their own children" (p. 73). Residential schools led to a disruption in the transference of positive and healthy parenting skills from one generation to the next. Without these skills, many survivors had difficulty raising their own children. Stout and Kipling (2003) offer their interpretation of how residential schools affected people who attended:

After spending much of their young lives within the confines of a residential school, pupils had little choice but to develop coping strategies that would allow them to survive in this institutional environment more akin to a prison than a

loving home. However, once they had graduated and began to face the responsibilities of adulthood, Survivors found that the inter-personal skills they had learned in school (for example, to push others away or never show their feelings) were destructive rather than helpful. In this way, people who were already at-risk because of issues like racism and poverty were further affected by a series of risk factors arising from their residential school experience. For many former students, this risk has led to a variety of serious problems, ranging from suicide attempts and addictive gambling to alcoholism and child abuse. (p.59)

Many Aboriginal children, by virtue of their environment within the residential school system, were forced to develop coping skills and strategies that facilitated their resilience within the system but did not serve them, or their families, outside the residential school. Also of note is that not all residential school survivors share the same coping experience. There are many survivors who subsequently live very happy lives and have exhibited extraordinary resilience to the negative effects of the schools and the types of coping strategies that tended to exacerbate their risk to negative risk factors.

In a study of six First Nations individuals that were identified as “successful” residential school survivors, Nichol (2000) found that their resilience could be linked to a series of protective factors they all held in common. These include a happy and nurturing early childhood, high intelligence, life-long interest in education, cooperative values, long-term marriage, and strong spiritual beliefs. Perhaps more importantly, Nichol also identified many survivors who had been able to turn their lives around after they had previously engaged in negative and destructive behaviours. He identifies four factors that facilitated this change: support, sharing, learning, and spirituality. These findings are relevant to the current research study because many of the parents that attend TAPP are actively engaged in high-risk behaviours and are reaching out for help. Moreover, TAPP is premised on the four factors that Nichol identifies as necessary for personal growth and development.

Traditional Parenting Programs versus Traditional Aboriginal Parenting Programs

While there is a plethora of research on Aboriginal healing (Brave Heart & DeBruyn, 1998; Quinn, 2007; Wesley-Esquimaux & Smolewski, 2004), the literature on Aboriginal parent programs and their subsequent evaluation is virtually non-existent. In conducting a review of numerous academic databases (i.e., ERIC, PsycINFO, CBCA Education, Wiley InterScience) and journals (i.e., Parenting: Science and Practice, Early Development and Parenting, Infant and Child Development) it appears that parent programs for this population have not been evaluated. More importantly, this review suggests that there is a great need for Aboriginal specific parent programs, such as TAPP.

In a longitudinal study by Harris, Russell, and Gockel (2007) that was intended to investigate the impact of poverty on mothers who had attended Project Parent (a non-Aboriginal specific parenting program provided by Family Services of Greater Vancouver), six Aboriginal participants were interviewed about their experiences while attending the program. While the program was not specific to Aboriginal cultural, the mothers reported valuing “. . . cultural resources that foster cultural continuity and healing. . .” and “. . . gaining strength from traditional cultural ceremonies and indicated a desire to pass on the benefits of their cultural identity and traditions to their children.” Moreover, the mothers “. . . experienced greater empathy and a shared sense of history when service providers were of a similar cultural background” (p. 29). These findings further illustrate the need for culturally specific programs.

While there is a dearth of research investigating the efficacy and utility of Aboriginal parents programs, there is a body of literature on evidence-based Western parenting programs such as the Nobody’s Perfect Parenting Program. It is important to

review this literature because it can be used as a comparison between traditional Western parenting programs and Aboriginal parenting programs.

Nobody's Perfect

Nobody's Perfect is a free parenting education and support program that was designed by Health Canada and introduced nationally in 1987 (Public Health Agency of Canada, 2010). Nobody's Perfect currently runs in every Canadian province and territory, and caters to young parents with children from birth to five who are low-income, under-educated, single, or socially isolated. The program is intended to assist parents to recognize their strengths and to find positive ways to raise healthy and happy children. Since its inception, over 5000 community members have been certified as Nobody's Perfect program facilitators—I am one of them.

Like TAPP, the Nobody's Perfect Parenting Program is premised on the idea that there is no 'right' way to parent your child. The program is not intended to tell parents how to raise their children. Instead, the program is designed to "inform parents about the 'whens', 'whats', and 'whys' of the first five year of childhood" (Public Health Agency of Canada, 2010). The program runs for six to eight weeks and core curriculum materials come from five books, each with a separate topic (*i.e., Behaviour, Body, Mind, Parents, and Safety*). Each parent receives a set of these books (free-of-charge) at the beginning of the program. The books are used to promote awareness and provide an opportunity for the parents to share and discuss their own experiences, challenges, and successes with the other parents in the group. In doing so, the assumption is that they are learning how to cope with the stresses and difficulties inherent to parenting. In a study designed to evaluate the Nobody's Perfect program on parenting resourcefulness and competency,

Chislett and Kennett (2007) found that participants who completed the program and earned a certificate (as compared to those who did not earn the certificate) demonstrated and maintained “an increase in parenting resourcefulness, warm/positive parent-child interactions, sense of parenting competency and satisfaction, and use of community resources” (p. 473). In this study, the authors used pre- and post-group surveys to obtain their data, rather than conducting interviews with the participants. For the present study, I believe that focus group interviews about the personal experiences of the TAPP graduates will produce much richer and more detailed data.

Unlike TAPP, the Nobody’s Perfect program is not suited for families that are in crisis, or have serious problems (Public Health Agency of Canada, 2010). Additionally, cultural issues are not addressed in the program, yet in their recommendations to improving program outcomes, Chislett and Kennett (2007) state that “the program should strive to ensure that parents cover topics most helpful to the individual situations” (p. 481). I would argue that culture is a critically relevant topic, especially to Aboriginal families. Nobody’s Perfect is limited in what it can offer to these parents. On the other hand, TAPP is designed to cover topics that are general and can be applied to any individual (i.e., abuse, addiction, parenting, stress-management), yet does so in a culturally-relevant setting that utilizes culturally appropriate Aboriginal practices and interventions (i.e., sharing circles, smudging, Elders).

Aboriginal Parenting Programs

As I stated earlier, the literature is essentially void of any research on Aboriginal parenting programs and consequently any evaluations of these programs. The Positive Indian Parenting: Honoring Our Children by Honoring Our Traditions was developed in

the early 1980's by the Northwest Indian Child Welfare Institute in Portland, Oregon. The program was designed to reflect Native American parenting philosophies. This program consists of eight sessions that are geared toward assisting parents in establishing a positive approach to parenting rather than imparting specific parenting skills. The program covers traditional ways of parenting such as using storytelling and nature to impart knowledge and how the virtue of harmony is used as a guiding principle for family life (Gorman & Balter, 1997). Although a positive reception to culturally specific parenting programs has been noted in a variety of settings (Alvy, 1994), unfortunately no studies on the effectiveness of such programs have been published.

Given this gap in the literature, I interviewed parent group facilitators in three local community agencies that currently offer Aboriginal parenting programs: Vancouver Aboriginal Child and Family Services Society (VACFSS), Kla-How-Eya Aboriginal Centre, and Métis Family Services.

First, I visited Vancouver Aboriginal Child and Family Services Society (VACFSS) and met with the *Strengthening Families Program* developer. The Strengthening Families Program (SFP) was developed in 1982 by Karol Kumpfer and has been continuously modified to suit the program needs. The program is evidence-based, family focused, and culturally sensitive, but it was not specifically designed for Aboriginal families. Instead, the SFP is intended for strengthening parenting skills and family relationships, and assisting in the development of children's social skills. The program covers topics that explore children's games, communication, modelling, and problem solving. It runs once a week as a co-ed program and is available for families with children aged six to eleven. At the time of our interview, evaluation data specific to

the implementation and outcome of the SFP at VACFSS was not made available to me, but there is a protocol for program evaluation (see www.strengthenfamiliesprogram.org for a complete review) that includes a battery of self-report measures that can be administered pre-and post-group as well as at six and twelve-month post-group intervals. Again, this method of evaluation relies solely on the use of questionnaires, rather than on interviews.

The second place that I visited was Kla-How-Eya Aboriginal Centre, where I met with Rueben George, the facilitator of their Aboriginal parenting program. Their program has been running for just over a year, is also co-ed, and runs one day a week for 12 weeks. Modelled after the medicine wheel, the focus of the program is also on healing mentally, physically, emotionally, and spiritually. Some of the topics include the seven sacred teachings, the effects of colonization, addictions, family breakdown, parenting skills, and self-care. Participants also have the opportunity to meet with Rueben on a weekly basis for one-on-one support. The numbers for participant intake is usually quite high (above 20), but so is the dropout rate (>50%). When I asked Rueben about the intake and dropout rates, he explained that lack of funding prevented them from being able to offer childcare, which he believed created the high dropout rate (personal communication with Rueben George, 2010). When I asked about program evaluation, Rueben reported that his program had just finished undergoing an independent evaluation, but given that it had just been completed, he was unable to report the findings to me. He indicated that the evaluation process took place over several months and involved an objective evaluator from an independent agency using observation techniques, as well as interviews with the participants and the facilitator. Reuben

anticipated a positive evaluation, but he did not know when it would be available to the public.

My final agency visit was with Suzanne Thomaidis from Métis Family Services. I was familiar with her program because prior to developing TAPP, I had attended a facilitators training course that was based upon the *Personal Healing and Traditional Parenting Program* (PHTPP) that she had developed, and continues to facilitate, for Métis Family Services. Comparing all of the Aboriginal parenting programs that I researched, this program appears to be the most similar to TAPP in that both are co-facilitated by Elders, offer child-minding, run three-days a week, and have a specific focus of healing the parent.

Despite their similarities, there are also fundamental differences between the two programs. For example, the PHTPP plays a role in child welfare issues between the parent and the social worker such that the program facilitator plays a role in the determination of child apprehensions or the return of the child(ren) to the parents. In TAPP, the only role that the facilitator has in this regard is to either report, or encourage the parent to report, any child protection concerns to the appropriate authority. Moreover, the only involvement that the facilitator has with the participant's social worker is to report participant attendance, and even this only occurs after obtaining verbal consent from the participant. I believe that this fosters openness, honesty, and personal responsibility between the TAPP participants and facilitators.

Another striking difference is that PHTPP runs as a co-ed program, whereas through the evolution of TAPP we have come to see the value in running it as either a women's group or a men's group. (The first men-only program is scheduled to begin on

June 30th, 2010.) For example, many families are dealing with issues such as domestic violence or unhealthy inter-personal relationships. Therefore, having both parents, partners, or even genders in the same program may actually discourage honesty and disclosure. Another difference is the adaptability and flexibility of the curriculum. While both programs work out of a manual, PHTPP holds closely to the daily and weekly scheduled topics, whereas TAPP's manual was developed with the intention that it can be adapted to the needs of each particular group. The benefit of this is that the daily and weekly topics can be altered on the spot in order to accommodate the needs of the parents at any particular time. Some of the other differences between PHTPP and TAPP include how we utilize the crafting component of the programs (i.e., TAPP teaches a skill such as beading, whereas the participants in PHTPP make a drum, but only after successfully completing a certain number of weeks in the program), and our level of involvement with outreach programs (i.e., TAPP incorporates Early Childhood Education, Aboriginal Infant Development, and Infant Massage teams into the program, whereas PHTPP does not). Finally, while TAPP typically takes ten participants per group, PHTPP tries to accommodate up to 30 participants, which may account for the differences between program drop-out rates as well.

In terms of outcome research, the PHTPP has also never been evaluated. During my interview with Ms. Thomiadis I asked her if her program was successful, if it had ever been evaluated, and if so, what were the criteria for success? She said, "Of course it's successful. It continues to run doesn't it? The program is evaluated all of the time. I evaluate it constantly and make any changes when necessary. Success is measured by the fact that people keep coming, the waitlists keep getting longer, and social workers

continue to insist that I take their clients-- besides, babies are being returned to their families.” When I asked how she knew that the families she was working with were healing, she replied, “Well, I just know. I can see it. I can feel it. It’s just there.” (Suzanne Thomaidis, personal communication, 2010).

After interviewing each program facilitator and hearing their personal stories about their experiences with their programs and the families that they work with, the need for an evaluation of these programs was evident. While I do not doubt that great work is being done in this area and while I can definitely identify with some of the personal experiences of other program facilitators, I felt a sense of urgency to talk to the participant’s of TAPP. I wanted to hear their stories about how they perceive and experience TAPP, and I wanted to hear their feedback about how we could improve the program. In order to elicit this information I chose to conduct a qualitative evaluation study in which the graduates of TAPP were interviewed using focus groups.

Chapter 3: Methods

Outcome Evaluation and Needs Assessment

Does the program work? This is the question being asked of the vast majority of individuals who have a stake in the success or failure of a program. Jacobs (2003) notes that there has been an increasing demand for program evaluations over the past 20 years and she states that there is an increasingly “popular belief that the effects of all interventions can and should be measured” and that “the public has been sold on the virtues of evaluation; evaluators must now deliver” (p.62). Jacobs offers a five-tiered approach to child and family program evaluation that consists of five different evaluation activities: needs assessment (tier 1), monitoring and accountability (tier 2), quality review and program clarification (tier 3), achieving outcomes (tier 4), and establishing impact (tier 5). In this approach, evaluation within the earlier stages (tiers 1-3) can be used to generate descriptive and process-oriented information (needs assessment evaluation) whereas the evaluation activities at tiers 4 and 5 can be used to determine the effects of the program (outcome evaluation). In this way, the evaluation process is step-wise and sequential, yet can be used bi-directionally. That is, the evaluator could start the evaluation process at tier 1 and work upwards through each tier. This would be ideal in situation where the program has not yet been developed, but depending on the situation, one could start the evaluation process at any tier. For example, in situations where a program is already in progress the evaluator might begin at tier 4 or 5. In either case, Jacob’s model places the program participants at the core of the evaluation process. At each tier, data can be collected by interviews, surveys, observations, or focus groups.

Given the research questions for this research project, (1) How has TAPP been effective ? (2) What is it, specifically, about the program that facilitates its effectiveness? and (3) What are participants' recommendations for program development and improvement? TAPP was evaluated on these two dimensions: needs assessment and outcome evaluation. Krueger and Casey (2009) make the distinction between the two dimensions of evaluation based on when the groups are conducted. For example, if a focus group is used to gather information *prior to the start of a program* it is called a needs assessment, and when they are used for decision-making *after a program* it is referred to as an outcome evaluation. From another perspective, Straw and Smith (1995) make the distinction between needs assessment and outcome evaluation based on the types of issues and questions being addressed, rather than focusing on when the groups are conducted. Using this perspective, needs assessments typically evaluate issues pertaining to the demographic characteristics of the individuals who use the service as well as the specific services that they are in need of. On the other hand, outcome evaluations address questions related to the success or failure of the service or program, as well as the personal experiences of the individuals who have previously participated in them. Thus, the present study aims to address both outcome evaluation and needs assessment. That is, determining how TAPP has been effective and what, specifically facilitates its effectiveness are considered outcome evaluation questions. Whereas asking participants about recommendations for program improvement is considered a needs assessment question. The first two questions are intended to evaluate the effectiveness of TAPP from the participants perspective once having completed the program, whereas the

third question is intended to assess how TAPP can better meet the needs of future participants.

Research Design and Rationale

Focus groups are becoming more and more popular as a research method in the social sciences and they can be used as a qualitative technique for collecting data about a mutual topic of interest to consumers, stakeholders, and researchers. In deciding whether or not to use focus groups as a method for data collection, Asbury (1995) states, “In general, if the researcher is interested in understanding some issue from the perspective of a specific population, or has reason to believe that previous treatments of that issue have not sufficiently included the essential perspective, or both, then perhaps focus groups should be considered” (p. 415). Nabors, Ramos, and Weist (2001) note that the main reason that focus groups are effective is because they “. . . reflect human tendencies. . . people form their opinions and gather information about questions of interest through interacting with others” (p. 244). There is a growing body of literature indicating that focus groups are valuable research tools, particularly for conducting needs assessments, monitoring program implementation, and evaluating program outcomes (Golan, Spiker, Peterson, Mercier, Snow & Williamson, 2008; Krueger & Casey, 2009; Nabors et al, 2001). For example, Golan et al., (2008) used focus groups to gather information from parents in order to assess what types of services and information they use, or would like to have available to assist them with their children. They were then able to use this information to help guide program development, services, and other resources for parents to assist them in strengthening their families.

Focus groups are often used to assess community needs and program outcomes (Kress & Shoffner, 2007). For example, in a focus group study designed to assist in understanding the needs of HIV-positive women and their experiences and perceptions of community services, Morrow, Costello, and Boland (2001) were able to determine whether or not women were interested in attending psychosocial support groups and how to structure the group to meet their needs, desirable characteristics of the program facilitators, and barriers that would affect attendance and participation. These are all crucial pieces of information when one is trying to design a community program. As such, Kress and Shoffner (2007) stress the importance of selecting focus group participants that represent the demographic characteristics of the program participants.

Focus groups can provide rich data about the usefulness and effectiveness of a community program. For example, Kress and Shoffner used the focus group format to assess the effectiveness of a sexual abuse recovery program. She was particularly interested in determining whether or not the program helped to increase the participants sense of empowerment and coping skills. While the participants did report an increased sense of personal empowerment and coping, the researcher noted the usefulness that the focus group had on encouraging and assisting other participants in talking about their experiences. For example, one participant's answer led to the recollection of another participants' memory and response; this would not have been observed using a more standard written evaluation or even using the interview method with only one participant. In this way the focus group format is an excellent tool for elucidating information and allowing for a rich explanation of one's experiences.

Focus groups can be useful research tools and provide the researcher with a plethora of data not otherwise obtainable, such as the synergistic conversations that spontaneously arise between participants. Furthermore, given that focus groups emphasize the participants perceptions, they are thought to be more culturally sensitive (Kress & Shoffner, 2007) than some of the other more traditional research methods (i.e., surveys). Given these things, I decided that the focus group method would be the most appropriate one for ascertaining the specific information that I required to answer my research questions. Thus, my data was derived by interviewing TAPP graduates using the focus group method.

Research Participants

The focus groups took place over two consecutive weekends and there were seven participants in each group for a total of 14 participants. The participants were graduates from TAPP. Each graduate received a letter and bus-tickets in the mail, inviting them to participate in a focus group about their personal experiences with TAPP (see Appendix 2). They were also told that other TAPP graduates would also be attending, and we would be having a reunion lunch after the focus group. Each invitation was followed-up by a confirmation phone call, as well as a reminder phone call the day prior to the focus group.

The focus groups and reunion lunch took place at SOTCS on two subsequent Saturday's. All of the participants were welcomed to bring their children with them and childcare was provided while the focus group was in session. I had invited Verl Ferguson, (the program Elder) and my research assistant to assist me in running the groups. Each focus group was audio and video-recorded and process notes were recorded

during each session; each session lasted approximately 90 minutes. Prior to starting the session, each participant was required to read and sign a consent form (see Appendix 3) to participate in the study and to fill out a demographic questionnaire (see Appendix 4). At the end of the sessions, the parents were reunited with their children and we had lunch together. Participants received a stone with an inscription in recognition and appreciation of their participation in the focus group.

Participant Demographics

At the time of this writing, there have been 111 people register for TAPP. Of these 111, 75 women completed the program once, and 19 completed it more than once. Of the remaining 36 people who registered but did not complete the program, 30 did not start the program and six dropped out. Of the 75 women who completed TAPP, only 14 were successfully recruited for this study. The primary reason for this was loss of contact with the participant. The participants' ages ranged from 20 to 54 years old, and the average age was 32. Six participants resided in Burnaby, six resided in New Westminster, and two resided in Coquitlam. Eight of these participants attended TAPP once, three attended twice, and three attended three times. Ten of the women were single, and four were in common-law relationships. Of the fourteen participant's, seven self-identified as having Aboriginal status, one non-status, and six did not declare Aboriginal status one way or the other. Twelve of the participants attended with their children who were between the ages of birth and three-years-old, one participant had teenaged children, and one participant attended with her grandchild. Each participant said that they would attend TAPP again, and that they would refer a friend or family member to the program.

Research Protocol

Prior to starting the focus group, and to ensure consistency across both groups, I read aloud the instructions for participating in the focus group (e.g., one speaker at a time, be respectful of differing opinions) from a prepared script (see Appendix 5). At this time, I reiterated the purpose of the study, explained the format of the focus group, and encouraged all of the participants to speak as openly and honestly as possible, just like they did during TAPP. I also highlighted that their opinions were of the utmost importance to me, and that now was not the time to try to spare my feelings. I encouraged them to talk about their positive and negative experiences with TAPP, and assured them that all feedback was welcome. I then read through the consent form to ensure that everyone understood that the groups were being recorded and that the content of the recordings would be used as my data. I also explained that their participation was voluntary and that they were free to withdraw from the study at any time. Once I had collected their consent forms and answered their questions we began recording. At the end of focus group session, I read my concluding remarks from a script (see Appendix 5).

The Focus Group Questions

I paid particular attention to the guidelines set forth by Krueger and Casey (2009) when I was developing the questions for the focus groups. Their guidelines are as follows: questions should (a) evoke conversation, (b) contain language relevant and appropriate for the participants, (c) be easy to say, (d) be clear, (e) be short, (f) be open-ended, (g) be one-dimensional, and (h) include clear, well-thought-out directions.

Introductory Questions

Even though most of the participants already knew one another, there were some who did not, so I chose the opening question with this in mind. With the introductory questions my goals were to acquaint the participants with one another and to get them talking about their first encounter with SOTCS and TAPP. Typically, the purpose of introductory questions were to introduce the topic and to get the participants thinking about their personal experience with it or how it relates to them (Krueger & Casey, 2009). During this time, I was particularly interested in learning about what the ‘word on the street’ was and whether or not it is consistent with the participant’s experience with SOCTS and TAPP. Further, I wanted to discern their reasons for deciding to participate, their apprehensions about participating, and whether or not the process for registering was easy and accessible. Some examples of the opening questions were: How did you hear about the program? What were some of the things ‘out there’ in the community that you heard about the program? What were some of your first thoughts? (see Appendix 6 for list of all of the questions)

Transition Questions

The purpose of these questions was to move the participant’s closer to their personal experiences with TAPP. I was particularly interested in hearing about what they were hoping to take away from the program. Typically these questions serve as a link between the introductory questions and the key questions and “. . . during these questions the participants are becoming aware of how others view the topic.” (Krueger & Casey, 2009, pp.39-40). This is an important time because the tone of the discussion has the

potential to direct and set the tone for the remainder of the discussion. The transition questions were:

1. Thinking back to your very first involvement with TAPP, what were your first impressions?
2. What were some of your hopes in participating in TAPP?

Key Questions

The key questions are the ones that really drive the discussion and typically, these are the ones that are of most interest to the researcher, and most relevant in answering the research question(s) (Krueger & Casey, 2009). During this set of questioning, I was particularly interested in hearing about the participants' beliefs about how TAPP has been useful or helpful to them and their families. Further, I was also interested in determining what specifically was useful and what aspects were not. I wanted to hear their feedback about program improvement and what they would tell other people about TAPP, particularly those who might be considering participating in the program in the future. Here are some examples of the key questions that were asked: Now that you have completed the program, what did you find particularly useful or helpful about it? In what ways, if any, has TAPP helped you, or assisted you, in your personal healing journey? What was the worst part of the program? What should be changed?

Ending Questions

These questions are intended to bring a sense of closure to the discussion and to allow each participant to reflect on previous comments (Krueger & Casey, 2009). At this time I wanted to ensure that everyone left the discussion feeling like they had been heard and understood and I wanted to provide them with the opportunity to amend any of their

previous comments. For example, participants were asked if there was anything that they wanted to say that they had not yet had the chance to say. The last question of the session, the closing question, was intended to give everyone an opportunity to summarize their experience as a participant in the focus group. Here they were asked to choose one word to describe how they were feeling as we came to a close and ended the focus group.

Data Analysis

The audio-recordings were transcribed and qualitative research software (MAXQDA, 1989-2007) was used to assist in importing, combining, coding and categorizing the data for subsequent analysis. The video-recordings were not used in the analysis, as they were only used as an emergency back up in the event of an audio-equipment failure.

Coding: First, Second, and Third Coding Cycles

After importing the two focus group transcripts into MAXQDA, each segment of the transcript received a code. “A code in qualitative inquiry is most often a word or a short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data” (Saldaña, 2009, p. 3). Following the work of Saldaña (2009), I choose to use descriptive coding which “summarizes words in a word or short phrase – most often as a noun – the basic topic of a passage of qualitative data” (p.70). Given that I was trying to elicit very specific information about the participants’ personal experiences with TAPP I chose to use descriptive codes because they allowed me to actually describe their experiences as I read them throughout the text. I completed three rounds, or cycles, of coding the data because I wanted to ensure that I accurately captured the essence of what they were saying.

During the first cycle of coding, I went through both transcripts line-by-line and assigned each line, or segment of text, a code. Some of the first-cycle codes were phrases such as ‘hopes when starting’ and ‘concerns about attending TAPP’ and whenever I came across a piece of text that fit under one of these phrases I would tag it with a colour that corresponded to that particular code. As noted by Saldaña (2009), one of the benefits of using descriptive coding is that it leads to “a categorized inventory, tabular account, summary, or index of the data’s content” (p. 70). Thus, first cycle coding laid the groundwork for second cycle coding. After completing the first cycle of coding each segment of text had been organized by the main subject, point, or topic so that I could easily go into these categories and further reduce them by using even more specific codes.

Second cycle coding is an advanced way of reorganizing and reanalyzing the data and the codes that were set-up during first cycle coding. The first cycle really allowed me to overview the content of the data so that I had an organizational structure in place that allowed me to continue refining the code names so that they best described the segments of text contained within them. During second cycle coding, I continued this process. I reviewed all of the segments of text contained within each code and continued to re-name codes, insert new codes, or delete codes in order to ensure that each segment of text was housed in the most appropriate code category. This process of coding and re-coding the data is similar to what happens when you pour liquid into a funnel. At first, the top of the funnel is quite large and can hold a lot of fluid (first-cycle coding) but as the funnel narrows (second cycle coding) it becomes more selective about what can pass through it. Some of the codes from my second cycle coding were ‘empowerment’ and

‘resistance to attendance’. As you can see, these codes are much more specific and descriptive than the first cycle codes. I also did a third cycle of coding, in the same way that I did the second cycle. Some of the codes that arose from third cycle coding were, ‘feedback for future TAPPs’, ‘sense of personal growth since TAPP’, and ‘things about TAPP that were helpful’. As you can see, these final codes reflect my research questions, and really enabled me to be able to get an impression of the data. At this time, particular themes began to emerge. “A theme is a *phrase* or *sentence* that identifies what a unit of data is *about* and/or what it *means*.” (Saldaña, 2009, p.139). These emergent themes will be the focus of chapter four.

Chapter 4: Results

How has TAPP Been Effective?

Data analysis revealed four prominent themes about how TAPP has been effective. The participants spoke of TAPP as: (a) a comfort zone, (b) a means to finding voice, (c) a means to facilitate personal healing and growth, and (d) a means to re-connect with Aboriginal identity and culture.

TAPP as a Comfort Zone

Like all therapeutic relationships, environmental conditions must be conducive to building a good rapport. This is a necessary requirement to do any type of healing work, especially if you are working with clients who already express concerns about trust. For example, many TAPP participants have endured multiple traumas, or have experienced racism and marginalization, or have active case files with MCFD. Sometimes participants present themselves as extremely cautious and apprehensive about whom they can trust. One mother said “I was worried about trust as the Ministry already had my kids and I wasn’t sure that I could trust anyone here.”

In the TAPP program it is critical to the healing process that clients feel safe and supported along their healing journey, particularly during self-exploration when processing experiences that induce feelings such as guilt or shame (Shepard, O’Neill, & Guenette, 2006). In TAPP, rapport and trust is established almost immediately through setting clear expectations and boundaries, especially around the disclosure of personal information, being honest, and respecting confidentiality. Further, it is critical that the facilitator presents as a firm, yet flexible leader that is able to be both, supportive and

able to challenge the participants. When asked about first experiences with TAPP, one participant talked about rapport building when she stated, “For me, I liked your honesty, your being upfront, and allowing us to be ourselves and not being so judgmental, not putting us down when we’re already down.”

Through my experience of working with the mothers in TAPP, and despite my training to the contrary, I found that the best way to create this ‘comfort zone’ was through sharing relevant aspects of my own life experiences with the participants. In his research on counselling Aboriginal clients Thomason, (1991) argues that “. . . the counsellor can use self-disclosure as a way to prompt self-disclosure on the part of the client” (p.323). One participant shared her experience in this way:

My first impression was more laid back than I thought it would be and you guys [the facilitators] let us trip and fall if we have to, but you still give us a guiding hand. You’re not really preaching at us, and you give us our own tools by your example and shar[ing] your own life story. That makes me happy because you are not some book-learned fool. Sorry, no offence, but you have actually been through it and you know how hard it is to pick yourself up off the ground, so you can inspire me.

This is a very powerful statement and it illustrates how self-disclosure on the part of the facilitator can be used as a means to model disclosure to the participants, and subsequently facilitate disclosure from other participants.

Many of the mothers often referred to TAPP as a ‘sisterhood’. As this participant notes, “we’re all carrying wounds together, but also healing them together.” Healing is a continuous process not an end-state. While it is certainly not a requirement of the facilitator, I believe that it is important for the facilitators to model the process of healing even if this means having to reveal their own pain or share a personal experience that may be embarrassing or shameful. In modelling disclosure to, and within, the group, the

participants' tend to feel a sense of freedom and safety to share more openly and honestly. In this way disclosures seem to permit more disclosures and reduce ambivalence around sharing personal experiences for fear of being judged. In this way, disclosure can lead to the identification and normalization of issues that are otherwise anxiety provoking and facilitate sharing and emotional expression (Brave Heart & DeBruyn, 1998).

One example of this can be seen in how the TAPP facilitators manage participant emotional expression, particularly crying. Intense emotional expressions such as crying are encouraged in TAPP and are believed to facilitate healing (Verl Ferguson, personal communication, 2007). Many TAPP participants report that they often feel shame when they cry in front of other people. One participant said that, "when I go anywhere else and shed a tear, they look at me like I have a disease. . . people look at you like oh my God she's going to snap" Another mother said:

If you cry in front of your social worker, they are like she has mental problems or something. You know what I mean? But here it is accepted and even encouraged. I am so lucky. It is so hard to find. Even with your close friends you hardly could ever cry in front of them and then here we're crying with other women."

Crying is elemental to what we often refer to as 'letting go'. Letting go is a term used to describe the process of acceptance. Culturally, holding on to things that can contribute to the imbalance of one's four aspects (physical, mental, emotional, or spiritual) need to be 'let go' as a means to restore balance and wellness. Crying is a means to 'let go' of our hurt or unexpressed grief and send it up to the Creator to manage (Merel Williams, personal communication). In fact, when women cry in TAPP it is seen by the Elder as a sign of readiness to acknowledge, accept, and process emotions that are

helpful for healing unexpressed wounds. Often times participants cry when they are re-telling a story of what happened to them and “many clinicians agree that having individuals tell the story of their traumatic experiences in a safe and caring interpersonal setting helps them to live better with traumatic memories.” (Wesley-Esquimax & Smolewski, 2004). Thus, crying is viewed as an indicator that the participant is emotionally processing an experience that may not have yet been processed. While the expression of grief or crying is not something that we can easily quantify and measure, it is one of the ways that we measure our success with women in the program. I can recall numerous conversations with one of the Elders where I had asked her for her thoughts about how a particular client was progressing only to hear her exclaim, “Excellent! She’s finally starting to cry!” (Verl Ferguson, personal communication, 2009).

Fostering this sense of comfort is monumental to facilitating the openness and honesty that the participants in TAPP demonstrate. One participant talks about her experience of what it was like for her to share openly with the group. She says, “I found for myself the spirit of humility because it’s quite embarrassing for me to open up and tell people about how I’m feeling suicidal and how, you know, I’m just yelling at my kids.” When I inquired about what the women found the most helpful about the program, one participant said, “I could say anything here, anything whatsoever. I could really just say *anything* that I wanted to say.” Reiterating this perspective, another participant stated, “this is my spot. This is where I can be open with my friends. It’s our comfort zone.” These statements are reflective of the degree of safety in the group. I cannot stress the importance of creating this sense of safety in any Aboriginal parents program intended

for fostering personal growth and spiritual healing. Creating a sense of safety increases program effectiveness by providing the foundation required for the participants to explore and address personal issues and life experiences that they might otherwise remain quiet about and not have the opportunity to process.

As highlighted in the literature (Brave Heart & DeBruyn, 1998; Thomason, 1991; Wesley-Esquimax & Smolewski, 2004) and as illustrated through the present study, facilitators need to ensure that they are conscious of the following: (a) the need to create an environment that fosters a sense of comfort in their clients, (b) establishing trusting relationships that are developed and maintained through appropriate (c) self-disclosures and (d) promote normalization of topics that are typically considered to be taboo which (e) can facilitate the participants to re-tell their stories of grief and trauma and (f) assist in processing and supporting their emotional expressions, such as crying.

TAPP as a Means to Finding Ones Voice

Like crying, other strong emotional expressions are also encouraged in TAPP. One example of a strong emotional expression is what some participants refer to as ‘venting.’ One participant relates her experience in this way:

[Venting] is one thing that I have found since I have started coming to TAPP and that has become very useful to me. When I came to the program, it really helped for me to sort things out, and then I could bring it back home with me [and me and my boyfriend could finish our conversation in a more healthy way] because it had already been all sorted out.

In TAPP, the term *venting* is commonly used to describe a scenario in which a participant is supported to verbally express her thoughts and emotions while telling or re-telling her story, without interruption from the group. We call this ‘venting’ because often times women tell their story with a plume of animation and emotion (e.g., anger,

fear, frustration) and venting is seen as a healthy means to express or ‘let go of’ emotions that may be contributing to an imbalance in one of their four aspects (physical, emotional, mental, spiritual). Venting also facilitates the processes of empowerment and finding, and using one’s own voice, particularly in those who have been marginalized. In their discussion about the benefits of taking a social constructionist approach to counselling First Nations women, Shepard et al., (2006) recognize that such telling and re-telling of personal life stories “offers the potential to explore and clarify their life-space, to use questions to deconstruct long-held beliefs, to identify dominant voices and power structures they have been paying attention to, and to redefine them.” (p. 234).

In talking about her experience in finding her voice one participant states:

[TAPP] made me open the door to become who I was before I had children, before I started getting confused and lost within the world. And so when I came to TAPP I was, like, loud, bubbly and always bugging everybody. But I used to keep that in. I wouldn’t let myself be like that. I used to not even say a word because of the relationship that I was in with [my ex]. I changed myself [for him]. I wasn’t who I was. But coming to TAPP helped me find that person again [and her voice] and to keep it that way. I will no longer let anything or anybody change who I am again.

Finding ones voice takes courage but using ones voice is especially courageous. There is a difference between knowing what you need to say and actually saying it. This is something that we try to teach in TAPP. For example, many women who have attended TAPP report that they are now able to take a stand for themselves and be more assertive with their partners. One participant notes:

[I stand] up more to my ex, my daughter’s father. I used to always let him control me and for ten years he used to control me a lot. I used to put up with it until my daughter was a certain age and I finally said that we would be better separated in different houses. Normally, we fight a lot but now that we communicate better and we’re not in the same household, I am being assertive to him now.

Another participant came to the conclusion that separating would be best for her family and she found the courage to say, “You know what? Having you around isn’t even any good because when you are here you are always trying to fight me.” Consequently, this participant was finally able to leave this relationship. Other participants came to the same realization declaring, “I don’t have to take this anymore. I’m just not going to take this crap anymore. I’m not who I was before [TAPP] I’m not gullible anymore.” One participant summed it up quite eloquently when we were discussing the reasons why some of their partners often discourage them to attend TAPP when she said “they are afraid because we find our voice here.”

Some of the women reported growth and change in the ways that they find themselves interacting with their partners. One of the participants said, “You know, we actually talk when we have our arguments. If it gets too heated we go our separate ways and then come back and continue to talk. And then we always end up holding each other instead of packing our bags and leaving.” Another mother found herself standing up to her partner in a way that she had never done before. She found herself modelling her newly learned behaviours to her partner. She said that when it comes to her partner, she is “. . . putting [her] foot down. No, not that way. Use your normal voice. Don’t shout at them because they don’t respond to that. I teach him how to be a better parent too.”

Encouraging strong emotional expression in a supportive environment, such as ‘venting,’ allows the participant an opportunity to explore and work through these emotions. Further, it can assist in identifying the things that trigger such strong emotional responses. One of the roles of the facilitator is to assist the participant in identifying and exploring alternative ways of healthy emotional expression. In doing so,

the participant becomes empowered and finds her own voice. I would argue that instead of ‘finding’ it, she simply re-discovers it.

TAPP as a Means to Facilitating Personal Healing and Growth

Corey and Corey (2008) identify five stages of group development—pregroup, initial, transition, working, and final. Generally, there is a gradual un-folding of these sequential stages and there are issues that are commonly experienced in each. For example, the initial stage is characterized by group members who are hesitant and apprehensive as they are getting a feel for the other members and group facilitators; transition is typically characterized by “anxiety, defensiveness, resistance, a range of control issues, inter-member conflicts, challenges to or with the leader, and various patterns of behaviour problems” (p. 178); and the working stage is characterized by “the commitment of members to explore significant problems they bring to the session...”(p. 226). In my experience, the participants in TAPP typically cycle through the initial stage within the first few days and spend very little time in transition. Participants in TAPP spend the majority of the program in the working stage. This may be due to the safety felt within the group and the readiness of the participants to work on their personal issues.

Interestingly, many of the participants think of TAPP as school. One mother said:

When you are going through it [TAPP] and you look deeper, it helps to put it out on paper, very similar to journal writing. But it was also fun at the same time because I mean, for me it was just like going back to school.

Upon reflecting on the program ending another mother stated that she felt, “like school is over. Like, high school is done. Everyone is moving on to do their thing.”

The participant’s perception of TAPP being like ‘school’, is interesting to me because it indicates that they have the perception of learning or of acquiring knowledge

while participating in the program. This is important because in essence TAPP *is* like a school—it is a school where one can go to learn and acquire knowledge about oneself. It is a school for personal healing and growth. Moreover, and perhaps most importantly, it is a model for a positive school experience, which is starkly contrasted with many of the negative experiences with the school system that have been reported by Aboriginal people.

As I mentioned briefly in chapter 2, we use a diagram of the medicine wheel as a model of personal wellness in TAPP. Using Garrett’s (1998) definition of wellness as “harmony in mind, body and spirit” we challenge the TAPP participants to look at each of their four aspects (physical, emotional, mental, and spiritual) and determine whether or not they are balanced. If not, they are encouraged to identify the things that need addressing and to choose one or two areas or issues that they would like to focus on. We then ask them to make a commitment to exploring these areas or issues and we support them by monitoring their progress, preparing them for setbacks or relapses, and commending their level of commitment and courage to change and grow. In particular, some goals for change are usually directly related to how participants parent their children, treat themselves, or interact in their interpersonal relationships with either their partner or another family member. Others goals are purely intrapersonal in nature. For example, one participant identified her need to work on managing and controlling her anger. She states that:

It has been useful to me to find out that problems can be solved without violence, because I always turned to violence because I was angry. So I’ve learned better ways of dealing with my anger and stress and you guys helped me deal with how to express the anger and how to work with it instead of holding it in. I used to hold it in all the time and then I would just explode like a volcano. You helped me deal with it in a good way, in a positive way.

Another participant was able to articulate her experience of what it has been like for her to break the cycle of violence that was perpetuated in her family. She said:

When you grow up you're only used to what you know as how your parents raised you and to me I realized that there are other ways of raising your child and what really opened me up to the program is the fact that was finding those other ways, seeing how other people raised their children has really helped me in how I relate to my girl.

Another participant articulated her goal to work on her relationship with her mother that was 'unhealthy' and 'rocky.' She noted that since TAPP she has noticed a difference in her interactions with her mother. She said:

Like right now, me and my mom are actually getting along, whereas before it was kind of, well it was really rocky. Now I can actually sit there and express myself to my mom without the fear of having her get mad. Now, when she does get mad, it is not really that big of a deal to me.

Those participants who wanted to specifically work on improving the quality of the interactions with their children reported that they found themselves taking different approaches towards their interactions. As an example, one participant said; "the program helped me calm down a lot more at home. I am talking to my girls more and explaining things to them more. Before, it was just yelling and screaming." Another mother reported that since completing TAPP she was no longer using violence towards her children. She stated:

Even though I have not heard them say it, I know that my girls are a lot happier that I am not spanking them anymore. No more spankings. Before going through the program, I really pushed them away and I never practiced hugging them, but after going through the program, I started asking them for hugs.

These results indicate that TAPP has been effective at teaching the participant's new ways of coping and managing their daily stresses as well as teaching them about

themselves, their strengths and challenges. Most importantly, TAPP is giving them hope that they are able to change and grow.

TAPP as a Means to Re-Connect with Aboriginal Culture and Spirituality

One unique aspect of TAPP is that we really try to encourage spiritual and cultural development. We work with many women who have never been exposed to their culture or who, through a variety of reasons, have lost their connection to it. TAPP is made available to any Aboriginal parent, grandparent, or guardian, or to any non-Aboriginal parent, grandparent, or guardian who may be caring for Aboriginal children. At TAPP, we understand that there is going to be diversity in the participant's levels of cultural orientation and spirituality, as well as their level of acculturation. Therefore, while we advocate traditional Aboriginal practices and spirituality (e.g., sharing circles and smudge ceremonies) we are respectful to the differing beliefs and practices of all of the participants. We also respect where they are along their healing journeys.

For some participants TAPP is the beginning of a spiritual journey. One participant stated:

I was not sure about if I could trust anybody here. I had already put up a wall and as I was here longer, the walls came down and, like the women in here say, we started our spiritual journey here. And it has been great to have the traditions brought back and passing them on to our children as we grow stronger as a family.

Other women might have had a connection to their spirituality and culture prior to attending TAPP, but for one reason or another it had been severed. One participant spoke about how she grew up practicing traditional ways but lost touch with her culture until coming to TAPP. She said:

I'd gone away from it but then coming back here [to TAPP] reminded me of everything so I started doing it again – smudging more and teaching [my children] more stuff. And I was, like, I can't believe I left this way and I feel more calm now that I'm back to it. Just more grounded and centred because before I was, like, 'What am I doing here? I'm going crazy.' And now I'm, like, okay, everything will be alright.

Her statement illustrates that TAPP is effective at restoring a sense of cultural identity even once it feels as though it had been lost.

The afternoon portion of TAPP is spent teaching the women traditional crafting skills such as beading, quilting, and making medicine pouches. It appears that this portion of the program is extremely therapeutic to the women. One participant said, “. . . and making the quilt, I really enjoyed that. That was my first time doing a baby blanket and it really helped me spiritually.” Another participant said, “it made me feel all warm and bubbly inside knowing that my son would have that blanket and that I had made it by hand. It's the first time I've ever done one. It was awesome too, to feel like a woman and do something that normally women do, well at least what they used to do!” Another participant exclaimed, “Yeah! You're not just a mom, you're a beader! You're a beading mom!”

During the crafting time the women tend to relax and talk freely about their lives and experiences, all while learning a traditional skill that can be taught to their children. It is also a time for laughter and conversations that are unrestrained by convention and taboo; for example, sex and sexuality are often recurring topics. One participant said, “sex was my number one topic in TAPP.” It appeared that TAPP sessions were the only place where women felt safe enough to talk about it. The Elder always made a point of talking to the women openly about sex because she knew that many of the women we work with had been sexually abused in the past and struggled with this topic. During our

focus group the Elder spoke to this issue. She was telling us a story about how she believes that some Elders do a disservice to their people when they shun the topic. She says:

. . . and so they couldn't be themselves like I allow them to be. They can't talk about sex. Actually I got roasted at the Elder's Christmas party in December. She was the Elder for another program and she was telling a story about how this young woman's face would always turn beet red whenever I talked to her about sex. She says I really helped her with it, to be okay with her sexuality. And so everybody laughed and I just had to get up and say something. I said, 'You know, I'm okay with my sexuality and I can talk about sex.' So I say that and I do that just to make people feel okay with it because it's always been taboo. Don't talk about it, you know. And now yeah, and I make no bones about it. It's only dirty if you want it to be. If you keep it a dirty secret, you know, like things happen. Things happen, you know, that aren't good. So just talk about it. Be okay with it.

This quote exemplifies how personal disclosure by a facilitator can assist in normalizing a topic that would otherwise be ignored and considered taboo. TAPP encourages the participants to talk openly and unabashedly about their sexuality. Sometimes this includes their experiences with sexual abuse.

In summary, TAPP has been effective as a culturally appropriate therapeutic intervention for Aboriginal mothers. It has provided a comfort zone in which women can become self-aware, grow as individuals, and heal past wounds. It has assisted women to find and assert their voice, restore pride in their cultural identities, and connect and re-connect with their spirituality and culture. One participant aptly summed it up by saying:

[TAPP] has helped me look at a lot of, a lot of the deeper stuff I hadn't worked on yet, that I wasn't, I guess the stuff that I buried and [and didn't want to] bring it up to the surface. And just, just sharing with whatever I wasn't willing to look at. Like, when I first came here, I felt like I was wearing this mask and it's starting to come off. Kind of a self-healing for me and I know that I needed to heal in order to be there for my children and kind of help them in their healing.

Like this participant, most of the people who attend TAPP are already aware of their need for healing and restoring balance in their lives. TAPP is a means by which individuals can begin this process.

Having shown how participants see TAPP as effective, I will look specifically at what is unique about TAPP that facilitates this effectiveness.

What Facilitates the Effectiveness of TAPP?

In trying to determine what facilitates the effectiveness of TAPP, two significant themes emerged from the data: (a) TAPP provided the women with a safe, non-judgmental place to (b) witness and be witnessed by other people who share similar experiences.

A Safe and Non-Judgemental Place

One of the challenges of a group facilitator is trying to earn the trust of the group members. If trust is not established early on, there can be serious consequences. Corey and Corey (2008) state that “people can be said to be developing trust in one another when they can express any feelings without fear of censure; when they are willing to decide for themselves specific goals and personal areas to explore; when they focus on themselves, not on others; and when they are willing to risk disclosing personal aspects of themselves” (p.139) In many cases, establishing trust can be an insurmountable task, particularly when a mother may have just had her children apprehended by the Ministry or she is currently at-risk for having them apprehended. For this reason, many of the women who come to TAPP arrive feeling extremely distrusting and vulnerable. One participant describes her experience:

I was concerned about you guys being spies and reporting back to the social worker if I did something wrong. And the thing I was trying to do to save my kids from getting taken would make them get taken. But then I realized you guys aren't like that.

Another participant who attended TAPP multiple times said, “for me, I think I had to attend the first parenting program when my son was, like, three months old because my daughter was in foster care and they [the Ministry] wanted to see how well I could handle looking after my son.” Another participant said “I was worried about trust, as the Ministry had already had my kids. And I wasn't sure about if I could trust anybody here. I had already put up a wall. And as I was here longer, the walls came down.” These participants feared that TAPP facilitators were “spies” for the Ministry and that we would report them at the first opportunity. Building a trusting relationship with the women was important, and I have to continuously remind myself that while I am an advocate for the women, my first and foremost responsibility is to the protection and safety of children. On the one hand, the participants are encouraged to speak openly about their experiences and challenges with parenthood, especially those instances when they may have crossed a line by being abusive to a child. After all, TAPP purports to create a non-judgmental environment to address these painful and shameful experiences; and the admission of a problem is the first step in the recovery process. On the other hand, facilitators are legally and ethically obligated to report cases of child abuse, so I must be completely transparent about this dilemma with my clients. For this reason, TAPP participants are required to sign a form that explains the limits of confidentiality and outlines the conditions in which it may be breached.

To Witness and to be Witnessed

The second theme that emerged was the idea of witnessing and being witnessed, and one that I believe to be fundamental to the success of TAPP. For example, every morning at the start of the program we do a general check-in with the participants about how or what they are doing. During this time we go around in a circle and each person provides the group with an update about things such as what they did the night before or if there is anything significant currently going on for them. At the beginning of the program we highlight the importance of check-in and outline the rules surrounding it (i.e., what is said in the group, stays in the group; not interrupting a speaker but just listening; and freedom to take as much time as needed to check-in). Some days the participants spend the entire morning checking-in, but this is not discouraged because a lot of ‘emotional work’ such as personal disclosure, processing, and venting occurs during this time, so it is quite common that our morning check-in turns into more of a working session with the participants. One participant summed it up very nicely when she described her thoughts about check-in. She said; “Who [else in your life] actually wants to sit there and *let* you let it out? Because sometimes it is so hard to find at home, somebody who will just sit there and say, ‘What’s on your mind? What are you going through?’ You know?” This quote epitomizes the need that participants have to be witnessed and for witnessing others who share similar experiences.

Some of the participants are motivated to change certain aspects of themselves or of their lives simply because they are being witnessed by the other members of the group and some participants learn vicariously through this witnessing. Often times the participants form friendships with each other and rely on one another for support. I often find myself telling them that if they think they need to depend on someone or something

else as their motivator for change, it is perfectly alright as long as at some point they understand that permanent, long-lasting, and meaningful changes occur when they are genuinely motivated to change for themselves. If someone quits smoking because a boyfriend finds it repulsive, what is likely to happen the first time there is conflict with him? Or, if someone is simply jumping through hoops in hopes of pleasing a social worker until their children are returned to them and they return to unhealthy behaviour, what is likely to occur? One participant said, “I did not want to come but I knew that, regardless, I had to because my social worker wanted me to. But now, I am so glad that I came.”

The women in TAPP come to respect one another and each other’s personal struggles. The women also feel understood because they recognize that they are not alone in their challenges. For example, in talking about what she found useful about the program, one participant stated, “I am not the only one that has problems, other people do too.” When asked about the usefulness of the morning check-in, another participant talked about her connection with the other women when she said, “it involved me with [the other participant’s] life, and then it helped me involve them with mine.” Another participant reiterated this sentiment in another way by saying, “I liked the check-in. I had things [to talk about] from the night before and nobody to share them with. I always looked forward to that, whether it’s good news or bad news.”

These conditions--a safe and non-judgmental place to witness other’s struggles, to have one’s story be witnessed and validated by others-- are what facilitate the effectiveness of TAPP.

Recommendations for Program Improvement

The participants were asked to provide feedback about what they thought was the worst part of the program and what should be changed. There were three significant recommendations for program improvement. They were increasing the length of the program, incorporating more cultural teachings, and providing an opportunity for partner inclusion.

Program Length

One suggestion shared by most women was to extend the length of the program. One participant said, “I don’t think TAPP should be something that should be that short. I mean, actually I find it should be something that you have to take while your children are in school. When they’re in school, you’re in school!” Another participant suggested extending the program from 10 weeks to three months. While TAPP generally runs as a 10-week program, due to program scheduling needs at SOTCS and the feedback from former participants, we were able to run one session for 14-weeks. One of the participants who had been in both the 10-week and the 14-week programs said:

With the 10-week it was, like, it was a little too short, right, because we didn’t get to really go through everything and open up a little more. And then the 14-week [session] gave us those couple extra weeks to work harder on things, which, like, with the 10-week one I didn’t feel done all the way. With the 14-week [session], I was confident. Yeah, I’d come back for the third but I don’t think I need it.”

Program length is often determined by administrative practicalities within the agency and program developers must ensure that they do not inadvertently enable the participants to become overly dependent or reliant on the program. These issues will be further addressed in chapter 5.

More Cultural Teachings

Some of the participants stated that they would like to have had access to more cultural teachings. One participant expressed her opinion by saying:

I think what could have been brought up more were the writings and teachings about our culture. That could have been taught [more] because that was one of the main reasons why I found it [TAPP] so appealing in the first place, the idea that I would be learning something about my culture. I was raised with my grandmother and my grandmother was one of the last students in a residential school and she unfortunately wasn't strong enough to hold onto her culture. She let it go. So I was raised without that in my life.

Other participants were in agreement and one stated:

I would have to agree with that. I was raised by my father and he is White so I didn't get any traditional background. So that was one of the reasons why I did agree to do the TAPP program because they [her social workers] told me it was going to be, it would be a little bit more with my background culture. Like, I was doing other parenting programs and I just wasn't into it and then I came here and rather enjoyed it. I wouldn't say that I would go back to the other one, but I'd like to come back [to TAPP] again.

Along these same lines another participant expressed her wishes to learn more about spiritual healing and the protocol surrounding ceremonies. She said:

It covered the basics of us as a person, as a woman, [and as] a mother, but it didn't completely cover us as Natives. It could have done more. I would have loved to have learned more of the spiritual healing, more of that. Beliefs like the dreams, beliefs with the animals and to get more in touch with the Creator, you know, like sweet grass and sage. I would like to know how you act when you attend a feast or, you know, I would have liked to have learned more of that.

Some other ideas for expanding the cultural aspect of the TAPP included requests for more teachings about traditional protocols and smudging, having the opportunity to attend a sweatlodge, and to have burning ceremonies. These ideas form the basis for some of the changes that I am currently working towards piloting in the upcoming men's TAPP so they can be implemented in future sessions for women as well. These changes

to the curricula and structure of the program will be discussed in greater detail in chapter five.

Partner Week

The final recommendation is to include the women's partners in the program, but not in a way that would be overly intrusive to the other participants or to the safety and comfort of the group. As a way to include the partners without being too intrusive to the women-only programs one participant suggested giving partners "a day to share what the women are sharing, and maybe give them the workbook or something like that."

One participant said that she "would have liked to have seen a session where we could have our partners come and be involved." Another participant suggested having the partners actually participate, temporarily, in the program, "so they can see what TAPP really is like. Maybe not just one day, but actually come and participate for maybe one week where they can experience the, the benefits we get from it." Many of the participants want their partners to see what they are accomplishing in the program in hopes that they too will be inspired to work on their personal development. For others, they want their partner's approval—they want them to see that they are actually making an effort to better themselves and their children.

A few other suggestions participants had for program improvement were to "keep the facilitators," to "make sure to keep Verl, she's a good Elder and makes us feel comfortable," and to "[not] change anything. We like it the way it is." When asked to reflect on the worst part of TAPP, one group member said "Well besides the program having to end, I don't think there was really a worst part because the program was built to benefit us." This sentiment was shared by all of the participants. As I reflected on this

answer, I felt some disappointment about the women not having any substantial negative feedback about the program. However, one of the participants, when talking about why she needed a program like TAPP said, “I had been failing miserably and so I really just needed this program.” Her response was important because most of TAPP’s participants had little to no social supports prior to the program. Thus, when participating in the program and experiencing safety, comfort, support, witnessing, and validation, their gratitude was immense. This feeling is illustrated in one of the final statements a participant made during the focus group. She said, “we can come here and are waited on, have people watch over our children, eat good food, AND get counselled three days a week. What else can we ask for?” I believe that the participants of TAPP are extremely grateful for the service that we are providing to them, and, in effect, they focus on its strengths rather than its weaknesses. Chapter five will include a brief section about my ideas for further program improvement that were inspired from these findings in the data.

Chapter 5: Discussion

Spirit of the Children Society is a relatively new organization and their work with Aboriginal families is truly remarkable. TAPP is an agency initiative that was intended to “. . . provid[e] Aboriginal parents with education to improve their parenting skills and family relationships, to build culturally appropriate supports to parents, and to increase the permanence and stability of families” (SOTCS, 2008, p. 47). As the program facilitator, it has been my responsibility to develop the curriculum for TAPP, facilitate it, and now I have had the opportunity to evaluate it. Through this evaluation several issues for consideration have been identified. Three of the issues addressed by the participants were (a) increasing the length of the program, (b) incorporating more culture into the curricula, and (c) including the participants’ partners in the program. Some of the issues that were either not addressed by the participants directly or one that I discovered through conducting the research are: the community’s need to correct some of the misconceptions about parenting programs; the need for the facilitator to be more proactive with the other service providers who are involved with the participants of TAPP, and subsequently, to implement a written evaluative component that can be used to assess participant needs and challenges at the beginning of the program, track personal growth and development, and offer recommendations for follow-up.

Future Directions

Increasing the Length of TAPP

TAPP currently runs as a 10-week program, with the exception of the one time when it ran it for 14-weeks. One of the benefits of the 14-week program was that it

allowed us to spend more time on some of the subjects that generally do require a more in-depth exploration such as interpersonal relationships and exploring family histories through genograms. Corey and Corey (2008) recommend that the optimal time for the length of a group be around 15-weeks. They argue, “this is long enough for trust to develop and for work toward behavioural changes to take place” (p. 117). In my experience running TAPP, I agree that the program length should be extended; unfortunately, there are other administrative practicalities that need to be considered. For example, SOTCS offers a variety of programs in the same location as TAPP, so we are limited by the mandated expectations of our funders (e.g., running and scheduling multiple programs, managing program resources such as space and staff). With these limitations in mind, I recommend that we pilot running TAPP as a 15-week program that runs three times a year, instead running it as a 10-week program that runs four times a year. We could have a Spring session (January-April), a Summer session (May-August), and a Fall session (September-December). The weeks in between would be used for staff holidays and program preparation. As a cautionary note, in increasing program length the facilitators must be cognizant of the possibility that some participants may become overly dependent or reliant upon the program, facilitators, or other participants for support. It will be important to establish boundaries for group participation that prevent this from occurring. For example, participants will either be allowed to attend one session, or allow one session to lapse before they can re-register.

Another recommendation already implemented at SOTCS, is to offer a follow-up program to TAPP. SOTCS is currently offering the Protecting Our Children’s Spirits Program (POCS) that is intended as a follow-up to TAPP. In this way, TAPP can be

thought of as the first step in healing with the focus on healing the parent, and POCS as the second step where parents work to establish greater bonds with their children.

More Cultural Teachings in the TAPP Curricula

McCormick (1995) examined the factors that facilitate healing for Aboriginal people in British Columbia. While there was some over-lap between Aboriginal and Western traditions, the majority of the factors he identified reflect Aboriginal culture such as: (a) participation in ceremonies such as the sweatlodge and smudging, (b) establishing a connection with nature, (c) anchoring oneself in tradition, and (d) establishing a spiritual connection. Other factors that were identified are helping others, expressing emotion, learning from a role model, making time for physical exercise, being challenged, establishing a social connection, obtaining help or support from others, establishing goals, and gaining an understanding of the problem.

Combining McCormick's (1995) findings with the data from this TAPP evaluation, participants show a need to incorporate more culture teachings into TAPP. After finishing data collection for this study, I met with Verl Ferguson (the Elder) and we updated the TAPP workbook by adding more cultural specific information to the manual. For example, we added worksheets on the seven sacred teachings, the medicine wheel, the spiritual laws surrounding a women's moontime (menstrual cycle), smudging, symbolism of the eagle feather and the four directions, protocols about sharing circles, and how to use storytelling as a means of communication. I am now planning outings for TAPP that incorporate outdoor activities as a means of encouraging exercise and connections with nature, such as walking in the forest, picking plants for medicinal uses, visiting the Museum of Anthropology, and attending sweatlodge ceremonies.

Partner Inclusion in TAPP

While I do not believe that TAPP should be run as a mixed program, I do believe that there is a need to include participants' partners in some way. By doing this, it will be especially helpful for the safety of the participants and the security of the interpersonal relationships. For example, many of the participants' reported that their partners were intimidated and insecure about their girlfriend or wife attending the program. In one instance a participant said, "at first he didn't like me coming here. He said that we are probably just a bunch of scorned women sitting around man-bashing." Another women said that when she tried to "tell him what I learned here, he thinks that I am all high-class and better than him." Thus, it is almost as important to establish trust with the partners of the participants to help them understand TAPP's purpose and encourage them to support their partners rather than feel left out and insecure.

There are several ideas about how to incorporate partners coming from this recommendation. For example, holding a community information session for all parents and providing them with an overview of TAPP, or incorporating lesson plans or homework participants can take home and do with their partners. Depending on the desires and safety of the group, we could also have a partner day or partner week where the participants could bring their partners to the program and participate in activities together, especially when discussing communication and interpersonal relationships. We could also invite partners to our graduation ceremony where they would have the opportunity to hear about participant accomplishments and perhaps then provide emotional support for expanding those accomplishments. This type of inclusion may foster partners' interest and open the opportunity for them to attend future sessions of TAPP.

Other Recommendations

As I mentioned at the outset of chapter 5, there are three more specific recommendations that did not originate directly from the data. These recommendations follow logically from personal observations while conducting this research.

Correcting Community Misconceptions about Parenting Programs

There seems to be a lot of negative connotations associated with attending parenting programs. It is as if attending a parenting program equates to the admission of failing as a parent or requiring someone else to give instructions about how to parent more effectively. When asked to reflect on why the participants chose to attend TAPP, one participant said:

Because when they [social workers] had told me about the program, I automatically assumed, ‘Oh a parenting program. I need somebody to tell me how to parent my children?’ But after they told me that it was a Native parenting program and that they will help you with spiritually raising your children and everything, that appealed to me more because I didn’t like the fact that at first it sounded like someone is going to tell me what to do.

Another participant said, “I was worried that you guys were going to tell me what to do and how to do it, and when to do it.”

These concerns and misconceptions about parenting programs need to be addressed in order to increase participation and decrease those instances where parents are not reaching out for help. Positive word-of-mouth, advertising, and community program promotions are some ways to accomplish this and to encourage participation in community parenting programs.

Along these same lines, there seems to be an ‘us’ (Aboriginal people) versus ‘them’ (predominately non-Aboriginal people in agencies or other non-culturally specific

parenting programs) sentiment underlying many of the concerns of prospective TAPP participants. While there are many reasons for people attending a parenting program, there appears to be two distinct types of consumers regardless of their cultural orientation. First, there are those families who *choose* the service for a variety of reasons (e.g., foster the development of their children, better their parenting skills, make friends in the community). Secondly, there are those who are told by their social worker or a judge that they *need* the service and are directed or ordered, to attend a parenting program. This second set of consumers receive a message that implies they are inept or failing in some way in parenting and to ‘be fixed’ they must take a course to learn how to be a better parent or person. Clearly, it is not hard to see how this circumstance would create tension for the parent and consequently govern their perception of, and experience within the program.

The Need for Collaboration with Other Service Providers

TAPP is marketed as a voluntary program and I was under the assumption that most women self-refer. During the course of this research, I learned that a large portion of participants were in the second set of consumers as described above (told or ordered to attend by social workers or judges). During the focus group, one of the participants noted that she did not want to attend TAPP but her social worker told her that she had to participate. Another participant interrupted and said, “it was a court request for me.” I was surprised, so I asked how many other participants were told that it was mandatory. Four of the seven women in the room raised their hands. They made statements such as, “I was told that I would lose my son if I didn’t take it” and “they were going to try to take my baby.” It was at this time that I realized there was a need for collaboration between

the facilitators of TAPP and other members of the community who worked with the participants (i.e., social workers and lawyers). Therefore, I recommend in future TAPP sessions we ask participants to provide us with this information and request their permission to discuss any relevant specifics of their case with the appropriate service provider. For example, I could talk to the social worker and gain an understanding of the issues surrounding a child protection concern. This information will assist me to be better informed about the needs of the family, know if the children are currently at risk for apprehension, or if the children are currently in care so I will know what is required for their return. In essence, I could use this information to tailor the curriculum to offer teachings that are highly relevant and specific to each parent (e.g., healthy forms of discipline). Then upon completion of TAPP I could provide participants and their service providers with evaluative feedback that would be specific to the needs of the family.

Participant Evaluation

Finally, given that many of TAPP's participants are being mandated through the courts to attend the program, it would be extremely beneficial if each graduate received a written evaluative summary of her progress in TAPP. This summary would be general and contain information about attendance, level of commitment, and any notable progression towards the goals that were outlined in the intake interview. It would also contain facilitator recommendations about how the client can continue to be supported in the community (i.e., move on to POCS or make a referral for counselling).

Limitations

An obvious limitation of this study is that I, as the developer and facilitator of TAPP, shared a role as the primary researcher in this study. Thus, one cannot be sure if,

or to the extent that, participants' reports were influenced by my presence. Also, it is difficult to determine what role, if any, the recording equipment may have had on the things that the participants chose to talk about. Hopefully, eventually we will be able to have the program evaluated by someone or some agency that is completely independent from and external to SOTCS. This would address the issue of dual roles, and could also be a way to more fully investigate participants' perceptions and opinions about the facilitators, Elders, and support staff that are associated with TAPP. Finally, while the focus group method was useful for collecting interview data, it would also be informative to use other methods of data collection, such as pre- and post-group surveys that could offer a more objective measure of program evaluation. For example, we could measure participant change and determine if TAPP is meeting its therapeutic objectives.

Chapter 6: My Personal Experience

I am writing this chapter so that I can share with you, my reader and my witness, two of my most memorable experiences that occurred to me while I was writing my thesis. My first experience is one of personal healing and my second experience is one of personal struggle.

A Personal Example of Healing Occurring in Real-time

While I was writing the results section of my thesis, I quoted a mother who had made a statement about how her behaviour towards her daughters had changed since attending TAPP. She said, “I know that my girls are a lot happier that I am not spanking them anymore. Before going through the program I really pushed them away and I never practiced hugging them, but after going through the program I started asking them for hugs.” During this time, while I was reading the transcripts of our conversation and writing this quote I became increasingly overwhelmed by feelings of sadness and guilt; I began to cry. I suddenly became aware that I had just been triggered, but instead of distracting myself from this uncomfortable feeling that I was experiencing I decided to explore it in the very moment that it was happening. I quickly opened a new page and typed the following:

I find myself crying a lot as I write this; I am crying right now. Here is an example of healing happening in real time, right before your very eyes. The type of healing that I have tried so hard to articulate throughout this thesis but fail to do it justice every time. I am going to take this as an opportunity right now and try to explain this concept of healing that I keep referring to.

As I sit, writing this mother's experience, I find myself overwhelmed with sadness. Sadness for the mother and sadness for her children, but also sadness for myself and for my children because I can relate to her story. After writing about her

experience I have to pause and reflect at my emotional response and it occurs to me that as a young mother I may not have hugged my children as much as I should have, or as much as they wanted me to, or as much as I want to right now. With this realization I sit with a box of tissue and sob. This is reminiscent of countless moments that I have witnessed in TAPP.

This moment of reflection triggered me to go into the living room where my 16-year-old daughter was watching TV and give her an impromptu hug. It also makes me acutely aware of how something that I did, or failed to do, as a mother could have had such an impact on my daughters. It also makes me aware that my mother did not hug me often when I was growing up. I am so aware of this connection that I have just made that I still continued to sob.

I have now stopped crying and regained some composure and I am left with an overwhelming feeling of gratitude and appreciation for the women that I worked for and with. *This to me is healing.* How could I ever be the same person as I was just moments ago prior to having had this experience and revelation? I am now bound by this experience and the insights that I have just had. Now it becomes my personal responsibility to do something with it, whether it be talking to my daughters about it or sharing it with the readers of my thesis. The point is that I have changed since having this experience. Something in me is different. My association with the word ‘hug’ has taken on a new meaning for me. I have also learned something about my relationship with my own mother. *This is healing.* How could I ever, as a researcher, measure this, quantify it, or support it with literature? I cannot; but does that make it less meaningful or important or viable or valid or worthy of study?

My Struggle between Differing Worldviews

After interviewing the other Aboriginal program facilitators, I vividly recall becoming aware of my dual roles as Westernized scientific researcher and as an Aboriginal woman facilitating TAPP. I felt as though I was sitting on the boundary that divides these two worldviews. Below I describe my thoughts and articulate my struggle.

As a researcher, I feel compelled to compile and collect information, to research things *ad nauseum*, to check and re-check, and validate, confirm, and then verify and review. I must be cautious, almost suspicious, and critical. I must cite and source everything, and then, once I am done I should do it again and again until perceived perfection, only to later be told that it is far less than perfect and that I must do it again. I

feel controlled and contrived, I have to be exact and excellent, justified and right, and then, I must stand sharp and be prepared to argue and defend. Yet as an Aboriginal woman facilitating TAPP I feel at peace to be nothing more than what I am. There is no pressure. I move at a pace natural to my body, and I sit and I listen. Then I reflect and relate to others. I share and attend to my feelings and empathize with theirs. I stop and I breathe, and I feel and I cry. I hold hands and hold babies. I witness and validate, and wait for someone to witness and validate me.

I suppose that the point that I want to make is that in doing this research I have come to believe that there are some things that, while they may be extremely important and worthy of description and validation, are in fact virtually indescribable or not even understandable until you have experienced them first hand. There is something unexplainable and even beautiful about *just knowing* instinctively. In her beautifully written article on Hawaiian epistemology, Meyer (2001) refers to this idea of just knowing as spirituality. She says:

If you are going to have to say the words *spirit* and *knowledge*, you're being repetitious... Spirituality is not about religion, of course. It is the fundamental sense of how we relate to the world, how we see the world, how it relates back to us. It is a spiritual context.

In an example of *just knowing*, Donna Dubie, the founder of Healing of the Seven Generations, once wrote a successful grant proposal requesting funding for Aboriginal healing programs from the Federal Government. As usual, the application form had a section that required her to submit empirical 'evidence'. From a Western worldview this evidence probably should have been in the form of objective data such as numbers, figures, facts, or statistics, but in this section of her application Ms. Dubie simply wrote, "I'm sorry it would take me years and years to explain to you how healing works and

how we know it works. . . you will just have to take my word” (Donna Dubie, 2007; as cited in Quinn, 2007).

This quote highlights the difficulty that I have experienced as an Aboriginal scholar and illustrates the concept of a spiritual context that Meyers (2001) speaks of. I would argue that this ‘sense’ of coming to know and understand through ones’ spiritual lens, rather than an empirical lens, is a legitimate and valid way of researching, especially when the topic of discourse is something as individual and private, as healing.

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Appendices

Appendix 1 *Diagnostic criteria for Residential School Syndrome*

- A. The person has attended an Indian residential school or is closely related to or involved with a person who has attended such a school.
- (1) The school attendance was experienced as intrusive, alien, and frightening
 - (2) The person's response to the school attendance involved fear, helplessness, passivity, and expressed or unexpressed anger
- B. The effects of attendance at the Indian residential school persist following cessation of school attendance in one (or more) of the following ways:
- (1) Recurrent and distressing recollections, including images, thoughts, or perceptions
 - (2) Recurrent distressing dreams of the Indian residential schools
 - (3) Acting or feeling as if the events of Indian residential school attendance were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or those that occur when intoxicated)
 - (4) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of Indian residential school attendance
 - (5) Physiological reactivity on exposure to internal or external clues that symbolize or resemble an aspect of the Indian residential school attendance
- C. Persistent avoidance of stimuli associated with the Indian residential school and numbing of general responsiveness (not present before Indian residential school attendance) as indicated by three (or more) of the following:
- (1) Efforts to avoid thoughts, feelings, or conversations associated with the Indian residential schools
 - (2) Efforts to avoid activities, places, or people that arouse recollections of Indian residential school attendance
 - (3) Inability to recall one or more important aspects of Indian residential school attendance
 - (4) Markedly diminished interest or participation in significant cultural activities

(5) Feelings of detachment or estrangement from others

(6) Restricted range of affect (e.g., apparently high levels of interpersonal passivity)

D. Persistent symptoms of increased arousal (not present before Indian residential school attendance), as indicated by two (or more) of the following:

(1) Difficulty falling or staying asleep

(2) Irritability or outbursts of anger, particularly when intoxicated with alcohol

(3) Difficulty concentrating, particularly in a school setting

(4) Hypervigilance, particularly with regard to non-First Nations social environments

(5) Exaggerated startle response

Symptoms may also include:

E. Markedly deficient knowledge of one's own First Nations culture and traditional skills

F. Markedly deficient parenting skills, despite genuine fondness for offspring

G. A persistent tendency to abuse alcohol or sedative medication/drugs, often starting at a very young age

Appendix 2
Invitation letter to the TAPP graduates

December 30th, 2009

Dear TAPP Graduate,

I would like to personally invite you to participate in a TAPP reunion and group discussion about your personal experiences with the Traditional Aboriginal Parents Program (TAPP).

As you know I have been working on my Masters of Counselling degree at Simon Fraser University and I am writing my thesis on TAPP. The purpose of this research is to evaluate the effectiveness of TAPP in promoting cultural-specific healing to Aboriginal mothers, like yourself. There are two main goals of this study. The first goal is to capture your personal experiences as you explored your physical, emotional, mental, and spiritual well-being during your participation in TAPP and the second goal is to determine the things about TAPP that you believe facilitated, or helped you along your path of personal growth and healing. I am also interested in hearing about how I can improve TAPP for future participants.

What will I have to do?

You will be required to participate in a group discussion with some of the other participants of the TAPP program. Come and share your personal experiences! We are meeting at **12:30pm SATURDAY, JANUARY 23rd**, at Spirit of the Children Society at #201-768 Columbia Street, New Westminster (where we always meet). Child-minding and lunch will be provided. PLEASE BE ON TIME!!!

Call me with any questions or concerns at 604-240-8280. I can't wait to see ya'll again!

Appendix 3 Participant Consent Form

Informed Consent By Participants In a Research Study

The University and those conducting this research study subscribe to the ethical conduct of research and to the protection at all times of the interests, comfort, and safety of participants. This research is being conducted under permission of the Simon Fraser Research Ethics Board. The chief concern of the Board is for the health, safety and psychological well-being of research participants.

Should you wish to obtain information about your rights as a participant in research, or about the responsibilities of researchers, or if you have any questions, concerns or complaints about the manner in which you were treated in this study, please contact the Director, Office of Research Ethics by email at hweinber@sfu.ca or phone at 778-782-6593. Permission has not been obtained by a band council to conduct this study.

Title: The Development and Assessment of a Traditional Aboriginal Parents Program (TAPP) Investigator Name: Shannon Gaudry

Investigator Department: Education

Purpose and goals of this study

The purpose of this research is to evaluate the effectiveness of TAPP in promoting cultural-specific healing to Aboriginal mothers, like yourself. There are two main goals of this study. The first goal is to capture your personal experiences as you explored your physical, emotional, mental, and spiritual well-being during your participation in TAPP. The second goal is to determine the things about TAPP that you believe facilitated, or helped you along your path of personal growth and healing.

What you will be required to do

You will be required to participate in a 60-90 minute audio/video-recorded group interview with the researcher (Shannon Gaudry), her co-facilitator, and other previous TAPP participant's . During this time you will be asked to respond to various questions about your experience with TAPP.

Risks to the participant, third parties or society

As with sharing any personal story there is a risk that the recollection of life events may induce some level of psychological distress (i.e., anxiety or crying). Given the nature of this study, it is expected that you will choose to disclose your personal experiences but know that you are free to share only the information in which you are comfortable talking about and sharing with the researchers. Your privacy and name will be respected and protected. To minimize any psychological distress, at the end of the interview we will check-in with one another to ensure that you are feeling okay about what we have talked about. If you feel like you are in need of further support (need to debrief, talk to an Elder, see a counsellor) I will assist you in attaining these services.

Benefits of study to the development of new knowledge

The benefits of this study are as follows:

(A) Aboriginal mothers who have attended TAPP will have an opportunity to share their stories of their personal challenges and successes

(B) We will better understand the needs of Aboriginal mothers and how they experience growth and change in a supportive, group environment

(C) We will be able to determine whether or not TAPP has been successful at implementing its goals of facilitating personal awareness and change

(D) We will be able to identify the specific components of TAPP that facilitate, or hinder, these processes

(E) We will be able to better understand the impact of incorporating culturally-specific teachings (i.e., beading, drum-making) into Aboriginal parents programs

Statement of confidentiality

The information that you provide to the researcher will be protected to the extent that is allowed by the law. However, the researchers is required, by law, to report any disclosures about child abuse or threats of harm to self or others to the appropriate authorities. Only the researcher and her supervisor will have access to the information that you provide during the interview. All information will be kept in a locked filing cabinet in the researcher's office and will be destroyed after two years.

Inclusion of names of participants in reports of the study

Knowledge of your identity is not required for this study. You are free to use your real name or to choose an alias for the purposes of tracking and coding information.

Contact of participants at a future time or use of the data in other studies

While it is unlikely, the researcher may wish to contact you at some point after the study if there is a need for further clarification about something that was discussed during the interview. You have the right to decline any further participation.

I understand that I may withdraw my participation at any time. I also understand that I may register any complaint with the Director of the Office of Research Ethics.

Dr. Hal Weinberg
Director, Office of Research Ethics
Office of Research Ethics
Simon Fraser University
8888 University Drive
Multi-Tenant Facility
Burnaby, B.C. V5A 1S6
hal_weinberg@sfu.ca

I may obtain copies of the results of this study, upon its completion by contacting Shannon Gaudry at sgaudry@sfu.ca

****Your signature on this form will signify that you have read the above document which describes the purposes and goals, procedures, and the potential risks and benefits of this research study, and that understand the procedures to be used and that you voluntarily agree to participate in the study. By consenting to participate in the focus group, you confirm that any information that you encounter will be kept confidential and not revealed to parties outside of the focus group.

I understand the risks and contributions of my participation in this study and agree to participate.

Participant Last Name:

Participant First Name:

Participant Contact Information:

Participant Signature_____

Researcher Signature_____

Date (use format MM/DD/YYYY)

Appendix 4
Demographic Questionnaire

Name (optional)

Age:

How many children do you have?

How many of your children attend TAPP?

What city did you live in when you attended TAPP?

How many times have you attended TAPP?

Did you receive bus tickets when you attended TAPP?

When you attended TAPP, did you use the Parents Workbook?

Check all that apply to you:

A single parent

Common-law

Married

Status

Non-status

Métis

How did you first hear about TAPP?

Someone else who had attended TAPP?

Friend or family member that did not attend TAPP?

Social worker

Someone at SOTCS

Other

Would you attend TAPP again?

Would you refer a friend or family member to TAPP?

Please pick one or two words that best describe your experience at TAPP

Appendix 5

Focus Group Opening and Closing Scripts

Introduction

1. Welcome everyone. I would like to take this opportunity to thank each of you for your participation in the TAPP program and your participation in this group today. The purpose of our meeting is to provide each of you with the opportunity to speak openly about your personal experiences with the TAPP program. As some of you might know, TAPP was started in November of 2007 and since then we have run it 10 times. We have heard various feedback from the community, but our purpose here today is to hear your feedback; from the women who have actually attended and graduated from the program. The information that you provide us with will assist in the continued development with TAPP. Specifically, we are interested in determining what aspects of the program have been useful or helpful to you and which aspects were not, as well as your thoughts on how we could improve the program.
2. I would like to invite and encourage each of you to speak as freely, openly, and honestly as you always do. Positive and negative feedback are equally encouraged.
3. How it works is that I will pose a question to the group and each of you will have the opportunity to answer each question.
4. **Housekeeping:**

The research assistant will be recording your comments using a video camera and a voice recorder. She will also be taking some written notes. We will check in with her near the end of the group to make sure that there is nothing that she missed and that you have had the opportunity to say everything that you wanted to say

 - Before we begin, it is mandatory that each of you read and sign the consent form

- I am interested in hearing from each of you, so if you talk a lot, I may ask you to give others a chance, and if you are quiet I may call on you. It's important that I hear from everyone
- Remind the group that it is OK to have different points-of-view or experiences and we will welcome and be respectful of such differences. There are no right or wrong answers
- We will have dinner once we are finished
- Location of the washrooms

Conclusion

Well that concludes our group. I would like to thank each of you for your time and participation this evening. I would also like to remind you to keep our discussions private and to not talk to anyone outside of the group about anything that we discussed today.

Let's eat!

Appendix 6

Focus Group Questions

Opening Questions

Before we begin, I would like each of you to introduce yourself. State your name, how many children you have, and how many times you have attended TAPP.

How did you hear about the TAPP program?

What were some of the things ‘out-there’, in the community that you heard about the program?

What were some of your first thoughts when you heard about the program?

What were some of the reasons that you decided to register for the program?

How was the registration process for you?

Did you have any concerns about attending? If so, what were they?

Transition Questions

Thinking back to your very first involvement with TAPP, what were your first impressions?

What were some of your hopes in participating in TAPP?

Key Questions

Now that you have completed the program, what did you find particularly useful or helpful about it?

What topics, if any, did you find personally useful? What topics, if any, did you find not useful?

TAPP has 3 main components, (a) check-in, (b) the psycho-ed piece where we work out of our workbook or (on a worksheet before the workbook was developed), and (c) the afternoon craft where we bead or sew. Please share your thoughts and opinions about the usefulness of: (a) Morning check-in, (b) The workbook/worksheet, (c) Craft teaching (beading, sewing, etc)

Of these 3 component’s, which one was personally the most useful or helpful for you? Please explain why. Which one was the least helpful? Please explain why.

In what ways, if any, has the TAPP program helped you or assisted you in your personal healing journey?

In what ways, if any, have your children been affected by your participation in TAPP?

In what ways, if any, has TAPP changed your relationship with your children? Your partner? Other family members?

What would you like to see changed about the program for future participants?

What advice would you give a friend that was considering registering for the TAPP program?

Ending Questions

Is there anything that we missed during this discussion that you would like to touch on?

Is there anything that you would like to say that you have not had a chance to say?

Closing Question

Before we end, I would like everyone to choose one word to describe how they are feeling. (Check-out)