EXPLORING THE CHARACTERISTICS FOR A CULTURALLY SENSITIVE
EMPLOYEE ASSISTANCE PROGRAM WITH A FIRST NATION CHILD
AND FAMILY STAFF THROUGH THE USE OF QUALITATIVE
INTERVIEWING

BY

JAMES CARDY

A PRACTICUM REPORT SUBMITTED TO THE FACULTY OF GRADUATE
STUDIES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
REQUIREMENTS FOR THE DEGREE OF

MASTER OF SOCIAL WORK

DEPARTMENT OF SOCIAL WORK
UNIVERSITY OF MANITOBA
WINNIPEG, CANADA.

(C) OCTOBER, 1997.

Canada

THE UNIVERSITY OF MANITOBA

FACULTY OF GRADUATE STUDIES
*****
COPYRIGHT PERMISSION PAGE

EXPLORING THE CHARACTERISTICS FOR A CULTURALLY SENSITIVE
EMPLOYEE ASSISTANCE PROGRAM WITH A FIRST NATION CHILD
AND FAMILY STAFF THROUGH THE USE OF QUALITATIVE
INTERVIEWING

BY

JAMES CARDY

A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University

of Manitoba in partial fulfillment of the requirements of the degree

of

MASTER OF SOCIAL WORK

James Cardy   ©1998

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

interest in assisting in the completion of this report, the report would not be finalized, thank you.

Finally, chi-miigwetch to my wife and family who supported the researcher in the completion of this report.

ABSTRACT

The study was conducted within a First Nation organization that delivers mandated protection and customary care services to a First Nation population. In the study the focus was on three central issues, these were stress, coping and the employee assistance concept.

The study concentrates first on what stressors could be common to similiar fields of practice and which are commonly faced by both organizations and individuals.

Next, a discussion of coping and the various ways that individuals attempt to address their stress is outlined and finally the employee assistance concept and model is dialogued with germaine characteristics and issues.

Then, by using the above information and characteristics obtained through a qualitative interview process a possible model of an First Nation employee assistance program is suggested.

CHAPTER 1

INTRODUCTION

Problem

It has been generally recognized that mainstream Child and Family Services have not been successful with First Nation children and their families (Johntson, 1983; Kimelman, 1985; Aboriginal Justice Inquiry Report, 1988). Consequently, over the past decade there has been a gradual devolution to delivery of child and family services (while still under the control of provincial governments) to First Nation jurisdictions (Comeau and Santin, 1990). This transition has not always been easy on the children, parents or staff (Giesbrecht, 1992; Report of the Aboriginal Justice Inquiry, 1991). Agencies engaged in providing these services are breaking new ground, with few clear models to follow, sometimes faced with skepticism by mandated authorities, and working with families that are often seriously disintegrated. The stressors that staff often confront in this current work environment, added to personal stressors, can be overwhelming; potentially leading to burnout, loss of self esteem and eventually inability to sustain their professional and First Nation expertise roles. It is important to explore means by which staff can obtain easily accessible support to deal with these stresses, thereby continuing to provide effective services to families

1

and their children. This study sets out to provide a systemic exploration about the types of stress staff in a particular First Nation Child and Family Service agency experience. It also explores the extent, as well as means by which, staff currently cope with those stresses and where they do not. Finally, it explores the program design required in order to establish a culturally appropriate employee assistance program available to staff in this agency for problem resolution.

Rationale

The ability to work, in general, is one of the two major adult life tasks, providing both tangible and intrinsic rewards. It is a significant way in which one defines one's sense of identity and self esteem (Pearlman, 1982). This is particularly important for First Nation populations, who have been chronically under-employed (Statistics Canada, 1991; Statistics Canada, 1993). However, there are stressors which most individuals bring to their place of employment, as well as the structural and organizational stressors which they encounter within the workplace.

The external stressors come as a result of daily hassles and normal adult life transitions including those of: achieving adult independence from one's family of origin; developing and sustaining intimate adult relationships; having and raising children; etc., and for

2

some people non-normative stressors. These become exacerbated when particular crisis occur such as: unsuccessful resolution of these transitions; unexpected loss; crisis; or natural calamity (Germaine, 1991; Golan, 1981).

Within the workplace there are also an infinite variety of occupational stressors which are related to its purpose and organization. Among these to name a few, may be: the physical environment; time pressures; overload; person-job fit; job change; degree of participation; recognition; relationships; role ambiguity strain or conflict; being responsible for people, etc. (Holt, 1984).

In the human service field there are a particular set of circumstances which affect those employed within them, especially as these relate to a sense of responsibility for others (Farber, 1983). Faced with high expectations, high demand and lack of resources, over long periods of time, some of these professionals suffered what Maslach (1978) termed "burnout". This term, basically, denotes a caregiver at a point of extreme emotional exhaustion who withdraws from and may begin to blame clientele for their predicament. The literature identifies a broad range of human service professionals as being potentially afflicted including; teachers (Sakharov and Faber, 1983), medical staff (particularly nurses-Scully 1983), social workers (Jones, Fletcher, and Ibbetson, 1991), psychologists, and mental health workers (Farber, 1983). Some writers suggest that once

3

having reached burnout, professionals are no longer able to function in their professional capacity.

Of particular note in the literature are the stressors experienced by those providing mandated child welfare services (Daley, 1979; McKenzie et al, 1989). Some comparative studies have suggested that social workers functioning in child welfare may experience comparatively higher levels of stress than those in other fields of practice (Bennett, Evans, and Tattersall, 1993; Jayaratne and Chess, 1984). There are specific job characteristics which are likely to influence the level of stress which will be developed in the following chapter.

Finally, as suggested by Chrisjohn (Native Mental Health Association of Canada, 1990), the rapid devolution of social services and thrusting of First Nations staff into these human service roles, particularly with inadequate preparation and resources, have the effect of creating conditions for early burnout (Native Mental Health Association of Canada, 1990). The child welfare field is in the forefront of devolved services (Comeau and Santin, 1990). This provides both exceptional opportunities and some significant stressors for those who are providing First Nation services, particularly those who have been victims of child abuse themselves (Daily, 1988).

4

In coping with stressors, people respond to the pain that they experience based on previously used or learned behaviors, some of which, such as substance abuse or family violence, are maladaptive, while yet some other responses have been effective (Ibid, 1988). There have been a number of studies which have purported to demonstrate the association between worker maladaption and stress with absenteeism, accidents, and turn over, both among the general work force (Wrich, 1980; Byles and Harsnyi, 1981; Newman and Duxbury, 1989) and in social work practice (Davis-Sacks, Jayaratne and Chess, 1985; Jones, Fletcher and Ibbetson, 1991). These have been supported by self report as well as by scientific study (Patel, 1991). In general, how staff respond to or cope with various stressors they face daily, is an extremely important determinant in how well the organization delivers effective services through them. The ability of people to function effectively, is also based on the organizational context in which they work (Quick and Quick, 1984; Lerner, 1992).

There are a wide range of identified means by which people develop coping techniques to deal with stress, many of which are: developed individually; through a supportive family, friends, social and religious networks; through techniques for relaxation and problem solving; and, through life style changes. Conversely, some coping techniques, such as the use of alcohol, occasionally become additional stressors (Patel, 1991).

There are many authors and sources of literature which affirm that among provision of supports in coping, those such as support groups and employee assistance programs, carefully positioned within the workplace, can be very effective because: it is a normal place of interaction in adult life; it catches people at a point at which they are still functioning in a major life role; and, they are located in an institution which has a significant stake in the outcome. There are a rapidly increasing number of employee assistance programs which successfully address many of the health and mental health concerns that can arise for employees (Wrich, 1980; Myers, 1984; Boutelier, Shain and Suurvali, 1986; Kurzman and Akabas, 1993). However, in order to be effective, these programs must be sensitive to the employees' unique working environment and be based on thoroughly understanding the objective and subjective factors of human behaviour that can be exhibited (Hammersley, 1989).

Generally, it is important to understand the demographics of the work force population and organizational pressures in a particular workplace setting to begin to be sensitively attuned to the problems that employees may be encountering to appropriately address employee need (Newman, 1983; 1989).

Consequently, it was important to develop a clear understanding of how and in what combinations stress is

experienced by First Nation child welfare care providers; as well as, ways in which they have and currently cope with stress. Furthermore, it is important to explore how this knowledge can be utilized in developing an appropriate employee assistance model (Newman 1983, 1989). This study is of particular significance since it deals with a population who while increasingly involved in the human service, have not been the subject of research. Since this is an underdeveloped area of knowledge, a model of open ended naturalistic exploration appeared most appropriate to develop a thorough understanding of these dynamics.

This researcher has been closely associated with First Nation individuals and comminities for 30 years. Having worked within Ontario child and family services agencies, both mainstream and First Nation, providing services to First Nation peoples for 14 years, this researcher had a good working knowledge of some of the stressors in the role. Furthermore, the researcher had functioned as president of the union local in a mainstream agency for several years, a capacity which allowed him acute awareness of the stresses his membership and fellow employees were experiencing. Because of his intimate acquaintance with some of the First Nation personnel involved, it was anticipated he would be able to locate a suitable site for this exploration.

Practicum Objectives

This study recognizes that First Nation caregivers are increasingly providing services to their own peoples. Often these caregivers are caught in the unique tensions that may exist between general social services and the particular values and sensitivities of those whom they serve. The study seeks to understand these dimensions and ways in which they might be addressed through the following objectives.

1.   To identify, through qualitative interviewing, the different kinds of stressors that were acting upon a First Nation social service agency and its total staff, as perceived by them.

2.   To identify, through interviewing, the employees, the coping strategies that were being used to deal with the various stressors which were acting upon the individual and the organization.

3.   To determine, through the interviewing process, the understanding by the organization's employees of the employee assistance concept and to determine whether this would be acceptable in some form.

4.   To determine, through analysis of these interviews, what characteristics an employee assistance program would require in

order to be accepted and utilized by the employees of this First Nation agency.

5.   To make a recommendation of how such a program could be conceptualized and operationalized in a manner that would be acceptable for the First Nation social service agency to improve the job performance and mental health of employees.

6.   To outline a possible employee assistance model on the basis of findings from the interviews and information from the empirical and theoretical literature which could be generalized to First Nation social service and helping organizations that may address mental health and job performance of employees.

Learning Objectives

The researcher's learning objectives are:

1.   To learn how to effectively use a literature review and program documents to provide information on the context in which the staff function in this Ojibway Family Services agency.

2.   To learn to effectively utilize naturalistic observation for the

purpose of determining issues and stressors.

3. To learn how to effectively use a semi-structured interview technique to illicit information in a qualitative study.

4. To learn the appropriate techniques for analyzing the data accumulated in the intervention or field work phase of the research.

Method

As indicated, the approach utilized in this study was qualitative in nature. This approach was taken for a variety reasons.

(1) There is a limited amount of systemic knowledge and certainly no reliable instrumentation available about measuring the stress and coping experienced by First Nation caregivers in general and child welfare workers in particular. Consequently, utilization of such quantitative evaluation measurements have a substantial probability of missing crucial factors which may influence stress and coping within a First Nation context. While there is a wealth of studies (see Chapter 2) which address both in child welfare, none have focused on this particular ethnic population. This is one of the

10

criteria cited by Patton (1988:36-7) for use of the qualitative approach.

(2) The main value of the qualitative approach in this context is that it is more consistent with the cultural norm of communicating. As pointed out in Giesbrecht (1992:7) "normally an aboriginal person would expect to be able to say what he or she has to say without interruption. Even if the person speaking appears to be off topic at a particular time, that might be considered necessary... to arrive at his or her point. It is considered rude to interrupt with.. pointed questions". While data is obviously required in a short time in this study, the "interview guided" qualitative approach, while focused on specific topics, has the potential for a more conversational interchange (Patton, 1988:111-112) which seemed to be less repugnant than more structured methodologies.

(3) It was assumed that the inductive nature is likely to minimize the apprehensiveness the interviewees may experience. Duran, Guillory and Tingley (1994), point out that in the past, researchers have "re-written tribal ritual and.. produced meaning which has changed and distorted tribal understanding." Consequently, "the empirical methodological paradigm of most research contributes to a lack of acceptability within Native American Nations and communities" (Ibid. 2). The qualitative method, which emphasizes the respondent "having their ideas and opinions stated in their own

11

terms" (Patton, 1988) was considered to empower them. The practice of re-confirming statements to ensure the researcher has accurately understood the meaning of responses reinforces this sense of empowerment. And finally, the fact that any hypothesis was developed out of information gathered is much more likely to accurately reflect the respondent's perceptions.

(4) While this is not the focus of the study, the fact that the researcher was on-site at the agency for three months provides an intensive opportunity: to establish trusting relationships with staff and their families, to engage in informal observe and participate, providing for greater depth of experiencing and understanding this group of employees. He also was able to engage in the use of unobtrusive measures.

These issues and the application of the method will be further developed in subsequent chapters of this report.

Evaluation of Learning

The researcher has many years of experience as a practitioner in the child welfare field with both mainstream and First Nation populations. Concerning the latter, he has a degree of being sensitively attuned to the style of First Nation communication from his professional practice. Many of the skills and understandings

12

learned have been integrated into an unconscious awareness of those employed; how he adapts when circumstance varies; and in how he copes with his integrated understandings and approaches. In moving to a research modality, these will become conscious as the researcher learns how to apply these skills in a new method (Schon, 1987).

In recognizing the limits of the scientific experimental approach for the professions, Schon (1987:39) suggests/assumes that "existing professional knowledge will not fit every situation or that every problem has the right answer, and therefore, the student needs to learn reflection that goes beyond stable rules to devise new methods of reasoning, new categories of understanding, strategies of action and ways of framing problems".

In developing effective naturalistic observation competence; indepth research interviewing skills; as well as, engaging in inductive analysis and interpretation, the researcher had the dual goals of: (1) drawing out and developing an understanding of the crucial information concerning First Nation caregivers in this particular agency; and, (2) developing his own competence in the qualitative approaches to research. This project provided the opportunity to begin to develop that professional competence, although, the researcher knows full well that at the conclusion of this practicum, his abilities in the use of this challenging, often variable approach to research, would still be in process.

Realistic expectations for the racticum were that he would learn "to recognize competent practice, have an appreciation where... [this researcher]...stands in relation to it, has confidence "that it is learnable" and has a map of how to obtain competence as well as a beginning level of practice competence.

This was accomplished through carrying out the project under close, weekly, supervision with his Advisor who, to some extent, provided didactic teaching, but, mostly by demonstrating, advising, questioning and critiquing techniques consistent with "reflective learning". The focus of this coaching was on indeterminate zones of practice and reflective discussions about materials of practice ("student interaction and reflections", Schon, 1987). This process was designed to assist the researcher to consciously reflect on his interventions. It was also designed to facilitate rigorous, progressively more independent, professional self reflection.

Limitations

The conditions under which the practicum was conducted and the environmental context, involved certain implications for the way the researcher proceeded. The access to this field opportunity was time limited, being expected by the Executive Director to be carried out within a three month period, so that the agency could incorporate

the findings into program initiatives. The most significant impact of this limitation was that it precluded naturalistic observation as one method of research study due to the time available.

Second, it was determined by the researcher, that all staff within the agency be interviewed. The basis for this decision was that the added numbers provided a greater level of assurance of anonymity for each interviewee; it was perceived that all members of the agency wished to have an equal opportunity to share their perceptions about the stresses that they were experiencing given the internal climate of the agency; and, that this expectation was shared by the Personnel Committee. The implications of this expectation was that the interview process had the advantage of breadth; but was limited in the depth that a more selective sample would have afforded this study.

Third, the culture of the First Nation people has been an oral one in which verbal understanding is seen as being a significant commitment, according to writers and Elders of the area (Marlene Brant-Castellano in Native Mental Health Association, 1990, Ross, 1992). In this culture, the expectation that one sign a written consent form was seen as undermining the integrity of the verbal undertaking. Consequently, the researcher required a verbal consent by the interviewee for the interview to proceed, and the circumstances under which the interview would take place, rather

than have the interviewee sign an informed consent form. While it does not conform to normal research practice, recognizing this cultural sensitivity, confirmed in literature and in consultation with local Elders, was instrumental in gaining compliance for the interviewing process to proceed.

Fourth, while it is common practice in qualitative interviewing to tape interviews, once again, it was seen by the local Elders with whom the researcher consulted, as a cultural taboo. In addition, given the sensitivity of the topic in the light of the report of the recent agency study, it was clear that the request for taping would create both refusals to be interviewed and could limit responses by those who complied. Taking notes during the interview has some of the same implications as well as being seen, in some quarters, as being disrespectful (Giesbrecht, 1993). The researcher took notes immediately following the interviews and transcribed these notes checking for comprehensiveness and accuracy. It was established during the interviews that should further clarification be required, the researcher would have permission to contact the interviewee. This request was complied with by the interviewees as part of their consent.

Fifth, the practicum was conducted in a remote location in a northwestern community in Ontario which meant that coaching sessions could only occur weekly, which provided only a limited

opportunity for supervision or coaching of the student during his practicum intervention.

In the following chapter the literature review will provide a literature context to some of the above thrusts and a context for the intervention.

CHAPTER 2

LITERATURE REVIEW

The search of the relevant literature is identified as the first step in conducting research (Rubin and Babbie, 1993). Its purpose is to enhance the researcher's knowledge of the context in which the staff being interviewed are immersed; stressors particularly as they are manifested in this workplace; and, a variety of methods of coping with these stressors, including the use of employee assistance programs. This will provide a basis in knowledge in anticipation of the intervention phase of the project. It is intended to heighten the sensitivity of the researcher to a broad range of possible responses, rather than to set parameters on possible responses (quantitative evaluation).

1. Context of Reserve Based Child and Family Practice

As mentioned, the Ojibway family agency is mandated to provide child welfare services to ten "bands", a term defined merely as "a body of Indians", residing on "reserves", tracts of land held by the bands in common. This land, as well as "sovereign protection" was granted as part of Treaty No. 3, in 1873, between the Government of Canada and the First Nation people of the area, mostly Ojibway and mixed blood signatories (Frideres, 1988). These

18

reserves sustain a population of 3,000, within the Pre-Cambrian Shield geographical area, which lends itself to fishing, hunting, trapping, logging and tourism as economic pursuits. Reserves provide the support of living in one's culture (Mannes, 1993). The fact that they are separated geographically in isolated areas requires staff travel distances over marginal roads to provide child and family services.

Politically, each band has a chief and councillors, either elected or customary law based. These bands are cooperatively federated into a tribal council to deal with mutual concerns, as well as being part of the Grand Council Treaty #3, provincially represented by The Chiefs of Ontario and nationally by the Assembly of First Nations which are intended to represent their interests in the larger Canadian community. Reserves provide the support of living in one's own culture. There has been a drift toward devolution in the delivery of services such as housing and welfare through bands or tribal councils, although authority for mandated services often still rest with federal or provincial governments as in child welfare, education, and justice (Frideres, Krosenbrink-Gelisson and Ernestine 1993; Comeau and Santin, 1990).

Although a smaller percentage of the First Nation population (in 1993, 21% in Ontario), are living on opposed to off reserves (Manitoba Northern Affairs, 1993), those who examine First Nation

autonomy, identify a land base as essential for self government to occur (Ponting, 1989; Bartlett, 1990). It has been suggested that "paradoxically, the reserve, that started as a tool of colonizing power, is now...[beginning to become]...a symbol of Indian independence" (Commeau, and Santin, 1990:29-30). Currently, bands are aggressively involved in land claims, seeking compensation from the federal government for reserve lands illegally expropriated; to be compensated by benefits verbally promised but not written into treaties; treaties which were exploitive; lands taken without treaties; unfulfilled treaty promises; as well as, services such as medical and educational; and, historical rights not being provided and respected (Frideres, 1988). There is an increasing sense of cultural identity fostered in schools through use of First Nation teachers, language, and culture; increased numbers of people involved in traditional activities; and, increased use of local First Nation languages and a wish to learn them. This appeared to have been more pronounced on rather than off reserves (Statistics Canada, 1992).

In spite of the above, the child welfare staff are working with families that may be seriously disadvantaged:

(1) Unemployment: First Nation adults in 1993 were more likely to be unemployed than the comparable Ontario population (14.1% to 8.5%) with a lower labour force participation rate (51% versus 68%) (Statistics Canada: 1993). Based on self reports in the Aboriginal

20

Peoples Census, reserve adults were more likely than off reserve First Nation adults to be unemployed (30.7% versus 17.7%) with a lower participation rate (46.6 versus 68.1%) (Statistics Canada, 1992). As might be expected then, over time, greater numbers of First Nation people on reserves have been dependent on social assistance (between 1984 and 1993, an increase of 51.2%) (Department of Indian Affairs and Northern Development, 1995).

(2) Poverty: First Nation adults living on reserves were likely earning less income than both Canadians in general and those living off reserves. In the 1991 Aboriginal Peoples Census, 44% of those off reserves and 56% of those on reserves reporting income, indicated they earned less than $10,000 annually, while 64% of those off reserves and 79% of those on reserves earned less than $20,000, compared to 29% and 48% respectively for those figures among the Canadian working population at large. Some 20% on reserve residents and 10% off reserve residents engaged in activities, such as fishing and hunting, directly for family consumption. Even among entrepreneurs, administrators and professionals, those on reserves were less inclined (3% versus 9%) to be in upper income brackets ($40,000 or more) (Statistics Canada: 1992).

(3) Less Education: In the Aboriginal Peoples Census, First Nation respondents between 15-49, were more likely to have less than a

grade 9 (17% to 6%) and less likely to have post secondary (33% to 51%) education compared to the overall Ontario population. Those living on reserves were more likely to have less than grade 9 (28% to 11%) and less likely to have post secondary education, than non-reserve First Nation respondents (Statistics Canada, 1992). There has, however, been a significant increase in the participation rate in both primary and post secondary education among the younger First Nation population compared to the general population (Frideres and Krosenbrink-Gelisson, 1993).

(4) Poorer Housing Standards: Housing on reserves has been traditionally funded by the federal government through the Canadian Mortgage and Housing Corporation. Because land is held in common by treaty, housing is "rented" out to families by the band. There has been substantial criticism of reserve housing, due to overcrowding and underfunding. Although decreasing, Frideres, Krosenbrink-Gelisson and Ernestine (1993), indicate that First Nation people have an average of 4.8 persons per house compared to 2.1 for the Canadian average; and, that housing is in need of major repair at a significantly higher rate than housing among the general population. This may be in part due to lower construction standards and lower commitment to maintenance of residents due to lack of ownership. Currently, housing, while generally not at Canadian community standards, is improving. Water delivery to houses has moved from 82.3% to 91.4% and sewage disposal from 72.2% to

82.9% for reserve housing in the five years between 1987-8 and 1992-3. Where housing is below standards, it has been suggested, it may impact on health conditions (D.I.A.N.D., 1993; Frideres, et al, 1993; Canada Mortgage and Housing Corporation, 1987).

(5) Poorer Health Standards: The life expectancy among First Nation people is less than the Canadian average; 59 verses 74.6 years for males and 65.9 verses 81 for females (D.I.A.N.D., 1992). Reserve infant morality is twice, death by accident three times, death by violence four times, youth suicide six times that of the general Manitoba population (Manitoba Northern Affairs, 1993; Comeau and Santin, 1990). In 1991, 30.6% of First Nation people report having chronic disease, for example, diabetes (27% of women and 13% of men over 25 compared to 6% for the general population (Manitoba Northern Affairs, 1993). Smoking, with its cultural and spiritual reinforcement, is more prevalent among First Nation people (59%), twice that of any other cultural group (Miller, 1992). Alcohol and drug abuse have been defined as the second and third most serious problems by respondents to the Aboriginal Peoples Census, being identified more frequently by those on reserves than off reserves: alcohol abuse (73% to 56%), drug abuse (59% to 43%) (Statistics Canada, 1992). Those off reserves are more likely to have consulted someone about their health (80.4%) than those on reserves (68.7%) in the past year (Statistics Canada, 1992), despite reserve based and federally funded medical services (Frideres, et al, 1993). The

23

frequency with which death occurs both through acute and chronic causes affects those on reserves with their close relationships through family, intermarriage and friendship, strongly creating a situation of endless grieving (Horejsi, Craig, and Pablo, 1992).

(6) Family Size, Child Care, Children in Care: Although there has been a progressive decrease in average family size on reserves, they remain larger than those of the average non-reserve family, both Aboriginal and non-Aboriginal (4.3 to 3.3). There are twice as many First Nation single parents in Canada than in the general population with (5:1) being female headed, probably at increased poverty levels (Frideres, et al, 1993; Statistics Canada, 1989). The Department of Indian Affairs estimate the number of children under protective custody on reserves as peaking at 6.5% in the latter 1970's, decreasing substantially to plateau at 4.0% by 1993, still, approximately 4 times higher than the Canadian norm (D.I.A.N.D., 1996; Comeau and Santin, 1990). The challenge for First Nation tribal councils was not only to replace mainstream with First Nation foster homes, but to protect the child while establishing family preservation strategies, in order to break the cycle of negative parenting (Mannes, 1993).

(7) Boarding School Legacy: It has been suggested by many authors (see below) that the historical federal policy of involuntarily

24

uprooting First Nation children from relatively well functioning child care system with extended family supports and community intervention and placing them into religiously run residential schools was nothing short of "determined cultural genocide". The federal government forcibly and geographically separated children from their families and culture, placing them into an atmosphere of extreme discipline, and as we now know, exposing them to physical and sexual abuse, which punished use of First Nation language and cultural practices in an effort to have children assimilate into Euro-Canadian culture. This experience often left them confused about, and ashamed of their cultural identity and lacking exposure to traditional, or indeed, any parenting models. This, as well as practices of colonialism, subjugation, undermining historic means of livelihood, use of reservations, and forced relocation with their traumatizing effect, have been held responsible for subsequent behavioural reactions, including substance abuse, mental illness, and violence directed at self, spouses, children or community. These patterns of behaviour often became intergenerational and self perpetuating. Family violence continues to be cited by First Nation respondents as the fourth most significant problem and more frequently on than off reserves (44% to 36%) (Duran, Guillory, Tingley, 1994; Ross, 1992; Kelly, D., 1993; Statistics Canada, 1992). Those adults between 15 and 49 years of age (16% compared to 11%) and senior adults, over 49 years of age (45% compared to 33%) living on reserves are more likely than non-reserve First Nation

25

people, to have resided in and be affected by the "boarding school legacy" (Statistics Canada, 1992). This practice was more or less abolished in the 1950s, but these figures suggest that its spectre may haunt those likely making policy decisions, particularly on reserves.

8. Federal to Provincial Transfer of Jurisdiction: The federal government passed the responsibility for emergency, then later, general, on reserve child welfare over to the provinces in 1951 without compensating resources (Kimelman, 1985). Provincial authorities faced with what they considered deplorable conditions of: poverty; social disintegration; substance abuse; child neglect and abuse, rather than exploring the systemic issues which led to this, began what Patrick Johnston refers to as the "sixties scoop" (Johnston, 1983). Between 1951 and the early 1980s, First Nation children on reserves, were placed in protective custody much more frequently (6.5-1) compared to the overall Canadian population and were much less likely to be returned to their family of origin, (Kimelman,1985). These practices further undermined the capacity of First Nation children placed in mainstream foster homes and adoptive homes to develop a positive self image and traditional parenting skills in adulthood, leaving another generation of some adults with acute social problems with self destructive and abusive behaviours (Johnston, 1983; Duran, Guillory, and Tingsley, 1994).

26

It was not until the 1980s (Johnston, 1983; Comeau and Santin, 1990) that administrative control of child and family protective services was transferred to First Nation organizations. This transition has the potential for an emphasis in effective measures of family preservation. There have been some jurisdictional disputes between bands and such agencies, some struggles to define models of family preservation, relying instead on protective custody (Mannes, 1993), and some examples of demonstrated failure of these fledgling organizations (as well as conventional agencies) to protect First Nation children (Giesbrecht, 1992).

In summary, while there is an emerging sense of identity beginning to occur on reserves, family services staff are often faced with the overwhelming task of intervening with families experiencing the effects of being larger, experiencing breakdown, unemployment, poverty, lower educational standards, ill health, and little opportunity to have experienced effective parental modelling. Staff can potentially be faced with the effects of this repression in family disorganization, alcoholism, and violence which both makes working successfully more difficult and which also may be directed back at them. Finally, many staff coming from this background may be struggling to deal with the effects that it has had on themselves or their families, as they attempt to maintain their professional roles.

(2) Stress and Burnout

It was thought to be important to have an understanding of "stress" and "burnout" and their workplace implications, before qualitatively interviewing the staff of the Ojibway child and family agency.

(a) General Concepts

"Stress" has been defined in a number of ways. Hans Selye (1982) described it as a "nonspecific" result of any perceived threat, which causes a reaction to defend oneself from the threat. The response, which triggers a reaction by the sympathetic nervous system in what is referred to as a "general adaptation syndrome", consists of three phases: an "alarm" stage, a "resistance" stage and an "exhaustion" stage. Arousal occurs during the "alarm" stage when one becomes aware of a stressful situation and engages mental processes which prepare the body for response through the release of adrenaline into the blood stream and stimulates the flow of blood to the brain and muscles to respond to the "attack". The body then moves into an adaptive or "resistant" phase as the individual, using this heightened capacity, focuses on dealing with the stressors. If the stressor persists and is unresolved, the capacity of the body to sustain this activity becomes exhausted. In the "exhaustion" phase,

28

it appears (Zegans, 1982) that the immune system breaks down, which makes the body more vulnerable to physical disease (peptic ulcers, heart ailments, diabetes, arthritis) and for mental processes to become impaired. This stage is sometimes referred to as "distress".

The importance of this concept of stress, is that it is a "non-specific" response. Regardless of the stressor presented, the physiological mechanism triggered is universal.

There has been some controversy about whether and the extent to which stress reactions to external specific events are universal (Holmes and Rahe, 1967; Holmes and Masuda, 1974; and Gunderson and Rahe, 1976) have attributed differential levels of stress to various factors and define these as fixed levels of stress (ie: "Death of a Spouse" 100 points), allowing for variation only for the number of stress factors that one encounters to determine the overall stress load. They have developed a questionnaire, "Holmes and Rahe Schedule of Recent Life Events", to measure the accumulative stress effects and have associated this with the probability of developing illness.

Others, such as Lazarus and Folkman (1984), argue that people react to external events differently and one person may react to the same type of event differently at different times. This depends on

whether one cognitively sees the event as a "threat" or a "challenge" and whether one assesses ones-self as having the resources to respond to the event. This is referred to as the "interactive" approach to stress.

"Burnout" is a much more popular term in the literature (Maslach, 1978) and although used broadly, it has been generally applied to human service professionals. It is identified as one of the characteristics of the "exhaustion" phase in stress (Selye, 1982). "Burnout can be seen as the final step in the progression from active problem solving to submission, distortion and depletion" (Farber, 1983:15).

"Burnout" involves the loss of concern for one's clients. In addition to physical exhaustion and sometimes even illness, burnout is characterized by a level of emotional exhaustion, negative self-concept, and disillusionment with one's own professional abilities to a level at which the professional no longer has the capacity for positive feelings, sympathy or respect for clients or patients. A cynical and dehumanized perception of clients may develop in which the client may be labelled in derogatory ways and treated accordingly by the professional. The client is "blamed for their own victimization" which justifies "deterioration of the quality of their treatment." (Maslach and Kahn, 1978:100-101).

This can often be caused by having a deep commitment with unrealistic expectations of one's capacity, lack of training, experiencing role conflict, role ambiguity and role overload (qualitative - the skill demanded and quantitative - the number of clients one carries) which lead the human services worker to feel that they cannot be successful no matter how much they invest (Farber, 1983).

Freudenberger (1983:27) describes symptoms of burnout as "cynicism", "negativism", "rigidity of thought", "intellectualizing with clients", "avoiding contact with clients", "expresses feelings other staff are making her/his work more difficult", "may either withdraw from or socialize excessively", "may become condescending", "bored", "may express helplessness or hopelessness", and possibly experience deterioration in family life.

Maslach (Englewood, 1982) developed the "Maslach Burnout Inventory", which measures burnout through a self report response to 22 items in each of "emotional exhaustion", "lack of personal accomplishment", and "depersonalization" categories. This has become the most frequently adopted standard, with some periodic modifications, for measuring burnout among helping professionals. This was a significant contribution in considering the traumatic effects burnout can have on both the client and the professional.

Although other stress factors, such as those in family relationships may affect the impact on one's capacity to deal with the workplace and visa versa (Wheaton, 1990; Weiss, 1990), the focus of this practicum is primarily related to the workplace. Within the workplace, there are an infinite number and range of potential events that can be defined as stressors. Holt (1982) has developed an extensive listing of such events which he has separated into "objectively" and "subjectively" defined stressors. Objectively defined stressors are those that can easily be determined by an external observer: "physical properties of the working environment" which might include extremes of temperature, dangerous work, noise pollution; "time variables" such as long hours, deadlines, shift work and general time pressure, "social and organizational properties of work setting", and job changes. There are also subjective stressors, the effect of which can only be determined by the workforce participant: role issues (role ambiguity, conflict, strain, participation, communication, and responsibility for property and/or people), person-environment job fit, off-job stress, and a variety of less easily classifiable issues (relationships with management or subordinates or co-workers, qualitative load, and job security). There has been a good deal of research that has identified causal or at least a correlational relationship between characteristics of work and "strain", "illness" and "death".

(b) Social Work Application

It was felt to be important to determine what stressors (an external force producing a change such as time management) and strains (reaction of the body to the overexertion created by these external changes) were particularly relevant to social work practitioners as caregivers. It could not always be anticipated that stressors will create stress or strained coping skills. Some authors found social workers as particularly occupationally stressed especially under current economic constraints (Jones, Fletcher and Ibbetson, 1991) while others (Gibson, McGrath and Reid, 1989) provide findings that suggest that most of their samples were positive about their work showing little sign of mental exhaustion and depersonalization. The area of service and its traumatic nature (aids, illness, crisis lines) was identified as one source of stress (Ross, 1993; Itschaki, 1994; and, Cyr and Dowrick, 1991). Another was the internal characteristics of the organization in which they worked. In a study of hospital settings, organizational factors creating stress was more pronounced among younger, less well trained, less experienced and poorly paid staff (Itschaki, 1994). One recent British study of 117 community based social workers (Jones, et al, 1991) using Payne's "Model of Occupational Stress" identified a broad number of various job demands seen as excessive and correlated these to levels of psychological impact. Payne's "Model of

33

Occupational Stress" is a standardized questionnaire that identifies 100 workplace stressors and provides a self report on the level of anxiety and depression these stressors create. The respondents identified workload (including the need for overtime and staff shortages); the severity of clients problems; the sense of responsibility for clients problems; paperwork; conflicts between expectations of legal mandate and other professionals on one hand and client needs or their own expectations on the other; and, threats of physical violence most frequently as job stressors. Depression was significantly associated with organizational or legislative change, policy ambiguity, pressure to assume more work, expanded role expectations, extra hours, job expansion, paperwork, the job inconsistent with expectations, and lack of client progress. Anxiety was significantly associated with role conflict in: various aspects of work activity, public expectations of performance and client expectations. Both depression and anxiety were found to be substantially diminished with " buffering" support of co-workers, family, and supervisors in that order. Divided into high and low stress workers, the former saw their jobs more demanding, less supportive and indicated that they took twice as much sick leave.

This confirms some of the types of stress identified by an earlier author (Zastrow, 1984) who found burnout to be caused in social workers by existing conditions and self defeating thoughts (threat appraisal) about those conditions. The conditions included

34

large caseloads; lack of approved time outs; long working hours; unrealistic work expectations; intervention with depressing or emotionally draining clients; insufficent training; lack of recognition by clients and supervisors; lack of support in making important workload decisions; isolation from peers; and, lack of career movement. As was mentioned earlier, an assessment of the circumstances of each individual workplace is crucial to anticipating stressors; but as the Jones, et al (1991) study confirmed, also recognizing that wide individual differences will exist in staff assessment of what is stressful is recognized.

Many studies utilized the "Maslch Burnout Scale" (1981) to explore the burnout effects of various phenomena. Powell (1994) found "alienation" to be a strong predictor of burnout. Pamperin (1987) found that among school social workers those with higher levels of creativity faced with role ambiguity and conflict were no less immune to burnout than those with less creativity. Koeske and Koeske (1989) found that demanding workloads created burnout when there was low co-worker support and secondarily when workers saw themselves as being ineffective with clients. Corcoran (1988) found that in a female sample, levels of burnout (emotional exhaustion and depersonalization) were directly related to negative impressions of clients. The same authors (1993) found that work stress was related to emotional exhaustion and emotional exhaustion was directly related to workers' intention to terminate employment;

but stress and such intentions were not directly related. Social support tended to be associated with lower stress.

(c) Child Welfare Application

As with all studies of stress, in child welfare, it could not always be anticipated that stressors such as role conflict lead to strain on those who experience it. One study of child welfare administrators found that they had learned effective ways of coping with role conflict, and while they spoke about the stress of impossible situations, they were in fact stimulated by the ongoing challenge of continuously dealing with them (Jones, 1993). Another study (Norvall, Walden, Gettelman, and Murrin, 1993) examined the association between job satisfaction, level of stress and tendency to hold in anger among child welfare supervisors. They found a positive co-relation between holding anger, higher stress and dissatisfaction with co-workers.

In general, early studies on social work stress and burnout largely focused on burnout due to the perceived burden of protective child welfare work (Daley, 1979). Later, some empirical studies compared child welfare to other fields of social work practice. One study (Jayaratne and Chess, 1984), in comparing the self report of a random sample of N.A.S.W. members from family service, community mental health and child welfare agencies, found

36

that while all three had similar levels of job satisfaction, those in child welfare were significantly more likely to have higher levels of stress, citing "role conflict" (legal requirements versus agency policy of family preservation); "value conflict" (therapeutic versus social control, moral dilemmas); "role ambiguity" (the role not defined clearly); "less challenging" (because of the restrictive environment); and, working in uncomfortable physical premises as stressors. A greater proportion identified their caseloads as being too high in spite of the fact that these were numerically lower than those in the other two groups studied. This did not, however, take into account case complexity. A more recent British study (Bennett, Evans, and Tattersall, 1993) comparing child welfare, mental health, and gerontological workers, found that all groups experienced high stress. Child welfare workers were most likely to experience stress in job related issues (accounting for most of the variance, signifying that the stresses are "job related" as opposed to "personal"); relationships with other people (when under supervised and isolated); and, a non-supportive organizational structure/climate. Under these circumstances they were more likely to experience anxiety and depression compared to the general population, practitioners in other disciplines, or the other two groups. They were significantly more identified with client needs, and, therefore, less successful in establishing the pychological distancing necessary to be able to utilize coping and buffering supports. In another British study, cited above (Jones, et al, 1991), among the community

37

based social workers, children and their families were considered to be the most stressful population with which to work.

Some early studies describing child welfare related stressors included such items as a small proportion of time available for direct client contact; inordinate paper work; overload; inability to complete services; client recidivism; lack of "tangible indicators of success"; community criticism; dealing with clients from different cultures and classes; role conflict among courts, agency practice, community expectations and client need; lack of knowledge and skills; and, lack of agency resources (Lawton and Magarelli 1980; Daley, 1979). Recently threatened and actual violence toward staff has surfaced in the literature as a child welfare stress, although it has existed for many years (Scalera, 1994).

Among studies involving child protection staff employing the Maslach Burnout Inventory, one involved family preservation staff who were found to experience moderate to high emotional exhaustion based on the stressful, intense, and time limited nature of their work (Tracy, Bean, Gwatkin and Hill, 1992). One Canadian study (McFadden, 1982) sought to explore the effect of stressors and supports identified by the child welfare staff respondents upon scores on the Burnout Inventory. It was confirmed that a positive correlation existed between stressors and burnout; but, supports were only weakly negatively identified with burnout. The level of

burnout was comparable to general American social work figures.

A further study sought to determine relationships between the burnout of female staff and emotional stress (anxiety, depression, and irritation), physical health, emotional support and marital satisfaction. There was the expected result that those with high burnout had both greater emotional and physical stress, experienced less satisfaction in their marriages, and felt less supported. Although they felt they could discuss work stressors with their spouse, they seemed to mask its emotional content; and, therefore, did not receive the support they may have required (Jayaratne, Chess, and Kunkel, 1986).

A recent study (Canadian Union of Public Employees, 1996) of 195 Winnipeg based mandated child welfare social workers, indicated that 72% feel their workload has increased in both size and complexity; 92% felt they could not realistically fulfill their Child and Family Services mandate; 79% did not feel their workload was realistic; 84% felt they could not handle the paper work required; and, 93% indicated they had to work overtime in order to meet job requirements. The results of this recent survey again identify some of the same criteria as earlier studies.

What seems to be apparent from a survey from the above literature is the overlap in stressors and burnout between general social work and child welfare, seemingly child welfare workers

appear more stressed than other social workers.

(d) First Nation Social Work

There appear to be very few studies (see those which exist below) related to stresses for First Nation staff in mainstream human service agencies. However, from an Afro-American cross-cultural perspective, one study (Gant, Nagda, Brabson, Jayaratne, Chess, and Singh, 1993) confirms that "undermining" in peer and supervisor-supervisee relationships in ethnically mixed social work agencies created substantial increases in irritability, anxiety, depression, and depersonalization for the Afro-American staff which individual social support could not diminish. Parallels to First Nation staff may exist, since both are cultural minorities who have experienced documented racism from the majority culture.

At a conference of First Nation mental health workers on caregivers, the key note speaker, Dr. Chrisjohn (Native Mental Health Association of Canada, 1990) spoke about some unique systemic contributors to burnout for "native helpers" in the mental health field.

He identified the cynical systemic underfunding for mental health pilot programs which First Nation organizations accept due to consumer need creating overload for staff as a key stressor. Due to

40

underfunding and unavailability of suitable trained First Nation candidates, staff without appropriate credentials, who feel underqualified in their professional capacity are often hired. Imposed program designs which often are not successful because they are counter to the First Nation traditional ways of giving and receiving help. First Nation counsellors often experience "built in societal pressures" due to intervening with relatives concerning personal and often taboo topics, and lacking of community respect because they are known. This is referred to as "peer leveling". Premature termination of funding for programs or essential elements of programs, is often called "project sabotage". The stresses of being subjected to and working with prejudice including belittling one's professional credentials is often present. Addressing the symptoms of problems in an economically depressed community rather than the core issues also exposes staff to stress (Native Mental Health Association of Canada, 1990).

Although not solely First Nation populations, a recent report (Giesbrecht, 1993) cites "political interference" at the band level preventing staff from fulfilling their role of child protection (with certain families "off limits" for intervention) creating staff conflict; and, undermining the authority of the agency to fulfill its mandate and the confidence of child care staff. As Chrisjohn (Native Mental Health Association of Canada, 1990) noted in the mental health arena, it was suggested that many staff are not professionally

educated and were hired instead on the basis of their life experience and awareness of cultural values. This creates stress because staff have no child welfare knowledge to anchor their activities, in the face of political pressure. It is noted that some of these issues may be exacerbated by the other social factors such as poverty, unemployment, education, housing, and health care (Report of the Aboriginal Justice Inquiry, 1991).

Among American First Nations, child protection agencies have actually increased the number of children in care, albeit with Aboriginal families. This perpetuates the undermining of parenting skills for another generation and the creation of role conflict between child protection and family preservation goals. Lack of funding and inadequate family preservation models have exacerbated this stressor (Mannes, 1993).

Supervisory staff in First Nation programs rate their levels of satisfaction, practice skills and supervisory skills in the moderately high to high range (Wares, Dobrec, Rosenthal, and Wedel, 1992). Those who had a non-First Nation background were more comfortable with people, and were highly educated, were significantly more positive in their responses, weighting the overall ratings. In all three categories, the response was more positive among those First Nation supervisors who were working in agencies servicing communities other than their own. This may reinforce

both the "political influence" concerns expressed in Giesbrecht's report.

Finally, it has been suggested that there is a high level of alcoholism and abuse, both physical and sexual, among the First Nation population, (Statistics Canada, 1992; Daily and Hodgson, 1988) and, that many caregivers may in some fashion have been victims of these abuses. Where these experiences have not been resolved, staff are likely to find difficulty dealing with clients therapeutically, and in confronting this problem may create professional burnout and a limited ability to provide effective service.

In summary, this material provides an understanding of stress and burnout as well as the broad range of stressors that can exist for First Nation family services workers. The literature universally identifies workers as being stressed but not necessarily experiencing burnout. The qualities which influence stress and burnout, such as overload, lack of organizational support lack of successful impact seemed to occur in a variety of fields of practice, although there was some evidence that it is more pronounced among those in child welfare. The limited literature on First Nation staff suggests that they might be experiencing more concern about service resources, professional credentials, competence, "political interference", developing a culturally sensitive model, and unresolved past

personal issues triggered by professional involvement with clients dealing with the same issues.

(3) Coping with Stress

Similar to exploring the range of potential stress and burnout, it is seen as important to have an appreciation of coping strategies in order to be sensitized to, as well as able to probe the potential responses of the Ojibway family agency staff.

(a) General Concepts: Individual

From an individual perspective, there are a wide variety of potential means of resolving stress or to coping with it. At the simplest level, most people have individual techniques and preferences for coping through; (a) passive physical relaxation, (e.g. by taking a bath or lying in the sun), (b) gentle physical distraction (eg. walking, gardening, or berry picking), (c) physical exercise (e.g. aerobics or physically demanding sports, (d) passive mental distraction by watching television (e.g. listening to music, or reading a book), (e) active mental distraction (eg. playing solitaire, doing crafts, doing crossword puzzles), (f) social distractions (e.g. visiting friends, playing with children), and, (g) medication through prescription drugs, non-prescription drugs or alcohol. These are only a few of the infinite variety of possibilities that individuals use

to manage stress (Patel, 1991).

As was pointed out, the possibility of coping to some extent rests with appraisal of (1) the external event as a stressor or a challenge, and, if a stressor, (2) one's appraisal of the resources, both internal (such as physical strength or problem solving skills) and external (social support, finances) that one has available to deal with it (Holroyd and Lazarus, 1982, Folkman and Lazarus, 1984). This has been called the "interactive" approach to stress. As Lazarus points out, the appraisal may not be rational. Coping techniques have been developed which are designed to assist people to distinguish between realistic and irrational appraisal of threat (Ellis, 1974; Beck, 1989).

There are a wide variety of structured approaches to coping. It has been argued that in the adaptive phase of stress with its associated anxiety, there are two major types of response; an active coping phase and a relaxation or rest phase. Each of these phases have behavioural, physical, and cognitive aspects which are currently recognized in stress management training (Rachman, 1978). This conceptual framework provides an opportunity, both in assessment and skill development, to precisely assist people in developing appropriate tools to deal with the specific aspects of stress that they are encountering. For example, in the case of excessive physical arousal, the rest-related intervention of

progressive relaxation which relaxes one physically would likely be most effective (Stoyva and Anderson, 1982).

The Rest Phase techniques could include: (1) Physical: breathing exercises, deep muscle relaxation (relaxing each muscle group in the body), progressive muscle relaxation (tensing then relaxing each muscle group), autogenic training (self suggestion of heaviness and therefore relaxation in the body), massaging (manipulating the body by various hand movements breaking up muscle tension), and biofeedback (use of electronic instruments on the body which measure tensions, then engage in exercises to decrease the sympathetic nervous response, visibly decreasing tensions); (2) Cognitive approaches include mental relaxation through meditation (relaxed concentration on a single object to the exclusion of all others), creative visualization (envisioning successful achievement of goals), and, systemic desensitization (systematically extinguishing and replacing anxiety provoking thoughts and images) (Stoya and Anderson1982; Patel, 1991).

Coping Phase techniques might include: (1) behavioral and cognitive: assertiveness training (learning how to express one's reasonable rights strategically and appropriately) (Smith, 1974); (2) strategies for managing anger (a variation of assertiveness training) (Novaco; 1975; Patel, 1991); and, (3) self-developing statements, such as stress inoculation (including relaxation, cognitive

46

restructuring, problem solving, self instructing, and application, all of which are problem solving in nature) (Meichenbaum, 1985).

Given that stress tends to deplete energy resources, most literature on stress management includes nutrition guides (balance and "low stress" foods), physical exercise and rest, which will sustain one through stress more effectively (Patel, 1991).

Social Support is an often-cited buffering resource in dealing with both stressors and burnout prevention. Social Support is the seeking out of informal or formal support from family friends, acquaintances, co-workers, supervisors and has been found to have direct effects on enhancing physical and mental health. Formal support may come from sanctioned sources of help such as clergy, health professionals and social work professionals. It may be provided by individuals, mutual self-help organizations or through formal training (Gottlieb, 1981; House, 1981; Pine, 1983; Lieberman, 1982). Key variables in the selection of any support are: the empathy and trustworthiness of the source of support and the specific needs of the individual. Although designation of particular functions vary among literature sources (House, 1981; Pine, 1983), they generally include: (1) emotional support (unconditional re-affirmation, genuine caring, empathy, regard); (2) informational support (provision of information that allows for coping or problem solving or whereabouts of knowledge or resources); (3) instrumental

support (actual provision of resources, care provision, funding, assistance in completing tasks); (4) appraisal support (reliable interpretation of external social reality and facilitation of a field reasonable course of action); and, (5) technical support (a trusted, knowledgeable, colleagues provision of honest, supportive feedback on performance).

General Concepts: Formalized and Group Support

The worker seeking formal help is likely to have sought out information and support from informal networks. As pointed out by Gottlieb (1981), there are three stages in this process. First is problem identification and crystallization, does the support perceive the person as having a problem requiring professional intervention? Second, is determining the direction of effective professional help. Third, is the perception of the support about the effectiveness of the ongoing professional intervention. The influence of the informal network will depend upon the security, regard, past reliability and uniformity of the information it provides.

Recognizing that a good deal of stress may occur as a result of a toxic working environment, one project has been developed which focuses on helping employees to become aware that this toxicity creates powerlessness and a sense of personal inadequacy. Occupational Stress Groups were established (Lerner, 1992) to

48

encourage participants to become aware of the external source of these problems and to develop a class consciousness, leading to group action. Several authors (Quick and Quick, 1981; McLean, 1981; Myers, 1984) identify an organizational responsibility to reduce factors which are generally recognized as providing a stress-inducing environment, including: physical stressors; chronic overload; lack of training, including supervisory training; lack of structural support; organizationally induced role conflict and role ambiguity; and, toxic environments (which include discrimination, sexual harassment, and favoritism), to name a few. Workplace Health and Safety committees and statutes can address some of these issues; but some rely on management practice.

(b) Social Work Application

A survey of the literature (Meichenbaum, 1985; Farber, 1983; Pines, 1983; Scully, 1983; Stoyva and Anderson, 1982) that identifies coping with generic social worker stress and burnout, indicates that coping mechanisms are most effective at a point prior to the occurrence of burnout. They generally suggest that social work, or indeed all human services personnel reaching the stage of burnout, have difficulty reversing its effects. Most of the human service worker literature relating to occupational stress, in fact, focuses on "burnout" and its ramifications. The rationale for intervention to facilitate coping includes the enhancement of quality

49

and quantity of performance, reduction of absenteeism and turnover; as well as compassion for the professional suffering from severe stress.

In addressing "coping", it has been suggested that a varied approach be employed, involving individuals, groups of workers, and human services agencies because burnout is a workplace issue (Shinn and Morch, 1984; Maslach and Kahn, 1978) suggest that professionals should be looking at situations in which good people function rather than trying to uncover bad people who are staffing institutions.

Individual Approaches

The literature surveyed was instructive about individual means of dealing with burnout. Of four articles, one (Himle and Jayaratne, 1987) identified the effectiveness of cognitive-behavioural approaches to increase social support, which does help to prevent burnout. A second, Zastrow (1984) prescriptively suggests use of goal setting, time management, identifying and changing or adapting to distressing events, cognitive reframing, rational emotive therapy and techniques as being effective. A third, (Wertkin, 1981) demonstrates Meichenbaum's stress inoculation techniques in coping with burnout. And finally a fourth (Koeske, Kirk and Koeske, 1993) dealing with case managers in the mental

health field found that "coping" strategies were significantly better buffers for stress and burnout than the use of relaxation strategies, which they found had negative effects. They did not address joint use of strategies. The literature, generally, focuses on stress awareness and stress management workshops or group approaches as a means of stimulating employees to deal effectively with stress and burnout individually (Zischaka, 1981).

There has been a good deal of interest in social support as a means of coping, whether the responsibility for determining the burnout is identified by the organization through a supervisor (Zischaka, 1981) or by the workers themselves. The assumption has been that supervisors, co-workers and spouses are the available sources of support which will buffer the stressed worker from the symptoms of burnout. There has been extensive work in this area by Jayaratne and various associates. Early work (Jayaratne, Tripodi, and Chess, 1983; Jayaratne and Chess, 1985) refuted the hypothesis that supervisor and co-worker "emotional" support moderates stress. A further study (Davis-Sacks, Jayaratne and Chess, 1985) explored the direction of child welfare staff seeking help (spouse, co-worker, or supervisor), and its effect on buffering anxiety, depression, irritation and self esteem. It was found that staff primarily used co-workers and spouses for support (only 15% would use supervisors), and they would only be less likely to experience a decreased likelihood of burnout, anxiety and

51

depression. Female child welfare workers (Jayaratne, Chess and Kunkel, 1986) with high levels of burnout were found to have high levels of anxiety and depression; and experience lower levels of marital satisfaction. This research suggested that those with high levels of burnout may wish to mask the emotional impact of their stress to avoid burdening spouses. They often did not seek the support they needed. At this time, studies began to differentiate support into "emotional", "appraisal", "instrumental" and "informational" categories, a variation of House's 1981 typology. They (Himle, Jayaratne and Thyness, 1991; 1989) found that instrumentation and informational support provided by co-workers and supervisors had buffering effects on burnout. This suggests that supervisors need training in providing such support; and organizations need to encourage new staff to utilize this support. It is also suggested that staff will only use agency supports, if there is a positive organizational climate (Jayaratne, Himle, and Chess 1988). It might not be surprising that line staff may be reluctant to use supervisory staff since they represent authority in the workplace where staff may be feeling vulnerable. While social support is a popular approach to coping, there is a need for continued exploration in its most effective use.

Group Approaches

Some authors have identified the effectiveness of informal or

structured group support lowering levels of work related stress (Shinn, Rosario and Morch, 1984) and in promoting higher job satisfaction (Pierson, 1984). Critical incident debriefing groups have been useful in helping social work staff deal with stressors such as organizational change (Van den Bergh, 1992).

Workplace Restructuring

The third kind of intervention, is that of structuring the work environment so that staff working in what are often high stress occupations receive organizational support. Research indicates that prior work experience, training, congruent beliefs, goodness of fit between the worker and the organization environment in terms of respective roles at the point of hiring, are consistent predictors of lower burnout, higher job satisfaction and lower turnover, provided staff are satisfied with salary levels (Vinokur-Kaplan, 1991). Some organizations have developed climates that foster open trusting atmospheres which encourage staff communication, peer support systems, social events, opportunities for communication between staff and management and collaborative problem solving groups, which have had the effect of lowering burnout rates (Maslach, 1978). The utilization of training programs which enhanced employees ability to function effectively and teach techniques to deal with stress have been negatively correlated with stress and burnout (Ross, 1993). Improvement of both structural (physical environment) and process (streamlining paperwork) elements which

have contributed to burnout are important to address. In dealing with the stress and redundancy of some administrative processes, it has been suggested that providing staff with times when others can take over their more stressful responsibilities ("time outs"), rotating more, and less stressful activities, creating shorter work shifts, developing career paths, have all been cited as preventing burnout (Zastrow, 1984).

Child Welfare Application

As mentioned earlier, there is some support for the likelihood that child welfare workers experience more stress than those in some other fields of practice. The fairly extensive child welfare literature on burnout identifies unique stressors in child welfare practice, less intense versions may be encountered in most fields. Daley (1979), an early writer about child welfare staff burnout, argued that residual means of coping are less effective than preventative ones. He and others (cited below) suggested prescriptive ways that the work environment should be structured to prevent burnout.

They suggested that agencies should allow workers to be away from clients periodically ("time outs") to do indirect tasks, rotating staff assignments to provide less demanding experiences, or the use of holidays. They also recommended that supervisors needed to be

trained to identify early symptoms of burnout and to encourage staff to debrief when these symptoms become apparent (Daley, 1979; Zischka, 1981). In addition, it was suggested that use of regularly scheduled supportive and educationally focused supervision conferences and progressive assignment of difficult cases to new staff along with ongoing consistent feedback tends to diminish isolation and role ambiguity (Kadushin, 1991). Staff groups to overcome reactions to the burdens of child protection and to provide, sometimes mutual support were seen as helpful (Daley, 1979; Brown, 1984; Krell, Richardson, LaManna, and Kairys, 1983). Based on the perception that staff competence and self awareness function as buffers to burnout, some authors had explored and initiated regular practical training as a means to decrease burnout which included general child welfare training; skill training in working effectively with families and children and agency colleagues (Seaberg, 1982; Krell, Richardson, LaManna and Kairys, 1983); skill in recognizing stress; and, techniques in stress management (Zischka, 1981). Managing systemic issues by improving the status of child protection positions, improving salaries, reducing caseloads, developing career ladders for direct service staff, and providing opportunities for intra-agency communication have been cited as ways of minimizing burnout (Daley, 1979; Seaberg, 1982). Based on the stressful effects of child welfare, client needs including, worker physical illness and turnover, as well as lack of state resources, one article suggests the use of

collective political action to address the problem (Lawton and Maragelli, 1980).

First Nations Social Work

There appears to be little literature that deals specifically with coping supports for First Nation counsellors, and specifically child and family staff, although they appear to experience unique stressors, both in kind and degree. The resolution of stress for the First Nation counsellor in applying culturally incongruent child welfare. services to First Nation people is beginning to be addressed by the establishment of culturally appropriate models of practice (Mannes, 1993). The conflict between traditional and professional care-giving credentials is being somewhat addressed by the establishment of culturally sensitive branches of professional faculties, for example, the Nishnaabe Kinoomaadwin Naadmaadwin program at the Faculty of Social Work at Laurentian University (White, 1992).

Findings are that First Nation child welfare staff are often more comfortable and feel more effective providing services to bands or populations where they do not have the constraint of family relationships or working in their place of origin (Wares, Dobrec,

56

Rosenthal, and Wedel, 1992).

Daily and Hodgson (1988) identify the need for the untreated caregiver to seek treatment in order to provide effective intervention for their clients and avoid burnout; but do not specifically identify the nature of that treatment. Hodgson (1988) does move in the direction of spirituality being present in programs when she says,

> "It is helpful when designing workshops or treatment programs .. to build a spiritual and cultural component into the program. Acknowledgement of the harm of the spirit of the individual, extented family and community lends itself to reinforcing the sense of community which can help a program succeed."

Traditional spiritual healing relies on a holistic approach, using among other symbols, the "wheel" or "medicine wheel" which provides a historical context and an anchor to allow for the harmonious balance of one's mental, spiritual, physical, and emotional elements while being in harmony with others (Loomis, 1991; Pathmaker and Sunshine, 1987). This symbol is central to First Nations understanding of the traditional ways. The Elder ("an individual who has lived well, regarded with respect ... [and is a source] ... [of a] ... particular wisdom ... [for which she or he] can be sought out for counsel (Daily, 1988:111-112) is usually sought out to explain the old ways of being in balance. Holistic healing as, for

57

example, in alcohol and drug programs in Saskatchewan, would be followed by ceremonies such as healing or medicine circles, sweat lodges, or shaking tent ceremonies (Young, 1992), with an Elder or a "Pipe Holder" (a "spiritual leader to be approached for spiritual...training, ... healing, or for leading ceremonies..."Daily, 1988:112). There is a percentage of the population, more pronounced among those living on as opposed to off reserve both in Ontario (8.8% compared with 3.2%) (Statistics Canada: 1992) who see traditional healers, and more frequently use programs which, while not specifically designed for First Nation caregivers, are available to them. In some child and family service agencies, "Elders" are retained to be available to staff who seek their wisdom.

There is some indication that within the First Nation community, spirituality may play a role in helping those who believe in the "traditional values" to cope with stressors (not dissimilar to non-First Nation child caregivers who rely on religious observance as a coping mechanism). Daily (1988) and Tingsley et al, (1993) argue that a good deal of pathological behaviour among First Nation peoples, including: substance, child, spousal, and family abuse, have been created as a result of societal denigration and undervaluing of First Nation capacities often induced by policies which have left them without cultural and role identity (employment, parenting, spousal). A disproportionate number of First Nation persons are said to have been victimized by this abuse,

including caregivers who may need support for their issues of stress in order to be effective. The direction of healing may be either traditional or non-traditional depending on the experience and beliefs of the First Nation family services worker which should be respected.

In considering interventions, the relative weighting attached to different job attributes in each workplace are important. A universal "shotgun approach" aimed at reducing stress and increasing job satisfaction will be inefficient and possibly of minimum value. Rather, the design of intervention programs must be appropriate to each setting, to the nuances and idiosyncrasies of the particular group involved (Jayaratne and Chess, 1984:452).

In summary, this material explores the underlying principles and range of coping skills that have been employed, their effectiveness, and those which might be most effective for First Nation family services personnel in dealing with stress. The particular and selective use of social supports, traditional practices, competency based training, and the need for organizational structures which reduce stress all sensitize this researcher in his exploration of both existing and further needed coping resources.

Employee Assistance Programs

Employee assistance has been defined as "more or less structured programs that utilize...human service personnel on a contractual or employment basis to meet the needs of troubled employees" with a view to restoring or maintaining their effectiveness in the workplace (Myers, 1984:4). There are a large variety of motives, mandates, types of service, and structures through which these services may be delivered.

Although there had been some forms of workplace counselling in the 19th century, the real impetus for workplace services really came from four sources. The Hawthorne experiments conducted in Western Electric demonstrated that attention paid to workers motivated them to higher levels of productivity (Mayo, 1933). The establishment of Alcoholics Anonymous and studies by Jellnick indicated that certain classifications of alcoholism and substance abuse took a number of years to develop in people, with progressively deteriorating work performance; but that alcoholism could be effectively arrested (Trice and Roman, 1974). During World War II, with a massive influx of women into industry, a number of social services, including counselling services, were located in the workplace in an effort to help women adjust to their new dual roles of parent and worker (Sonnenthul and Trice, 1986).

Studies indicated that with a burgeoning workforce, troubled employees in the workplace, seldom sought out community social services without assistance (Ryan, 1966).

These events led, in the 40s through 60s, to: (1) Occupational Alcoholism programs in the workplace, where supervisors were trained to identify "alcoholic" behaviours in their staff and coerce them ("constructive coercion") into Alcoholics Anonymous or medical treatment programs, on threat of suspension or job loss; and, (2) the establishment by Red Feather and labour organizations (e.g. AFL/CIO) of training for workforce volunteers to refer troubled employees to appropriate community social services (Masi, 1982). Occupational alcoholism programs continued to exist in a number of firms but remained confined to a relatively few. This was partly because there was discomfort with the aggressive approach used by supervisors which caused employees to "deny" their substance abuse until they had reached late stages of alcoholism (Wrich, 1980).

Nevertheless, concern about the effects of substance abuse on absenteeism and accidents led to the passage of the Federal Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act in the U.S, which established alcoholism programs for all federal employees and provided funding to the states for alcoholism program coordinators. In Canada, the federal government funded such programs for all its civil servants.

This infusion of resources had a profound effect on the expansion of programs and the potential for professionalization of the field (Masi, 1982).

There were a number of dramatic shifts in workplace counselling designed to encourage earlier intervention. There were shifts in focus: in supervisory training from drinking to work performance criteria in detection of the "troubled" employee; the problem focus expanded to all employee concerns ("broad brush"); employees were encouraged to use the program on a voluntary confidential basis; unions were often invited to participate in joint committees to establish and maintain such programs; family members were encouraged to use the programs; and, finally, these modified programs were renamed "Employee Assistance Programs or EAP's". There was, however, an underlying assumption that most problems of both the employee and her/his family, had at their core, substance abuse problems (Wrich, 1980).

During the eighties and nineties, literature suggests that company employee E.A.P.'s had continued to expand (Myers, 1984; Kurzman and Akabas, 1993). The trend appears to have been moving towards a genuinely "comprehensive" model of service, one in which the wide range of developmental and situational employee concerns are addressed in recognition that not to service them may well have physical and functional ramifications in the workplace.

Because of the increased clinical demands, programs are staffed by more qualified professionals (Kurzman and Akabas, 1993). They are more likely to incorporate health promotion, wellness, run stress management elements at the level of secondary prevention (Boutelier, Shain and Suurvali, 1986). They have moved to a purely voluntary or self referral approach, although programs are established anywhere along the continuum of single issue, substance abuse, mandatory referred constructive coercion approaches to voluntary referred, broad brush, prevention oriented approaches depending upon the needs of the individual organization. The argument for the move toward the voluntary model is that employees are more sophisticated and eligible for voluntary efforts, and work in an environment that requires higher levels of autonomy than the one that spawned the constructive coercion substance abuse model which is defined as more of a hierarchical model (Kurzman and Akabas, 1993).

The structure of the E.A.P. involves either an assigned staff person or staff committee that is responsible for overseeing the program. The goals, purpose and objectives of the program, circumstances in which employees might utilize the program, means of accessing the program, attitudes about confidentiality, roles of various key players (ie: senior management, personnel, health unit, supervisory staff and union personnel, and the E.A.P. coordinator) in the organization will have been articulated. The types of employee

63

services needed is determined based on the program objectives, demographics of the employee population, and existing community resources. The type of staff needed to provide the program and whether this staff will be employed or contracted as external providers is determined and selected. In both an internally staffed program or one in which the services are contracted out require an E.A.P. coordinator. The role of the internal coordinator, in consultation with the designated person or committee responsible for the program is to: determine the structure of the program, protocols for employees seeking help, and the referral process: to publicize the program, to provide supervisory training and/or employee orientation in program use, to provide consultation on program use, to provide assessment services to employee users. She or he may also provide crisis, short term intervention and health promotion services depending upon the nature of the program, recruits and assesses community services, refers employee users to appropriate community resources, follows up on and monitors referrals, where necessary provides assistance to help employees re-integrate into the workplace, maintains records and determines means of evaluating the program's effectiveness. He or she provides feedback to the source to whom he or she is responsible, and may make suggestions on program or workplace modification based on clinical experience with employee users. In the case of external programs, the E.A.P. coordinator will not be the clinical service provider; but the functions will be negotiated and carried out by

various personnel in the contract providing organization. A large part of the role in these circumstances is that of identifying the needs of employees, selecting contract providers and monitoring their effectiveness for both the organization and its employees (Wrich, 1980; Myers, 1984; Thomlinson, 1983; Sonnenstuhl, 1986; and Kurzman and Akabas, 1993).

Literature suggests that there are usually four essential criteria which indicate the success of an E.A.P. program. These are the degree to which it is utilized (Foote, Erfurt and Strauch 1978); the degree of satisfaction by the consumer, as well as the overall employee population (Auman, 1995); the effectiveness of the program in resolving the employee problems with which it is presented (Chalmers, 1984); and, the cost effectiveness of the program (Macdonald, 1995; Newman 1989).

Myers (1994) and others (Newman 1983; 1984; 1989; Thomlinson, 1983; Kurzman and Akabas, 1993) suggest several factors which are thought to contribute positively to these outcomes.

These factors are:

(1) an organizational commitment which is clearly articulated by management and staff, focused on employment retention by providing a non-labelling avenue for employees with personal

65

problems to resolve them in order to be effective in their job function, and provides resources necessary to achieve these objectives;

(2) a program implementation strategy with joint supervisory staff and union involvement in which the development of the program direction and design encourages broad participation by all members of the workforce;

(3) the program is "broad brush" in scope, individualized to respond to the stated needs identified by the consumer or the employees (through needs surveys) and is flexible in responding to emerging needs;

(4) the climate of the workplace and program promotes help seeking by employees and problem resolution is identified by the organization as an healthy response to stresses;

(5) the program has accessibility to its users, which means both geographical, and psychological access to the program ("psychological" meaning the extent to which the employees feel they will be respected in presenting their problems);

(6) the program is responsive so that the program staff are available shortly after employees request for service, during off- hours, and immediately in emergencies;

(7) the program is anonymous, where program offices can be privately accessed and program telephone communication with the program users respect and ensure privacy;

(8) a key issue is that the program respects the program users

confidentiality. The program only reveals information with informed consent. Discussion with the counsellor is not revealed in mandatory referrals and even program use is not revealed in voluntary use situations, unless required by the counsellor's legal obligations; (9) the program provides the program users with quality service, ensuring that the service is provided by competent caring experienced professionals, whether the service is provided by the e.a.p. staff or by those services to whom the e.a.p. refers staff; and, (10) within the organizational environment, the program staff have access to key personnel in the organization and mechanisms have been worked out to resolve issues concerning the program or organization.

There has been much discussion and comparison of E.A.P. models of service in Canada (Myers, 1984; Thomlinson, 1983). There have been two basic types of service delivery: internal and external contract programs. There are two sources of mandate, management and unions (which is not relevant in this context).

There are also levels of program intervention. Internal programs, depending on their degree of comprehensiveness, will directly employ a full or part time E.A.P. coordinator who is responsible to the organization. Contract or external programs are contracted to an external provider usually on a flat fee per employee or fee for service basis. The literature (see below)

67

suggests that both have strengths and weaknesses. Internal programs may have greater confidence among staff because the program providers are on site and know the staff's situation. They are more visible, they tend to be more accessible, and they can provide unlimited counselling. Their knowledge of the staff allows them to fine tune their program to meet employee needs, and this intimate knowledge allows them to advocate for organizational change. Being on site and being paid a salary by the company raises a concern about the level of confidentiality (Blair, 1987; Googins, 1989). External providers tend to be associated with a higher level of perceived confidentiality, are not placed in the same conflict of interest situations, may be less costly, and if experienced, can implement programs more quickly. They may be in a better position to provide a 24 hour service, a range of counselling expertise, and preventative interventions. However, some of these characteristics are dependent on the location of the community serviced. The external provider can provide E.A.P. services to workplaces which have few employees. Some external programs try to establish closer contact with the workplace by establishing on site services and maintaining contact with key personnel. If the organization wishes to, it is easier to terminate the contract with an external program more easily than an internal one (Myers, 1984; Hoffman, 1988; Koca,1986; Erfurt, Foote and Heinrich, 1990).

External programs can range from, "hot lines" providing

telephone contact only, to information and referral programs, to single issue (usually "core" programs related to substance abuse), programs that provide short term on site counselling as well as referral on a variety of employee concerns, to the comprehensive model that can provide full counselling on a variety of concerns. Internal programs can provide all but the "hot line" services as well.

While many human service personnel are eligible to receive E.A.P. services as employees of organizations such as municipal, federal, or provincial governments or, in private agencies, which are included in the highly unionized public sector where E.A.P'.s are more of a norm, there has been remarkably little literature which specifically addresses the unique characteristics of this service to them (Newman, 1989). Given the stress and burnout identified by human service, and in particular social workers, the lack of focus on E.A.P. intervention is even more remarkable (Akabas and Farrell, 1993). One Article (Jones, et al, 1991) found that the "high" stress social workers in their study were significantly more likely to feel that they would make use of both stress managment training and confidential staff counselling for change than "low" stress workers (76% to 43%) using Payne's Occupational Inventory (see above).

Since there is little E.A.P. literature focused on human service workers in general, it was not surprising that there was little E.A.P. literature that addressed programs for culture, in general (Balgopal,

69

1989), and First Nation service providers, in particular. An extensive search of the literature, as well as canvassing a number of provincial substance abuse programs, local First Nation leadership, and international E.A.P organizations (Employee Assistance Societies of North America and Employee Assistance Program Association) was conducted, which resulted in the identification of unpublished material on only one defunct project (Neechi, Inc., 1989) in Alberta. This project had experienced difficulty because there had not been initial agreement about the program design in all bands, because they quickly extended services to the community at large, rather than employees and their families. A Winnipeg First Nation E.A.P. project, Odaniki, had closed when funding ceased and its journey was not documented. The author was aware that First Nation human services organizations have occasionally contracted mainstream E.A.P. services. There were many potential reasons for this lack of data since First Nation people, particularly human service workers, have only recently taken on this human service role. The oral culture and the traditional means of healing which would not reach the printed word also may explain the absence of literature. It was obvious, then, that there was very little documentation to draw from and that an open ended approach, involving potential program users, was needed to determine the culturally sensitive concerns to be addressed in order to design such a program after consultation with the employees.

This material helps provide the researcher with the historical perspective, range of models, and key issues that are crucial to effective establishment of employee assistance approaches. It provides the researcher with an opportunity to explore how these characteristcs apply and would need to be adapted to this particular work force.

Method

As defined in Chapter I, there were a number of criteria, particularly related to the ethnic origin of the population under study, and the relatively limited experience which exists concerning the area of First Nation family service staff, which appeared to lend themselves to the use of a qualitative approach for the most comprehensive and unobtrusive form of data collection. Within the qualitative approach, there appeared to be three effective strategies for data collection (see below). Essentially, the method is to provide a frame which ensures that the interviewee can express her or his own view in her or his own way. Meaning is drawn from an analysis and interpretation of the subjects' views. The concepts for this section are primarily taken from Patton (1988) and Rubin and Babbie (1993).

(a) Naturalistic Observation is where the researcher has the

71

opportunity to observe a situation with the opportunity to be totally emersed in it, while having a broad overview of the organization and the participants involved. Often the perspective varies from that of the participant and the observer and therefore have significant insights. The researcher may choose the means of entry, an onlooker or participant approach; the length and focus of the study; the degree to which he shares the purpose of the study; and, the foci of what to observe related to the study purpose. This method has the value of helping the researcher to develop a relationship and, therefore, a deeper understanding of the population under study.

(b) Qualitative Interview Method: Patton (1988:114-115) points out that "the fundamental principle of qualitative interviewing is to provide a framework within which respondents can express their own understandings in their own terms". It allows the researcher access to the interviewee's thinking, feelings, attitudes about events to which the researcher may not have had the opportunity to observe or of which he may have a limited appreciation.

(i) The Style of the Interview: There are three approaches to qualitative interviewing, the "informal conversational" approach; the "interview guide" approach; and, the "standardized open-ended" approach (Patton, 1993:109-115). In the interview guide approach,

72

the researcher has an interview guide to ensure that the topics which have been identified as significant for the purposes of the study are covered. The advantage of this approach is that it provides more focused information lending the data an easier interpretation while at the same time giving the respondent flexibility in response and providing the opportunity for a conversational approach. This study was designed to be somewhat time limited and provided the student with opportunity to use this approach without the added rigor of attempting to analyze the series of unstructured interviews (Patton, 1988).

Other structural aspects of the interview are the decision about the sequencing of questions related to the interviewees' circumstances, their experiences, their sense of events, their opinions, their feelings, their knowledge in ways that will stimulate their involvement. Another consideration is the exploration of time sequencing of events (Patton, 1988).

Concerning the style of approaching the interview, Patton (1988) suggests rapport is crucial and is facilitated if the researcher recognizes importance of asking "open ended" (allowing staff to respond in their own way without limitations) (Ibid:122), "clear" (in the language of the staff) (Ibid:123), and "singular" (covering one area per question) questions (Ibid:124); "skillful probes" and "follow up questions" (who, where, what, when, and how for more detail,

elaboration and clarity) (Ibid:125), "supportive" questions (explaining why the researcher is requesting information and letting staff know that they are meeting the researcher's objectives) (Ibid:126); and conveying neutrality, as well as, interest and respect for the information that staff are willing to share (Ibid:127). Patton suggests that strategies be developed to prompt, but not lead, staff to respond to sensitive issues. Probes yield a depth of understanding and are most effective if framed in ways that convey the researcher's difficulty to comprehend rather than any limitation of the quality of the response by staff.

As part of this process, the expectation is that the researcher will record detailed notes of the interview to record the details of the circumstances of the event, detailed recording of responses, the effect of the interview on the researcher and some beginning insights and interpretations.

(ii) Analysis of Interviews: It was planned that preliminary analysis would occur during data collection so that as new issues surfaced, the researcher could explore them in subsequent interviews, enriching the material (Hammersley, 1989; Rubin and Babbie, 1993).

The preliminary step was to review the original research questions, confirm them with the stake holders and explore any shifts which modified the objectives during the interview process

(Patton, 1988). As well, the researcher will need to carefully review notes to ensure that he fully understands them, including notes he has on his own hunches and assumptions to guard against subjectivity (Brody, 1992; Rubin and Babbie, 1993).

The researcher decided to focus the analysis of content as it related to the research questions, since it was these that were important for determining the characteristics which would indicate the need for, and characteristics of an appropriate e.a.p. for this population.   Use of content analysis also de-emphasized identification of individual employees which has been mentioned was of particular concern in this study and the breadth of the study would not allow for the rigor demanded in a case study. Data will need to be indexed and coded based on the research questions (Crabtree, 1992).

Within each research question the researcher sorted the interviewee's statements that fit together and separated those which were distinctly different, being careful to accurately reflect the perceptions of the staff inteviewed. The researcher will attempt to accurately reflect the language of the staff and seek clarification when this is needed.

On the basis of emerging patterns within each research question, the researcher developed written rules for particular

themes. Where items do not fit into existing categories or overlapping, restructuring will be done to provide an accurate reflection of the issues, then explore linkages between themes. One further step, will be to explore patterns that exist across the research questions (Patton, 1988).

Once having analyzed these patterns, the researcher will begin to explore interpretations of the data and explore tentative causal relationships which might exist, recognizing it is based on speculation, although grounded from direct statments from the staff. At some point, the researcher will re-explore these speculative conclusions to determine whether alternative conclusions can be drawn. As well, he plans to compare the findings with the literature to identify similarities and differences between the experience of the surveyed population and those studied in the literature to determine the unresolved stresses and need for supportive service such as e.a.p. These findings should provide an understanding of the characteristics such a model would require in order to provide effective and appropriate service to this population.

(c) Key Informant Interviews: Those in a setting who have a great deal of knowledge about a situation, may have the capacity to understand, and insight into the meaning of events and the capacity to explain them clearly. They may also have access to events that the researcher does not and can share them in a meaningful way,

enriching the researcher's understanding of what he does not experience directly. They can provide a level of "triangulation", either confirming or providing a new interpretation to what the researcher is observing. They are most useful if the researcher understands the respondents frame of reference and accepts their ideas as theirs and not as truths, therefore, allowing himself independence in drawing inferences. It was important for the researcher to have access to key informants with this kind of expertise in the operations of the Ojibway Family Services Agency and in the traditional approach to First Nation spirituality and culture.

This chapter has attempted to examine the literature on subjects that were the central focus of the intervention strategy and to sensitize the researcher to some of the dynamics which the staff whom he was observing and interviewing, might be experiencing. It also explores some key information about the method of qualitative intervention and the model developed by this researcher. The next Chapter will describe the actual intervention.

CHAPTER 3

INTERVENTION

(a) The Practicum Site:

(i) Negotiation

The process of site selection for this study was based on the researcher's intention to utilize one of the six mandated First Nation Family Services Agencies in Ontario. The researcher chose this type of site because: it met the intent of the study representing a setting which is staffed largely by First Nation persons, providing mandated services to a First Nation population; he was experienced with such family service agencies in Ontario; and he had observed first hand the level of stress which staff carrying out this role could experience. Two of the agencies were not easily geographically accessible so were not approached. The researcher began to approach the remaining four agencies, priorizing those agencies with which he had past professional contacts with key personnel who would know of his respect for, and sensitivity to, First Nation issues. To focus on those agencies in which he was not known would have tended to raise concern in the agency and among staff both because: they would likely have been suspicious, having experienced in the past, those researchers who because of their "culural imperialism" have

conducted studies which have "produced meaning which changed and distorted tribal understanding [often denigrating them] or shoved them underground" (Duran, Guillory, and Tingley, 1994:4); and they would have no frame of reference to set him apart from other researchers.

After being unsuccessful in approaching the first appropriate site, the researcher approached the second and eventual site for this study. This site had recently gone through an organizational review, initiated by the Chiefs of the ten First Nation communities for which the Ojibway Family Services Agency provided mandated child and family services. The report (Docherty, 1993) had identified staff stress; criticism of key staff; and, the executive director's management style, as key strategic issues, recommending significant organizational changes.

One of those changes had been that the "clinical staff of the organization no longer be responsible for providing employee assistance services within the organization" (Docherty Report: Ojibway Family Service Follow Up Notes, 1993:2), but rather, refer staff out to community services and reimburse these services. The Executive Director and Personnel Committee were appropriately wanting guidance in deciding on a direction for the provision of these services and wanted to take staff and organizational needs into account in making that decision. The current needs of the agency

stakeholders and the goals of the researcher dovetailed nicely, providing in Patton's (1988:73) terms "reciprocal benefits for both". Additionally, there appeared to be a good prospect of "developing a rapport" with the staff and their compliance in interviews, since it could be reasonably expected that they would want to influence the nature of such services in ways that met their needs. This also was consistent with Patton's criteria for effective studies.

The researcher negotiated the confirmation of the research through several meetings, drafting a formal proposal to be approved by the Personnel Committee which included the objectives of the researcher, requirements of University practicum which included methods of obtaining data, specific perameters ensuring confidentiality for staff and clients while providing access of material to the researcher's advisor. These were formalized into a contract between the researcher and the agency. At the conclusion of the program, the researcher provided a report of his preliminary findings to the agency.

The only significant dilemma was that of time constraint, with the agency wishing a report within two and one-half months. This short time period would mean that the researcher's original intent of including an initial phase of naturalistic observation would need to be modified, focusing instead on the qualitative interview as the main research tool. However, given the fact that the agency, with the

80

time caveat, was prepared to proceed and there was no reason to believe that an alternative setting would become available, it made this research site the most appropriate location for the study. While not using the rigor expected of naturalistic observation, this researcher thought it was useful to provide some guidelines for entry into the agency, which will be identified.

The original intent was to select 9-16 subjects for the interview guided approach to qualitative inteviewing in this research site. However, given the tense climate created by the Docherty Report (1993) and the sensitivity of the material, the researcher introduced a second design modification, unilaterally deciding to interview the total staff complement (62) of the agency. It was felt that to attempt to use a sample of this numerically limited, intensely interacting, geographically confined staff, could jeopardize confidentiality, creating undue stress for those selected, limiting the openness of the response. The researcher recognized that the selective qualitative approach was designed to interview a limited number of individuals with the purpose of gaining an in depth understanding of the stressors, coping, and unresolved needs that the interviewees might have experienced and this modification would limit that depth possible within the time constraints that were imposed.

(ii) Agency Mandate

The setting for this study is an Ojibway child and family service agency, serving 10 communities of First Nation registered people. It was mandated in its current form in 1986, incorporated jointly under the auspices of the Child and Family Services Act (Ontario, 1984), and a northwestern Ontario Regional Tribal Council of Chiefs for the provision of what was defined as the "Community Care Program". One culturally sensitive recently proclaimed section of the Child and Family Services Act required that the courts consider the importance and uniqueness of Indian culture, heritage, and traditions in using extended family, or barring that, First Nation surrogate foster and adoptive home placements, for First Nation children, who were "neglected" or "abused" due to the inability of parents to provide appropriate care (C.F.S.S.O., 1984, c55, S. 37[4]).

This agency had been created as a result of concern about the effect mainstream child welfare agencies (as well as other institutions, such as residential schools) had in undermining traditional Ojibway child rearing practices. Families were broken up by the tendency of mainstream child and family services to apprehend First Nation children and place them in non-First Nation families, from which they did not return (Johnston, 1983).

The general goals of the Community Care Program are two-fold: (1) provision of "Child care; to ensure the proper protection and care of our children to ensure their growth support and development within their families and communities"; and, (2) "Family Support: to provide support and assistance to our families to ensure their strength and maintenance". These goals are seen as mutually reinforcing.

In total, the Community Care Program, has identified six services to deal with the child welfare needs of families and children, depending on the particular circumstances. These are: (1) "Family Support Services: to prevent the necessity of child care and protection being provided outside the family home"; (2) "Child Care Services: to provide care and protection for children, and assistance to their families, so that children can be returned home where possible"; (3) "Repatriation Services: to bring back children placed off reserve into the care and protection of their own or another Indian family"; (4) "Outreach: to make children and adoptive parents aware of the child's Indian heritage"; (5) "Access Services: to make sure that band members on or off reserves have access to appropriate child and family services"; and, (6) "Prevention Services: to reduce or prevent the need for remedial services to assure the provision and care of children".

(iii) Organizational Structure:

There are two integrated components within the fabric of the Community Care Program. The first is through the bands and the second is through the Ojibway Child and Family Service Agency, created by the Tribal Council.

Each band was to have established a family services committee which oversaw the welfare of families and children within the band. These are at various states of development, and in some bands had not been established. Where these exist, they are responsible to review situations within the band where children might be at risk, often referred by band members. The family services committee with their local knowledge and the Ojibway family services agency determine the culturally appropriate resolution to the problems presented.

Each band has a family services worker whose responsibility is to work with the family services committee and the agency worker to identify, intervene and resolve these problems as well as determine measures to prevent their re-occurrence. Staff from the Ojibway Family Services agency are available at all times to provide consultation and in cases where a child is "at risk" under the meaning of the Child and Family Services Act, to assume their direct mandated responsibility to intervene. Where no committee

exists the family services worker is accountable to the Band Council through the Band Manager.

The Ojibway family services agency, a separate organization, has as its identified responsibility that it, provide interim (pending devolution of control of child welfare to the 10 band communities) mandated child welfare services to the 10 band communities; provide consultation and technical resources to the family services committees and workers; negotiate agreements with relevant authorities that fully addresses the unique cultural values of the bands; and, in concert with the bands, it negotiate with the federal government for a "Band delivered and federally funded system of family and child care to the bands".

The agency board consists of representatives or alternatives, appointed by each of the 10 band community councils, overseeing the Agency's functioning and ensuring cultural sensitivity through band control of the agency direction. The board includes an executive committee which coordinates the activities of several committees including finance, personnel, services, etc., as well as legal consultation and auditing functions.

As is common practice, the executive director is responsible for the overall operational administration of the agency and is the liaison between the board and staff. Directly accountable to and supporting him are the director of programs and director of

administration. The director of programs functions as the direct liaison between the agency and the Band family services committees. That position is also responsible for all program services including the five program consultants to the band family services workers, Alternative Services consultant, abuse coordinator, two clinical consultants, support services and the alternate care coordinator. The agency has an agency based residential treatment center for families and children to be used by the family service workers and program consultants (casual contract positions for various projects) which come under the director's jurisdiction. The director of administration is responsible for the overall financial and accounting operations of the agency including service agreements. In total at this point in time there were sixty-two (including management) associated positions altogether, excluding agency Elders contracted to provide culturally appropriate services, helping both staff members and clientele become familiar with traditional cultural and spiritual wisdom and healing.

(iv) Process of Service Provision: A brief schema

Requests for family and child services to the agency may come from families themselves, community resources or other third parties. These requests for services are assessed at intake, concerning the need for mandated services, by the Program Unit.

If the referral is of a non-mandated nature and focuses on family preservation, the clientele will be referred to the clinical consultant for individual or family therapy. Coincidentally the clinical consultant provides staff counselling. Otherwise, the situation is referred to the appropriate program consultant. This consultant assesses the need for protective services, and then conferences with the family service worker for the band in which the client resides for all services. Depending on the assessment of need, both the program consultant and family service worker can refer the client to the clinical coordinator for counselling services as part of their intervention.

The family services (band) worker will consult with the family service committee, as described above, for support and advice on various service options. If there is actual or potential child abuse the situation will be referred for investigation to the abuse unit by the band family services worker through the program consultant. Additionally, the committee would recommend community family support resources, if the goal is family preservation, or suggest alternative care placements, either foster care or "customary" care placement options of the primary family, extended family, or community members. Where children are placed in alternative care this may be done by customary care arrangements or by court ordered wardrship. An example of the intervention with youth is the agency residential training and learning center, which

incorporates teaching of traditional ways by the Elders. Through these teachings the youth can develop a sense of cultural identity and address dependency and possible family issues. The facility where the agency is located is in the former residential school where a majority of the people from the ten First Nation communities have obtained their residential school education.

The staff of the Ojibway family services agency were at the point of this study primarily First Nations people, representing approximately 80% of the full staff compliment. There was an emphasis in hiring staff based on their knowledge, wisdom and comfort with traditional cultural practices, since that seemed to be most appropriate to the role that they were expected to play. Key personnel such as the executive director and the clinical consultants had post secondary degrees. This may have been reflective of the scarcity of professionally trained First Nation social workers, particularly those who are able to integrate professional practice with traditional healing. It may also reflect a preference for staff with life experience, knowledge of traditional culture and values, over professional training. At various times a number of skilled external consultants supplemented regular staff. Although the 10 band family service workers represented a substantial part of the delivery of the family services, they were not included in this study. The mandate only extended to the jurisdictional boundaries of the agency itself.

In 1992, inevitable issues had risen regarding this complex and intricate structure. This had led to an external review commissioned by the board to determine strategic planning for the organization. The Report of this review (known as the "Docherty Report") made a number of recommendations for organizational change, among which were to suggest a review of the concerns and stress experienced by employees and explore a more effective method of helping staff deal with personal problems, other than through the current use of the clinical unit which was perceived as not being confidential in nature. This provided an important, albeit time limited, opportunity for this researcher to meet both his and the organization's needs.

(b) Researcher Entry Process

One of the concerns in entering a placement is whether and to what extent, the researcher identifies his/her purpose of observing. In this situation, it was clearly an advantage to be sponsored into the Agency activities by the Executive Director, not withstanding the mixed light with which he was regarded. The Director was generally respected and seen by many as a credible, if authoritarian leader. Therefore, his introduction assisted in staff compliance. The fact that the project was sanctioned both by he and the Personnel

Committee provided a rationale for the researcher's presence. The researcher was mindful of Durran, Gillory, and Tingley (1994) who point out that "a high level of distrust exists among Native American people to anyone asking questions, regardless of the good promised by the results of the research and often regardless of the tribal affiliations of the researcher", which seemed to argue for honesty in disclosure to minimize suspicion. Having some key personnel provide an entry to various committees, the staff in general, and the traditional community, seemed to be a natural way of being introduced to the agency. Developing a subsequent distance from these personnel could be handled in other ways. This was assisted by the Executive Director when introducing the researcher, he clarified the independent role of the researcher, stating that any staff involvement was to be voluntary and confidential.

In order to have access to staff at the setting, it was arranged that the researcher have accommodation "on-site" in an agency training centre for adolescents, not in use during the summer months, located in a secluded yet accessible location, away from the other agency buildings. Its location and space made it one ideal place (the researcher was open to other settings suggested by interviewees) to conduct interviews in a confidential manner. The fact that the researcher was on-site consistently, meant he was available for interviews at times which were convenient for staff members.

Among the suggestions for foci in productive exploration in qualitative observation are that: (1) documents; (2) non-obtrusive measures; (3) physical environment; (4) patterns of staff interaction and decision making; (5) patterns of interaction during casual time; and, (6) patterns of non-communication might be considered (Patton, 1988; Rubin and Babbie, 1993). Given the time constraints, these patterns were observed anecdotally, without the rigor of taking detailed notes.

Following a suggestion of Patton (1988:89), the researcher briefly reviewed the various operating policy manuals developed by the agency (including those of the by-laws, finance, personnel, public relations, services, and the Guide to Practice, the description of First Nation service delivery and case management). The manuals were broken down into specific areas of responsibilities and procedures in all aspects of organizational activity. The objective was to develop a contextual analysis with which to understand the expectation on staff regarding their work activities and any stressors associated with these in terms of work overload, role conflict, role ambiguity, training and supportive structures. As a general observation these materials appeared clear and articulate. There was, however, a question about whether some of the expectations could be realistically achieved and the extent to which staff had participated in the development of the documents as opposed to their being drafted by external consultants. This is particularly true of the case

services manual which it turned out staff felt was much too extensive in its demands and placed them in impossible situations in carrying out their roles effectively. The case services manual required that the staff provide a level of case documentation which substantially exceeded the demands of child welfare legislation and did not recognize the essentially oral culture of the community. Furthermore, the criteria and instrumentation was constantly being modified, without what some staff felt was adequate training, causing constant confusion among staff, who, based on, comments made in the researcher's hearing during this initial phase of agency involvement.

There were certain unobtrusive measures that raised questions for the researcher. The agency itself was located in a former residential school in which a number of staff had been residents as children. This raised a question about the comfort level of staff with this arrangement. The counselling program available for staff was located on the second story of the agency building, requiring staff to pass through a number agency departments to gain access to counselling. It raised the question about staff's level of comfort with the limited anonymity that existed, and the extent to which that might impact on their use of the counselling service. The agency had a place for eagle feathers, pipes, and sweet grass for traditional healing, and there was a constant smell of burning sweet grass giving the impression that these were often used. It suggested that the

traditional culture was important in this agency.

In the initial stages of the study, the researcher attended several Board and Committee meetings so that staff could become familiar with him, understand the purpose of his involvement with the agency, and he could begin to observe the content of issues the committees were addressing. A further purpose, was to observe the interpersonal dynamics, decision making processes, and alliances that exist in the agency. It is important to note that the purpose of the observation was to focus on the content of the interaction as it related to the research questions: those of individual and organizational stress; institutional and individual methods of coping; and, needs that would require resources such as an institutional service (E.A.P.) to help resolve needs and stimulate coping capacities. It was not to focus on personalities per se. This is consistent with content versus case focus of this study.

The sequencing of participation in these meetings prior to engaging in the actual interviewing, the central focus of this study, was to gain an appreciation of the types of issues related to the research focus, which would strengthen his sense of context and add to his sensitivity of pressures confronting staff as he began the interviewing process.

The process utilized was that the researcher would be

introduced to the participants of the initial meeting and his purpose in being there as identified either by the executive director or by himself. This declaration of purpose was seen as an opportunity to allow members to decide what they wanted to share, given the advance knowledge of his purpose.

Throughout the meetings, after introductions, the researcher adopted the stance of an unobtrusive observer, so as to influence proceedings as little as possible in an attempt to gain as much of the natural flavour of normal meetings. The researcher did not take notes during the meetings, so as to minimize the anxiety participants may have, but chose instead to take notes of the proceedings after the meetings and corroborate his recollection by accessing meeting minutes. It appeared that members soon became acclimatized to his presence, and conducted business in their usual way: discussing issues, problem solving, and identifying areas of conflict, gradually without eye contact or attempting to engage the researcher in discussion or into coalitions, as he extinguished early attempts at such behaviour by passive but friendly non-response.

The consistency of content and problem solving appeared to be corroborated from viewing the similarity of minutes before and during his presence at meetings. The normalacy of interaction was more difficult to verify, which is common for participant observers whose purpose is visable and who are sponsored into an organization

(Patton, 1988:76-78). The researcher did attempt to explore the normalcy of interaction by discussion with individual participants. These were described as typical meetings, but the researcher is unsure of the influences which motivated this type of response. A number of themes did surface which were useful to the researcher in preparing him for the interviewing phase.

The researcher was asked to and welcomed the opportunity to participate in several informal social and recreational functions that were organized by staff. This provided an informal opportunity to allow staff to feel him out, learn about his relationship with some of the key agency personnel (to which he spoke openly about how he knew them in a professional capacity which seemed to decrease anxiety of those making the enquiry about the relationship), to assess his trustworthiness and personal attributes, in a relatively safe environment. One such event was at baseball games in which staff could see him playing interactively with them.

In a different direction, understanding the importance of, and respect for, the Elders who existed in this community, the researcher sought their wisdom concerning a method of approach in obtaining informed consent; the approach to interviewing; and, confidentiality, which was respectful to First Nation people. He saw this as an essential preliminary step to the interviewing process: a further discussion of which occurs in the section on "The Qualitative

95

Interview".

On a personal level, the researcher was then invited by local Healers to participate in various ceremonies and spiritual healing used to help maintain balance and harmony within oneself. By participating in the ceremonies, the researcher was able to relate and have a better spiritual understanding of the belief system of Native spirituality. Aspects learned and personally practiced by the researcher prior to arriving in the geographical area of study further confirmed customs and traditional practices espoused by other First Nation groups throughout Canada. The customary protocols before speaking to an Elder/spiritual leader include giving the gift of tobacco in exchange for knowledge or healing. Once the tobacco is given and received by the Elder, a gift, such as a traditional food item and/or cloth, is given to acknowledge the spiritual aspect of life. The practice is to then discuss the nature of your inquiry to the Elder. Most ceremonies conducted are in the First Nation language of the area, although English is commonly used for all to fully participate in every aspect of the spiritual intent. Some of the responses could include seeking further clarification such as shown through a "shaking tent, vision quest, or pipe ceremony". In a Shaking Tent ceremony, the researcher obtained a spiritual name which concluded the next day in a naming ceremony where the executive director and president of the board attended this special gathering, along with several First Nation traditionalists and friends of the researcher.

96

While its significance far transcended the researcher's goal of encouraging interviewee compliance, it was assumed it would have that effect. In fact, the vast majority of interviewees appeared very comfortable about both raising personal concerns and raising issues about traditional teachings with an expectation of his empathetic understanding It did raise the caution that the researcher would need to be sensitive to non traditionalists needs as well. This was addressed by utilizing questions that were open ended and probed to illicit views of interviewees respectfully, regardless of their orientation. The effectiveness of this approach would be measured by the frequency with which non-traditionlist perpectives were raised in the interviews.

(c) The Qualitative Interview

Prior to engaging in the actual interview process, this researcher forwarded a memo to all staff, indicating the purpose of the interview, the means of maintaining confidentiality, and eliciting their cooperation. He was provided a list of names of all staff and individuals associated directly with the organization (62) as well as their telephone numbers. He made individual or telephone contact with each person to arrange the time and place for the interview. Although the training centre was available for interview, the prospective interviewee could determine an alternative location of her/his choice. Interviews ranged from one-half hour to four and

one-half hours. No record of the precise length of time for each interview was recorded so mean or median time is not available. This was perhaps an oversight of the interviewer that needs to be addressed in future research.

Upon the advice of the Elders with whom the researcher consulted throughout, he did not obtain written consent forms from those whom he interviewed. On the basis that the First Nation culture is an oral culture and that, if required to sign, prospective interviewees would decline to consent to the interview, he read the consent form to the prospective interviewee, filling in her or his name, and then signed the form indicating that he had in fact read this form to them and they had consented to proceed with the interview. This was approved by the Research Ethics Committee, Faculty of Social Work, with the proviso that the Committee reserved the right to "confirm that verbal consent as appropriately received from the research subjects".

The researcher used the interview guided approach in his qualitative interviewing (as indicated in the model) to provide conversational flexibility in exploring the nature of his interviewees' experience (congruent with a First Nation style of communicating), yet to have identified a specific list of questions concerning his research topics on stress, coping, appropriateness and type of employee assistance design, to yield the same information,

particularly important because he was interviewing a large number of staff and it was necessary to simplify the process of analysis. After consultation with Elders based on the researcher's own understanding and background of First Nation culture and traditions, a visual interview guide was provided to the interviewee to follow during the discussion.

The interview basically followed sequencing provided in the guide, consistent with the approach suggested by Rubin and Babbie (1993). The structure of the guide essentially identified the research questions of the study in a linear fashion: stress, then coping, and finally the efficacy of an e.a.p. Preliminary to this, the researcher had included in the guide, the opportunity to discuss their past and the nature of the work in the agency. This allowed the interviewees to tell their story, a very significant culturally appropriate method of communicating (Giesbrecht, 1993). The structuring in this interview varied somewhat from Patton's suggested approach (Patton, 1988:115-122) in that through early use of demographic and knowledge questions, the interviewees were able to define who they were and to talk about their employment, which was a significant and meaningful role in their lives. Within the context of this information, they could then share their personal lives, opinions, and feelings. While Patton suggests that the time sequencing of exploring information should deal with the present, the past and the future, within this cultural context it was more appropriate to sequence

questions throughout from the past, to the present and to the future. The intent of this sequencing was to be congruent with the interviewee's style of communicating thereby relaxing them.

Each interview started with a gift presented to the person interviewed, tobacco to the males and cloth to the females. The purpose of the gift signifies respect to the individual and the First Nation's culture. The gift also signified the discussions that took place were held in confidence and would not be used disrespectfully. Prior to conducting the interview, the respondents were advised that the interviews were voluntary and that the perceptions gathered would be for the use by the organization to address mental health issues and for the researcher's Master's Thesis. The individuals were also informed that they could withdraw from the interview process with no consequences at any time.

Each person was advised that the material gathered would be shredded and disposed of upon completion of the Master's Degree. The respondents were advised that they could generalize and make personal statements, as the purpose was to allow freedom of expression and opinion in the interview process. The respondents were assured that any personal comments disclosed during the interview process would not be utilized in the report without a signed release should they be identifying in nature. The researcher's Practicum Committee at the University of Manitoba

would review the final report and would ensure no data was individually identifying.

During this initial phase, the researcher, recognizing staff which he was interviewing were possibly feeling awkward and anxious given they were being asked about personal stressors, disclosed some of his background, universalized and normalized stress by identifying stressors he had experienced and sharing information about his relationship with the executive director, which while cordial and respectful was based on a past work experience. This self disclosure resulted in a clearly visable sense of relief by most interviewees and openness about their concerns. This was a very important means of underlining the researcher's humanity and helped establish a rapport with staff being interviewed (a key variable cited by Patton, 1988).

Aided by the clarity of the visual outline of the interview provided and used with each respondent to ensure continuity, the interview proceeded with the range of from thirty minutes to four and one-half hours in duration or longer, if the respondents wished to speak about past or present perceptions of stressors in greater detail. The guide allowed the researcher and respondents to cover all topic areas by allowing the respondents the visual choice of topic areas and the researcher the ability to point to areas not covered, in a non-intrusive manner. The researcher was committed by his

Research Ethics Committee submission to inform interviewees that should the contents of the interview distress them in any way, he would refer them to appropriate clinical help.

To properly understand the background and history of each respondent, the first question was, "Tell me a little about your affiliation with the community and then with the organization?". The idea was to obtain a sharing of the historical and environmental view held by the individual both of the organization and their personal lives. The question was to generate a view of situational and historical circumstances within their environments, that could exert subtle or overt influences. The researcher's purpose in this initial phase was to encourage the interviewee to begin to consider stressful influences and ways in which they had coped, which could then be expressed through their own process of reflective analysis.

The researcher wished to generate factual knowledge of the respondents organizational job expectations and duties. The next question was, "Tell me what you do within the organization?" (descriptive question, Patton, 1988), and, "Tell me, how is that done?" (knowledge inquiry, Ibid, 1988). It provided the researcher with an opportunity to understand where the interviewee was located in the agency and how she/he viewed his role. Given the findings of the Docherty report, it was anticipated that work role was a topic that might evoke some strong reactions. Consistent with the depth

interviewing model chosen, the researcher was sensitive to any direction respondents chose in discussing issues within the framework. The researcher probed to attempt to understand interviewees' issues, including their coping skill, in an effort to have them begin to think about their capacities.

A question was asked based on the metaphor of the many hats that one must wear on and off the job. The idea was that few people are aware of the hidden responsibilities that are placed upon the person during the work day. Each responsibility, personal or work related, can create different stresses as each hat requires different skills, abilities, energy and time. By placing these demands into perspective, the stressors could be more easily identified, encouraging the interviewee to reflect on these and be receptive to the later question which focuses centrally on their stresses. Another metaphor the researcher utilized was that in order to fully appreciate the interviewees situation, he needed to "walk in their shoes a mile". This was used to allow people to discuss their personal activities and thoughts during the day in a reflective manner as each activity could induce stress.

The next questions were organizational in approach such as, "Tell me how you feel about your job? What is it like to do your job? Tell me about it? What do you do when a crisis happens? When things are quiet at the organization, what do you do?" Similar

questions were used to ask about family and community life experiences. The researcher allowed flexibility at all times set by the tone based on the respondent's provision of openings and the depth they wished to explore these. This provided the researcher with an opportunity to expand on their functioning in the home and the workplace, roles it was anticipated would be easier to discuss (information: Patton, 1988); and, one they would essentially see in positive terms (skills: Patton, 1988), thereby, encouraging open discussion as a lead to the following key research questions.

Building on the earlier questions identified, the purpose of the next questions were to explore and express various perceptions of stress on the organization and on the individuals. Each person was advised at this point that this would be the primary information identified for the organization's use and for the Master's Degree. The information used would help identify a model of employee assistance that could be compatible with First Nation's ideology and the needs of staff. Stressors were identified in broad terms as anything positive or negative that effects the individual or organization. Perceptions were defined as anything you believe or sense to be true. The question posed was, "Tell me about your perceptions of stressors acting upon yourself?" and, "Tell me about the stressors acting upon the organization?".

With the assistance of the visual aid outlining the subject areas (see Appendix 1), each respondent was asked to discuss their method of stress relief. The questions used were, "Where do you go to discuss stress in your life in confidence? When do you talk to your peers, spouse or somebody else about personal issues? When do you bring your work issues home with you? When do you talk to others about problems that you are facing at home or at work?". At this point, "Traditional" methods (defined as using First Nation Elders, Medicine People and ceremonies and Traditional First Nation teachings) and "Conventional" methods (defined as anything else available in a wide range of possibilities to the individual for coping with stress in the geographical area such as specific religious sources, public and private counseling agencies including various chemical dependency treatment facilities, private practitioners, and private non-therapeutic community resources). After this clarification, the question then posed was, "In what ways do you use traditional and/or conventional methods of stress relief?".

The researcher then asked questions relating to the personal knowledge of the individual about the employee assistance concept. Several variations and models were discussed in a general manner along with a brief history of the employee assistance movement. The models included for interviewee consideration were: (1) an "in-house" information and referral service only with referral to both conventional and traditional community resources; (2) an "in-house"

short term counselling program with referral to both conventional and traditional community resources; (3) an "off-site" but "in-house" information and referral program with referral to both conventional and traditional community resources; (4) an "off-site" but "in-house" short term counselling program; and, (5) an "off-site" contracted out comprehensive clinical program with referral options as above. All program options identified could have a mandatory component. Four were identified because they repesented local programs visable in the interviewee respondents community while the fifth was a comprehensive model out of literature. Interviewee's were asked for ideas on the qualities of an employee assistance program based on potential needs which they have, supports they could use, with chracteristics they would need to make such a program relevent and useable for them. They were encouraged to consider the design of a program based on past experiences of social services they had used and had felt would be more effective with different qualities.

In recording the above data, it has been suggested that the direct use of tape recording and on-site field note taking are the optimal way of having accurate data for analysis (Patton, 1988). Taping reduces biasing and allows the reseacher to clearly focus on the interviewee. Barring this, the necessity of the field worker to write comprehensive on-site, field notes as a basis for identifying, as much as possible, the direct quotes of interviewees as a basis for accurate analysis has been cited by several sources (Patton, 1988;

Rubin and Babbie, 1993; Bernard, 1988; Goertz and Le Compte, 1984). In this First Nation situation, an alternative needed to be considered. Within the First Nations, there appears to be a variation of the acceptability of tape recording as being congruent with the oral traditions of the First Nations (Giesbrecht, 1992), some (Brandt, 1988; Wax and Thomas, 1985; Elasser and John, 1980) suggest it is not. Within the Treaty Area No.3, the Elders with whom this researcher consulted, were of the second. More universal among First Nation people is that taking notes may be interpreted as a "sign of rudeness" and indicative of a "lack of interest in what is being said." (Giesbrecht, 1992). Under these circumstances, the researcher was compelled, within this environment, not to take notes during the interview and based on the same rationale. Material was compiled as soon as possible after the interview. He relied on these Elders to provide guidance to him ensuring that his actions respected the cultural norm.

Overall, this protocol in interviewing was extremely effective. The open-ended qualitative approach to interviewing and its conversational style encouraged the interviewees to discuss their issues freely and at length. The researcher's opening disclosure appears to have developed a good rapport with the interviewees. The structuring of the interview with sensitivity to their story telling and time sequences appeared very congruent with the cultural style of the staff whom he was interviewing. The gradual building toward

the key research qustions appeared to build momentum and energy in the interview. Fifty-seven staff participated in the interviews and were gracious enough to share a significant amount of personal information.

(d) Program and Culture Consultants

This researcher utilized key program and culture consultants (not identified as "key informants", as suggested in Chapter 2 because they were not requested to provide information in an expert capacity on the research topics themselves) during the course of his involvement in the project. Two were Elders in the community in which the Ojibway family services agency was located. Out of his sense of profound respect for the traditional ways and their influence on First Nation people, particulary on reserves, he was concerned to ensure, being non-Native, that his process was culturally correct. They were all selected after the researcher informally explored various communities for appropriate persons to fulfill this role and their names were repeatedly mentioned. He relied on these Elders to provide guidance to him to ensure that his actions respected the cultural norm. Although he had been invited to many First Nation events, there were those which he could not attend and those which he could, but required interpretation in order to gain a deeper understanding of the experiences he encountered. Finally, when during interviewing, he was told events of a traditional

and spiritual nature which he did not fully understand, he approached the Elders to comprehend their meaning.

Secondly, he relied on two persons, one the President (and an Elder) and one the Executive Director of the Ojibway family services agency. Both had been involved with the agency since it was first founded. Both had a vast experience in family services at a line staff and administrative level. Both were very articulate, understanding the purposes of organizational directions as well as the adoption of appropriate practices. They knew the agency in intimate detail. While they were invaluable sources of information, use of their wisdom had two difficulties. Both represented senior administration and it was important for the researcher not be seen as being in collusion with them in an already highly charged, suspicious atmosphere, in which staff could feel vulnerable. Secondly, in consulting with them, the researcher needed to take extraordinary precautions to avoid any comment which might identify a member of the staff. He usually consulted with them in secluded places but on the other hand, was very open to respondents about his past association and periodic consultations with the Executive Director. There is always the prospect that people in other cliques could resent this access and experience some level of jealousy at their lack of equal access. Regarding the potential risk concerning confidentiality, the fact that 57 out of 62 staff canvassed participated in the interviews and in many cases were prepared to talk about sensitive

personal issues suggested they felt secure in sharing information. It was somewhat more difficult to determine the effects of potential jealousy. These sources were used casually on an as need to know basis and data on them was not kept even though some form of confirmation and disconfirmation interviewee responses was impressionistically calculated.

(d) Analysis and Interpretation

The researcher basically followed the model of analysis described in Chapter 2. He began by reviewing his data periodically, during the interview phase of the program, to explore the data to ensure that he understood his notes and based on his preliminary findings, some themes began to emerge and some unexpected issues, which in subsequent issues that he began to explore in subsequent interviews for further understanding, being careful not to have these initial indications encourage him to make premature conclusions.

In reviewing the statements and ideas collected, the researcher, began to confirm his understanding of the data, recognizing that there would be some limitation based on his inability to tape material or take on-site notes, which caused some limitation on the number of quotes, and that these were subject to a potential level of distortion, in spite of having recorded his reactions in the interviews, so he could attempt to minimize their biasing

effect.

He went back to the original documents and minutes to confirm the purpose of his qualitiative interviewing, both for the angency and for the requirements of the University of Manitoba for a practicum. The researcher, Patton (1988) speaks about the process of providing some form of preliminary report to the key personnel on the research site, before leaving both as a matter of courtesy and to get some type of response from the site which he can take with him into the stage of analysis for consideration. In this project, a written report and oral presentation had both been included in the original contract with the agency. The researcher completed this contractual arrangement, receiving some useful insights to take into account in dealing with this data.

At this point, he began to separate out the key research questions, those of stressess, coping, and the efficacy of an E.A.P. approach, for analysis. A wealth of information was gathered from the interviewees in the workplace. Other than some general trends, which the researcher includes out of respect to the workplace which has hosted this study, the relevant aspects of this material was integrated into the appropriate research questions, enriching the data in those categories. After sorting the material by separating the content issues in each statement, he sorted the material into distinct categories with the aid of scissors and a wall, developing rules for

inclusion in those categories, and new categories for unassigned content data, scrutinizing the result for the possible restructuring of categories. He looked for possible linkages between categories and as patterns existed began to explore the potential rationale for the patterns. He then briefly compared the findings to the literature. Finally, he explored the implications for considering the efficacy of and appropriate design for an employee assistance program which appeared to be relevant to the responding population. The findings are identified in the following chapter.

CHAPTER 4

FINDINGS, IMPLICATIONS AND CONCLUSIONS

This chapter explores the participant observer role and how it added to the researcher becoming sensitized to the organizational and personal stressors of these particular agency staff, through observation of the issues with which they dealt, and some of the interaction he observed during a series of agency meetings. This helped prepare him to explore with greater insight, the issues presented during the interviewing phase. The themes and sub-categories of the themes are presented together with some commentary from the interviewees which presents the range and variation of the responses and some speculation about the implication of the responses. These are then compared to the earlier findings in research. Their implications in designing an employee assistance program will be discussed. Finally, the researcher will discuss the extent to which he achieved his learning goals and what his further areas for growth are in the use of this approach to research of this nature.

1. PARTICIPANT OBSERVATION

The researcher's involvement at the Ojibwa Family Service

Agency staff meetings (primarily), board meetings, meetings at various sectors of the agency, periodic meetings with band officials and with agency services took place approximately from June 7th to July 12, 1993, at which point the interviewing phase of the project began. Since both staff (held weekly) and management meetings were central to the operation of the agency, findings of these meetings were the primary focus of observation. Among the themes appeared to be the following.

(1) Strong Traditional Focus: Meetings were begun by First Nation prayers. An Elder was usually present at each meeting. In the meetings, First Nation events concerning the devolution of services to band levels in child welfare and health were discussed and participation encouraged. In some training sessions, participants were involved in sweat lodges.

(2) Training: Training is generally considered a support. There was training offered to which staff were not responding and training expenses were denied for a line staff person in an alternative area of expertise. An alternative suggestion was that staff could use one another's expertise or utilize no cost external resources for training. Management attended two external workshops on team building and performance appraisal, as well as an internal one on personnel functions. Resources were made available for a workshop on devolution of services which was part of the agency mandate and

114

defined as a high priority.

(3) Organizational Change:

(a) Based on the Docherty Report (1993), the agency had introduced a performance appraisal system which included ongoing monitoring, under the ultimate control of the executive director with no appeal mechanism. It appeared that some staff perceived this process as an opportunity to influence the agency's mandate while some identified it as a threat to their continued employment. During this period, there was a meeting scheduled to discuss the appraisal process with staff, but this was "sidetracked" by another issue. No follow up meeting was scheduled for staff to understand and question the appraisal process.

(b) The announcement of the devolution workshop, which included representatives of all the ten First Nation communities, Elders and those involved in child welfare from each community, was handled respectfully and agency staff were encouraged to participate. The issue of devolution was raised by staff on one occasion related to concern about their roles should program services be placed under the jurisdiction of the band. It was not clear from staff reaction whether this activity related to devolution represented an organizational change or a courtesy.

115

(c) There were a number of small indications of budget changes with regard to setting limits on care worker's expenses, concern about financial controls, doubling up of staff in cars, meetings to discuss travel expenses, and constraints on the banking of overtime. Together, these changes may have suggested a general theme of budget constraints.

(4) Health and Mental Health Issues: Two issues were identified areas of stress for at least some staff in terms of coping. Those were smoking and sexual harassment, both of which the administration was attempting to control with moderate success. There was substantial non-compliance to the smoking policy and there was a mixed reaction expressed to the sexual harassment policy with some staff not appearing to take it seriously and some persons being upset about this. Organizational supports were being explored in the form of short term disability insurance for mental health issues. There appeared to be a genuine interest in developing a usable employee assistance program, the exploration of which was actively facilitated by staff.

(5) Organizational Climate: There was some reliance on social activities such as baseball, golf and barbecues to encourage positive morale. There was some indication of tension between some departments, necessitating mediation during this time. Some staff identified themselves as feeling insecure in the climate of agency of

change. Some staff concerns about the application of overtime were identified. The pressure of paper work and documentation was experienced as a source of tension particularly in situations requiring legal documentation or file audits. The meetings were run in an efficient, forceful manner in which there was little spontaneous feedback or extended discussion on many issues. As a result, there was limited opportunity to assess the emotional climate which existed among the members.

In summary, some issues that the researcher anticipated as potential stresses on the basis of his exposure were the following: less opportunity of training for competence, concern about the impact of being evaluated, role adjustment with devolved services, less resources to meet client need, change in smoking regulations, increased emphasis on paper work, and interdepartmental tensions. Some supports identified were access to traditional healers, potential protection against smokers, sexual harassment policy, income support for mental health treatment and employee counselling. There was little information concerning the work activity itself.

2. QUALITATIVE INTERVIEW

The researcher identified the number of times that the interviewees identified the items listed below. Both the general and

sub-categories indicate the frequency of like responses occurring compared to the total number of interviewees.

(A) STRESSORS

Under the category of "stress", the context of stress is divided into two main classifications, those which are "work" related and those which are "personal", occurring in the interviewees' other life roles. In exploring the following material, the reader will note the extensive amount of material related to organizational issues. It is useful to be reminded of the context in which the study (1993) was conducted. The First Nation Child and Family agency had just experienced an organizational review (Docherty Report, 1993), the report of which, recommending substantial changes, had just been made public. It was not surprising that employees' perceptions and reactions to this report, would be a central focus of the interviews given the opportunity to discuss them at length in a confidential atmosphere. Second, it is important for the reader to note, that the purpose of the survey was to focus on stresses. Many interviewees spoke in very positive terms about the rewards of their work, the clientele whom they served, and their personal lifestyle. Table 4-1 and the following script show some of the pressure points they identified.

Work Stresses Identified by Interviewed Staff	
TABLE 4-1	

1. Organizational Stress	26.7%
2. Management Style	18.5%
3. Organization Cohesion	18%
4. Overload	16.6%
5. Individual and Work Conflict	15.3%
6. Confidentiality	14.7%
7. Favoritism	13.8%
8. Lack of Recognition	13%
9. Organizational Conflict	11.7%
10. Isolation	11.4%
11. Lack of Participation	9%
12. Role - Conflict (Cultural)	8.8%
13. Organizational Change: Devolution	8.3%
14. Work Competence	7.9%
15. Role Conflict	7.5%
16. Dissatisfaction	6.5%

1. Work Stresses Identified

The work stresses mentioned by employees sorted themselves into sixteen categories or themes, varying from the highest frequency of "occupational stress" among 26.7% of the respondents to the lowest frequency of "dissatisfaction" among 6.5% of the same respondents. A complete listing of the sixteen work stresses is listed in Table 4-1 in descending frequency. What follows are the sub-categories within each theme.

(1) Organizational Stress (26.7%): It is important that staff perceive that their organizational policies are supportive and effective. A substantial number of employees felt that there was "a need for re-orientation to policies and procedures" (21%); because "policy and procedures, including protocol, are not being followed at all levels of the agency" (38%); and "members of the board and community are by-passing established procedures" (21%).

(2) Management Style (18.5%): Some staff expressed, as one interviewee put it: "management style throughout the organization is too autocratic" (23%); "workers are reluctant to bring forth ideas that are troubling them" (14%); "management not receptive to negative feedback"(33%); and, "management ... are not hearing staff concerns" (4%).

(3) Organizational Cohesion (18.0%): Having a sense that the agency is functioning in an effective integrated way according to common principles has a positive impact on staff morale, whereas when this integration does not occur it can be demoralizing. A substantial number of staff identified: "little team spirit" (33%); "that team building was needed at all levels of the organization" (32%); that there was a "lack of team spirit and communication between units" (20%); "that units fail to understand and appreciate other units' roles and responsibilities" (18%); that with "jealousy and feelings of resentment, poor team cooperation, service problems, ... morale declines" (14%); and that "staff are not accountable to each other" (9%).

(4) Overload (16.6%): Overload occurs when one finds the job has more demands than the staff person can cope. This might be quantitative (the volume of the work) or qualitative (the skill demands of work) overload. Among the comments by interviewees generally related to work volume, for example are: "there are only so many hours in a day"; "I put in tremendous hours, it is too high emotionally and physically"; "we have to live for work twenty-four hours a day, it is too much" (16%); "there are too many demands on staff time" (12%); "There is an expectation that work has to be taken home to be completed" (11%); and, "I have to work long hours as no one else can do the work." (11%). A worker commenting on qualitative overload complained, "the agency expectation of a

121

twenty-four hour role model is unfair" (12%). Another complained that "time-management concerns need to be addressed" (16%). Others keyed on specific areas which contributed to work overload "there are too many meetings" (38%), and another suggested that "unit meetings should be specific" (11%).

(5) Individual and Work Conflict (15.3%): Stress occurs when: the staff "brings unresolved personal issues into the workplace" (23%); "my own past abuse is interfering with present job performance" (14%) and as a result, staff "find that roles are too demanding emotionally" (7%); or "the emotional needs of client are too demanding" (4%). Given the lack of appropriate resources available and relatively low level of perceived confidentiality, interviewees felt there were "no methods available for stress relief" (21%); no "vehicle for discussion of personal issues" (24%); or "means of dealing with personal frustrations" (14%).

(6) Confidentiality (14.7%): In small communities and in workplaces with small work forces, there may be very little individual confidentiality and some of the responses reflected interviewees understanding of the issue: for example, "if you tell senior management personal issues, other senior staff will find out" (5%); also there is "a lack of trust of other staff in discussing personal issues" (14%). Of greater concern is that available "organizational resources ...[and mainstream counseling services (18%)] ... for staff

122

counseling are not seen as confidential" (21%). Those identifying this concern have the isolating view that " they are not able to talk to anyone in confidence" (16%); and consequently "are not able to deal with personal frustrations" (14%).

(7) Favoritism (13.8%): The organizational policies are set aside when based on personal relationships, making policies inconsistently and unfairly applied. Some interviewees suggest that: "the organization needs to be more task oriented, not relationship oriented" (21%); "management favors ..[some]...workers" (14%); "personal relationships interfere with objectivity" (16%); and workers perceive that "because there is obvious friendships among senior management, issues concerning one of the management team cannot be raised with other management" (4%).

(8) Lack of Recognition (13.0%): Some staff feel that their efforts are not recognized. They said, "there is no accurate reflection of acquired... performance abilities" (16%); "no recognition for extra work efforts" (28%); "management... look down their noses at staff and are not fully appreciating efforts" (7%); or worse, "criticizing and not seriously considering effort" (7%). As one frustrated staff person sarcastically put it, "front line staff are responsible for all the problems of the organization" (7%).

(9) Organizational Conflict (11.7%): Staff in various functional areas

of the agency complained that staff in other programs were not capable of, or fulfilling their functions, creating a lack of organizational cohesion. There seemed to be no exceptions. Some (14%) indicated that the "clinical team is not credible". Program consultants were identified as "not following case requirements" (12%), or "ensuring their service needs of their clients are being met" (16%); to which Program consultants pointed out that "significant others and parents are not involved enough with Centre's clients (12%); and Centre staff "do not understand the service demands placed on the program consultants and family service workers" (4%). A similar type of conflict existed between program consultants and family service workers, (see elsewhere). This has occasioned some staff to comment that, "there is too much finger pointing at others" (12%).

(10) Isolation/Lack of Support (11.4%): Support from co-workers is a well known buffer, lack of it leads to burn out. Isolation is an extreme form of lack of support. Over (21%) of the respondents cited, as one put it, "feeling isolated from the rest of the organization", as did the learning center (9%), and management (2%). While not being supportive of one another, both felt they had no support (11%), while foster parents, perhaps finding themselves in a more isolated situation, experience the same lack of support (14%).

(11) Lack of Participation (9.0%): This is expressed by a small but

124

persistent group of employees at different levels. Overall there is a perception that, "there is not enough involvement in short or long term planning" (23%); the executive director should have more influence at a Board level ...[with 12% suggesting he had 'too much influence']...with committees and boards" (2%); that "the Personnel Committee...[board]... are taking on too many responsibilities" (11%); "that senior managers should have more input in hiring in their particular unit" (2%); and that, "staff need more freedom in the choice of delivery of services" (4%).

(12) Role Conflict-Cultural (8.8%): There is another type of conflict, which occurs when the method of delivering service is contrary to one's values about family care. There appeared to be a conflict in the agency about the appropriate level of "more ...[or less (2%)]...traditional content in service delivery" (25%); that staff should be more traditionally focused" (9%); and that on one hand "Elders could help more in decision making at a board and committee meetings" (4%), whereas others indicated "Elders had a lack of trust in their own communities" (4%).

(13) Organizational Change - Devolution (8.3%): Organizational change can be stressful when it is unclear what its impacts are on employment and role. This was addressed in two ways; the first directly identifying devolution issues, and a second, indirectly conveyed, by attitudes expressed toward the visual representatives

of the First Nation communities, the Family Service Workers.

Those dealing directly with devolution suggested that: "there is not enough attention given to the reserve level in the development of services" (14%); "clinical services should go to the reserve communities more" (19%); there "should be more Family Service Committee involvement in all aspects of service delivery" (14%); or more directly: "the organization is not following the original mandate of devolution" (5%); "not enough communication to the bands of the organizations plans" (5%); whereas those concerned about organizational change framed it as " relationships on First Nations communities are interfering with service delivery" (12%); and "devolution is occurring too quickly" (4%).

Criticism of Family Service Workers (band staff), which may be indirectly related to the issue of devolution, suggested that these workers: were: "likely to bi-pass Program Consultants (11%); "unable to handle confrontative situations" (9%); "have too much power and independence" (9%); "should not be on the Board" (9%); "were hard to reach" (4%); and were "not attempting to work cooperatively with the Program Consultants" (5%). Possibly the comment "that ... racism exists in the organization" (4%) on one hand; and "some staff seem to be sabotaging the work environment" (4%) on the other, could be attributable to tension around devolution.

(14) Work Competence (7.9%): Work competence concerns those staff who are experiencing stress because they do not think they have the skills which give them confidence in their practice competence. The stress was succinctly described as, "I feel that my personal abilities are not adequate for the work demands" (5)%; or, "I need more training" (5%). This feeling of concern exists in many aspects of the agency, with some feeling there could be a "better orientation to the board" (7%). Some feel, perhaps because of a pervasive concern about lack of confidentiality, that " a confidentiality workshop would be a positive measure for the organization" (5%).

Among the staff who identify a need were: the after hours on-call workers (5%); front line staff (7%); and family service workers (11%). Some of the skills they identified were: "crisis-management needs" (18%); "issue clarification skills" (7%); and, some sensed that their "interpersonal skills are not adequate at times" (13%). It appeared to some that the training should be in the form of "group discussion being needed in case planning and treatment" (5%). There were some interviewees who found they had difficulty with the skills of working effectively inter-generationally, "dealing with older clients" (4%). This overall concern about competence was raised by Dr. Chrisjohn (1980) in his discussion about First Nation caregiver burnout.

(15) Role Conflict (7.5%): In this context, role conflict involves assignment of more than one job competing for time and service. One interviewee explored this problem as an external observer who had been impacted, "people with dual roles have to clearly ascertain which role they are acting in and follow protocol as set out by policy and procedure" (7%). There was a view that "job functions were too intermixed" (9%); that "added responsibilities to initial job duties are too demanding" (5%); "expectations to my job is too high, even after hours, with no limits on job expectations" (9%); or "I wear too many hats and carry too much responsibility".

(16) Dissatisfaction (6.5%): This occurs when the employee experiences the stress of feeling that there is no recourse to administrative power. Some staff suggested that there were "no avenues of redress when disagreements occur with supervisors" (11%); and that a formal complaint mechanism for staff who are negatively affected by their role with...[the agency] " (2%).

Many of these workplace organizational stressors are those cited as normal for workplaces in the literature (for example, Holt, 1982; McLean, 1980). There appears to be little empirical literature identifying a norm for the frequency or intensity of such stressors, Chrisjohn (1990) and Martin (1988) have suggested reasons why this might be more pronounced in such an agency. Obviously the Board identified them as a source of concern and requested a study

(Docherty, 1993). One identified stressor, that of devolution, while related to organizational change (Van Den Bergh, 1992), has an application unique to First Nation culture. It has been suggested that, while employee assistance programs can help staff deal with the consequences of such organizational stress (Lerner, 1993), these be dealt with from an organizational context (Myers, 1984). The findings here are important factors in sensitizing an employee assistance developer to issues that staff may be experiencing and exploring ways in which to handle these systemic stressors (Quick and Quick, 1980).

(2) Personal (Non-Work) Stresses Identified

The source of this information was based on the interviewees' responses to exploration about their past and about non-work stressors. Information is presented as it relates to current needs that the interviewee has, since these are accessible to the intervention of the proposed e.a.p. or other services. These stresses are presented by stress category rather than in descending order. As can be seen on Table 4:B, the most frequently identified characteristic is "Emotional-isolation" at 57.8% and the least frequently identified is "Financial Concerns" at 3.9%. No attempt has been made to provide subcategories, because the content was less clearly demarcated.

The following personal stress categories or themes are presented in Table 4-2 and in the following script.

129

Table 4-2

1. Historical Alcohol Abuse	98.2%
2. Maintaining Sobriety	98.2%
3. Physical and Sexual Abuse	55%
4. Family Issues	
a. Spousal Difficulties	15.7%
b. Parenting	25.5%
c. Blended Family Issues	17.6%
d. Single Parenting Issues	7.8%
e. Separation/divorce	13.7%
5. Financial Concerns	3.9%
6. Health Concerns	9.8%
7. Emotional Concerns	
a. Anger/frustration	21.8%
b. Trust	3.9%
c. Overwhelmed	17.5%
d. Withdrawn	3.9%
e. Confused - white/Native	11.8%
f. Fear	5.9%
g. Grieving	3.9%
h. Isolation	57.8%

(1) Historical Alcohol Abuse (98.2%): The research (Martin, 1988; Johnston, 1983) suggests most First Nation people raised in circumstances where alcohol has been a pervasive part has had a profound affect on their lives and their own subsequent patterns of living. Many interviewees spoke of the past in terms of: "I have gone through a rough, alcoholic and abusive childhood"; "my father was a habitual drinker"; "my parents were alcoholic, especially my father"; "I spent most of my time with my grandmother"; "was "many times hungry"; "had to assume the role of parent...robbed of my childhood due to having to look after the kids"; "grew up...where everyone was dysfunctional, with either drug, alcohol, or physical abuse"; "father was especially abusive until I left home"; and "not want to go back to my community". The interviewees indicated they have had and continue to have issues they "have been influenced" by as a result of this experience. Some resorted to substance abuse: "turned to alcohol and drugs"; "after the last beating...[by an alcoholic father]...I started drinking then left"; and were "still in recovery". Some continue to have emotional reactions of: "resentment"; anger "hard not to call them down"; or pain, "I'm holding in hurt and pain"; and may not be able to share feelings, describing themselves as "non-expressive". Some are: "still having problems in relation to my family and children due to the past"; "mother is still co-dependent"; or there are "problems in my family". Some have been able to "reconcile" with their families or are in the process of doing so.

131

(2) Maintaining Sobriety (98.2%): There were a substantial number of interviewees who indicated that, while they have had past problems with substance abuse, they have "found sobriety" (40.4%). There appeared to be some variable use in identifying "alcoholic" as meaning continued drinking or a disease which continued even after the interviewee had stopped drinking, "I have been sober for thirty years" to those indicating, "I am still in recovery". Some are still working on past issues of alcohol abuse such as: "still feel insecure; unwanted and lacking goals"; having "enabling, co-dependency issues and adult children of alcoholic issues ...[A.C.O.A.]..."; or "have unresolved A.C.O.A. issues". Some expressed continuing needs for supports: "will continue to need counselling" regardless of the length of sobriety; "I have been sober for...[over twenty]... years and still speak of the issues".

There are a smaller number (7.0%) who appeared to experience current use, some of whom saw it as "my own resources for stress...[including]...alcohol". However, others identify substance use as a problem: "I have...[druggie]... problems too"; "I drink and use clinical resources for this"; or an identification of an ongoing issue with a comment, "I am an alcoholic".

Some interviewees indicate they are experiencing the effects of

132

family members continuing to have substance abuse problems (28.1%) with: parents, mostly fathers, for example "alcoholic father abused me" (12.3%); spouses or significant others, mostly husbands, for example, "I have been married... years with alcohol abuse, same as parents. I have the feeling of being trapped" (10.5%); siblings (3.5%) and children (1.8%).

(3) Physical Violation (55%): Consistent with literature (Duran *et al*, 1994), a number of interviewees identified experiencing physical ("physical, emotional, and spiritual") abuse in their formative years (11.8%), often intertwined with perpetrator alcoholism, which had a traumatic effect and which they are still attempting to resolve ("I am still in recovery"). Experiences included: "I recall welts from the spankings with the belt and I saw my ... [sibling] ... with welts"; "my father was especially abusive until I left home"; "stresses linked our family to violence"; or, "my alcoholic father abused me". Some interviewees commented on the violence of their overall community. This included comments like: "I grew up in ... where everyone was dysfunctional with either drug, alcohol, or physical abuse"; " I grew up in ..., it was rough!"; which could have the impact that "I did not want to go back to my community".

In a number of cases, interviewees had experienced sexual, as well as physical abuse (15.9%), an abuse that, consistent with the general and ethnic literature (Martin, 1988, and Daily, 1988), was

accompanied by refusal of the non-abusing parent to not acknowledge the abuse or to blame the child as inviting the abuse. The abuse, most frequently perpetrated by male perpetrators (10.5%), was described in its more extreme forms as: "he beat me up repeatedly until I was unconscious and then raped me both ways, many times", may have ranged from "three" to "sixteen" years of age, although one sexually abused interviewee indicated "I have no memory before the age of twelve", a common characteristic of sexually abused children (Bass, 1980). In addition, the sexual abuse was described to have been conducted by: "uncles"; "my parents drinking buddies"; "teachers"; and "counsellors", for example: "From ... [ages] ... I was sexually abused by my ... [relative]. It started friendly but led into sex". When they reported the abuse, some interviewees were not supported: "my mother kept the knowledge"; "when I told my mother, it was not heard"; or, "would lead to the loss of my family", therefore, one staff reported that she/he "internalized my past abuse". Some said they experienced the feeling that they were to blame for the abuse; "my mother told me it was my fault". Those interviewed were often still dealing with the effects of sexual abuse: through "flashbacks" about the "perpetrator"; a perception that "my sexual abuse issues have not been dealt with"; "I still carry the pain and devastation"; and difficulty "dealing with male relationships". They are: "having to come grips with family relationships"; and, "I have to work on my relationship with my mother and forgive my father".

A number of interviewees (5.9%) had also experienced abuse in their current relationships with husbands or boyfriends, or that their children have been abused "by a relative". Where some legal action has been taken ("my ... was charged with sexual abuse of me"), some interviewees described the result as not resolving the issue, "a very hard situation to be in", or, "I feel unsafe in my community now". There was some indication of a need to resolve the issue presently with a comment, "only now can I speak of my past abuse".

(4) Family Issues (72.3%) Spousal problems made up 15.7% of the total. Interviewees' indicated past experiences influence their present spousal relationship, "my past resistance to sharing feelings may cause a barrier to my family and is"; or, "I have my own relationship issues, past and present". Several identified an inability to communicate with a spouse, for example, "I am unable to communicate with him"; "having trouble communicating to my wife"; "everything is supposed to be confidential"; "don't want to unload to my husband"; or, "my husband is not a support"). Several also, as a result of the inability to communicate, identified difficulty in being able to resolve problems were expressed as: "stress builds up, it is hard to articulate problems"; "spouse denies problems and finger points. He refuses to talk about issues"; or, "I use my husband to problem solve, but sometimes he has problems". Some had a sense of isolation in the relationship with the spouse, for example, "my

135

husband is never at home... he is golfing or drinking"; or, "travels a lot and parties". Some have identified a "deteriorating" relationship with a spouse, for example, "wife is walking a different path"; "I'm sleeping around"; or, "the man I'm presently living with, I am going to leave", as a consequence both of the inability to communicate and their sense of isolation.

Pressures of work, parenting ability and spousal relationship were cited as parenting stressors (25.5%). Examples of role conflict are: "when I go home, I'm too tired to respond to my children"; "my home relationship is suffering as my work demands long hours;" or, "I have been working extra hours,... at home my ... [child]... is becoming whinny". Some felt the pressure of parenting and an inability to handle it, for example: "parenting skill needs work"; "relationship problems with my kids"; or, "my children are not here and the emotion is hard at times". Capacity is influenced by the relationship with a spouse, for example: "I have serious concerns for my...[children]... re: the tenseness in the home"; "I'm taking out my frustration on my oldest daughter", or, "I do not want to give up my kids, but my husband left".

A significant number (17.6%), cited serial relationships as creating stress: "I'm in a new relationship and have to respect the boundaries of my spouse". The reconstruction of spousal relationships was cited as causing complexity, "have ... children from different

136

relationships.... this has created difficulty because of the children's past experience. All the children have been sexually and physically abused"; the complexity of parental responsibility for children in past and present families, for example: "difficulties are still here with regard to ex-wife and one kid ... have a newborn with present wife". There was some resentment expressed about the fact that past or current spouses were not sharing responsibility for parenting: "my ex-spouse won't help, we had ... children". Also, interviewees indicated that "I have been having problems with my husband's kids" or, "with my oldest ... [child] ... by my present wife", in other words, they were experiencing the normal tensions experienced by parents involved in blending two or more sets of children.

Some parents were in the throws of or had experienced separation and divorce (5.9%). If the interviewees became single parents as a result (7.8%), the issues they identified were: loss, "I have no one now to talk to"; lack of resources, "my family issues carry into the workplace, as I have no backup"; and time pressure, "time with my child is not as much as I would like"; or, "there are not enough hours in the day for kids and the organization".

(5) Financial Concerns (3.9%): A number of factors caused finances to be a problem for interviewees, such as, insufficient income, "I do not make enough to get by"; unemployment, "my ... [spouse]... does not work"; budgeting, "our budget dollars are poorly spent"; and,

137

special needs, "my oldest ... [child] ... has been attending ... [a post high school training program] ... and the expenses have been overwhelming, a major stress".

(6) Health Concerns (9.8%): A small number with health problems cited had: migraines, "need method of relief for headaches"; lethargy, "I'm physically run down with no time off"; serious health problems, "my doctor has told me to leave my job due to my very poor health", and, "I had serious health problems and now have a serious illness". Related to health issues were those related to compulsive eating. A few respondents indicated they had a problem with food, although it provided stress reduction, "food helps when I am stressed"; "I fight myself with food, it is a relief"; and, "I treat myself to food, too much and too often".

(7) Emotional: With many of the interviewees citing contentment issues and personal problems, there appeared a high level of emotional content attached to these, with a substantial percentage of employees experiencing isolated lives of quiet desperation. This, as stated by a number of them, inhibited their ability to problem solve. As one interviewee put it, "I have no one to speak to when stressed, I need feedback on how to deal with issues in a constructive way, but I have no one to speak to".

The following are some of the areas of emotional reactions and

rationale for these reactions.

(a) Anger (5.9%): A few interviewees had experienced anger, either themselves, "I'm impatient and upset"; "no where to blow off steam," or, having had to deal with the anger of others, "dealing with police brutality"; "I feel very intimidated after what he did"; or, "I won't talk to anyone, there are...[personal safety]...consequences to this."

(b) Frustration (15.9%): Expressions of "frustration" were more common and perhaps safer to voice. Frustration had a number of sources (circumstantial) including: "dealing with frustration"; "dealing with conflict"; "too many ups and downs"; and, relationship issues, including: "being alone"; and, "my wife is the authority, not me". For some interviewees, outside frustrations were brought into family relationships, "I take my frustrations home," or nowhere, "I feel I'm in isolation and its frustrating."

(c) Trust (3.9%): In accessing resources, interviewees experienced a good deal of concern about the anonymity and confidentiality in sharing personal information with service providers, for example: "I cannot honestly bring out my feelings or concerns for fear of...[community]... repercussions; "my confidence was betrayed when my husband was approached by ...[a counsellor]"; and, "my confidentiality was breached several times". This theme has been identified in several areas of interview, including in "Workplace

Stresses" and in the "Program Characteristics" of a First Nation sensitive employee assistance program.

(d) Overwhelmed (17.5%): Besides experiencing "overload" at work (in section on "Workplace Stresses"), interviewees indicated a level of being out of control in their personal circumstances, "I feel stress building up with no relief"; "I wear too many hats, and...[carry]...to much responsibility"; "last week I had a...[serious health issue]..., this week, there has been sabotage in the office, am being dumped by my supervisor for..., my work has been refuted, the healer I saw did not recognize this in women"; and, "I need time off to regain my balance."

(e) Withdrawn (3.9%): Due to stressors, some respondents have withdrawn, "stay at home"; or, "not able to speak to my friends or partner"; because they are, "not able to trust"; "have lost face"; or, "I am let down, I am losing it."

(f) Confused Native Identity (11.9%): Interviewees had experienced pressures from growing up in homes away from the culture, "I was brought up in a Methodist foster home," or, "I was adopted, my father rejected me." Children of mixed blood had particular stress, "being half and half, I didn't fit in either world. I was despised by both sides, even as a child. My teacher told me Indians don't belong on the honor role," or, "all my life I had problems whether I was white or Indian. I have been subject to a lot of hate, personal threats

and violence, the verbal abuse especially", or, "I do not know the traditional ways."

While a number of interviewees found traditional healing extremely helpful, some did not. Whether this is due to uncertainty of the First Nation ways or past experiences, there were factors which appeared to limit access to this form of help, for example: "talking circles don't help, get too personal"; "I need to talk to someone but not an Indian"; "I would not go back to native healers, it seems the healing is based on how much money is given"; "I am not comfortable with local resources and elders"; "too many males in sweats for sharing, this is too dominating".

(g) Fear (5.9%): Fear is an emotion that some interviewees experienced: "I am afraid"; "if I told what happened..."; "I do not know who I can speak to", all of which inhibits problem resolution.

(h) Grief (3.9%): There were a few interviewees who experienced "loss of "all my family", "husband", "home and husband" "children", which may have "been all I had". Equally perplexing was, "I need to work on my grieving, but where?"

(i) Isolation (57.8%): A large percentage of those experiencing some of the above feelings appear to have a sense of isolation and a lack of secure intimacy stating: "I have not anyone to talk to"; "who do I

talk to?"; "I feel isolated"; "feel very lonely"; "there is no help"; "I have no one to speak to when stressed"; or, "I feel I'm in isolation". This includes family members and friends: "mother is distant"; "unable to use spouse as relief" or, "don't want to unload on my husband", "no one I can talk to "about marital stress", "have few friends".

The primary focus in the stress literature cited was work related and the preponderance of the data gathered did suggest that stress and burnout may be caused by "job related" rather than "personal" stress (Bennett *et al*, 1993). However, the major focus in the literature on employee assistance programs primarily deals with the resolution of "personal" problems to allow the employee to function effectively in the workplace, for example, in Myers, 1984; Thomlinson,1983; or Wrich, 1980. The data gathered on "personal" stressors then assumes a higher significance, since it is with those problems that the employee assistance program will have the most direct organizational mandate in resolving stressors. Knowing these is helpful in ensuring that the program resources match the needs of this workforce population.

The most prominent stressors cited by this surveyed population, tends to corroborate the findings in the literature. The frequency of substance abuse as found here, exceeds those cited by non-aboriginal workplace populations (Kurzman and Akabas, 1993),

but parallels those found in the Aboriginal Peoples Survey. The frequency with which "family issues" are cited does not vary substantially from other workplace populations (Newman, 1983), and where it does, particularly in "parenting", may be reflective of the lack of opportunity for adults to have experienced parental modeling (Johnston,1983). What is striking was the frequency that "isolation" was identified, despite high degree of interaction within the small community. It raises a question about the vulnerability that these caregivers experienced in seeking help and sharing their issues with normal sources of support.

Supports Identified by Interviewed Staff

Table 4:3

1. Informal	
Friendships	33.3%
Activity	29.8%
Extended Family (Grandparents, Aunts Uncles	29.8%
Spouse	19.3%
Solitary	7%
2. Traditional	
Medicine people of particular ceremonial knowledge e.g. spring/fall feasting	28.1%

Medicine people with specific spiritual abilities e.g. shaker	15.8%
Individuals with special relationship to spiritual guidance and assistance	10.5%
Elders able to dialogue on specific action for way of life issues	8.8%
Specific heredity or tribal leaders	
3. Non-Traditional,	
Hospital, Social Work Unit	15.8%
Self help groups (non-aligned)	14%
Medical Services Counselling	10.5%
Church Groups	3.9%
Provincial Family and Children Counselling Services	3.9%%
Anishinabe Counselling	3.9%
4. Unresourced Stressed	14%

(B) COPING

Exploring means that interviewees had for coping was seen as important to the study for a number of reasons. First, it provided insight into the degree to which, despite their stresses, the interviewees were able to handle their concerns without additional supports. Second, it provided an understanding of the directions sought in help seeking for particular kinds of problems, so that the researcher could gain an appreciation of resources seen as psychologically accessible. Third, it provided an opportunity to

144

explore the discrepancy between the stressors identified and the resources available to deal with them. All of these were important to program planning. The following are the perceptions of interviewees (see also Table 4:3).

1. Informal

(a) Activities (29.8%): Among the activities that the interviewees cited: sports, particularly hockey and baseball, which were popular in the area with rivalry between the various bands; bingo which was a popular socializing activity; and traditional feasts. Although interviewees would say, " it's great to get out"; or " ... is learning to be a good defenceman" when asked, they did not necessarily see this activity as a means of coping. It was obvious to this researcher, from his participation in a number of baseball games, that it was both an opportunity for participants to exercise and as an opportunity for informal support. There was a core of about 20 individuals who were particularly active in the sports activities, which seemed to result in closer bonding among this group of interviewees.

(b) Friends, Family, and Spouses: Among those people who were identified as helpful, friends (33.3%) identified were: "boy friends" or "girl friends"; fellow "agency employees"; professionals encountered socially, for example, "I contacted a woman I met in order to give me some counseling help"; "people who have been 'in recovery'"; "community friends"; "childhood friends"; and one interviewee

145

identified getting support from "a very strong nun". Friends could be very effective. One interviewee commented how her friend "frees me up to be objective and gives me confidence".

Family (29.8%) were also cited as a significant support. It seemed unusual that interviewees would identify "father" and "mother" more frequently than a spouse, except that it may mean that families are somewhat more patriarchal and matriarchal and are in closer proximity to their children. Two interviewees had fathers who were Elders, one of whom indicated, "I go to him for advice and planning in all areas". Extended family members were cited as support. One interviewee indicated, "I can approach two aunts in confidence since they are considered Elders as well".

There were several examples of spousal support systems (19.3%), in which the interviewees indicated, "I depend on and value his support when he's at home". Those experiencing substance abuse cited spouses and family as providing the impetus for their sobriety for example, "my spouse insisted I go straight"; and "she phoned probation which forced me into a treatment". Literature confirms spouses as being a particularly strong source of buffering (Davis-Sacks, Jayaratne, and Chess, 1984).

(c) Solitary (7.0%): While the researcher did not emphasize this in his exploration, the interviewees did identify some of their

individual coping skills. For some it was "going to a private place in nature, to restore myself and to reflect". For several, it was to handle their recovery through "the use of the A.A. twelve step program", sometimes on a "daily basis". For some it "was taking a time out for themselves", "to restore my sense of balance". For some it was using techniques and developing ways of coping such as "rationale thinking" or "mediation work". For men in particular "hunting" and "fishing" could be relaxing. Some found the "pipe", "sweet grass or sage relaxed" them. One interviewee referred to his involvement with sage as "a flirtation with sage". Some identified "the use of alcohol as relaxing". One found "keeping busy" helped her cope. As might have been anticipated, these activities were very individualized (Patel, 1991).

2. Traditional

Traditional or ceremonial feasts accounted for the high number of medicine people with knowledge of special ceremonies (28.1%) who were consulted. Most of the interviewees, would not necessarily identify the feasts as anymore than social gatherings, although they were in fact cultural events.

In their identification of "Elders" and "Spiritual Healers", the interviewees tended to assume the mention of the title would be sufficient for the researcher to understand the nature of the transaction. Some staff identified: the unique character of the Elder

or Healer, such as "traditional healer", or the activity, such as "talks with", "traditional understandings", "inner problem solving and regrouping boundaries", and, "assisting in role modeling". A number of the interviewees spoke of activities, which didn't cite but that would involve spiritual leaders, such as: "talking circles", "healing circles", "powwows" and "sweats". This was obviously a very vital part of their lives. There was reluctance on the part of some to use talking circles, because they understood that the confidentially of such a circle had been breached locally, in an environment in which confidentiality was an important factor. Some identified "Elders helping me" through life problems, such as substance abuse. Interestingly one interviewee seemed unaware of these sources and commented, "I would not use mainstream counselling services and do not know what are Indian supports".

3. Non-Traditional

The most convenient "mainstream" service was the clinical unit at the agency. While the indications are that the interviewees were using non-traditional agencies in the area, they were not commenting a great deal about this activity. Several spoke of obtaining off-site counselling, often for recovery from substance abuse or in dealing with the effects of sexual abuse, without identifying the source of that counselling, "still in recovery"; or, "continue to need counselling".

A number of those declaring themselves as "traditional", indicated that they would not use "mainstream" services either as a matter of principle or because of some fear that their anonymity would be violated and they "would be labeled if it was known that they were seeing a professional". There were a few alleged incidents that suggested the latter had occurred. Some interviewees indicated that they were using or would consider using the hospital counselling (15.8%) or would use mental health services (10.5%). Of the self help groups (14.0%), the most commonly cited was Alcoholics Anonymous which some found to be a "very positive experience", others had tried but "were not satisfied" and others are still using as part of their ongoing recovery process. Involvement with the churches (3.9%) included a "born again Christian" institution. Of the two persons mentioning the Anishinabe Counselling Services, one interviewee would re-use it and one would not because of her concern of the protection of the confidentiality of issues .

4. The Unresourced Stressed

There were several who identified themselves as having no access to support. They included someone who was "uncomfortable and feels stress building up, with no sense of relief and not able to access my husband", three others have no other resource they "trust", a fifth who finds her spouse a source of support but when he is unavailable is unable to find alternative resources in the

community, and one who won't use community resources so internalizes the stress and..[he] ...works out". In all they represented 14% of the agency workforce. It is important to reinforce that one of the main prohibitions in use of services was the degree to which a facility was seen as being anonymous and confidential.

The responses by the interviewees, incorporating recreational, spiritual and social factors which facilitated the coping possibilities, substantially broadened the scope of potential resources for those developing a culturally sensitive employee assistance program. The cultural sensitivity provided by the interviewees has been invaluable in deepening the researcher's understanding of the crucial traditional components of such a program.

Employee Assistance Program Characteristics Identified by Interviews	
TABLE 4-4	
1. Confidentiality	68.4%
2. Traditional Component	59.7%
3. Off-site Services	33.3%
4. Accessibility	31.6%
5. Unlimited Access	24.6%
6. Objective Issue Identification	17.5%
7. Non-Identifying Feedback to Organization	19.3%
8. Coordinator Not From Community	14%
9. Knowledge of Non-Traditional Techniques	14%
10. Counsellors of Both Genders	12.3%
11. First Nation Counsellor	10.5%
12. Experience of Area and Workplace	7%
13. Approachability	7%
14. Skills in Workshop Facilitation	3.5%
15. On-site Counselling Services	3.5%

(C) EMPLOYEE ASSISTANCE PROGRAM CHARACTERISTICS

Given the stresses that the interviewees experienced, and the resources that they, much more than any outside observer, can fully evaluate in terms of usefulness and effectiveness, this is an extremely important phase of the interview. It has two values in establishing an employee assistance program. First, it provides insights that will improve the design of such a service to ensure maximum utilization and organizational appropriateness. Second, this process itself engenders a sense of identification with and commitment to the final program by organizational staff (Newman, 1984).

As will be noted in the following, a large percentage of issues cited as concerns in the above interviewee statements, have been translated into design elements (see also Table 4:4).

(1) Confidentiality (68.4%): This characteristic is identified as the highest priority by a staff which acutely feels its absence. This is a complex issue which is related to more than an employee assistance program, because it is a relatively small agency in a small community: "everybody knows everybody's business around here"; " they tell everyone in this town"; surprisingly, there appears to be an expectation that staff will not divulge information shared in

confidence, yet "everyone finds out somehow". Some staff identified having their anonymity violated in using community resources, "I told a ... counselor... and everyone knew" in both mainstream or traditional (sweats) programs. As expressed by staff: "it's absolutely vital, confidentially be maintained"; and "confidentiality is a big issue with staff". This pertains to both to one's identity and what is discussed. One criticism of the agency's clinical unit, as mentioned previously was its "visibility".

(2) Traditional component (59.7%): There is pride of culture mentioned in Chapter 1 in the statement, "Our strength is within our culture, our tradition, our communities". First Nations "spirituality is important" and staff would prefer a "counselor who knew the native way". It was important as a collorary to this, that the proposed counselor knew the Elders and would "refer to local traditional resources" for both "spiritual healing and wisdom". However several felt that the program would be most effective, if "the counselor followed both paths...["traditional" and "conventional"]... giving the staff a choice"; or a "traditional/non-traditional path."

(3) Off-Site Services (33.3%): This was an important characteristic, as suggested in "the counseling program should be right on the other side of town, where people using the program would not be seen by staff". As pointed out "in the current program, you walk past the doors and then in, everyone knows what your doing"; and "no-one

needs to know I'm seeing a counselor". There were three identified exceptions to this general perception of a need for off-site, and hopefully, anonymous services.

(4) Accessibility (31.2%) in this context means a 24 hour, seven day a week program, which a substantial minority saw as the optimum model based "problems occur outside of 9-5 usually". Respondents identified this as meaning in-person response by counseling staff. One suggested that the program be extended to First Nation communities as well and commented "should be available to the band workers too". One interviewee expanded to a prevention context and indicated that by helping staff recognize "the signs that they are experiencing problems for which they need to seek assistance. ...[earlier]... if I had that, I would have had less problems." It was important to a few that it be "voluntary service" and "whether I am referred is negotiable". "Services in the immediate and surrounding area are all problems [for confidentiality]".

(5) Unlimited Access (24.6%): Recognizing that problems are multi-dimensional, employee user problems are" sometimes not just one thing. The waiting list for counsellors is long. What then?" One interviewee underlined the concern, "I had the experience of just beginning to share in counseling sessions, when the counsellor terminated the sessions"; or, "feel I was left very vulnerable". Another indicated she "felt rushed" into another program. The

154

expectation was that employees using the program should have the time they need in order to fully resolve their issues and be "on call" as required.

(6) Objective Issue Identification (17.5%): This was a term coined by the interviewees with a level of consistency. It appeared to mean two things. First, the employee client not be psychologically labeled in the process of seeking help. Second, her/his pacing in using the program be respected, " ... must know what I need to do clearly before... [I do it]"; we "know the focus at the time...[we] really need it"; or "An e.a.p. should be available to help to the point that people could handle... problems]... on their own". "I would like an issue oriented counselor who provides feedback." "Want a worker who emphasizes growth, then I would use the program at times... [pause]... not sure there is no enabling here".

(7) Non-Identifying Feedback to the Organization: Interviewees identified a number of organizational issues with which they were grappling and which they wanted the employee assistance program to provide a mechanism through which they can address these: Some would "...like to put in ideas, but...neutral parties are good at dealing with issues". They were looking for means to do it ("should implement through an advisory service", might be accountable to the personnel committee which could function as a means of raising issues". This seems to be a move toward a non-union advisory

committee concept (Newman, 1983; Kurzman and Akabas, 1993).

(8) Coordinator (14.0%): The interviewees seem to be expressing a strong concern about having the coordinator co-opted into the politics and linkages that would make users potentially vulnerable to breeches of confidentiality. They suggested the provider should not "be linked, at least not directly"; "should have no relationships with the community"; "no relationships in the area"; "have no local band relationship"; and "someone who is not aligned with relatives on reserves or with local politics", all of which reinforced a need for the Coordinator's independence. This is a point reinforced by Wares, Dobrec, Rosenthal, and Wedel, (1992).

(9) Non-Traditional Techniques (14.0%): Some interviewees were interested in the counsellor's professional competence, which they expressed in different ways: "training"; "should have skills in using clinical counselling"; "have counselling background"; "be degreed"; and, "educated". The type of expertise they prefer is one which respects and empowers program users, "would like someone who can provide a behavior oriented issues approach" with short term, solution focused kinds of approaches, rather than focusing on pathology (Kurzman and Akabas,1993).

(10) Counsellors From Both Genders (12.3%): The interviewees identified that the program need counsellors from both genders, for

example, "need a balance of two"; "some are "more comfortable with someone of my own sex; someone who can understand me"; "I am more comfortable talking to other women"; and, "there should be someone there for both men and women". Some suggested if " there is one counsellor, it should be divided up into two positions"; with others insisting that the program "needed two counsellors".

(11) First Nations Counsellor (10.5%): There is a preference by some respondents that the counsellor move beyond cultural affinity to having cultural identity, if possible. This is underscored by the concern expressed disparagingly about the clinical counselling unit, as "they are not First Nations". The counsellor having the: "ability to speak our language is essential"; "should know our ways"; "would like a counsellor who is Ojibwa speaking"; "need to know what we do"; and, "our communities are our strength."

(12) Knowledge of Area and Workplace (7.0%): The Coordinator, while retaining independence, did need to "know the area and the natives of the area"; as well as "knowing what we do"; and "what kind of pressures we face". These interviewees had a strong need to have their local circumstances understood empathetically and have someone who could function effectively within the local context.

(13) Approachability (7.0%): Probably all employees wanted, but some specifically voiced the wish that the counsellor be one who:

157

"needs to be empathetic, personable, and easy to relate to"; and, "approachable". The "counsellor should be people focused"; and, "someone who is objective and can relate to people in a warm manner".

(14) Skills in Workshop Facilitation (3.5%): "I would want to be involved in program, workshops/training is good for us"; "I would like to have the program help me be assertive", and, "would like someone who can conduct a workshop on confidentiality", were all facilitation skills which lend themselves to preventative intervention (Shain et. al, 1986).

(15) On-Site Counselling (3.5%): There were a few employees who did not feel that an on-site program jeopardized their confidentiality, "meeting the counsellor at work is alright with me"; "nobody will know what we're talking about"; and, "its closer" were the responses. Indeed there is no research in the literature which proves them wrong.

There was a very high concern about confidentiality, consistent with expressed concern in other aspects of the survey. There was also concern to ensure that the e. a. p. counsellor was someone who was extremely conversant with the native way. Somewhat surpringly, the requirement for a workshop group facilitator was identified by a small number of interviewees, in spite of the cultural perference for

activities which involved groups. Overall a very significant percentage of the population responded to this question with a variety of ideas, the most unique in terms of culture, was the degree of First Nations affiliation.

Program Characteristics and Implications

While there is a great deal of literature on e.a.p. characteristics, (not the least of which are two periodicals and many texts), some of which are cited here. There are, as mentioned elsewhere, remarkably few that deal with child welfare and none known that deal with aboriginal child welfare agencies.

In the qualitative interview, the researcher provided staff with a variety of e.a.p. models to explore as appropriate to their needs. The model which interviewees chose was a model which had: both mandatory and voluntary referral; provided short term counselling within the program; offered both "mainstream" and "traditional" referral options to program users for long term service; was an in-house program but one which provided services away from the agency site; and was accessible on a 24 hours a day seven days a week basis. This model is remarkably similar to standard models (Thomlinson, 1983; Myers, 1984). It was somewhat more limited, in that it did not incorporate wellness and health promotion workshops which became popular in the mid - eighties (For a schematic view of

159

the model, see Appendix 1).

The applications of employee requests had implications for the model as approved and require further consideration.

(a) Needs

In general planning for an e.a.p. program, it is useful to be reminded that within the Ojibwa child and family services agency, there were many elements which had the potential to create stresses not dissimiliar to other child welfare agencies .

The figures citing various categories of organizational and personal needs may have under-represented the actual frequency of individual items within each theme which represents the norm of responses. While the Agency appears to compare favorably with a subsequent child welfare study (conducted by unionized staff) regarding organizational stress, the two studies are not comparable (C.U.P.E., 1996).

(b) Program Implications

1. Confidentiality and Anonymity: Confidentiality consists of privacy about both what is discussed and the actual use of the e.a.p. The latter may also be referred to as anonymity.

Confidentiality, as it is in the literature (Thomlinson 1983, Myers,

1984), was identified by interviewees as the single most significant factor (68.4%) in the minds of most interviewees, not just in relation to a proposed e.a.p. but: in their worklife; their sense isolation in seeking normal support for stresses they experience; and their current use of "traditional" and "community" resources. It appears to be a very powerful statement which any proposed program needs to address carefully. Three limitations need to be addressed in response to this. First, there are limits to confidentiality due to professional legal requirements to report: (a) in cases of child and spousal abuse; (b) "duty to inform" when it is clear that someone is determined to injure themselves or others; and (c) someone requires referral to another agency or service. With the proposed model and its mandatory component, obviously the person referring knows, as well as the manager to whom the potential program user is accountable. Where the employee has options, limitations on confidentiality should be discussed at the outset, so that employe is in a position to govern what they wish divulge without risking unwelcome exposure. (Kurzman and Akabas, 1993). A number of programs have dropped mandatory referral, because they find it discourages program use (Newman, 1989).

The program model shown interviewees, requires the use of external client services. In establishing referral resources, the e.a.p. coordinator needs to carefully scrutinize these services in terms of their understanding of, and their protocols to ensure, confidentiality.

161

In maintaining a program, this needs to be reviewed periodically. Systematic user response on anonymity of such services is important to ensur quality standards.

Anonymity (about which 33.3% saw as important), accessing an e.a.p. in privacy is a very challenging issue in small communities and in a small agency. Among the issues needing consideration are: location of the facility, a telephone protocol which respects privacy, written communication that avoids exposure, waiting room arrangements, and spacing appointments to avoid detection, are some of the considerations. Methods of billing need to be structured to ensure the employees identities are totally protected. Reporting on e.a.p. effectiveness need be done without identifying program users. Potential users are most helpful in identifying areas of vulnerability to anonymity because they have a vested interest in its protection.

Accessibility (cited by 31.6% and 24.6%): has several meanings, including: speed of response; hours of availability; who are covered by the program; the point at which coverage is available; and extent of coverage and type of coverage. All of these items were preferred by the interviewees. Speed of response means the length of time which occurs between the request for service and its provision. Response time is often dependent upon the urgency of the need. Hours of availability means the extent of time that one can reach a program and may vary from prescribed work hours to 24 hour

service. The type of service will vary from counsellors available, to answering services with staff on call, to answering machines. Program coverage may mean new categories of service providers (such "band workers"), or the category of family members and the age to which they are covered. Since according to the literature review, there are more changes in family constellation and an increasing number serial families among aboriginal people this issue requires further exploration (Frideres et al, 1993). Interviewees expressed the anticipitation that they would both be able to receive consultation in determining whether their problem was significant and to have services available to the extent these were needed, on demand. In other words the service availability was to be unlimited. A (3.5%) few also wanted to have access to prevenitive workshops. These services are technically possible, depending upon staffing and resources. Programs which function as "in-house" would need to have the capacity to hire staff for this purpose. These services could also be provided by external e.a.p. providers (for specific program components see Auman, 1995; Hoffman 1988, or Thomlinson, 1983, with costs dependent on the services required. The degree to which these can be provided is dependent on the motivation of the funding body to resource such services. The likelihood is that interviewees would need to priorize the types and levels of service they need, based on limited resources. The items identified above are a fairly resource demanding composite).

2. Object Issue Identification (17.5%): a term, with variations, interviewees expressed in wishing not be negatively labeled and to be respected, empowered, and be participants in the healing process. It could be speculated that this general direction is consistent with the direction that First Nations people have about their pride in culture and movement toward self government (Gibbons and Ponting, 1986). Clinical intervention has a vast range of methodologies. Within the e.a.p. movement, there has been an emphasis on brief, cognitive, behavioural approaches in therapy. Within the brief therapies, e.a.p's in particular have embraced solution focused methods of intervention (Kurzman and Akabas, 1993). Solution focused methods emphasize individuals' capacities and strengths rather than pathologizing their clients. The process is much more collaborative. It has been used for some the central problems the interviewees have identified (for example, Miller (1992) with problem drinkers and Dolan (1991) for victims of childhood sexual abuse). They are growth oriented. This is within the context of the shift to wellness and empowerment approaches often utilized in e.a.p.s (Lerner, 1993; Shane, 1986; and Michenbaum, 1985). There appears to be a good of congruity between the aspirations of the interviewees and e.a.p.'s

3. Non-Identifying Feedback to the Organization (19.3%) Many of the organizational issues cited as stressors, by interviewees (overload, organizational stress, lack of organizational cohesion, organizational

164

conflict, autocratic management styles, no recognition, etc.), are conditions that have been identified as stressors in other organizations which have led to social work, particularly child welfare, staff experiencing anxiety and depression Bennet et al, 1993; Jones et al, 1991) and burnout (Jayaratne and Chess, 1984). In the absence of means to raise issues and concerns, identified by 33% of the interviewees, they took advantage of the interview to have their concerns addressed by management. While this role is one sometimes played by e.a.p.s, particularly where they have joint management-union advisory commmittees, the advice or mediation is provided on the strength of a well established program. Historically, the e.a.p. has developed a level of credibility by providing effective counselling service before it is provided with the mandate to assume an organizational role. Where unions are established, unions see themselves as carrying out the advocacy role and would resent this kind of intrusion. What the e.a.p.s might assume is an educational role, for example in training supervisors and staff about the signs, impact and self management of burnout. Structurally the e.a.p.'s purpose is to deal with employees personal problems so that they can be effectively fulfill their job function (Kurzman and Akabas, 1993, Newman, 1984).

(c) Coordinator Characteristics:

1. Traditional Understandings: The strong consensus that the e.a.p.

coordinator have a very clear knowledge and affinity for the First Nations culture, knowing the native way, and its spiritual nature. Some go further in wanting the counsellor to speak the Ojibwa language. Some want this counsellor to know the local Elders and be prepared to refer to "local traditional resources" for healing and wisdom (which could eliminate all but local candidates). While most fall short of specifically requesting that the counselor be a First Nations person, there is some disparagement of the fact that the agency's clinical unit are non-aboriginal. There is a strong natural thrust to have someone with whom they have an affinity as the coordinator (Hersberg, 1992). Another school of thought, suggest that the counsellor would be most effective if she/he comfortably function in both "traditional and "mainstream" providing equal psychological access. It raises the importance of identifying a mature balanced individual who will not allow culture to prevent "mainstream" staff from accessing needed e.a.p. services.

2. Gender: While not as significant a number (12.3%), the request for coordinators from both genders was quite consistant among those who thought this was important. If there was one position was even a wish to split the position with a part time person from both genders. The strong urge to speak with a Coordinator from one's own gender has many underlying motivations, likely to talk to someone who "understands". It has been further suggested that people who live in generic or "high context" cultures (those in which the pattern

of living is traditional) tend to be somewhat socially polarized by gender, which would highlight the importance of this request for both men and women, particularly in a rural based area (Ibid, 1992).

3. Coordinator Not From the Area(14%): More clearly the interviewees thought the Coordinator should not have alliances in the community that would cause her/him to compromise her/his integrity or violate confidences. This is consistent with a perception of some interviewees that almost any service provider in the community has violated confidentiality or can't be trusted because of her/his linkage with elements of the community that are not trusted. There is not a great deal written about the subject directly, but it does raise the issue of whether the e.a.p. should be an in-house" or a "contracted" out program and the issues raised are crucial in terms of agency ownership vs. neutrality (Blair, 1987; Hoffman, 1988). Another factor motivating this response may be a concern by abused users that abusers connected with appropriate community people avoid detection (Giesbrecht, 1993).

4. Personal and Professional Qualities: Essentially some interviewees indicated an interest in an approachable, warm, empathetic person (7.0%) who had possibly degreed, practice competence (14%) in cognitive/behavioural methodologies. Some 3.5% felt this person should have workshop facilitative skills. These expectations are well within the realm of employees hoped for expectations. combined

with some of the above expectations, some might be challenging to achieve. The fact that several interviewees identified academic credentials may underlay the importance of professionally qualified staff, given how often staff have been absorbed into clinical roles with feelings of being under qualified (Mental Health Association, 1990). Qualified First Nations professional practitioners have identified as hard to find (Ibid, 1990) although in recent years professional faculties have made special efforts to graduate First Nations professionals.

Study Program Goals

Goals of this project were to explore stresses, coping resources and e.a.p. characteristics preferred. The following are the researcher's perception of how well these were achieved.

Stresses: The researcher was able to obtain a great deal of information about stressors, more weighted towards organizationally induced stresses than personal non-work related stresses. The organizational climate at the time and the interests of the stake holders, as well as the researcher's own interests all influenced him in that direction. Fortunately the structure of the interview did provide data of a personal nature, to some extent drawn from the interviewees' past experience, particularly as it influenced present concerns. What were probably under-represented were the

interviewees' current stressful circumstances (as identified in the reserve focused literature in Chapter 2). There is a possibility that some interviewees were less comfortable sharing present problems of a personal issue because of presumed vulnerability). The candor of responses about past issues was certainly impressive.

Coping: Interviewees responded with a range of coping skills that they had used, providing a fairly wide perspective of coping possibilities. The researcher did introduce the prospect of traditional healing and a substantial number of interviewees responded positively to this invitation by identifying this as a source. There were, throughout the interview, some negative comments about both traditional and mainstream sources of help.

Some of those who indicated they were utilizing resources were not inclined to elaborate, which would have been expected given the strong sentiment expressed about confidentiality. Others may have been utilizing resources but choosing not to share that use with the interviewer for the same reason.

Some exploratory probing might have clarified this.

E.A.P. characteristics: The interviewees provided some strongly held insights about the essential characteristics as they fashioned program design as well as the preferred qualities of the counselors. There was substantial congruence in some of the characteristics proposed and concerns expressed in other parts of the interview. There was some

169

dirth of detail which may have resulted from the fact that as users or potential users they would only know those aspects of programs that they had been exposed to, some of which may have been negative. In retrospect also this was a fairly demanding interview and this question occurred at the end of it. A further interview might be warranted should there become an imminently possibility

Study Learning Goals

The learning goals were essentially those of: effectively seeking information: from agency documents and library search, participant observation, qualitative interviewing and analysis.

Document and Library Search The researcher learned how to obtain information purposefully and systematically for the purpose of the study and the report. With regard to the agency documents, he was able to focus on the material which was relevant to the study, namely that of potential organizational stressors. In document review, where it appeared policy could impact on staff stressfully, he explored this with staff or observed their reactions in situations where the policy would be in play. In the course of this process, he became aware of techniques of qualitative content analysis, which, while not appropriate in this context, is worthwhile pursuing in future where documentation review is the primary qualitative research method.

The researcher became aware of the techniques and approaches in seeking information systematically through the library system. He has learned to be clearer about his initial questions so that his search is more focused. As the literature search progressed, he became increasingly able to approach topic areas in more creative ways, when initial more linear approaches to topic areas had not yielded the information he required. In retrospect, the researcher has become even more aware of the importance of such a review, in order to maximize subsequent field research.

Naturalistic Observation: The original plan to fully utilize naturalistic observation was somewhat aborted by the time constraints placed on this project by the requirements of the host agency. There were, however, opportunities through: agency meetings; casual discussions; and participation in traditional spiritual events to have some naturalistic observation. From a research perspective, the researcher learned how to be a passive observer in groups and again became progressively more adept in focusing his attention on the purposes of his research. He developed an increasing ability to take field notes after each event in ways that adequately identify to the key issues and interplay without focusing on the characters. This skill was not fully articulated due to the time constraints.

Qualitative Interview: This was the major research method utilized in

171

this study. Elsewhere the implications of substantially increasing the number of interviewees has been discussed. In terms of learning, this researcher has become quite familiar with the purpose and methodology of qualitative interviewing. His skills in clinical social work practice, easy approachability, and genuine interest in the respondent's issues were helpful in this phase of the study. The full appreciation of philosophy in practice of grounded research and the respectful nurturing of, as well as attention to, the respondents as the key source of information, has been a growing quality.

He has learned some of his unsuspected biases in interviewing and a need for further probing skills.

Analysis and Interpretation: The responses of the interviewees provided a rich source of information about some of the issues that needed to be addressed in contemplating the establishment of support services to them. This researcher has learned the basic skills in collating data and exploring some of the connections and patterns that emerged from the responses. He was able to interpret them to the extent that it was possible to make tentative suggestions about the needs of the staff of this Ojibwa child and family agency. This phase of the study was the most subtle and challenging to master. One experience in this form of research provides an appreciation of its complexity as well as its potential power as a source of insight in program planning.

172

Conclusion

Any qualitative report is preliminary, hopefully expanding the knowledge base of the researcher, providing a richer, a more in depth view of a topic area about which there had not been full appreciation of the dynamics. Among new learning's were both the tremendous stress and abuse that many of those interviewed encountered in childhood and still do, as well as the ghosts that they carry around with them. They have demonstrated great courage in sharing their experiences in order to help this researcher understand an infamous part of Canada's child welfare policy and the consequent struggles that some of them have experienced in parenting and helping others parent, often without their own parenting models. Their courage in dealing with those traumas, overcoming them and moving ahead was truly impressive, and this researcher's understanding, was only limited by this researcher's learning attempts to help them share their experiences. The opportunities to share fully in their spiritual life during the project was very much appreciated and provided appreciation and insight into a rich culture.

Any follow up on this report, would hopefully provide some additional insights that would allow future researchers to quantify the concerns, sources of coping,. and appropriate characteristics required for a First Nations sensitive employee assistance program, for a highly stressed staff group.

Further activity in this agency, would require a commitment from the agency to provide this needed service and the formulation of a key stake-holders committee to: identify the purpose establishing an e.a.p., clarify the objectives of the program, quantify the needs of staff, explore the community resources, and begin the design of the program which is clearly needed.

BIBIOGRAPHY

Auman, Leckie & Emsue. (1995). <u>Hospital Employee Surveys</u>. Winnipeg, Manitoba: Alexander Consulting Group.

Babbie, E. (1983). <u>The Practice of Social Work, Fifth Edition</u>. Belmont, California, U.S.A.: Wadsworth Publishing Co. Inc.

Bartlett R.H. (1990). <u>Indian Reserves and Aboriginal Lands In Canada: A Homeland</u>. Saskatoon, Saskatchewan: University of Saskatchewan.

Berg, I.K. and Miller, <u>Working With the Problem Drinker: A solution Focused Approach</u>, New York, New York: W.W. Norton Press.

Beck, A. (1989). <u>Love is Not Enough</u>. New York: Harper.

Berkhoffer, R.F. (1979). <u>The White Man's Indian: Images of the American Indian From Columbus to the Present</u>. New York: Vintage Books.

Bernard, H.R. (1988). <u>Research Methods In Cultural Anthropology</u>. Newbury Park: Sage Publication.

Blair, B. Internal and External Models. In Spicer J. (Ed.). <u>The E.A.P. Solution: Current Trends and Future Issues</u>. Center City, Minnesota: Hazelden Educational Material.

Bogdewic, S. (1992). <u>Doing Qualitative Research</u>. Newbury Park, U.S.A.: Sage Publication.

Boutelier, M., Shain, M., & Suuvali, H. (1986). Healthier Workers: Health Promotion and Employee Assistance Programs. Toronto, Ontario: Lexington Books.

Breznitz, S. & Goldbedger (Eds.). (1982). Handbook of Stress. New York: Macmillan Publishing Co., Inc.

Brochac, J. (1993). The Native American Sweat Lodge: History and Legends. Freedom, California: The Crossing Press.

Brody, H. (1992). Philosophic Approaches. Newbury Park, U.S.A.: Sage Publications.

Brown, D. (1970). Bury My Heart At Wounded Knee. U.S.A.: Holt, Reinhart & Wilson Inc.

Byles, J., & Harsnyi, A. (1981) Personal Problems: Help-Seeking Behavior and Absenteeism Among Industrial Workers. Hamilton: Department Of Psychiatry, McMaster University.

Canada Mortgage and Housing Corporation. (1987) Evaluation of CMHC On Reserve Housing Programs and Summary Report. Ottawa: Program Evaluations Division, Operations Review Directorate.

Cassidy, F. (Ed.) (1991). Reaching Just Settlements. Winnipeg, Manitoba: Hignell Printing Ltd.

Charlesworth, E.A. & Nathan R.G. (1984). Stress Management. New York, U.S.A.: Ballantine Books.

Comeau, P. and Santin, A. (1990). The First Canadians: A Profile of Canada's Native People Today. Toronto: James Lorimer and Company.

Copp, D. (1990). The Right To An Adequate Standard Of Living: Justice, Autonomy and the Basic Needs: Social Philosophy and Policy Foundations. University of California Press.

Crabtree, B.F. & Miller, W.I. (1992). Doing Qualitative Research, Newbury Park: Sage Publications.

Crabtree, B.F. & Miller, W.L. (1992). A Template Approach To Text Analysis: Developing and Using Codebooks. Newbury Park: Sage Publications.

Creswell, J.W. (1994). Research Design, Qualitative and Quantitative Approaches. Thousand Oakes, California: Sage Publications.

Daily, B. & Hodgson, M. (1988). Martins, T. (Ed.). The Spirit Weeps: Characteristics and Dynamics of Incest and Child Sexual Abuse, A Native Prespective. Edmonton, Alberta: Neechi Institute. 123-131.

Dejong, C.R., Monette, D.R., & Sullivan, T.J. (1992). Applied Social Research: Tool For the Human Services. United States: Holt, Reinhart and Winston, Inc.

Delaney, R. (1979). A Study of the Influence of Professionalization and Bureaucratization on the Organizational Climate of Children's Aid Societies in Northern Ontario. Canada: Unpublished D.S.W. Thesis. University of Toronto.

D.I.A.N.D. (1993). <u>Basic Department Data</u>. Ottawa: Indian and Northern Affairs, Social Development Branch.

D.I.A.N.D. (1995). <u>Basic Department Data</u>. Ottawa: Indian and Northern Affairs, Social Development Branch.

D.I.A.N.D. (1996). <u>Basic Department Data</u>. Ottawa: Indian and Northern Affairs, Social Development Branch.

Dewdney, S. (1975). <u>The Sacred Scrolls of the Southern Ojibway</u>. Toronto and Buffalo: University of Toronto Press.

Docherty, James N. & Associates. (1993). <u>An Operational Review of a First Nation Child and Family Service Agency</u>. Northwester Ontario. Unpublished Report.

Dolan, Y.M. (1991). <u>Resolving Sexual Abuse: Solution-Focused Therapy ands Erucksonian Hypnosis for Adult Survivors</u>, New York, New York: W.W. Norton

Dosman, Edgar J. (1972). <u>Indians: The Urban Dilemma</u>. Toronto: McLelland And Stewart Publishing Co. Ltd.

Ellis, A. (1974). <u>Humanistic Psychotherapy: The Rational Emotive Approach</u>. New York: McGraw-Hill.

Erfurt, J.C., Foote, A. & Heinrich, M.A. (1990). <u>The Core Technology of Megabrush: Employee Assistance and Wellness Programs Combined</u>. Ann Arbour, Michigan: Institute of Labour and Industrial Relations.

Folkman, S & Lazarus, R. (1984). <u>Stress Appraisal and Coping</u>. New York: Springer Publications.

Foote, A., Erfurt, J.C. & Strauch, P.A. (1978). <u>Cost-Effectiveness of Occupational Employee Assistance Programs: Test of an Evaluation Method</u>. Ann Arbour, Michigan: Institute of Labor and Industrial Relations. 110.

Francis, R.D., Smith, D.B. & Jones, R. (1988). <u>Canadian History to Confederation</u>. (1992). <u>Canadian History Pre-Confederation</u>. (1992). <u>Canadian History - Post-Confederation</u>. Canada: Holt, Rinehart and Winston of Canada, Ltd.

Freire, P. (1974). <u>Pedagogy of the Oppressed</u>. New York, United States: Seabury Press.

Frideres, J.S. (1988). <u>Native Peoples in Canada, Contemporary Conflicts, (2nd)</u>. Scarborough, Ontario: Prentice-Hall.

Frideres, J.S. (with Krosenbrink-Gelissen, Liliane Ernestine). (1993). <u>Native Peoples in Canada, Contemporary Conflicts, (4th)</u>. Scarborough, Ontario: Prentice-Hall.

Fruedenberger, H.J. (1983). Burnout: Contemporary Issues, Trends, and Concerns. In Farber, B. A. (Ed.). <u>Stress and Burnout in the Human Service Professions</u>. New York: Pergamon Press.

Germaine, C.B. (1991). <u>Human Behaviour In The Social Environment</u> New York: Columbia University Press.

Gilcrest, V.J. (1992). <u>Key Informant Interviews</u>. Newbury Park: Sage Publications.

179

Goetz, J.P. & Le Compte, M.D. (1984). <u>Ethnography and Qualitative Design in Educational Research</u>. U.S.A. Florida: Academic Press.

Golan, N. (1981). <u>Passing Through Transitions</u>. New York: Free Press.

Goodwill, J. & Sluman, N. (1982). <u>John Tootoosis</u>. Ottawa: Golden Dog Press.

Gottlieb, B.H. (1981) Social Networks and Social Support in Community Mental Health. In Gottlieb, B.H. (Ed.). <u>Social Networks and Social Support</u>. London: Sage Publications.

Gunderson, E.K.E. & Rahe, R.H. (1976). <u>Life Stress and Illness</u>. Springfield: Thomas Publishers.

Hallowell, A.I. (1967). <u>Culture and Experience</u>. New York: Schocken Books.

Hawthorn, H.B., et al. (1958). <u>The Indians of British Columbia</u>. Canada: University of Toronto Press.

Hammersley, M. (1989). <u>The Dilemma Of Qualitative Method: Herbert Blumer and the Chicago Tradition</u>. United States: Routledge Books.

Henshel, R.L. & A.M. (1973). <u>Perspectives on Social Problems.</u> Don Mills, Ontario: Longman Canada, Ltd.

Holt, R.R. (1982). Occupational Stress. In Goldberger, L. & Breznitz,

S. (Eds.) Handbook of Stress: Theoretical and Clinical Aspects. New York: The Free Press. 419-444.

Hope, L.A. (1986). Indian Autonomy In Child and Family Services, Barriers To Success. University of Manitoba: An Unpublished Practicum Report.

House, J. (1981). Work, Stress, and Social Support. New York: Addison-Wesley.

Islington Bay Education Authority. (1987). Proposal To Establish A Solvent Abuse Program:Jadel Lake Camp, Whitedog, Ontario: Unpublished.

Itschaki, N. (1994). Occupational Stresses and Burnout Among Hospital Social Workers. New York: Columbia University. Unpublished D.S.W. Thesis.

Johnston, P. (1983). Native Children and the Child Welfare System Toronto: Canadian Council on Social Development.

Kelly, D.M. (1993). Randi Legacy - A Glimpse Into the Reality of the Child Welfare System and Impact Upon Aboriginal Peoples. Faculty of Law, University of Manitoba: Unpublished Paper.

Kimelman, Associate Chief Judge E.C. (1985). No Quiet Place: Review Committee on Indian and Metis Adoptions and Placements, Final Report. Manitoba Department of Community Services: Unpublished Report.

Kurzman, P.A. & Akabas, S. H. (Eds.). (1993). Work and Well-Being: The Occupational Social Work Advantage. Washington, D.C.: NASW

Press.

Kuzel, A. (1992). <u>Doing Qualitative Research</u>. Newbury Park, United States: Sage Publications.

Lazaras, R. & Folkman, S. (1984). <u>Stress Appraisal and Coping</u>, New York: Springer Publishing.

Lerner, M. (1992). <u>Surplus Powerlessness: The Psychodynamics of Everyday Life and the Psychology of Individual and Social Transformation</u>. New Jersey: Humanities Press International.

Liebermann, M. A. (1982).   The Effects of Social Supports on Responses to Stress. In Goldberger, L. & Breznetz, S., (Eds.). <u>Handbook of Stress: Theoretical and Clinical Aspects</u>. New York: The Free Press.

Lommis, M.E. (1991). <u>Dancing The Wheel of Psychological Types</u>, Illinois: Chiron Publications.

Mails, T.E. (1979). <u>Fools Crow</u>. United States: University of Nebraska Press.

Manitoba Northern Affairs. (1993). <u>Profile of Manitobas Aboriginal Population</u>. Native Affairs Secretariat. Winnipeg: Queen's Printer.

Masi, D.A. (1982).   <u>Human Services in Industry</u>.   Lexington Mass.: Lexington Books, D.C. Heath and Co.

Mayo, E. (1933). <u>The Human Problems of an Industrial Civilization</u>. Cambridge: The McMillan Publishing Co.

Macdonald, S., Lothian, S., and Wells, S., (1995). Evaluation of an Employee Assistance Program at a Canadian Transportation Industry, London, Ontario: <u>Addiction Research Foundation</u> Unpublished Article.

McLean, A. A. (1981). <u>Work Stress</u>. New York: Addison-Wesley.

McKenzie, B. (1989). Decentralizing Child Welfare Services: An Assessment of Service Impact Costs and The Morale of Staff, <u>Child and Family Services Research Group</u>, School of Social Work: University of Manitoba.

Medicine Grizzley Bear Lake (1993). <u>Native Healer</u>. New York, United States: Harper Collens Publishing.

Meichenbaum, D. (1985). <u>Stress Innoculation Training</u>. New York: Pergamon Press.

Ministry of Supply and Services. (1991). <u>The Canadian Aboriginal Economic Development Strategy</u>.

Ministry of Supply and Services. (1991). <u>The Canadian Aboriginal Economic Development Strategy</u>.

Myers, D.W. (1984). <u>Establishing and Building Employee Assistance Programs</u>. Westport, Connecticut: Quarum Books.

Native Mental Health Association of Canada. (1990). <u>Helping the Native Helpers</u>. Shannonville, Ontario,

National Indian Brotherhood - Assembly of First Nations, (1988). <u>Tradition and Education: Towards A Vision of Our Future</u>.

National Indian Child Abuse and Neglect Resource Centre, <u>The Indian Extended Family and Its Relationship to Parenting and The Social Worker and the Indian Client and Working With Abusive and Neglectful Indian Parents</u>. Oklahoma, U.S.A

Native Affairs Secretariat, Manitoba Aboriginal Affairs. 1993. <u>Profile of Manitoba's Aboriginal Population</u>, Winnipeg: Queen's Printer.

Novaco, R.W. (1975). <u>Anger Control: The Development and Evaluation of an Experimental Treatment</u>. Lexington: Heath, Lexington Books.

Patel, C. (1991). <u>The Complete Guide to Stress Management.</u> New York: Plenum Press.

Pathmaker, D.C. & Sunshine, S.N. (1987). <u>Walking the Medicine Wheel Path in Daylight: An Exploration of the Medicine Wheel Teachings On Human Relaionships</u>. Owen Sound,Ontario: Maplestone Press.

Patton, M.Q. (1988). <u>How to Use Qualitative Methods in Evaluation</u>. Newbury Park: Sage Publications.

Ponting, J.R. (1989). <u>Arduous Journey - Canadian Indians and Decolonization</u>. Toronto, Ontario: McClelland and Stewart, Ltd.

Quick J.C. & Quick J.D. (1984). <u>Organizational Stress and Prevention Management.</u> New York: McGraw-Hill.

Reed, A.O. (1992). <u>Computer Management Strategies For Text Data,</u>

Newbury Park: Sage Publications.

Robertson, H. (1970). <u>Reservations Are For Indians</u>. Toronto: J. Lorimer and Company.

Rosman, A. & Rubel, P. (1989). <u>Tapestry of Change</u>. New York, United States: Random House.

Ross, R. (1992). <u>Dancing With a Ghost</u>. Markham, Ontario: Octopus Publishing Group.

Rubin, A. and Babbie, E. (1993). <u>Research Methods for Social Work, Second Editon</u>. Pacific Grove, California: Brooks/Cole Publishing Company.

Ryan, W. (Ed.) (1966). Distress in the City: A Summary Report of the Boston Mental Health Survey. Boston: Massachusetts, <u>Association for Mental Health</u>. (mongraph).

Selye, H. (1974). <u>Stress Without Distress</u>. Philadelphia: Lippincott Publishing Co

Selye, H. (1982). History and the Present Status of the Stress Concept. In Goldberger, L. & Breznitz, S. (Eds.) <u>Handbook of Stress: Theoretical and Clinical Aspects</u>. New York: The Free Press.

Shkilnyk, A.M. (1985). <u>A Poison Stronger Than Love - The Destruction of an Ojibwa Community</u>. Yale Univeristy Press.

Smith, M. (1974). <u>When I Say No, I Feel Quilty</u>. New York: Bantam Books.

Smith, D.B., (1987). <u>Sacred Feathers, The Reverend Peter Jones (Kahkewaquoraby) and the Mississauga Indians</u>. University of Toronto Press.

Sonnenstuhl W.J. (1986) <u>Strategies for Employee Assistance Programs,</u> Cornell University, ILR Press.

Thaites, (Ed.). <u>The Jesuit Relations and Allied Documents: Travel and Explorations of the Jesuit Missionaries in New France, 1610-1791</u>.

Trice, H.M. & Roman, P.M. (1972). <u>Spirits and Demons at Work: Alcohol and Other Drugs on the Job</u>. Ithica: Cornell University School of Industrial and Labor Relations.

Turner, J.C. & Francis, J. (1986). <u>Canadian Social Welfare</u>, Don Mills, Ontario: Collier Macmillin Inc.

Teevan, J.J. (1989). <u>Introduction to Sociology, A Canadian Focus</u>, Scarborough, Ontario: Prentice-Hall Canada Inc.

Thomlinson, R. (Ed.) (1983). <u>Perspectives on Industrial Social Work</u>. Ottawa: Family Services Canada.

University of Manitoba. (1991). <u>Aboriginal Child Welfare (Manitoba) Report #3, Anishinaabe Child and Family Services, Public Inquiry Into Administration of Justice and Aboriginal People</u>.

Wheaton, B. (1990). Where Work and Family Meet: Stress Across Social Roles. In Eckenrode, J. & Gore, S., (Eds.). <u>Stress Between Work</u>

and Family. New York: Plenum Press.

White, L.O. (1992). Nishnabbe Kinoomaadwin Naadmaadwin: Native Human Services. Sudbury, Ontario: School of Social Work, Laurentian University.

Weiss, R.A. (1990). Bringing Work Stress Home. In Eckenrode, J. & Gore, S. (Eds.). Stress Between Work and Family. New York: Plenum Press.

Wertkin, R.A. (1981). The Effects of Stress Innoculation Training on the Coping Skills of Social Work Graduate Students. Utah: School of Social Work, State University of Utah. Unpublished D.S.W. Thesis.

Young, D.E. (1992). Cry of the Eagle, Toronto: University of Toronto Press.

Zegans, L.S. (1982). Stress and the Development of Somatic Disorders. In Goldberger, L. & Breznitz, S. (Eds.) Handbook of Stress: Theoretical and Clinical Aspects. New York: The Free Press. 134-152.

JOURNAL ARTICLES

Akabas, S. & Farrell, B.G. (1993). Prevention: An Organizing Concept for Workplace Services. In Akabas, S. and Kurzman, P. (Eds.) Work and Well-being. 86-101.

Adriar, M. (1983). Mapping the Severity of Alcohol and Drug Problems in Ontario. Toronto: Canadian Journal of Public Health.

Balgopal, P.R. (1989). Establishing Employee Assistance Programs, A Cross Cultural Perspective. U.S.A.: Employee Assistance Quarterly, 5, 2. 1-20.

Balgopal, P.R. (1989). Establishing Employee Assistance Programs, A Cross Cultural Perspective. Employee Assistance Quarterly. 5, 2. 1-20.

Bennett, P., Evans, R. & Tattersall, A. (1993). Stress and Coping In Social Workers: A Preliminary Investigation. British Journal of Social Work, 23, 31-44.

Blair, B. (1988). Internal and External Models in Spicer J. (Ed.J). The E.A.P. Solution: Current Trends and Future Issues. Center City, Minesota: Hazelden Educational Material.

Brown, L.N. (1984). Mutual Help Staff Groups to Manage Work Stress, Social Work with Groups. 7. 2. 55-66.

Brown, L.N. (1982). Mutual Help Staff Groups to Manage Work Stress, Social Work with Groups. 27, 5. 441-447.

Cameron, R. & Meichenbaum, D. The Nature of Effective Coping and the Treatment of Stress Related Problems: A Cognitive Behavioural Perspective. Handbook of Stress. Op cit. 745-763.

Cameron, R. & Meichenbaum, D. The Nature of Effective Coping and the Treatment of Stress Related Problems: A Cognitive Behavioural Perspective. Handbook of Stress , op cit. 695-710.

Canadian Union of Public Employees. (1996). Crisis in Child Welfare Campaign: Children and Families At Risk. Winnipeg Regional C.U.P.E. Office. Monograph.

Corcoran K. J. (1988). The Association of Burnout and Social Work Practictioners: Impressions of Their Clients: Empirical Evidence, Journal of Social Service Research. 2, 3. 15-32.

Cushman, L.F., Evans, P., & Namero, P.B. (1995). Occupational Stress Among AIDS Social Service Providers, Social Work In Health Care, 21, 3. 115-131.

Cyr, C. & Dowrick, P.M. (1991). Burnout in Crisisline Volunteers, Administration and Policy in Mental Health, 18, 5. 343-354.

Canada Mortgage and Housing Corporation,(1987). Evaluation of CMHC On Reserve Housing Programs and Summary Report.Ottawa: Program Evaluations Division, Operations Review Directorate.

Daley, M.R. (1979). Burnout: Smoldering Problem in Protective Services. Social Work. 24, 5. 375-379.

Davis-Sacks, M.L., Jayaratine, S., & Chess, W.A. (1985). A Comparison

189

of the Effects of Social Support on the Incidence of Burnout. <u>Social Work</u>. May-June, 240-4.

Davis-Sacks, M.L. (1985). <u>The Effects of Job-Specific Role Stresses and Personal Control on Burnout and Other Psychological Strains Among Child Welfare Workers</u>. Ann Arbor: University of Michigan. Unpublished PHD thesis.

Development and Training Branch Civil Service Commission. (1986). <u>Communicating With the Native Public</u>. Ottawa: Queen's Printer.

Duran, E., Guillory, B. & Tingley P. (1994). Domestic Violence In Native American Communities: The Effects of Intergenerational Post Tramatic Stress. <u>National Association of Social Workers.</u> Minneapolis. United States: Unpublished.

Farber, Barry, A. (1983). <u>Stress and Burnout in the Human Service Professions</u>, New York: Pergamon Press Inc. 256.

Gant, L.M. (1996). Are Culturally Sophisticated Agencies Better Workplaces for Social Work Staff and Administrator. <u>Social Work</u>. <u>41</u>. 2, March. 163-171.

Gant, L.M., Nadga, B.A., Brabson, H.V., Jayaratne, S., Chess, W.A., & Singh, A. (1993). Effects of Social Support and Undermining on African American Perceptions of Co-worker and Supervisor Relationsips and Psychological Well-Being. <u>Social Work</u>. <u>38.</u> 2. March. 158-164.

Gibbons, R. & Ponting, J.R. (1992). An Assessment of the Probable Impact of Aboriginal Self-Government in Canada.

Gibbons, R. & Ponting, J. (1992). Politics of Ethnicity,Gender and Lanquage In Canada. In Cairns, A. & Williams, C. (Eds.) <u>Research Study of Royal Commission on Economic Union of Canada and Development Prospect of Canada</u>. Toronto,Ontario: University of Toronto Press. <u>34</u>.171-245.

Gibson, F., McGrath, A. & Reid, N. (1989). Occupational Stress in Social Work. <u>British Journal of Social Work</u>. <u>19</u>. 1. 1-9.

Giesbrecht, B.D. (1992). <u>Report by Provincial Judtge On Inquest Respecting the Death of Lester Norman Nesjarlais</u>. Brandon, Manitoba: The Fatality Inquiries Act: Province of Manitoba, Unpublished Report.

Giesbrecht, B.D. (1993). <u>Report by Provincial Judge on Inquest Respecting the Death of Lester Norman Desjarlai</u>. Brandon, Manitoba: The Fatalities Act. Unpublished, 292.

Googins, B. (1989), Problems Integrating into the Organizational StructurE. <u>The Almacan</u>. <u>19</u>. 5. 24-25.

Googins, B. Challenges for the E.A.P. in the 1990s. <u>Employee Assistance Quarterly</u>. <u>4</u>, 3. 45-56.

Guterman, N.B. and Jayaratne, S. (1994). Responsibility at Risk': Perceptions of Stress, Control, and Professional Effectiveness in Child Welfare Direct Practitioners,<u>Journal of Social Service Research</u>. <u>38</u>. 4. 99-100.

Harrison, W. D. (1980). Role Strain and Burnout in Child Protective Services. <u>Social Service Review</u>. <u>54</u>, 1. 31-44.

Henderson, W.B. (1985). Native Customs and the Law. Research Branch, Corporate Policy, Canada: Indian and Northern Affairs.

Herberg, D. C. (1992). Frameworks for Cultural and Racial Diversity: Teaching and Learning for Practitioners. Toronto: Canadian Scholars' Press Inc.

Himle, D.P., Jayaratne, S., & Thyness, P. (1991). Buffering Effects of Four Social Support Types On Burnout Among Social Workers. Social Work Research and Abstracts. 27. 2. 22-27.

Himle, Davis & Jayaratne. (1987). Recent Research On Social Support and Burnout Implications on Behaviour Therapy. Behaviour Therapist. 10. 6. 135-136.

Hoffman, J.J. (1988). Future E.A.P.s: An Internal vs. External Debate. The Almacan. 18, 7. 10-12.

Hogg, P.W. & Turpel, M.E. (1993). Implementing Aboriginal Self-Government: Constitutional and Jurisdictional Issues. Canada: Royal Commission on Aboriginal Peoples.

Holmes, T.A. & Rahe, R.H. (1967). The Social Readjustment Rating Scale, Journal of Psychosomatic Research. 11. 213-218.

Holmes, T. A. & Masuda, M. (1974). Life Change and Illness Susceptibility, Separation and Depression. Journal of American Association for the Advancement of Science. 3. 5. 161-186.

Holroyd, K.A. & Lazarus, R.S. (1982), Stress, Coping, and Somatic Adaption, Eds. Goldberger, L. and Breznitz, S. (1982), Handbook of Stress, New York: The Free Press. 21-35.

192

Holzkamm, T.E., Lytwyn, V.P. & Weisber, L.G. <u>Rainy River Sturgeon: An Ojibway Resource in the Fur Trade Economy</u>. (source unknown)

Horejsi, C., Craig, B.H.R, & Pablo, J. (July-August, 1992), Reactions by Native American Parents to Child Protection Agencies: Cultural and Community Factors. <u>Child Welfare</u>. <u>LXXI</u>, 4. 329- 342.

Jayaratne, S. & Chess, W.A. (1984). Job Satisfaction, Burnout, and Turnover: A National Study. <u>Social Work</u>. September-October. 448-453.

Jayaratne, S., Chess, W.A., and Kunkel. D. A.(1986). Burnout: Its Impact on Child Welfare Workers and Their Spouses. <u>Social Work</u>. <u>31</u>. 1. 53-59.

Jayaratne, S., Tripodi, T. & Chess, W.A. (1983). Perceptions of Emotional Support, Stress and Strain By Male and Female Social Workers. <u>Social Work Research and Abstract</u>. <u>19</u>. 2. 19-27.

Jones, F. Fletcher, B. Ibbetson. (1991). Stressors and Strains Amongst Social Workers: Demands, Supports,Constraints, and Pychological Health. <u>British Journal of Social Work</u>. <u>21</u>. 443-469.

Jones, M.L. (1993). Role Conflict: Cause of Burnout or Energizer. <u>Social Work</u>. <u>38</u>, 2. 137-142,

Kelly, M.L., McPherson, D.H. & Nelson, C.H. (1985). Rediscovering Support In Social Work Practice: Lessons From Indian Indigenous Human Service Workers. Canada: <u>Canadian Social Work Review</u>.

Koca, G. (1986). Contracting Services: The F.A.A. Experience. <u>E.A.P.</u>

Digest. 6, 4. 78-62.

Koeske, G. F. & Koeske, R. D. (1989). Workload and and Burnout: Can Social Support and Perceived Accomplishment Help? Social Work. 34. 3. 243-249.

Koeske, G.F., Kirk & Koeske, R.D. (1993). Coping With Job Stress: Which Strategies Work Best. Journal of Occupational and Organizational Psychology. 66. 4. 319-335.

Koeske, G.F., & Koeske, R.D. (1993). A Preliminary Test of a Stress - Strain - Outcome Model for Reconceptualizing the Burnout Phenomeno, Journal of Social Service Research. 17. 3/4. 107-135.

Krell, H.L., Richardson, C.M., LaManna, T.N., & Kairys, S.W. (1983). Child Abuse and Worker Training. Social Casework. 64. 9. 532-538.

Lawton, H.W. & Magarelli, A. (1980). Stress Among Child Welfare Workers. Catalyst. 2. 3. 57-65.

Lithman, Y. G. (1984). The Community Apart: A Case Study of A Canadian Reserve Community. University of Manitoba Press.

Mannes, M. (1993). Seeking the Balance Between Child Protection and Family Preservation in Indian Child Welfare. Child Welfare. 72, 2. 141-152.

Maslach, C. and Kahn, R. (1978). Job Burnout. Public Welfare. 36, 2. 56-63

Miller, W. (1992). Smoking Habits of Ethnic Populations. Health

Reports Quarterly. 4. 1. 7-24.

Minor, Dr. N.K. (1990). Culture Specific Social Work: The Need and Development of a Design, Sudbury, Ontario: Laurentian University.

Monture, P.A. A Vicious Circle: Child Welfare and the First Nations. Canada: Canadian Journal of Woman and the Law. 3. 1017.

Newman, P.R. (1983). Feasibility of Use of Social Work Skills in Industry, Winnipeg, Manitoba: University of Manitoba, Unpublished Report.

Newman, P.R. (1984). An Assessment of a Developmental Employee Counselling Project. Social Work Papers: Industrial Social Work, University of Southern California. 18. 74-82.

Newman, P.R. & Duxbury, R. (1989). Hospital Counselling. EAP Digest, January/February. 10 - 23. New York: Pergamon Press. 155-174.

Norvell, N., Walden, K., Gettelman, T., & Murrin, M. (1993), Understanding Occupational Stress in Child Welfare Supervisors, Journal of Applied Social Pychology. 23, 24. 2043-2054.

Pamperin, B.F. (1987), Creative School Social Workers and Job Satisfaction. Social Work in Education. 10. 1. 60-71.

Pearlman, H.H. (1982) What Do You Do With: An Inquiry Into The Potential Of Work Related Research. Work Workers and Work Organizations. New York: Prentice Hall. 117-147.

Pines, A. (1983). On Burnout and the Buffering Effects of Social Support. Farber, Barry A.,(Ed.) Stress and Burnout in the Human Service Professions. New York: Pergamon Press. 155-174.

Powell, W.E. (1994). Relationship Between Alienation and Burnout In Social Work. Families and Society. 75. 4. 229-235

Sakkharov, M. & Faber, B.(1983). A Critical Study of Burnout In Teachers, Stress And Burnout In The Human Professions.New York: Pergamon Press. 66-82.

Salt, Rev. A. Journal, April 25, 1854 to November 11, 1855, Ottawa: Archives. Reel C-15709, Number: Mg 29 D53, File 1.

Scalera, N.R. (1994). The Critical Need for Specialized Health and Safety Measures for Child Welfare Workers. Child Welfare. LXXI. 2. 337-345.

Schon, D. (1987). Educating the Reflective Practitioner: Toward a New Design for Teaching and Learning in the Professions. San Francisco: Jossey Bass Publishers. 335.

Sculy, R. (1983). The Work Setting Group and A Means To Prevent Burnout. Stress and Burnout In the Human Professions. New York: Pergamon Press. 188-198.

Seaberg, J.R. (1982). Getting From There to Here: Revitalizing Child Welfare Training. Social Work. 27. No. 5. 441-447

Shinn, M., Rosario, M., & Morch, H. (1984). Coping with Job Stress and Burnout in the Human Services. Journal of Personality and Social Psychology. 46, 2. 864-76

Soderfeldt, M., Soderfeldt, B. & Warg, L.E.,(1995). Burnout in Social Work, <u>Social Work</u>. <u>40</u>. 638-46.

Statistics Canada. (1989). Aboriginal Peoples' Survey, : <u>Language, Tradition, Health, Lifestyle, and Social Issues</u>, Ottawa: Queen's Printer. <u>Cat. 89</u>-533.

Statistics Canada. (1991). Aboriginal Peoples' Survey, : <u>Language, Tradition, Health, Lifestyle, and Social Issues</u>, Ottawa: Queen's Printer. <u>Cat. 89</u>-533.

Statistics Canada (1991). <u>Aboriginal Peoples' Survey: Schooling, Work, and Related Activities, Income and Mobility</u>, Ottawa: <u>Cat. 89</u>-534.

Statistics Canada (1992). <u>Aboriginal Peoples' Survey: School Work and Related Activities, Income and Mobility</u>. Ottawa: Queen's Printer. <u>Cat. 89</u>-534

Statistics Canada (1993). <u>Statistical Profile of Census and Divisions in Ontario</u>. Ottawa: Queens Printer. <u>Cat. 95</u>-338.

Stroyva, J. & Anderson, C. (1982) A Coping Rest Model of Relaxation and Stress Management. <u>Handbook of Stress</u>. op cit, 745-763.

Tracy, E. M. Bean, N., Gwatkin, and Hill, B.(1992). Family Preservation Workers: Sources of Job Satisfaction and Job Stress", <u>Research on Social work Practice</u>. <u>2</u>. 4. 465-478.

Van Den Bergh, N. (1992). Using Critical Incident Strss Debriefing to

Mediate Organizational Crisis, Change or Loss, <u>Employee Assistance Quarterly</u>. <u>8</u>. 2. 35-56.

Wares, D.A., Dobrec, A, Rosenthal, J.A. & Wedel, K.R. (1992). Job Satisfaction, Practice Skills, and Supervisory Skills of Administrators of Indian Child Welfare Programs, <u>Child Welfare</u>. <u>71</u>. 5. 405-417.

Weiss, A. (1986). Needs Assessment Methods: The Consumer Model of Assessing Community Mental Health, <u>Evaluation</u>,. 2. <u>2</u>. 71-73.

Wilson, Chief W. (Draft, 1993). <u>The Health Care System And The Transfer Process</u>. Ontario, Canada: Pwi-Di-Goo-Zing-Nee-Yaa-Zing Advisory Services.

Wrich, James. A. (1980). <u>Employee Assistance Programs</u>: Updated for the Eighties,City Center, Minnesota: Hazeldon, 323.

Zastrow, C. (1984). Understanding and Preventing Burnout. <u>British Journal of Social Work</u>. <u>14</u>. 2. 141-155.

Zischka, P.C. (1981). The Effect of Burnout on Permanency Planning and the Middle Management Supervisor in Child Welfare Agencies. <u>Child Welfare</u>. <u>60</u>, 9. 611-616.

GOVERNMENT LEGISLATION

Grand Council Treaty Number Three, (1993). <u>Commissioner's Report - Historical Background of Self-Government Initiatives</u>.
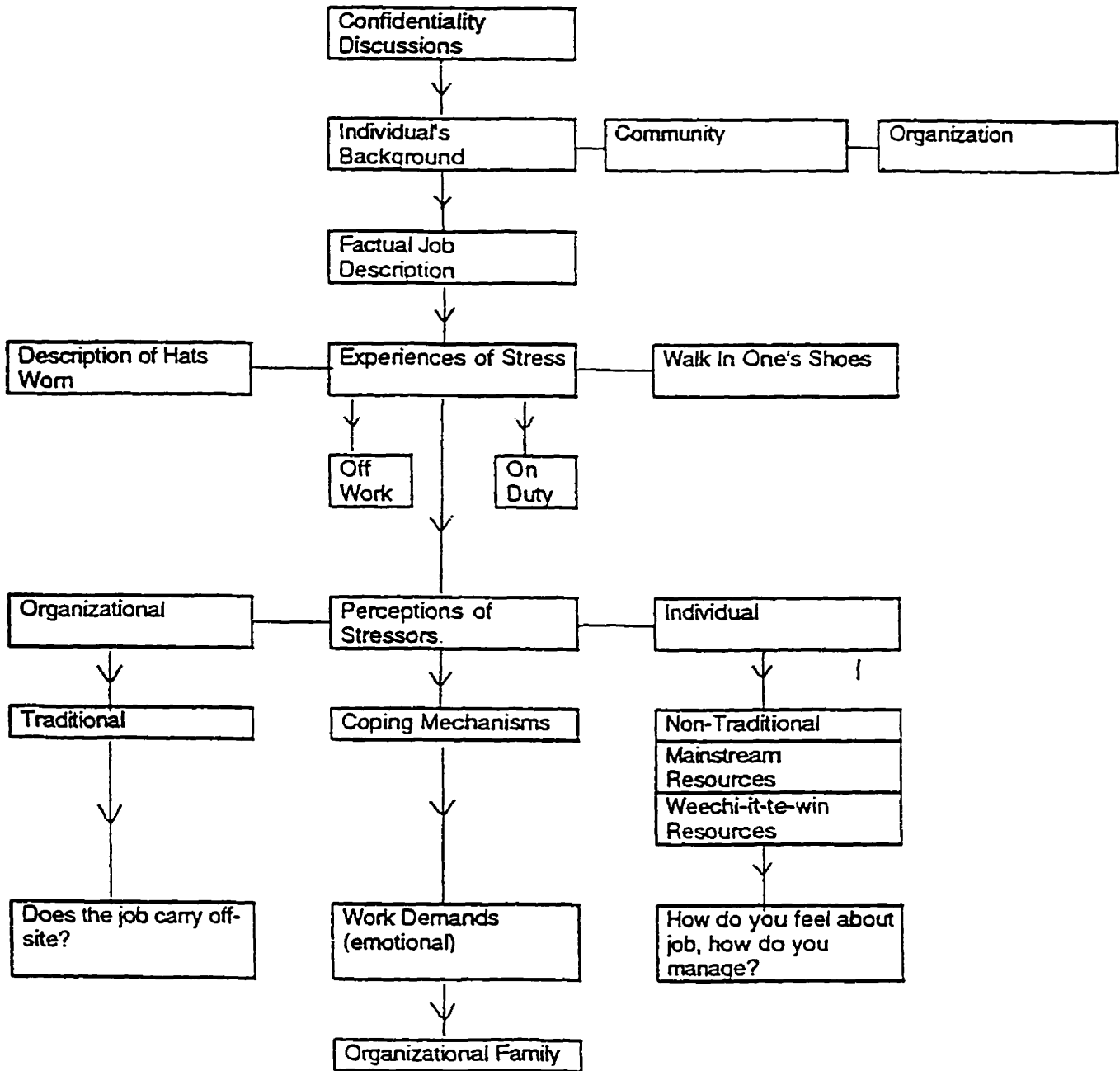
Indian Act. (1980). Canada: Canadian Government Publishing Center Catelogue No.yx 76-15.

Ontario Government (Revised 1992). Child and Family Services Act, Queens Printer.

Ontario Government. (1984). Bill 77 - An Act Respecting the Protection and Well Being of Children and Their Families, Queen's Printer.

.

```
                    ┌─────────────────┐
                    │ Confidentiality │
                    │ Discussions     │
                    └────────┬────────┘
                             ↓
      ┌─────────────────┐  ┌──────────────┐  ┌──────────────┐
      │ Individual's    │  │ Community    │  │ Organization │
      │ Background      │──┤              ├──┤              │
      └────────┬────────┘  └──────────────┘  └──────────────┘
               ↓
      ┌─────────────────┐
      │ Factual Job     │
      │ Description     │
      └────────┬────────┘
               ↓
┌──────────────────┐  ┌─────────────────────┐  ┌─────────────────────┐
│ Description of    │  │ Experiences of      │  │ Walk In One's Shoes │
│ Hats Worn         ├──┤ Stress              ├──┤                     │
└──────────────────┘  └──────┬───────┬──────┘  └─────────────────────┘
                             ↓       ↓
                        ┌──────┐  ┌──────┐
                        │ Off  │  │ On   │
                        │ Work │  │ Duty │
                        └──────┘  └──────┘
                             ↓
┌──────────────────┐  ┌─────────────────────┐  ┌─────────────────────┐
│ Organizational   │  │ Perceptions of      │  │ Individual          │
│                  ├──┤ Stressors.          ├──┤                     │
└────────┬─────────┘  └──────────┬──────────┘  └──────────┬──────────┘
         ↓                       ↓                        ↓
┌──────────────────┐  ┌─────────────────────┐  ┌─────────────────────┐
│ Traditional      │  │ Coping Mechanisms   │  │ Non-Traditional     │
└────────┬─────────┘  └──────────┬──────────┘  ├─────────────────────┤
         ↓                       │             │ Mainstream          │
         │                       │             │ Resources           │
         │                       │             ├─────────────────────┤
         │                       │             │ Weechi-it-te-win     │
         │                       │             │ Resources           │
         │                       │             └──────────┬──────────┘
         ↓                       ↓                        ↓
┌──────────────────┐  ┌─────────────────────┐  ┌─────────────────────┐
│ Does the job     │  │ Work Demands        │  │ How do you feel about│
│ carry off-site?  │  │ (emotional)         │  │ job, how do you      │
└──────────────────┘  └──────────┬──────────┘  │ manage?              │
                                 ↓             └─────────────────────┘
                      ┌─────────────────────┐
                      │ Organizational Family│
                      └─────────────────────┘
```

200

APPENDIX #2:   E.A.P. OUTLINE

Voluntary Referral		Involuntary Referral

Initial Meetings with E.A.P. Co-Ordinator

Issues are clarified by client with assistance from Co-Ordinator

Decision made of what form of treatment by client and Co-Ordinator

Traditional, includes pipe ceremonies, sweats, elders and healers

Non-traditional, includes issue clarification, brief therapy, problem solving, short term counselling

Co-ordinator assists in identifying the Elder and then treatment follows by Elder after contact

Possibly referral if long term treatment needed

Return to Co-ordinator for further assistance if needed or closure

Elder/client indicates to Co-ordinator treatment finished

All referral information and reports to the E.A.P. only

Release of information for any consultation with organization in all matters

Release of information to focus on particular organizational issues tht could be constructively addressed

E.A.P. Co-ordinator brings forth the issues in a non-identifying way during reports of statistics

Board or Personnel Committee

201

IMAGE EVALUATION
TEST TARGET (QA-3)

1.0

1.1

1.25

1.4

1.6

1.8

2.0

2.2

2.5

2.8

3.2

3.6

4.0

4.5

5.0

150mm

6"