New Tools for Screening and Assessment for First Nations, Inuit and Métis Populations

Co-hosted by the CAMH Health Promotion Resource Centre and Aboriginal Engagement and Outreach, Provincial System Support Program, CAMH

Thursday August 7, 2014 1:00-2:30 AM EDT
- Provide system support, capacity building, content expertise and access to information and research for Ontario health promotion and public health audiences related to:
  - Mental health promotion
  - Substance misuse

- Collaborate with CAMH colleagues (Aboriginal Community Engagement, clinical, research, etc.)

- Funding provided by the Health Promotion Division of MOHLTC
Aboriginal Engagement and Outreach – Provincial System Support Program (PSSP)

- Information sharing
- Workforce Development and Capacity Building
- Building relationships and supporting the work of First Nations, Inuit and Métis agencies and communities
- Resource to the work of CAMH departments and staff
Webinar Outline


2. Honouring Our Strengths: Indigenous Culture as Intervention in Addictions Treatment – Carol Hopkins and Barbara Fornssler

3. Aboriginal Children’s Health and Wellbeing Measure – Mary Jo Wabano

4. YOUR TURN: Sharing and Questions
Cultural adaptation of the Child and Adolescent Strengths and Needs (CANS) Tool: FNMI Cultural Adaptation Process

Brenda Jackson and Gertie Beaucage
Barrie Area Native Advisory Circle

The purpose of the BANAC is to:

• Identify needs and gaps in the social, health and educational systems in Simcoe County;
• Promote and facilitate change to the status quo;
• Provide a focus for regional efforts to create new systems and approaches which respect and reflect First Nation, Métis and Inuit (FNMI) values and culture.
• BANAC ensures the voice of the FNMI communities are heard;
FNMI Service Providers identified the need for FNMI specific assessment tools at a community engagement session. (Spring 2012)

Child & Adolescent Needs & Strengths (CANS) tool was introduced into the Simcoe region children’s services network during spring and summer of 2012.

Praed Foundation has invited adaptation of the tool globally to ensure the tool reflects the people and culture

BANAC saw an opportunity to examine the CANS tool and to determine how it could be used by FNMI service providers.

One of the principals of CANS is the focus on serving the needs of the child; not how to fit the child into services and programs.

CAMH provided resources and advice to support the project (Fall 2012)
Adaptation Process

- CANS Tool was introduced to FNMI Service Providers at a workshop hosted by BANAC and John Lyons of the Praed Foundation – Fall 2012;
- Participants reviewed the CANS Tool and found:
  - Culture based information is not reflected in the CANS tool;
  - Participants found that culture is not recognized as a strength or a need in a child’s life;
  - First Nations and Metis had very different concerns and approaches to cultural issues;
  - Inuit were not represented at the community engagement session even though we are aware of the presence of Inuit in the county;
  - Training would be needed to ensure clarity of findings in the assessment;
First Nations Working Group formed to;
- identify a way to make the tool culturally relevant,
- review feedback from the community,
- promotion of culture as a strength,
- the advisability of partnering when conducting assessment in a cross cultural environment;
- developed a cultural framework;
- designed a training process and field testing process for the CANS Tool and FNMI Addenda.

The Métis Nation of Ontario and Inuit Tapiriit Kanatami Nations adapted the FN Tool and framework to reflect the unique experiences of the Métis and Inuit communities.
Planning for Wellness

Physical - What can be done to improve physical health and functioning? Will this be self-care to meet needs of the body?

Spiritual - What faith system does the child/youth believe in? What supports can be offered to ensure the spirit is being fed?

Emotional – What supports does the child or youth need to find emotional balance? What do they need to know about emotions to help him/her to deal with them effectively?

Mental – What does the child or youth need to learn about the situation? Is there any barrier to learning? If so, how does this affect the plan?

“Children are gifts sent from the Creator. Every child, regardless of age, or ability has gifts and teaches us lessons. They are all unique and should be respected.”
3 Culturally reflective tools and cultural framework were developed for inclusion in the CANS assessment and planning process;

21 people were certified to use CANS and the First Nations, Métis and Inuit culturally reflective tools;

1 FN person is certified as a CANS trainer;

FNMI Tools are currently being tested and evaluated with support from CAMH and MCYS;

Métis framework is being reviewed by Métis Nation of Ontario and the Inuit Tool is being further reviewed;

We are a step closer to our long term goal of creating and sharing culture based assessment tools for service planning and strengthening our children and their families;

Training is available for certification in use of the CANS tools;

Early indicators find the CANS & FNMI tools greatly assist with service planning;
Participating in the testing

- Any service providers interested in participating in testing of these tools, please contact:
  - Brenda Jackson – bjackson@banac.on.ca or gbnwa.pres@rogers.com
  - Gertie Beaucage – gertebeaucage@hotmail.com

- Participation requires training in CANS for certification and registering as a participant for testing and evaluation. There is no cost for the CANS tools.
Your Turn: Sharing and Questions
Honouring Our Strengths: Indigenous Culture as Intervention in Addictions Treatment

Carol Hopkins & Barbara Fornssler
August 2014
The aim of this research project is to build a culturally specific evidence base for demonstrating the impact of Indigenous culture in facilitating wellness.

We will share some of our project process to date and aspects of the assessment tool that we are currently pilot testing and plans for its long term use.
WHAT DO WE KNOW

1. The destructive impacts of colonization on the determinants of First Nations’ health.

2. The important strengths-based role of culture in healing from problematic substance use and addictions.
A I M & O U T C O M E

A I M: To evaluate the effectiveness of First Nations culture as a health intervention in alcohol and drug treatment through pre and post measurement of client wellness.

- That is, we gathered an understanding of how Indigenous traditional culture is understood and practiced at a sample of 12 NNADAP/YSAP treatment centres.
- From this, a valid instrument to measure the impact of cultural interventions on client wellness has been developed and we are pilot testing this now.
- Instrument will contribute to the design of NNADAP/YSAP’s national Addictions Management Information System (AMIS)

O U T C O M E: Improved health programming, systems and policy for Indigenous youth and adults in drug and alcohol treatment in Canada.
What is Our Story & Who is Telling it?

Principal Co-App *Colleen Dell (UoS), Peter Menzies (Independent), Jonathan Thompson (AFN)

Co-Applicants Sharon Acoose (FNUC), Peter Butt (UoS), *Elder Jim Dumont (Nimkee), Marwa Farag (UoS), Joseph Gone (Michigan U), *Carol Hopkins (NNAPF), Rod McCormick (TRU), David Mykota (UoS), Nancy Poole (BCCEWH), Bev Shea (UofOttawa), *Virgil Tobias (Nimkee), Chris Mushquash (Lakehead U)

Knowledge Users Marie Doyle (HC), Mike Martin (NNAPF), Brian Rush (CAMH), Renee Linklater (CAMH), Jennifer Robinson (AFN)

Collaborators (Treatment Centres) Ernest Sauve (White Buffalo), Christina Brazzoni (Carrier Sekani), Yvonne Rigsby-Jones (Tsow-Tun Le Lum), Willie Alphonse (Nenqayni), Yvonne Howse (Ekweskeet), Cindy Ginnish (Rising Sun), Karen Main (Leading Thunderbird), Ed Azure (Nelson House), Mary Deleary (Nimkee), Patrick Dumont (Wanaki), Norma Saulis (Wolastoqewiyik) (Leadership) Debra Dell (YSAC), Larry LaLiberte (STREAM), Rob Eves (CCSA)

Contractors (methodology) Carina Fiedeldey-Van Dijk (ePsy Consultancy), Randy Duncan (Independent), Elder Jim Dumont (Nimkee)

Research Staff Barbara Fornssler- Project Manager (UoS), Laura Hall- Researcher (UoS), Margo Rowan- Researcher (UoS)
Purpose: To develop content areas and create meaningful outcome indicators.

- Working as a Research Community - via team teleconferences and meetings
- Environmental scan of 12 treatment centres
- Scoping Study to identify relevant literature
Purpose: To construct a culturally competent instrument.

Begin Construction of Instrument:
- Develop item bank
- Validate initial draft instrument through content expert review

Continue Construction & Validation:
- Hold focus group to review validity of instrument
- Pilot test instrument with Treatment Centers
Purpose:
To pilot test the instrument, finalize indicators and integrate within the National Addictions Management Information System (AMIS).
- Round out construction and validation of instrument:
  - Quantitatively analyze the results of the pilot test to assess internal consistency and construct validity
  - Conduct a substantive interpretation of the pilot test quantitative results.
  - Examine the ability of the instrument to detect change in client wellness.
  - Application of the research findings -- transition to the AMIS team.
Honouring Our Strengths: Culture as Intervention in Addictions Treatment

Monthly Update for August 2012

Hi Everyone!

Let me introduce myself to those who I didn’t have a chance to meet at Elk Ridge Resort. I am Margo Rowan, a researcher on the project, living in Ottawa, and delighted to be part of this groundbreaking work. I will be providing you with monthly updates about the project to keep all of us in the loop and as a way to record some of the amazing work we are doing. Here’s what happened in August:

Research Team Gathering at Elk Ridge Lodge July 31 – August 2, 2012: A picture is worth a thousand words! Doesn’t this one remind you of our successful (and very fun) three-day meeting in one of the most beautiful settings of Northern Saskatchewan, involving dedicated, spiritual, intelligent, and positive team members? Indeed it does just that.

Grace, the wisdom of Elders Gladys Wapas-Greyeyes and Jim Dumont, our meeting helped to develop new relationships, reuniting colleagues and building a strong foundation for continued collaboration among project participants. We shared our stories, and knowledge, asked reflective questions, and provided insightful comments through which we gained a common understanding of the project. Agreement was reached on our project timeline for the upcoming year. More detailed summary notes from this meeting will be made available in mid-September as Dr. Frank (our facilitator) is busy preparing these. Also keep a check on your mailbox as we have sent a team picture out to everyone.

www.tinyurl.com/CultureAsInterventionResearch
Four items are available:

- **Indigenous Wellness Framework and Outcomes**
- **Common Cultural Interventions**
- **Definition of Culture**
- **Definition of Wellness**
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- Indigenous Wellness Framework and Outcomes
- Common Cultural Interventions
- Definition of Culture
- Definition of Wellness
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- **Indigenous Wellness Framework and Outcomes**
- **Common Cultural Interventions**
- **Definition of Culture**
- **Definition of Wellness**
Food is foundational to an emotionally, mentally, physically & spiritually healthy and well person.
The Wellness Instrument is comprised of two assessment forms:

1) Self-Report Form (completed by client)
2) Observer-Report Form (completed by treatment provider)

This is a paper & pencil assessment. The assessment is administered twice during the treatment cycle for each client.

Are you interested in joining the pilot process?
We are seeking further National Native Alcohol and Drug Abuse Program (NNADAP) or Youth Solvent Addiction Program (YSAP) centres!

Please connect with us for more information & to receive your pilot testing package.
THE PILOT TESTING PACKAGE INCLUDES:

What you will receive:

- Pilot Testing Package Overview
- Introduction to the project
- Client Consent Form
- NWA Administration Manual
- NWA Self-Report Form
- NWA Observer-Report Form
- Contact information & Materials to submit
This is a national system for use in NNADAP and YSAP and is a case management system for treatment centers and as such will support a national evidence base for NNADAP and YSAP.

Drug Use Screening Inventory (DUSI) is a screening and assessment tool already available within AMIS and is comprised of both substance use and mental health scales.

DUSI has been revised in 2 ways: added a “trauma” scale specific to a First Nations population and have revised the DUSI content to ensure cultural relevancy.

DUSI will now work well with the CasI Wellness Assessment Instrument.
Thank You!

Please get in touch anytime to share your thoughts & comments!

Project Phone Number: 306-966-7894

Carol Hopkins
Email: chopkins@nnapf.org

Barb Fornssler
Email: barb.fornssler@usask.ca
Your Turn: Sharing and Questions
Overview of the Aaniish Naa Gegii
Aboriginal Children’s Health & Well-being Measure ©

Webinar
Presentation at the Centre for Addiction and Mental Health
August 7, 2014
Presented by Mary Jo Wabano,
Health Services Director for Wikwemikong
on behalf of the ACHWM Team
1. Overview/Context

2. Why was the tool developed?
   - Where did the tool come from?

3. Is it a new tool? How was it developed?
   - Partnerships?

4. What were you hoping to achieve in developing the tool? What kind of outcomes?

5. The “Ask”: Invitation to webinar participants to assist in pilot/evaluation.
Focus of this presentation is on a new measure of health and well-being

• We began with one large community.
• With the hope of creating something that could be adapted or adopted by other communities.
• Recognized the need for flexibility to accommodate different contexts.
• The best interests of children guide the work.
Helping children through collaboration

Western Lens
Aboriginal Lens

- Ethical space exists, where the two perspectives overlap, which forms a safe space where collaborative research can thrive to promote the health of children.

The world that we share depends on the wisdom of the children.
1. Overview/Context

2. Why was the tool developed?  
   Where did the tool come from?

3. How was the tool adapted? Is it a new tool?  
   How was it developed? Partnerships?

4. What were you hoping to achieve in developing the tool? What kind of outcomes?

5. The “Ask”: Invitation to webinar participants to assist in pilot/evaluation.
Why develop an Aboriginal child health measure?

• First Nations, Métis and Inuit communities have little data regarding the health and well-being of children.
  – The available data is not useful at the local level
  – Health services are planned and delivered at the local level

• Outdoor Adventure Leadership Experience (OALE Project) was an important initiative in the community, but was evaluated using Western measures, because there were on indigenous options

• Health care funding (e.g., for the Health Transfer Agreement and the Child and Youth Mental Health & Addictions Workers) requires data to supplement traditional ways of knowing.

➢ Together these findings point to the need for a measure of health and well-being from an Anishnaabe perspective
Developed in Northern Ontario

Wikwemikong Unceded Indian Reserve

Laurentian University
Key Criteria / Guiding Principals

✓ Culturally relevant:
  ❖ physical, emotional, mental and spiritual health

✓ Must belong to the Aboriginal community, to be used for their own purposes.

✓ Results must be confidential, with access controlled by protocols

✓ Easy to implement and analyse, so that the community can continue to use the measure, independent of external support.
1. Overview/Context
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   - Where did the tool come from?
3. How was the tool adapted? Is it a new tool? How was it developed? Partnerships?
4. What were you hoping to achieve in developing the tool? What kind of outcomes?
5. The “Ask”: Invitation to webinar participants to assist in pilot/evaluation.
How we developed the measure…

• Developed a proposal and team to move forward
• Wikwemikong Health Committee approval
• IHRDP 1-year Grant awarded
  ✓ Laurentian University REB and MARRC approvals
  ✓ Wikwemikong Chief and Council approval
  ❖ First Draft of the ACHWM July 2012
Conceptual Framework

- Spiritual
- Mental
- Emotional
- Physical
2011
Children Created the Survey via
6 full-day Focus Groups in Wikwemikong
Many Consultations with Children and the Community
2012 -- Refined by Children

- Detailed interviews were conducted with
  - 9 children
  - 9 parents (6 mothers, 1 father, 1 auntie, 1 grandma)
  - Refined the questions so that they were consistently understood by the children
  - Learned that many of the children didn’t understand the Ojibwe words used in some questions
We would like to know how you are feeling. The questions below were developed by a group of First Nations children and youth to assess physical, mental, emotional and spiritual health.

Please mark the circle that describes you best.

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Hardly Ever</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
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</thead>
<tbody>
<tr>
<td>1. I laugh and have fun ...</td>
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<td>2. I feel physically fit (I feel that my body is in good shape) ...</td>
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<td>3. I feel afraid or scared ...</td>
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<td>4. I feel bullied ...</td>
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<td>5. I make healthy choices ...</td>
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<td>6. I enjoy exercise...</td>
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<td>7. It is hard to keep my mind on my school work during class ...</td>
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<td>8. I have enough energy ...</td>
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<td>9. I forget things ...</td>
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<td>10. I spend time listening to and learning from my elders ...</td>
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<td>11. I have time to be with my family...</td>
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<td>12. There is someone I can go to for help in my community when I am not well ...</td>
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<tr>
<td>13. I see the beauty in nature ...</td>
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</table>
Project Celebration

- On January 31st 2014 the survey was celebrated during Wikwemikong’s Winter Carnival
- Entire community was invited (Chief, Elders, children, parents)
- Mental Health Workers shared lessons about traditional parenting and living Mno-Biimadziwin
- Stan Wesley led the session and spoke about life promotion
- Opportunity for children and parents to complete the survey and engage in discussion.
What Do We Call It?

- Children and youth participated in a contest to name the survey.
- After working in groups to brainstorm ideas, everyone in attendance voted for their favourite name.
- The winning name was **Aaniish Naa Gegii?**
  - Ojibwe for “How are you?”
Aaniish Naa Gegii 2014

• 58 original multiple choice questions
  +1 new question
  +3 open-ended questions
• May be completed by children and parents
  ✓ on paper or
  ✓ on computer tablets (children only)
• Offers an opportunity to augment existing local knowledge
Role of Partnerships

• This project started with a partnership
  – based on a common interest yet diverse backgrounds and skills
  – rather than focus on differences, we focused on strengths that were complimentary
  – the initial partnership has grown stronger over time
  – we are open to adding new members to the partnership
  – as long as it will benefit the children and there is mutual respect
Members involved in the Development

Advisory Committee Members
• Rita Corbiere
• Jeffrey Eshkawkogan
• Mark Gibeault
• Kristen Jacklin
• Diane Jacko

Focus Group Team Members
• Tina Eshkawkogan
• Josh Eshkawkogan
• Barb Peltier
• Josephine Pelletier

Health Centre Staff
• Melissa Roy
• Peter Shawana

Item Analysis Committee
• Rita Corbiere
• Kathy Dokis-Ranney
• Mark Gibeault
• Kristen Jacklin
• Diane Jacko
• Darrel Manitowabi

Project Team
• Tricia Burke
• Debbie Mishibinijima
• Brenda Pangowish
• Jacqueline Uprichard
• Stephen Ritchie
• Mary Jo Wabano
• Nancy Young
1. Overview/Context

2. Why was the tool developed?  
   Where did the tool come from?

3. How was the tool adapted? Is it a new tool? How was it developed? Partnerships?

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5. The “Ask”: Invitation to webinar participants to assist in pilot/evaluation.
We are hoping to …

- Enable local data collection
  - with local analysis
  - and local interpretation
- To enable the health care team to determine what programs work best and for whom
  - so that scarce resources are put to best use
  - and appropriate funding can be secured and sustained
- To improve the health of children
2013
Tablet Application was Developed to Promote Feasibility & Sustainability

- Appeals to children
- Eliminates the need for data entry
- Direct and secure data transfer
- Can read to the children to enable those with low literacy levels to participate
- Able to screen for urgent care needs
Tablet Version

Will read to children if asked.
Added Value... providing a safety net

- The ACHWM was reviewed by the mental health team at the Wikwemikong Health Centre in 2012
  - The mental health team asked that we flag questions which may suggest that the participant may be at imminent risk
    - The team created an **Aid to Early Intervention**
  - Children will be referred to a mental health worker for the following:
    - 1 red flag or 2 yellow flags
Children will be referred to a professional at the Health Centre for the following:

- 1 red flag or 2 yellow flags
Wikwemikong’s Progress

• 1st Cycle of the Survey is Complete
  – Have collected data from 125 children
    • Confirmed validity vs. PedsQL
    • Reports have been provided to the community
    • Being used to guide health services planning
  – Preparing for Cycle 2 and to include data from:
    • Child and Youth Mental Health and Addictions Workers to assess programming
    • Ontario Works to assess older youth
    • The new Methadone clinic
    • OALE (Outdoor Adventure Leadership Experience)
Long-term Vision

In the future the survey will...

➢ Enable many communities to gather and analyse their own data to:
  • Track and improve health outcomes
  • Advocate for services to meet children’s health needs
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5. The “Ask”: Invitation to webinar participants to assist in pilot/evaluation.
Sharing the Survey

• Initiative started in Wikwemikong
• Our team would like to give other communities the opportunity to utilize the tool, for the benefit of children

Within your community
by your community
for your community
We are asking you to join us …

• To share your wisdom
• To help us determine if the measure might work for your community.
• To teach us how to adapt the measure for your local context
• To share lessons learned with us
Community by Community

• We recognize that all communities have different priorities, different needs and different resources.

• We would like to partner with a few communities to start the process and learn how to adapt the measure for a local context.

• Each community will need to decide if they are interested in using the survey and develop a community-specific plan to proceed.
Adaptation

• One of the strengths of the survey is a process to assess its relevance to other communities
  – With a rigorous process to adapt to fit unique to local contexts
    • Cognitive Debriefing (interview) process has been well tested and implemented in several cultural contexts by this team
OCAP Principles

Ownership
- The community owns the data collectively. It is stored on a LU server.

Control
- The community controls all aspects and stages of research from conception to completion
  - Our research is conducted on a partnership model.

Access
- The community has the right to access their data
  - Storing the data on RedCap enables access for all and also protects the data from unauthorized access

Possession
- A mechanism by which ownership of data can be asserted and protected
  - Each community retains ownership of their data and decisions are made collectively about what can be shared
Research Agreement

• The purpose of a Research Agreement is to outline the processes and principles that the group agrees upon, and document these for future reference.

• Is an extra step to ensure that the OCAP principles are clearly outlined and respected.

• The development of the agreement is a negotiation process to ensure the needs of all organizations are addressed.
Members of Current Project Team

**Wikwemikong Implementation Team**
- Brenda Pangowish
- Diane Jacko
- Sarah Seabrook
- Linda Kaboni
- Sherry Peltier
- Jesse Peltier
- Tim Ominika

**Tablet App Team Members**
- Ishmeet Sing
- Paul

**Data Management Team**
- Koyo Usuba

**Outreach Team**
- Mary Jo Wabano
- Nancy Young
- Melanie Trottier
- Tricia Burke

**Advisory Committee Members**
- Rita Corbiere
- Mark Gibeault
- Diane Jacko
Miigwetch

• To the many children and youth who shared their vision of health with us through this project;
• The Elders, for their devotion to this project;
• To the Health Services Committee and Chief & Council for their ongoing support;
• To the members of the Advisory Committee for their wisdom and guidance;
• To the many members of the community who have helped us along our journey;
• To those who joined us today to share our journey.
For more information contact:

Mary Jo Wabano
Health Services Director
705 859-3164 x 301
mjwabano@wikyhealth.ca

Or Brenda Pangowish
705-859-3164 x 254
Community Researcher
bpangowish@wikyhealth.ca
Your Turn: Sharing and Questions
Thank You! Meegwetch! Quana! Niawen! Tansi! Marsee!

Alison Benedict
alison.benedict@camh.ca

Tamar Meyer
tamar.meyer@camh.ca