

**INTERIOR NATIVE ALCOHOL AND DRUG ABUSE SOCIETY**  
**(Round Lake Treatment Centre)**  
**ANNUAL REPORT**  
**June 17, 2006**

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# PRESIDENT'S MESSAGE

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On behalf of the Board of Directors, I would like to welcome all members and guests to the 2006 Interior Native Alcohol and Drug Abuse Society-Annual General Meeting.

We are blessed to be back here at Round Lake, the home of one of the most successful spiritual and healing centre in North America.

The Board has worked hard to uphold the Core Values, goals and honor, that have made Round Lake one the most successful healing centers today. The board has made a number of changes in the past year, we started with enacting polices that allow the Executive Director to deal with the day to day administration matters, leaving the board to over see policy development and governance.

One of our goals is to raise the profile of the centre; this will enable us to increase the occupancy rate and continuity of funding. We have tasked this job to the executive Director and staff; to date they have brought a number of good ideas to the Board.

The staff has worked in the local communities to raise awareness of our needs and success's. They have developed long term plans and continue to meet First Nation leaders, funding agents, front line workers, and a number of other venues to ensure these plans are met.

We are pleased to announce that we have hired Vi Bowack as our new Executive Director. Vi is a member of the Heiltsuk/Nisga'a Nations, she brings her traditional values, credited management skills and blends them together to be a modern day Director. We count on her past work experience with the federal government, to meet reporting agreements and help meet the goals of the Board.

At this time would like to acknowledge the staff for their on going hard work and dedication to Round Lake. They are our truly our greatest ambassadors, and are the reason we have been and will continue to be as successful as we are today. I thank you on behalf of the Board of Directors.

I would also like to take this opportunity to thank our past President Pat Wilson and Board Member Peggy Joe for their hard work and dedication they have given to Round Lake. We will always appreciate your efforts and your heart felt energy you have devoted to Round Lake, "Thank-you. We'd like to acknowledge all the other former board members. Your insight, vision is makes Round Lake what it is. Thank you for your hard work, without you we wouldn't be here today!

Last but not least, we'd like to acknowledge all clients that have passed thru the gates of Round Lake. We want respectfully acknowledge all those that have passed on.

All my relations

President

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# EXECUTIVE DIRECTOR'S MESSAGE

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## **Introduction:**

Welcome to the Interior Native Alcohol & Drug Abuse Society's, Annual General Meeting. A special welcome and acknowledgement to our Elders, thank you for coming! I'd like to welcome all members, board members, former board members and guests to this AGM. Let's remember our Forefathers who had the insight and vision to build such a beautiful facility. We owe much gratitude to them! A humble thank you just doesn't seem enough.

My name is Vi Bowack, I was hired August 2005 as the Executive Director for the Round Lake Treatment Centre (RLTC). My teachings dictate I traditionally introduce myself. I am Nisga'a with both my parents being from the Heilstuk Nation. My family on the Nisga'a side are the McKay's, my family on the Heilstuk side are the Carpenter-Brown's and the Campbells. For further information, please see attached biography.

The 2005/2006 Report will cover the period from when I was hired as the Executive Director, August 2005 to June 2006. Unfortunately not a complete report, however you receive a glimpse into life at RLTC for that period.

It is truly an honor for me to work for Round Lake Treatment Centre's Board of Directors and for the staff. To the Membership, I look forward to meeting all of you and getting to know you.

## **Executive Summary:**

**This report will give you a glimpse of some of the major highlights I have been witness to over the last 10 months as the Executive Director.**

**Upon hiring, the Board of Directors, issued 3 priorities:**

- **Administration of Round Lake Treatment Centre,**
- **develop a Public Relations Campaign and**
- **update our Website.**

**Included in this report will be:**

- **the administration portion of my role,**
- **as well as the Program Team overview**
- **finally, staff training**

## **Board of Directors Priorities:**

### **1. Administration:**

As the new Executive Director for Round Lake Treatment Centre it is my responsibility to manage and oversee the day-to-day operations of Round Lake Treatment Centre.

This included, determining what staffing needed to be completed, i.e. temporary positions, summer students, permanent full time employment, interim position. Summer vacations were underway. At the end of this report, I'd like to present to you, the staff of Round Lake Treatment Centre.

In October 2005, RLTC underwent a 12 week Boil Water Advisory at the same time, the septic pump broke down and well house pump broke down. Please join me in thanking Alton Louis, Maintenance Man for all his work on fixing these issues in a prompt, efficient and effective manner.

Shortly after I was hired, RLTC was afflicted with a Bed Bug Infestation, for 4 months. We were forced to close 3 rooms, this affected our numbers of clients due to infestation. This project required us to change bed, box spring, mattresses, head board, portions of carpeting as well as repeat fumigations. We are pleased to advise, there has been no re-infestation.

I have also mediated Staff Clearings, Client Grievances, in addition to having an "Open Door" policy with staff and clients, should they have a concern.

Policy Revisions to our Personnel Policy, have undergone updating to become more Aboriginal specific.

On a more operational level, I have been a part of the management team, where we have made recommendations to the Board of Directors on Capital Expenditures.

A Pandemic Planning Committee was established to plan and prepare for a pandemic epidemic. This includes members of the Management Team, Nurse, the Health & Safety Committee. The committee then met with an identified Secondary Staff to review the Draft Plan and update it. The goals of the Pandemic Planning Committee will be to continue to work on refining the plan. Discussions of hosting a Mock Pandemic Outbreak are still in the early stages.

### **2. Develop a Public Relations Campaign:**

#### **Objective:**

To establish and maintain a public relations campaign for Round Lake Treatment Centre to foster professional relationships and partnerships. The PR Campaign was developed to help RLTC reach out to organizations for support and partnerships. Third priority was to promote RLTC by creating a greater awareness of who we are.

## 2. Develop a Public Relations Campaign continued:

### **NETWORKING HAS BEGUN WITH:**

- First Nations, i.e. OKIB, ONA, neighbouring communities
- Local Municipal Mayors,
- Vernon Chamber of Commerce Activities
- Funders: Health Canada & Interior Health Authority
- Association of BC First Nations Treatment Programs, (Quarterly Meetings)
- Political Networks: Chiefs Health Committee, BC AFN, UBCIC,
- Tom Christiansen, MLA, Minister of Aboriginal Affairs & Reconciliation
- Minister George Abbott, Minister of Health
- Administrators Network, SharED Breakfast Meetings
- Media Liaison: Western Native News, APTN, Local Radio/TV/Newspapers
- Health Fairs, Career Fairs, Workshop, Conferences
- Hosted a yearly Referral Workshop
- Plan and host the Client Gathering & 27<sup>th</sup> Anniversary
- Planning a RLTC Tour to promote our Services to 4 corners of our province.
- Launching Quarterly RLTC Newsletters
- Offering Tours of RLTC to perspective clients/families, organizations, etc.

\*This PR Campaign will be ongoing for the next couple of years and is not all inclusive.

## 3. Update Round Lake Treatment Centre's Website:

As a priority, we were asked to update Round Lake Treatment Centre's website to be more user friendly and with more up to date information.

This initiative was assigned to the Residence Director and a challenge he rose to. We have set up a wireless laptop if you would like to see first hand the changes we have made to the Website.

## **PROGRAM RESPONSIBILITIES:**

Working closely with the Program Team, during Leah Louis, Program Directors absence for 8 months, my role was to manage and oversee the Program Team.

We have implemented a few more cultural components into the program:

- Starter Smudge Kit (please see sample's)
- Braiding Sweetgrass
- Harvesting: sage, cedar, juniper, rosehips throughout the year
- Halloween Dance
- Christmas Wreaths, to Spring/Summer Wreaths

We have rewritten the following journals to be more sensitive to FAS/D Clients and to meet the changing needs of our clients:

- Daily Guided Journal
- Refresher/Extension Journal

## **PROGRAM RESPONSIBILITIES CONTINUED:**

We created and implemented a Pilot Project called “How am I doing Socially”. This was especially useful for those clients who struggled with social skills or who were very shy and timid.

Crystal Meth Training was offered to 2/6 Counsellors last fiscal year. Each Treatment Centre was permitted to 1-2 seats for the training. RLTC is awaiting further funds to offer the training to the rest of the Counsellors and the rest of the staff.

In the spring of this year, we have secured additional funding from FNIHB, thru the Association of BC First Nations Treatment Programs to incorporate a new segment into our Treatment Program, called “Maternal Child Health”. This new initiative will address pregnant moms, involving fathers in prenatal care, introducing Elders in the Maternal Child Health program, identifying aftercare and relapse prevention techniques for young families. This was launched during our last intake and will offered ½ a day during our regular treatment program.

In March 2006, we submitted applications for all the Program Team to receive their Counsellor Certification from the Association of BC First Nations Treatment Programs. At the moment, we are still awaiting application review. In the event, we aren't granted the certification, it simply means, we are requiring training in a specific area.

## **TRAINING:**

As you are aware, we run approximately 9 Treatment Programs a year, this limits us to approximately 8 training days per year. This reporting period, we offered the following training:

- Art Therapy
- Art & Crafts combined with reviewing Personnel Policy
- Team Building & Tai Chi
- FAS/D Training
- HIV/Hepatitis C Training
- Ultimate Team Building
- Crystal Meth Training (2/6 Counsellors only)

## CONCLUSION:

This past year has been an exceptionally busy year, with implementing a Public Relations Campaign to simply managing the daily operations of Round Lake Treatment Centre. A year that has brought about many changes for both the Staff and the Board of Directors. I am looking forward to continuing on the journey with Round Lake Treatment Centre. In closing, I want to acknowledge and honor the forefathers who created Round Lake Treatment Centre it is truly a sacred place not only for clients but for the staff as well.

All my relations,

Vi Bowack  
Executive Director

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## BOARD OF DIRECTORS AND STAFF

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### Board of Directors:

Allan Louis, President

Jennifer Houde, V. President

Les Taylor, Secretary

Agnes McCoy, Treasurer

Richard Jackson, Jr.

Fred Louis

Rick Alec

NAME:	TITLE:	OTHER:
<b>MANAGEMENT TEAM:</b>		
Vi Bowack	Executive Director	
Matthew Bonneau	Finance Controller	
Leah Louis	Program Director	
Pat Lawrence	Residence Director	
Anne Gregoire	Executive Assistant	
<b>ADMINISTRATION:</b>		
Cecilia Louis	Finance Clerk	
Mary Louis	Interim Intake Coordinator	
Toni Gallicano	Quality Assurance/Intake Coordinator	On Leave
Brenda Lawrence	Receptionist/Secretary	
<b>PROGRAM TEAM:</b>		
Joyce Andrews	Addictions Counsellor	
Mary Gregoire	Addictions Counsellor	
Linda Williams	Addictions Counsellor	
Joseph Hearl	Addictions Counsellor	
Frank Genaille	Addictions Counsellor	
Bernice Saunders	Addictions Counsellor	
Chico Jack	Addictions Counsellor	On Leave

<b>RESIDENCE:</b>		
Rick Chiba	Head Chef	
Laura Louis	Cook	
Louise Williams	Cook	
Alton Louis	Maintenance	
Thelma Marchand	Housekeeper	
Angela Lalonde	Janitor	
Kathi Lawrence	CSW Coordinator	
Peter Hnidan	CSW	
Les Lawrence	CSW	
Mary Louis	CSW during Interim Intake	
Kim Good	CSW-Part-time	
William Marchand	CSW-Part-time	
Joanne Louis	CSW-Part-time	
Laverne Zilkowsky	CSW-Part-time	
Darcy Whitney	CSW-Part-time	
Frank Marchand	CSW/Counsellor P/T	
Shawn Louis	CSW-Part-Time	
Kelly Lawrence	Cook-Part-time	
Paula Louis	Cook-Part-time	
<b>SUMMER STUDENTS:</b>		
Jordan Saddleman	Maintenance Assistant	
Erica Louis	Administrative Assistant	
<b>CONTRACTORS:</b>		
Jane Wakefield	Psychologist-Part-time	
Marianne Linthorne	Nurse-Part-time	

# OUTCOME MANAGEMENT INFORMATION SYSTEM

## *Intake Statistics*

*Prepared by, Mary Louis, Interim Intake Coordinator*

ROUND LAKE TREATMENT CENTRE	Intake Statistics											TOT AL	PERCE NT
	INTAKE	30- 19- Ma- r- 05	11- Apr -05	16- Ju n- 05	20- Jul -05	24- Au g- 06	5- Se p- 05	2- No v- 05	2- Ja n- 06	11- Fe b- 06	25- Ma r- 06		
ADMITTED													
BOOKED	40	52	34	34	40	41	45	34	36	44	406		
CANCELLED	1	12	0	1	3	4	0	2	5	7	35	5.17%	
INELIGIBLE	0	0	0	0	0	0	0	0	0	0	0		
NO SHOW	4	12	0	3	6	4	0	1	0	7	37	9.11%	
NES/NEC	0	1	0	1	3	3	0	0	0	1	9	2.21%	
ADMITTED	35	40	34	35	32	39	40	31	36	37	359	88.42%	
FEMALE	15	21	15	17	15	19	20	16	16	14	168	46.79%	
MALE	20	19	19	18	17	20	20	15	20	23	191	53.20%	
STATUS	38	49	31	37	38	36	38	34	35	38	374	92.11%	
SPECIAL PROGRAMS	0	0	0	0	0	0	0	0	0	0	0		
SPOUSAL SUPPORT	0	0	0	0	0	0	0	0	0	0	0		
REFRESHERS	0	0	0	0	2	0	0	0	0	1	3	0.83%	
3 WK EXTENSION	1	0	0	0	0	1	1	0	0	0	3	0.83%	
REASON FOR LEAVING PROGRAM													
ILLNESS	0	0	0	0	0	1	0	0	2	1	4	1.11%	
LEFT TREATMENT	4	9	4	1	6	3	2	9	3	5	45	12.53%	
DISCHARGED	3	4	0	0	4	1	3	3	4	1	23	6.40%	
TREATMENT COMPLETED	28	26	30	33	22	35	35	19	26	30	284	79.10%	

**Intake Summary Information**

*Prepared by, Anne Gregoire, Executive Assistant*

<b>FISCAL YEAR</b>	<b>April 1/05 - March 31/06</b>	<b>April 1/04 - March 31/05</b>
<b>REASON FOR LEAVING PROGRAM</b>		
Treatment Completed	219	<b>278</b>
Medical Non-Emergency	2	<b>1</b>
Medical Emergency	1	<b>4</b>
Client Health	4	<b>3</b>
Client Withdrew	37	<b>32</b>
Staff Decision	16	<b>12</b>
Not enough clean/ sober time	4	<b>11</b>
<b>INTAKE SUMMARY INFORMATION</b>		
Total # of clients admitted	287	<b>341</b>
Female	139	<b>168</b>
Male	146	<b>173</b>
Status	257	<b>307</b>
Non-Status	30	<b>34</b>
<b>AGE</b>		
Age 19-24	44	<b>47</b>
Age 25-34	112	<b>137</b>
Age 35-44	85	<b>108</b>
Age 45+	46	<b>49</b>
<b>PROGRAM TYPE</b>		
Full Program	283	<b>331</b>
Refresher	2	<b>5</b>
Extension	2	<b>3</b>
Spousal Support	0	<b>2</b>
<b>OPERATIONAL SUMMARY INFORMATION</b>		
Bed Occupancy	89%	<b>95%</b>
Operational Days	335	<b>337</b>
Non-Operational Days	31	<b>28</b>
Cost of treatment per client days	\$132.18	<b>\$164.85</b>

**INTAKE STATISTICS BY AREA/ ENCATCHMENT**

*Prepared by: Anne Gregoire, Executive Assistant*

<b>Encatchment</b>	<b>Area</b>	<b>2005-2006</b>	<b>%</b>	<b>2004-2005</b>	<b>%</b>
#1	Okanagan	27	9%	37	11%
#2	Thompson/Okanagan/Shuswap	22	8%	37	11%
#3	Vancouver	49	17%	55	16%

#4	Kootenays	5	2%	6	2%
#5	Lillooet	16	6%	25	7%
#6	Chilliwack	15	5%	14	4%
#7	Cariboo	18	6%	15	4%
#8	Northern BC	42	15%	54	16%
#9	Vancouver Island	66	23%	58	17%
#10	West Coast & Out of Province	27	9%	40	12%
<b>Total</b>		<b>287</b>		<b>341</b>	

As per the First Nations and Inuit Health Branch (FNIHB) Alcohol and Drug Treatment Referral Guidelines; First Nations Status or Recognized Inuit per Diem is covered through Health Canada. Métis and Non-Status client's per Diem is covered through the Ministry of Human Resources (MHR), Alcohol and Drug Services Program (ADSP), Band Sponsorship, or Self-Pay. The statistics by Area include the total intake for **all** clients who attended Round Lake Treatment Centre for the fiscal year.

#### MHR/ ADSP/ BAND/ SELF-PAY

Encatchment	Area	MHR	ADSP	Band/Self
#1	Okanagan	6	0	0
#2	Thompson/Okanagan/Shuswap	3	0	0
#3	Vancouver	8	0	0
#4	Kootenays	1	0	0
#5	Lillooet	0	0	0
#6	Chilliwack	1	0	0
#7	Cariboo	1	0	0
#8	Northern BC	6	1	0
#9	Vancouver Island	1	0	1
#10	West Coast & Out of Province	0	1	0
<b>Total</b>		<b>27</b>	<b>2</b>	<b>1</b>

Of the 287 clients admitted for the fiscal year, 30 clients daily per diem or cost per treatment day was provided through MHR, ADSP, Band, or Self-Pay as compared to the previous fiscal year of 33.

### *Client Final Satisfaction Questionnaire Statistics*

*Prepared by: Anne Gregoire, Executive Assistant*

Intake	Discharge	Total Clients Completing Evaluation
Mar 19/05	Apr 28/05	25
Apr 30/05	Jun 9/05	26
Jun 11/05	Jul 14/05	30
Jul 16/05	Aug 18/05	32
Aug 20/05	Sep 22/05	20
Sep 24/05	Nov 3/05	33
Nov 5/05	Dec 9/05	33
Jan 2/06	Feb 9/06	19
Feb 11/06	Mar 23/06	28

<b>Total Clients Completing Evaluations</b>	<b>246</b>
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**NOTE:** Total number of clients completing the Client Final Satisfaction Questionnaire is not inclusive of all of the clients admitted into treatment and/or who have completed the RLTC treatment program.

**Treatment teachings/processes were helpful:**

<b>Spiritual</b>	<b>Very Helpful</b>	<b>Somewhat helpful</b>	<b>Not at all helpful</b>
1. Spiritual exploration teachings:	228	18	0
2. Spiritual/cultural components:	219	26	1
3. Spiritual resource person(s):	204	37	4

**Mental**

4. 12-Step components:	188	58	0
5. Program sessions:	210	30	3
6. Program videos:	130	105	5
7. Daily guided/personal journal:	205	25	2

**Emotional**

8. Psychologist: (of the 246 clients completing the evaluation – 143 did not see the psychologist)	78	30	2
9. One-one/group(s):	173	40	5
10. Therapeutic community:	196	37	4

**Physical**

11. Physical components:	169	63	11
12. Nutritional components:	182	59	1
13. Medical components:	194	53	2
14. Rest time/free time:	186	55	5
Being responsible:	199	42	3

***DIAGNOSTIC STATISTICS***

***DIAGNOSTIC STATISTICS***

*Prepared by H. Jane Wakefield, M.A. C.T.S. R. Psych. & Anne Gregoire, Executive Assistant*

Number of individual clients sessions	209
Number of individual staff sessions	25.25
Number of client hours spent	290.05

Number of case conferences	151
Number of staff training sessions	1
Number of Referrals back to Community-Based Mental Health and calls to other agencies	27
Number of consultations with outside resources	36
Number of meetings with Administration/Board of Directors	6
Quality Assurance Issues: (Please identify) reviewed intake and made clinical calls on incoming referral to ensure appropriate	4

**DIAGNOSTIC CATAGORIES:**

Number	Problem Areas	No. Male	No. Female
65	Adult Trauma	20	45
32	Anger Management Issues	20	12
30	Anxiety/Panic	18	12
9	Attention-Deficit/Inattentive Disorder	6	3
3	Borderline Personality Traits	0	3
103	Childhood Traumas	40	63
14	Chronic Physical Pain	8	6
4	Cognitive Deficits	2	2
103	Dependency	47	56
63	Depression	32	31
43	Dissociation	15	28
5	Eating Disorder	0	5
13	Financial Stress	4	9
36	Grief/Loss – Unresolved	21	15
8	Impulse Control Disorder/Impulsivity	3	5
70	Intimate Relationship/Family Conflicts	30	40
11	Living Environment Deficiency	4	7
17	Low Self-Esteem	6	11
3	Mania or Hypomania	1	2
42	Medical Issues	20	22
0	Narcissism	0	0
10	Obsessive-Compulsive Issues	7	3
4	Paranoid Ideation	3	1
24	Parenting	10	14
9	Peer Group Negativity	5	4
3	Phase of Life Problems	0	3
0	Phobias	0	0
88	Post Traumatic Stress Disorder	39	49
1	Psychosis	0	1
40	Residential School Issues (includes 2 <sup>nd</sup> and 3 <sup>rd</sup> generation issues)	18	22
4	Sexual Dysfunction	1	3
1	Sexual Identity Confusion	0	1
6	Sleep Disturbance	3	3
2	Sociopathy	2	0
1	Social Discomfort (anxiety disorder)	1	0
38	Somatization (present in all PTSD and Dissociative disorder)	12	26

4	Spiritual Confusion	3	1
0	Vocational Stress	0	0
4	Other: offending behavior	2	2
1	sexual offending past	1	0
53	Other: personality disorders	28	25
11	Other: FAE/Learning Problems	8	3
16	Other: Forensic & MCFD issues	5	11
19	Other: Head Injury/neurological disorder	8	11
5	Other: Dissociative Disorder: DID/DDNOS	2	3
15	Other: Family Trauma	8	7
1	Other: Medication Issues	0	1
2	Other: Bi-polar Disorder	1	1
1	Other: Thought Disorder	0	1
2	Other: Relationship Issue	0	2
1	Other: Obsessive-Compulsive Disorder	0	1
2	Other: Physical Problems	2	0
<b>1042</b>	<b>TOTAL NUMBER INDIVIDUAL PROBLEMS</b>	<b>466</b>	<b>576</b>

**NOTE:** The total number of individual problems is not reflective of the total number of individuals seen or total number of client hours spent; clients often seen more than once, groups seen 3 or 4 sessions. Some of the statistics from Nov-Dec intake are missing and are not included in total count for some categories.

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## PSYCHOLOGIST REPORT

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*Prepared by H.J. Wakefield, M.A. C.T.S. R.Psych.*

Over the last year Jane Wakefield has provided both psychological services and trauma work for clients, and attends two days a week. The year has continued to see the trend for clients coming in with multiple drug addictions, and fewer with alcoholism. As well the ages of the clients has dropped and as a result we are seeing more need for life-skills help and follow-up outside. Because of the heavy use of cocaine which is likely crack, and some of that laced with crystal meth as well as the use of combinations with heroin, we are seeing more and more people whose neurological status is affected by the drugs, and more dissociation is present. Clients have multiple diagnoses with the most common ones (other than addictions) being those of depression and complex posttraumatic stress disorder. However, both thought-disordered and bipolar disorders have been seen, as have those with FAS, FAE, and head-injury. Suicidality is monitored and assessed, as has the need for psychotropic medication. Consultation has been

done with both the nurse, and doctors in this regards. Depression and the learned helplessness associated with poverty, ongoing abuse and attachment disorders as the result of both first, second, and third generation residential school survivors is apparent, and issues of parenting and marital loom large for those returning to their communities.

With prior posttraumatic stress disorders and dissociative disorders this means that the treatment of dissociation becomes a very important part of the program. While not being a trauma treatment program, it is clear, from both research and the repeat attendees, that without addressing trauma issues relapse is likely. For many, fourth step work can produce major depression and relapse if they are unable to face themselves and their behaviors while in addiction. Doing this within and accepting and healing framework is crucial.

For some reason, many clients are either unaware, or have not been able to access the therapy available to them through Crime Victim Assistance nor through the Residential Historical Abuse Program for those abused in foster care, and assistance has been provided as well as information in this regard. Because most clients are also survivors of criminal actions such as violence and sexual abuse, it is suggested that the Attorney General's office which runs the Crime Victim Assistance program and funds therapy for survivors of criminal acts might be approached for some block funding, and it is noted that many people coming to the centre have never been told about their ability to access such funds for private therapy should they so choose. As well, since many of these survivors were abused prior to the recent change in the act they may be eligible for a cash award. Many are also eligible for therapy privately through the provincial Residential Historical Abuse Program which was to cover those who were sexually abused while in foster care. This is a different program than that offered for those in Residential schools and again it may be possible for the centre to access such funds.

Adjunctive therapy techniques continue to be used, and clients are provided with information on these and on other techniques so that they are able to use them when they leave, and "teach" their therapists and Alcohol and Drug Counselors so that these very effective ways of helping clear the trauma from the body can spread. Spiritual work continues to be a very important part of therapy and the psychotherapeutic techniques and methods used are integrated within the First Nations' belief systems and practices. The psychologist also has some training in theology and religion and is able to bring her knowledge to bear and to help clients harmed so badly spiritually as well as physically within Residential Schools.

Marital work is now limited to a communication skills training session as necessary, since the major focus of the program is working on addictions and relapse prevention versus marital and family therapy. It is recommended that staff receive training in Nonviolent Communication since so many words

conveying judgment and inequality are used in our society. With the age of the clients coming in, the adolescent reactions to rigid or judgmental communications are clearly not going to help them in their journey towards healing. As well, rigidity in rules and perceptions can also block their journeys so more ability to work with them needs fostering. This shift in client age and the power conflicts which have emerged more recently suggest more need to look at the developmental issues with which our clients struggle, since many have never achieved any independence from the control of dysfunctional family situations.

As part of the treatment, team consultation is done back and forth, and the psychologist is also available for emergency consultation to the staff on days she is not here. Clients often see the need to continue therapy as well as alcohol and drug counseling and are provided with names and phone numbers of those who are willing and able to see them. While clients can often make the choices themselves, occasionally direct referrals are made. As well, consultation with both RCMP and Crown Counsel has been done on behalf of clients so as to assist clients in dealing with ongoing abuse issues, and this past year at least two referrals to MCFD based on client concerns about child safety have been made.

A plan for working with addicted and pregnant mothers has been drawn up and approved, with full awareness of the stressfulness of the program on pregnant moms.

The addiction pattern continues to shift so that major concerns centre around crack which is often combined with crystal meth, and crystal meth itself. We are seeing more damage and more difficulty managing program with those who do not have enough clean time, and both a longer clean time and the possibility of longer treatment times have been discussed with the former being implemented.

All my relations.

H. Jane Wakefield

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## ROUND LAKE TREATMENT CENTRE HEALTH AND SAFETY COMMITTEE

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2006 AGM Report

The Round Lake Treatment Center Health and Safety Committee has taken care of the health and safety needs of Round Lake for many years. Once again, CARF standards, Provincial and Federal regulations have been fully complied with and or met.

Present committee members, representing staff, are Rick Chiba, and Alton Louis, Patrick Lawrence and newly appointed member Matthew Bonneau.

The Round Lake Treatment Centre Health and Safety Committee undertake two full inspections each year. Findings are noted and recommendations are submitted to the Executive Director, Vi Bowack. The Executive Director determines direction. The Health and Safety Committee implements this direction.

For our CARF requirements, a mock emergency evacuation was conducted in March 2006 where all clients and staff were evacuated to a safe zone which was conducted in a very efficient manner. Another full emergency evacuation will be scheduled for late September. Further staff training and emergency contingency options will be investigated. A full center inspection is pending.

The Committee meets monthly to address concerns. Safety planning and training needs are assessed.

The health and safety committee along with management have organized a pandemic committee to deal with an outbreak of the avian flu which has become a world wide concern, the Round Lake organization has come up with an emergency plan to meet these needs. A full emergency evacuation will be scheduled for late September and further staff training and emergency contingency options will be investigated. A full Center inspection is pending.

The Health and Safety Committee is a proactive body that looks forward to another solid year.

Sincerely Yours  
Chair Person  
Rick Chiba

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## PROGRAM SERVICES

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### *Welcome*

The past year has been very eventful and full of activity. Round Lake Treatment Centre has undergone a lot of changes. I have returned in mid- April from an unpaid Education leave which commenced in September 2005. Vi Bowack, Executive Director in my absence oversaw the program managerial components while Joyce Andrews and Mary E. Gregoire acted as Team leaders in the clinical aspects of the program. The Executive Director and particularly the Program Team leaders and team worked diligently in maintaining no disruption of service and continued delivery of high quality treatment services.

The clientele we have seen this past year has continued to be predominantly between ages 20 to 35 and up. The program team has met the challenge of managing this younger clientele by making vital subtle changes in the program. The counselling team devised and implemented a 'How am I doing socially?' program component which is designed to assist clients to be more social within the group without forming clichés or comfort zones, overcome fears and client challenges that may hinder their treatment and recovery processes. This is without a doubt useful in supporting clients in looking at appropriate boundary and platonic relationship forming. Clients new to recovery often have difficulty with interpersonal issues, as a response the program team continued to enhance elements self esteem building exercises, giving clients simple tools to sustain their interpersonal wellness. As we are dealing with clients in all levels of addictions ranging from mild to severe stages and addicted to a variety of substances, with just as very diverse motivations for coming into treatment, we invited and were grateful to have two members of the RCMP Detachment, one from the Canine Unit come the centre and conduct police dog area searches. The need for such services was as part of prevention programming and to assert the seriousness in which we take total abstinence. We hope to have this as an ongoing component on a quarterly basis.

On the administrative level, the program team revised the two guided daily journals. The 27 Day Daily Journal and the Extension / Refresher Journal have been modified to be more sensitive to FAS/D clients and to meet the changing needs of our clients. The AA steps workbooks will also be revised in the same manner to accommodate all clients.

We are also pleased to announce that the entire program team has submitted their first application to the First Nations Wellness / Addiction Counsellor Certification Board. Thus, we are in the initial process of acquiring Addiction Counsellor Certification; however this has been a long time vision and goal. We are definitely looking forward to the opportunity and challenge as we upgrade skills and training as part of the process, attain credence to the vast knowledge and experience and continue to strive to improve the quality of services.

In terms of staffing, we have hired two new counsellors on full term. Bernice V. Saunders is from the Soda Creek Band in Williams Lake and brings with her 18 years experience. She has worked in a variety of areas other than addictions, with specialty in women issues and some work with youth. She has been very busy learning but is adjusting well with our practices. It is also with great pleasure that Frank Genaille is back with us. He is a strong team member, well grounded in addictions and recovery and has just completed his Social Work Diploma in April 2006. Frank will be returning to University in the fall to continue to complete his Social Work Degree, but will be returning when his studies are over each semester. We are grateful for the spiritual and cultural background he brings as part of his therapeutic practice. Both Frank and Bernice are sound assets to our

team and bring new insights and ideas to the program. Psychologist Jane Wakefield's expertise in psychological services and trauma work has been of tremendous benefit as we are working with multi-addicted and multi-faceted clients. Her time at the centre remain 2 days a week but is available for ongoing consultation.

In reference to program resources, we are pleased to announce that we have added a new resource person to our schedule. We are working towards having Gordon Comes At Night come in to facilitate Sweatlodge ceremonies for the male clients. We hope Gordon will add more to the cultural component as he becomes more acquainted with Round Lake Treatment Centre. He has worked in two other treatment centres in his home area, so he brings a vast amount of working knowledge. We would also like to thank all of our devoted, long term resource persons for their persistent commitment and contribution. The clients enjoy and learn a lot from all our resource persons.

In closing, the remainder of the year will be full of activity yet we will continue to strive for excellence in our programming and in delivering quality client services.

All my relations,

Leah Louis,  
Program Director

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## RESIDENCE SUPERVISOR REPORT

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Year three was one of transition. The position of Residence Supervisor evolved into the position of Residence Director. Becoming the Residence Director involved taking on a loftier portfolio. In short, this new role meant becoming the Executive Director on occasion. This added responsibility was an honor.

This past year witnessed significant managerial changes. From the top, the Round Lake Drug and Alcohol Abuse Society saw the immergence of a new leader in President Allan Louis. He and the Board of Directors hired Vi Bowack as the new Executive Director. A dynamo of energy, she has implemented a new business approach to all areas of the Round Lake operation. Prior to her hiring, Matthew Bonneau was added to the management team as our Finance Controller. Our finances are in good hands. Our Program Director, Leah Louis returned to university to further advance her education. Her absence was felt and her recent return appreciated. Finally, Anne Gregoire was hired as the Executive Assistant. She and the entire management team worked extremely hard over this past year.

The management Team does work very closely together. All components of the Treatment Centre receive attention and scrutiny. Issues of budgeting, governance, staffing, contracts, finances, health and safety, capital planning, clientele, board of directors, and so many more are everyday work assignments keep us busy. As a group this management team is quite an innovative collection of talented individuals whom are imprinting an indelible mark in the annals of Round Lake.

Similar to previous years, the scope of responsibility continues to expand and shift. Staff supervision remains integral to this position. To that end, 27 staff fell directly under my supervision, including all staff when acting as ED. Training and coaching are continuous job roles. Employees are expected to be professional in their work conduct. They are provided sufficient feed back and the training to take on all duties as assigned. In short, the residence director ensures that a high quality of client care takes place through efficient and effective management of staff.

Outside influences do impact the operations of the residence. Global inflation is felt on the budget. Heating, food transportation, cleaning and supply costs are on the rise. Operational accounts for the kitchen, house keeping, client support and maintenance departments have to be monitored and revised when necessary. These and other cost influences are closely kneaded over to negate any negative nuisances to our client stay.

This past year has seen a variety of infrastructure improvements that will ultimately enhance client care. Being that we are in the communication age, Round Lake has made significant advances with its technological infrastructure. To that end, a technology systems approach has been implemented that will improve our internal and external communication abilities. A new high end server has replaced a troubled antiquated conglomeration of outmoded ill fitted computer components. We have greatly upgraded our internal network with updated program soft ware. We purchased a high speed satellite internet system. It's immensely improved our access to the outside world. Finally, we had our web site redesigned for easier usage, readability and edibility. For the foreseeable future, we envision further technological enhancements and refinements.

Our capital plan addresses our immediate and future needs for replacement, renovations and improvements. With the Centre showing its age, on going renovations and upgrades are necessary to maintain a high standard of care. One recent example has the centre has receiving a much needed face lift with the application of a new high end paint stain job. Plumbing, sewage and water systems are other recent areas of capital expenditures. Over the next 5 years, more work is on the planning board.

One final noteworthy area of comment that has received significant attention from all concerned is preparedness for a possible pandemic. Round Lake Treatment Centre has researched and educated itself on the issue of the next pandemic. To that end, a workable plan has been formulated and Round Lake is prepared for the possibility of a pandemic.

Planning for the short term and long term remain integral ongoing concerns for the Round Lake Management Team. Year four from the vestige of the Residence Director

appears solid and intriguing. The present and the future of the Round Lake Treatment Centre is in capable hands.

Residence Supervisor  
Patrick Lawrence

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## **BIOGRAPHIES**

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### **Allan B. Louis-Bio**

I am a member of the Okanagan Indian band where I reside in Armstrong British Columbia, in the northern part of the Okanagan Nation.

My life partner and I have three sons, one daughter, and three grand children. The values I believe in were passed down from my parents. They taught me hard work and education is very important, and to remember to respect our history. As a father it is very important to remind our children of those values.

Currently I am the President of Round Lake Treatment Center, and also serving a fourth term on council for the Okanagan Indian Band.

Other committees I am involved in include Chairperson of the Community Development for Band Council and Co-chair of Aboriginal Target Funding Committee for School District #22.

One of the greatest accomplishments was opening my own business, a real sense of freedom. I believe the life skills passed down to me from my elders, hard work and a good education has made it possible to become the person that I am today.

### **AGNES McCOY**

Ki'su'k Kyukyit! My Name is Agnes McCoy and I am of Ktunaxa Ancestry from the Southeastern BC.

We are surrounded by the Big Beautiful Mountains and Bountiful Valleys of Traditional Medicines, Food and Wild Game. Sometimes, we forget how thankful to the Creator we should be for the Gifts and that is when we make the Offerings back to Nature and ask for Forgiveness and once again remember to enjoy ourselves on this area, we are the Caretakers.

I have had the pleasure and time to be on the Round Lake Treatment Centre Board for approximately 18 years and I have seen a lot of changes in Staff and Board.

I came into Roundlake as a client in July 29 - September 9, 1991 and I must say that was the hardest 6 weeks of my Life that I can remember. I am happy to have made this Journey into my past and have the time to think, feel things out and ask myself was this what I deserved and find most of the issues and concerns were for a reason in life lessons to help Our People who share the same stories we had but in different scenarios. A good healing journey.

A Vision for Round Lake Treatment Centre is to have walked and talked the healing journey for most of the clients whom have asked for help for themselves and have gone home and felt strong enough to ask for help when needed. The Spiritual, Cultural, Emotional and Physical Self be taken care of when the wheel spokes start to chip away from Values and Beliefs.

Thank you!

## **VI BOWACK**

Who is Vi Bowack you ask? Well, Vi is legally Nisga'a. Her biological roots are strictly Heilstuk Nation. She comes from a large extended family on the Heilstuk side. Growing up, both cultures were shared and taught, in addition to being taught how to preserve and harvest traditional foods, such as salmon, ooilicans and moose.

Vi and her partner, have 4 children. They raise their kids in an alcohol, drug and tobacco free home. Vi's family love to practice and share philosophy and encourage their kids to keep up their martial arts training in jujitsu, Brazilian jujitsu and tai chi.

Vi has 15 years of federal government experience, as well as 10 years experience working with and for aboriginal people. Vi brings to Round Lake Treatment expertise in human resources, administration and management.

Vi is looking forward to working with the Board of Directors of the Round Lake Treatment Centre to achieve their goals and objectives. Vi is also thrilled to be working with the staff of the Round Lake Treatment Centre, who's motto is "Culture is Treatment"!

## **JENNIFER HOUDE**

"Jennifer Houde is an Okanagan woman who makes her home in Williams Lake, BC with her husband, Warren Houde of the Tsilhqot'in Nation, and her two sons, Kael and Landon. She is in her 4th year of Social Work at the University of Victoria by distance education. This is her second year on the RLTC Board, both years as a result of persons resigning from the Board. She has taken Board Roles and Responsibility workshops with

Sterritt Consulting. She also sits on the Provincial Board of United Native Nations Society."

Thanks

### **RICHARD JACKSON, JR.**

To begin with my name is Richard Jackson Jr.; Indian name is Ta-na-ka. I am Nklapamux Thompson/Yakama, and Vietnam Veteran, served 1966-1969 honorably discharged at Fort Louis Washington. I come from a military family, my dad Richard Sr. was a WWII Air Force Veteran, Brother Karl, Korean Veteran, and my mother is from Alaskan heritage. Presently, I work at the Conayt Friendship Society in the position of Alcohol and Drug Counsellor. I have been doing this work for eleven years. In 2003-2004 I worked for the Ki-Low-Na Friendship Society as their Project Coordinator for Aboriginal Healing Foundation working with Residential School Survivors and Intergenerational Survivors. My strength lies in the Medicine Wheel Teachings; I was raised by my Grandfather, learning his traditional teachings and culture. I am very committed to the wellness of our people physically, mentally, spiritually and emotionally, I am a strong sweat lodge keeper also, and work in healing circles with both men and women to look at self care and a wellness plan for themselves and family of origin. I carry a hand drum and sing traditional healing songs for our people, I am very active in Pow Wows, a traditional dancer honoured flag carrier, MC when requested by our people also arena director and whip man. I believe we need to share both worlds traditional (culture) also, educating awareness of the serious effects of alcohol and drugs. I look forward to meeting people of all races nationally and creed, for this I say all my relations.

### **FRED LOUIS**

Fred Louis is from the Okanagan Indian Band, Okanagan Nation. His earliest jobs were logging, surveying and working in hay fields. Fred's professional accomplishments include being a rancher and being a part of the logging industry for 30 years and he is now retired. Fred has been on the RLTC Board of Directors for about 11 years and he has also previously been on the Okanagan Indian Band Council for 1 term.

A dilemma he encountered during his adolescents was alcohol. Although at times peer pressure was overwhelming, he found that playing sports kept him focused on a better lifestyle.

Fred's exceptional characteristics are his honesty and his promptness to get a task done. He and his wife have been married for 47 years; he has two children and two grandchildren.

Not only did he coach kid's fastball and baseball teams, he also refereed minor hockey for 5 years, and refereed and was a member of the B.C. Boxing association for 20 years. Additionally, Fred is affiliated with the Canadian Boxing Association.

His hobbies are horses, cows, he also loves hunting, which is something he has done for a majority of his life. Not only does he enjoy being an active participant in sports, he also takes pleasure in being a fan and just watching sports. Fred's most recent recreational activity he started is helping to train boxers.

## **LES TAYLOR**

**Kwakiutl Nation  
Secretary, Board Member  
Round Lake Treatment Centre**

Les Taylor, is from the Kwakiutl Nation and was elected as the Secretary for the Round Lake Treatment Centre's Board of Directors. Les is a Native Courtworker, for the North Vancouver Island and isolated communities of the Coast. He has been a Native Courtworker for over 10 years.

Les Taylor is a father of 6 children and grandfather to one grandson. Home life includes his partner Becca, plus baseball, golf, volleyball, basketball and fishing. Les was a faller for 20 years, but after coaxing from his Mother he applied to the Native Courtworkers and entered the world of justice. Les has done a great deal of reading, on-the-job training and professional development courses, when he took on a new role in his community.

Les brings to the Round Lake Treatment Centre's Board of Directors a unique perspective as a Native Courtworker.

## **RICK ALEC**

[Biography unavailable]