

Violet Burhnam Interview

Kaltay Wellness Team & Community Activities

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My name is Violet Esmailka Burnham, the youngest child of Clement and Tassie Esmailka of Nulato and Kaltag. I got my Bachelor's degree in social work from UAF in 1978, an RHS certificate in 1993 from UAF, and my Masters in Community Psychology from UAF in 2006. I worked as a substance abuse, mental health, and prevention worker for the Galena Mental Health Center for 20 years before the management of the grant was turned over to TCC. I worked 1 year under the TCC program and retired. I serviced Kaltag, Nulato, and Koyukuk working primarily as a substance abuse counselor doing groups and individual counseling.

Wellness Team History and Background

In Kaltag, the realization that a more comprehensive and consistent approach to services were sadly not provided but imperative for people to heal and move forward. As a wife and mother of four, I wanted to raise my children in an environment where they felt safe, were free to play and laugh as children, and grow to become responsible and caring adults.

The Wellness Team grew out of this framework, a community and strength-based holistic approach to delivering consistent but compassionate services to create awareness of social and mental health issues, prevent crisis that individuals were experiencing, and access to short & long-term counseling. However, the idea was to also provide support, therapeutic services for the team members, debriefing services for the team, and training team members. The issues the community was facing were difficult and that created so much unresolved trauma to community members, the team had to take care of themselves as well to create sustainability.

The Team was in existence for 20 years and members were representative of all agencies and volunteers in the community; the Tribal Family & Youth Specialist (TFYS), mental health, the principle and 2 teachers, the Catholic Church, Head start staff, 2 health aides, under the guidance of a colleague from the RHS program in Dillingham, we had some male volunteers to provide positive role modeling, and the Suicide Prevention staff.

The first five years of the Team's existence was dedicated to training team members, helping each other recognize boundaries and personal issues that would ultimately impact the team's ability to provide objective and caring services. Because the team did not have money for training, we enlisted the help of itinerants coming into the community to provide the necessary training. For example, Headstart would periodically have staff come to Kaltag to provide parenting skills for parents; the team would also take the training. This helped us when families were in crisis.

Another example was asking the school permission for the artist-in-residence to help us to provide art as a way to help families and individuals with grief issues on a community level.

The team learned to communicate with each other without breaking confidentiality so that services could be provided to those in crisis. In those five years, the team met three times a month, once for training, once to socialize with each other and laugh, taking turns to host, once to focus on team member issues as each struggled.

In addition to these meetings, I also started a stress management class once a week where each involved talked about their week. If that week was particularly stressful, I did a guided visual imagery and relaxation exercise. That was in existence for 10 years. As you can see, a lot of effort went into helping ourselves first so that we could stay focused when it came time to help others.

After the first five years, we met three times a month. The first time was at the beginning of the month to set a theme and plan activities. All team members had one group they would meet with based on their own strengths and abilities, and we would come together to do one community event. The second time we met was to do a training based on the theme, and finally we met to socialize and have fun ourselves.

Retention and longevity was our motto. We can't help others if we can't help ourselves. That theme resonated with all the team members. Not just working with each other but in our own jobs. It was important for the team members to recognize their own limitations and boundaries. There was a lot of training and discussions on staying focused on ourselves, our issues, and self-awareness in general. The team also began debriefings after health crisis as a way to help the health aides after a traumatic event, and be supportive. What team members found was that just having the support made a big difference in their work. Monthly meetings with team members to reflect and recognize stressors whether at work or at home helped to establish rapport with each other but it also promoted creativity, which showed up in the work place. Members reported getting along better, less worries about confidentiality because of trusting one another, and less emphasis on what was wrong but what was right and fun.

From inception of the wellness team, one principle that helped the most was that for the community to accept what we were doing, the Council would have to be supportive. At first, there was a lot of resistance because some members were regular users or may have had other issues. But, because we focused on the strength of people, we took that as a good sign because that told us what we were doing was making a difference. People may not like it, but they were thinking about it. So, I decided to run for the Council and gave monthly reports and gradually the Council began enacting personnel policies and ordinances to support the team. Our relationship has grown and still continues today with them wanting to help employees grow and be more productive. The Tribal Council spends most of their efforts on IHS but for the most part is supportive but take no active role.

In summary, longevity and work retention, I believe has more to do with how we feel about ourselves. If you look out the window and all you see is negativity, maybe it not about your job but more what is happening in your life. If what you do is important and something you love, surround yourself with supportive friends and acquaintances. Counseling is fun and a way to de-stress and recognize your own boundaries so that you can separate what is happening in your life and doing your job effectively.

Friends are great but sometimes they are not always the best people to go to, they would agree with you but don't have great perspective. Honesty is the best policy...if you are not honest with yourself, personal and professional growth cannot happen.

Finally, always set a goal for yourself. It doesn't have to be so big it is impossible to reach, but one that keeps you focused on the future and the "little" things almost disappear. The wellness team is a perfect example of goal setting, we may not all have been the best of friends but we had one goal that held us all together, wanting a community where our children can play safely and become healthy, productive adults. As one member said, the Wellness Team brought the side effects of support and encouragement to try new things or old things in a new way. And collaborating has been the key for success in my work and life.

Example of Wellness Committee Activities

We loved collaborating, so here are some things that we did:

For all grades through 12th and adults we had groups where we spent the first half hour giving facts about the theme of the month. If we talked about the effects of alcohol, we only gave facts about what happens when you take that first drink from your esophagus to the liver to the bloodstream and the brain and what gets affected first. It was important only to give facts without appearing moralistic or judgmental. This was for all groups. The last half hour to 45 minutes was play time, just getting everyone to know it was okay to be silly and have fun. We did many, many icebreakers! This all took place about six years after we first met. We focused on alcohol and suicide and introduced the subject very carefully and only after we addressed it in small groups. About the 8th year, we started bringing people from different agencies to speak and address specific topics like domestic violence just to substantiate what facts that the community was given. The most important thing we wanted to get out of the groups was that those that participated would learn to make healthy and safe choices.

We had lock-ins for all ages. These were also structured and broken into half hour blocks alternating between group discussions on the theme, examples, sharing their own stories, and followed by half hour of playing whatever the group wanted. Again, we had lots of food to share.

For community events, we just played...usually team games in the community hall with lots of food (of course), maybe 5 to 10 minutes talking of what we were doing with the kids (facts only) and then just have fun and laugh.

For families we offered Neighborhood Block Parties. This was only by request from families who wanted help with their children. This was very structured, all family had to be there and they could invite who they wanted. Basically it was a family intervention at the family's request. Those were hard to do but we tried to make it constructive and always pushed toward family or individual counseling.

We collaborated with the Interior-Aleutians Campus to offer a local history course for the team so that we could know our community and get an idea of how we came to be and what issues impacted lives today.

We collaborated with the Alaska State Troopers and did many activities with them ranging from Bike, boating, gun safety, driving safely, how levels of alcohol in the human body impact judgment and motor function, domestic violence and other assault laws, the impact of DUI's, especially regarding minors and how it can impact future work and driving, and we used them a lot to give personal stories especially regarding domestic assaults and who are mandatory reporters.

We collaborated with the clinic in giving health clinics such as diabetes education, what is cirrhosis, what happens when you use cocaine and other mind altering drugs. We collaborated with all mental health agencies and TCC especially specialized training on debriefings, stress-related health issues, counseling, domestic violence, suicide, grief, and personal growth.

The Team responded to crisis all except one who became the debriefer. After all traumatic events a debriefing was done within 24 hrs. to all first responders and it became our policy that other people that were affected not attend because, although they were affected, they presented different issues than the first responders. But we did talking circles for all groups. We even did puppet shows for preschool and kindergarten explaining suicide at their level with the permission of parents and loved ones.

We went into the school and did education on alcohol and other drug use. We collaborated with the voc-ed teacher and taught the kids how to conduct community assessments and the class did our first community assessment.

We collaborated with the Headstart Program and did lots of training on issues such as bonding because one thing we notice was that the big epidemic that killed a lot of our people created fear in parents of not wanting to get too attached to their babies because they didn't know if they would live to be adults. We also got training in FASD, birth order, the importance of play, what families can do to help their children through grief, what to do and how to help when alcohol use by one or both parents, and how to help children who disclose information about sexual abuse.

We collaborated with an employee of the Bristol Bay Native Association in having a guy come up and work with our men in putting together a men's' conference that still have ramifications today.

We did many workshops on stress and stress management for ourselves and especially the health aides. As the mental health provider, I also followed on all late night calls from individuals under the influence who were talking about suicide. This helped to decrease the number of calls to other providers. But this also prompted us to get training in warning signs and when to call for help, and how to help our community following a suicide.

So in summary, we did group education for alcohol and other drug use, we did debriefings, we did stress management classes, we did ACOA classes, we did workshops on health issues, domestic assaults, suicide, talking circles, men's group, family group meetings, meetings with the Council, and made sure we made a lot of friends who came to help us in one form or another. We utilized all resources in the community and those coming into the community to teach us so we could teach others.