

A Culture of Mattering: Building Staff Belonging, Purpose and Meaning at an Indigenous  
Recovery Centre

Carolyn Biondi, Christy Curtis, Mark Downton, Evelina Fredriksson, and Dana Fulwiler  
University of Pennsylvania

A Positive Psychology Service Learning Project Submitted  
In Partial Fulfillment of the Requirements for  
MAPP 714: Applying Positive Interventions in Institutions  
Master of Applied Positive Psychology

April 11, 2019

A Culture of Mattering: Building Staff Belonging, Purpose and Meaning at an Indigenous  
Recovery Centre

Carolyn Biondi, Christy Curtis, Mark Downton, Evelina Fredriksson, and Dana Fulwiler

Service Learning Project Master of Applied Positive Psychology

MAPP 714: Applying Positive Interventions in Institutions

University of Pennsylvania

April 11, 2019

Abstract

The Ngwaagan Gamig Recovery Centre/Rainbow Lodge on the Wikwemikong Unceded Reserve in Ontario, Canada provides culturally-based alcohol and drug addiction treatment. We seek to support the staff's sense of belonging and mattering, and engagement with their leader's vision to incorporate positive psychology into the culture of the centre. Indigenous culture is being leveraged to heal from within after a history of oppression and cultural genocide in Canada (TRCC, 2015). Informed by the inherent resilience of the Anishinaabe people and culture, and current psychological science, we propose two positive interventions to cultivate mattering among staff. We recommend a peer support framework to establish a foundation of connection, and accompanying storytelling interventions grounded in Indigenous cultural practices. The literature emphasizes storytelling and cultural identity as essential for building resilience and belonging in Indigenous communities, especially for those dealing with addiction. We build upon current storytelling initiatives at Rainbow Lodge and incorporate Anishinaabe culture. We suggest culturally relevant measurement through talking circles and tools already used by the Rainbow Lodge to measure impact. We believe the proposed applications will enhance among the staff a sense of individual and community belonging, purpose and mattering, resulting in a willingness to participate and contribute to new initiatives, and overall increased well-being.

*Keywords:* First Nations, Indigenous, positive psychology, resilience, belonging, meaning, post-traumatic growth, high quality connections, peer support, storytelling, positive interventions, well-being

## Table of Contents

<b>Introduction</b>	<b>4</b>
Ngwaawan Gamig Recovery Centre	5
A Tradition of Wellness	5
Destructive Influences of Colonial Practices	7
The Emergence of Positive Psychology	8
Unique Characteristics of the Lodge's Culture and Professional Development Needs	9
<b>Literature Review</b>	<b>10</b>
Culture of Mattering	11
Cultural Perspectives: Indigenous Context for a Culture of Mattering	12
<i>Indigenous perspectives on resilience and meaning.</i>	12
<i>Cultivating post-traumatic growth.</i>	
	13
	3
Organizational Supports: Sustainable Engagement in a Culture of Mattering	15
<i>Development of motivation from self-determination theory.</i>	15
<i>Creating high quality connections to build staff commitment.</i>	
	15
	5
<b>Application Plan</b>	
	<b>16</b>
	<b>6</b>
Healing Partners: Community Building for a Culture of Mattering	
	18
	8
My Story - Our Story: Individual and Collective Storytelling for a Culture of Mattering	19

CULTURE OF MATTERING	4
<i>My story.</i>	
	20
<i>Our story.</i>	0
	21
	1
<b>Measurement</b>	
	22
	2
Sharing Circles	
	23
	3
Voice of the Healing Partners	
	23
	3
The Worklife Pulse Tool (WPT)	
	23
	3
<b>Conclusion</b>	
	24
	4
<b>References</b>	
	25
	5

CULTURE OF MATTERING	5
<b>Appendix A: Healing Partners and Voice of the Healing Partners</b>	
	<b>31</b>
	<b>1</b>
<b>Appendix B: My Story - Our Story Guides &amp; Sharing Circle</b>	
	<b>34</b>
	<b>4</b>
<b>Appendix C: Measures and Reporting</b>	
	<b>41</b>
	<b>1</b>
<b>Appendix D: Multi-Author Contributions</b>	
	<b>43</b>
	<b>3</b>

### **Introduction**

Positive psychology is the scientific study of what makes life worth living, or how human beings come to flourish (Seligman, 2011). A major achievement of positive psychology has been to consolidate, celebrate and lift up what Indigenous communities and early researchers have long known about living well (Linley et. al., 2006).

The staff of the Ngwaawan Gamig Recovery Centre (“Rainbow Lodge” or “The Lodge”), a residential treatment center for First Nations people, find themselves at the nexus of these two worlds: they are enmeshed in the fabric of an Indigenous community healing from a traumatic past, while standing on the doorstep of a eudaimonic turn in western culture that embraces the principles of positive psychology (Pawelski & Moores, 2013). This eudaimonic turn, or shift to valuing well-being, focuses on the positive aspects of the human psyche and life context, following a long-standing orientation to the negative by twentieth century psychologists. In this critical moment, the Lodge staff carry in their personal histories the weight of centuries of oppression and persecution by a government intolerant of their culture, yet they hold the hope of a future that celebrates their heritage and the value of their people. In their mission to provide healing and recovery to individuals broken by addiction, they possess an opportunity to provide transformational growth and flourishing to themselves, their clients, and their community.

The purpose of this project is to support the Rainbow Lodge staff to cultivate individual and community belonging and mattering, and to use this as a bridge to meaningfully connect staff with their leader’s vision to incorporate the principles of positive psychology into the Lodge’s work. Ultimately, we hope this will foster the individual and community flourishing necessary to declare victory over the tragedies of the past.

**Ngwaawan Gamig Recovery Centre**

The Rainbow Lodge is located on the Wikwemikong Unceded Reserve on Manitoulin Island in Ontario, Canada. The Lodge provides culturally-based alcohol and drug addiction treatment for the Anishinaabe people, a First Nations group (Lodge Annual Report, 2018). In 2017-2018, the Lodge received 255 applications for treatment and provided inpatient treatment to 85 people and outpatient programming for another six (Lodge Annual Report, 2018). Services include one-on-one counseling, drug and alcohol education, and community-based programs including education for children, weekly support groups, and biweekly Alcoholics Anonymous (AA) groups. The Lodge also collaborates with other community service agencies to provide detox services, domestic violence education, and gambling addiction counseling. The Lodge currently employs 14 full-time, 3 part-time and several casual positions (people employed for a specified purpose and period) (Lodge Annual Report, 2018). Most staff are Anishinaabe from Wikwemikong and in recovery themselves (R. Manitowabi, personal communication, January 18, 2019). The Lodge has strong retention rates: 2 staff have worked at the Lodge for more than 25 years and most others have worked there between 5 to 15 years.

The Lodge's vision is to empower individuals and families to make healthy lifestyle choices and to engage in healing and wellness activities that are culturally-relevant (Lodge Annual Report, 2018). In recent years, the Lodge has shifted to incorporate more cultural practices, marking a significant departure from the more mainstream approach to addiction such as the twelve steps of AA.

**A Tradition of Wellness**

When the Anishinaabe people migrated to Canada from the east coast of North America in the fourteenth century, they likely already valued individual and community wellness and had

developed cultural tools to achieve it (Benton-Banai, 1988). Indigenous people thus benefit from a cultural legacy that emphasizes individual and community well-being. For example, the Anishinaabe have long sought well-being through The Seven Grandfather teachings and the Medicine Wheel (Benton-Banai, 1988).

Indigenous tradition explained that the Creator provided the Seven Grandfather teachings to help people live in harmony with all Creation through self-knowledge, healthy living and good relationships (Benton-Banai, 1988; Kotalik & Martin, 2016). These teachings encourage balance that flows from desired values and include pursuit of the following: (1) Wisdom - To cherish knowledge is to know wisdom; (2) Love - To know love is to know peace; (3) Respect - Respect is to honor all Creation; (4) Bravery - To face the foe with integrity; (5) Honesty - In facing a situation is to be brave; (6) Humility - Humility is to know yourself as a sacred part of creation; and (7) Truth - To know all of these things (Benton-Banai, 1988).

Additionally, medicine wheels have long been used to help native peoples visualize and contextualize traditional teachings about wellness (Dapice, 2006). The Medicine Wheel is a circle divided into four quadrants symbolizing the mental, emotional, physical, and spiritual parts of a person. This allows Indigenous peoples to visualize whole person wellness by providing perspectives of balance among different aspects of self (Dapice, 2006). The Medicine Wheel imagery can also expand to include an additional circle outside the wheel of individual wholeness to demonstrate external influences such as connections to family, community, and Nation (Dapice, 2006). Accordingly, for the Anishinaabe people, living well has traditionally meant living in balance with the spiritual, mental, emotional, and physical aspects of one's self, surrounded by family, community, and Nation (Manitowabi, 2017). Similarly, many foundational positive psychology constructs emphasize belonging (Walton & Cohen, 2007),



hope (Snyder, 2002), connection (Dutton & Heaphy, 2003; Reis, Sheldon, Gable, Roscoe & Ryan, 2000) and resilience (Reivich & Shatte, 2002) and provide a scientifically supported framework for why First Nation teachings are effective.

### **Destructive Influences of Colonial Practices**

Contact between Indigenous populations in Canada and Europeans began around 1544 and created hardship including exposure to foreign diseases and tensions between Christian religion and Anishinaabe culture and ways of life (Benton-Banai, 1988). In 1836, the Bond Head Treaty allowed the Canadian Federal Government to force the Anishinaabe people to relocate to Manitoulin Island. The government, as part of the McDougall Treaty of 1862, sold much of the island land to non-Native settlers. The Wikwemikong Unceded Indian Reserve is located on the most eastern side of Manitoulin, “where the Chiefs did not sign the treaty” (Manitowabi, 2017, p. 12).

In 1867 the government established the Indian Act as a way to assimilate and regulate First Nations communities (TRCC, 2015). The Indian Act codified government authority over many aspects of Indigenous life including reserve operations, band membership and “Indian” status (TRCC, 2015). The Truth and Reconciliation Committee of Canada (TRCC, 2015) calls the Canadian Government’s actions a “cultural genocide” (p. 1). Perhaps most disturbing, the Canadian Government facilitated removal of children from their parents, forcing them to attend residential schools with the primary goal of assimilation and for “Aboriginal peoples to cease to exist as distinct legal, social, cultural, religious, and racial entities in Canada” (TRCC, 2015, p. 1). Residential schools did not allow First Nations children to speak their Native language, practice their culture, or have contact with their families (TRCC, 2015). Children were exposed

to inhumane conditions including poorly heated and ventilated buildings, minimal nutrition, severe discipline, difficult chores, abuse, isolation and lack of safety (TRCC, 2015).

The adverse impacts of Canada's colonial practices still reverberate today. Trauma is overrepresented within Indigenous communities that face high rates of incarceration, addiction, children in the social services system, depression, and suicide (TRCC, 2015; Grayshield, Rutherford, Salazar, Mihecoby, & Luna, 2015; Dhillon, 2017). Adults who attended residential schools as children show significant negative health and socioeconomic outcomes compared to those who did not attend them (Kaspar, 2014). The effects are multi-generational: children and grandchildren of the residential school students continue to achieve lower educational results and struggle to construct their own cultural identities (TRCC, 2015; Dhillon, 2017).

### **The Emergence of Positive Psychology**

As the second century of Canadian government-sponsored oppression of First Nations people was drawing to a close, positive psychology as an academic field of inquiry was in its nascent stages. In 1998, Martin Seligman dedicated his presidency of the American Psychological Association to a focus on a "positive psychology" (Seligman, 2002). Seligman contrasted his vision with what he described as clinical psychology's emphasis on the negative, a focus on mental illness and its treatment. In contrast, positive psychology is concerned with those elements that make life worth living (Peterson & Seligman, 2004). Using empirical research as his guide, Seligman has developed a construct of psychological well-being, with the acronym PERMA, that encompasses five pathways to well-being: (a) positive emotion, (b) engagement, (c) relationships, (d) meaning, and (e) achievement (Seligman, 2011). In addition to Seligman's work, researchers have taken up his call to action to study not just harm reduction, but enhancement of positive elements in communities and organizations (Prilleltensky, 2016). As

early as 2003, researchers began to explore how practices arising from Indigenous cultures spanning the globe could inform positive psychology (Sandage, Hill, & Vang, 2003), and that inquiry continues today, expressing itself in the strategic direction taken by the Rainbow Lodge.

### **Unique Characteristics of the Lodge's Culture and Professional Development Needs**

The Lodge is an emerging exemplar of Indigenous practices blended with positive psychology principles while recognizing historical oppression of Indigenous people. The Lodge's executive director, Rolanda Manitowabi, holds a Master's in Applied Positive Psychology degree from the University of Pennsylvania and has sought to merge positive psychology principles with traditional wellness approaches for patients over the last several years (Manitowabi, 2017). She now seeks to extend the benefits of this integrated approach to her staff at the Lodge.

Although familiar with their own culture's embrace of harmonious wellness, Lodge employees often frame their personal stories, at least in part, through the impact of residential schools and the negative impact of intergenerational trauma (Lodge staff members, personal communication, January 28, 2019). Staff appear to believe they must solve their problems before they can enhance their strengths, and unresolved personal narratives relating to their people's oppression can interfere with their sense of connectedness to the organization and engagement with their work (Lodge staff members, personal communication, January 28, 2019). In addition, First Nations people are often skeptical of outside value and behavioral models, particularly those viewed as originating from Western European ideologies. As a result, staff members have historically not embraced interventions based on positive psychology principles (R. Manitowabi, personal communication, January 18, 2019; Lodge staff members, personal communication, January 28, 2019).

However, beneath this apparent focus on the negative lies great strength. The community has grown quickly over the last two decades as members return to their tribal lands. The Lodge enjoys employee retention rates unheard of in similar facilities. Individuals may focus on the nightmares of the past, but they uniformly and strongly declare that they are exactly where they should be, with a nascent sense of belonging and desire for shared values. Given the broad array of assets and inherent strengths of the Anishinaabe people and the Lodge staff, there is great potential to make a transformational shift in organizational functioning and staff effectiveness using culturally-relevant positive psychology strategies.

### **Literature Review**

The staffs' desire to personally recover from collective trauma and to deepen meaning and engagement with work and community life presents an opportunity for a culturally-driven application of positive psychology principles. Manitowabi's goal is to increase meaning, belonging and connection among staff in order to boost staff buy-in, engagement, and openness to new ideas and to pave the way for the application of positive psychology in their treatment model. These goals flow from and align with traditional Anishinaabe teachings as well as positive psychology's research-based approaches embodied in Seligman's (2011) PERMA model and Prilleltensky's (2016) theory of mattering.

Informed by staff input and Manitowabi's perspective, mattering is the overarching theme of our work. Anishinaabe tradition seeks wellness through harmonious connection, and positive psychology has empirically proven the value of meaning and relationships as pathways to well-being. Accordingly, we aim to help Manitowabi establish a culture of mattering at the Lodge using traditional tools informed by positive psychology research to facilitate high-quality connections, cultural reclamation, and storytelling.

## **Culture of Mattering**

Why does mattering matter to our work with the Lodge? As Prilleltensky (2016) describes, joy and laughter make for good moments; “meaning and mattering make for well-being” (p. 12). Meaning is about making a difference in the world, mattering is the feeling that we count (recognition) and can make a difference (impact). In other words, mattering is about feeling valued and adding value, to ourselves and others. We thrive when the feeling of mattering is present. To cultivate mattering in the workplace, leaders and group members must cultivate justice (Prilleltensky, 2016).

The umbrella of justice encompasses a wide array of concepts, but procedural justice is particularly important in organizations. Procedural justice refers to fair, transparent, respectful, and participatory decision-making processes (Prilleltensky, 2011). Procedural justice insures good processes *and* good outcomes: “people do not need their way, but they do need their say” (I. Prilleltensky, November 18, 2018, personal communication). A good process builds trust, respect, control, and empowerment – precious resources for both the individual and organization.

Additionally, within organizations, informational justice is also necessary for occupational well-being (Greenberg & Colquitt, 2005; Prilleltensky, 2016). Informational justice refers specifically to the transparency of decision-making processes and the flow of communication. Employees like to know the status of the organization; without that knowledge, their sense of inclusion and engagement suffers. In terms of mattering, informational injustice leads to alienation, exclusion, and marginalization (Prilleltensky, 2016). As we note in the next section, mattering informs organizational culture and contributes to cultural resilience, which we see as key to the well-being of the Lodge staff, its clients and the community at large.

**Cultural Perspectives: Indigenous Context for a Culture of Mattering**

**Indigenous perspectives on resilience and meaning.** Resilience is typically considered an *individual's* ability to adapt positively despite adversity or trauma (Fleming & Ledogar, 2008; Kirmayer et al., 2011). Indigenous frameworks expand the focus from individuals to include *community/cultural* resilience (Kirmayer et al., 2011; Fleming & Ledogar, 2008; Tousignant & Sioui, 2009). Indigenous community resilience is “the capacity of a distinct community or cultural system to absorb disturbances, reorganize while undergoing change, and retain key elements of structure and identity that preserve its distinctness” (Healy, as cited in Tousignant & Sioui, 2009, p. 46). Indigenous resilience processes must be holistic and culturally specific (Tousignant & Sioui, 2009). Indigenous perspectives further focus on innate resilience and the need for a reawakening of the social and cultural resiliencies traditionally used to manage challenges (Wesley-Esquimaux, as cited in McGuire, 2008).

Storytelling is a powerful tool to tap into resilience in a manner that honors and embraces Indigenous culture. Use of culture in narrative re-storying fosters resilience through meaning-making, helping to make sense of individual and community trauma and successes (Kirmayer et al., 2011). The moral lessons in storytelling help confront adversity (Tousignant & Sioui, 2009). For example, the Roots of Resilience project explores social roots of resilience by asking community members for their perspective on adversity, what it means to be doing well, and the factors that contribute to doing well despite adversity (Kirmayer et al., 2011). Communities conduct this research themselves. By drawing on collective history and perspectives, people “map possibilities and a positive vision of their identity” (Kirmayer et al., 2011, p. 85). This work emphasizes Indigenous communities’ power and the importance of collective identity to

cultivate pride in traditional culture and new ways of being Indigenous, instead of retreating inward (Tousignant & Sioui, 2009).

Based on this foundational work, embracing culture may be viewed as an important strategy to enhance Indigenous resilience. Recognizing and sharing collective history can build Indigenous resilience and help ameliorate high rates of addiction and suicide. “Enculturation” refers to integration and cohesion within a culture (Fleming & Ledogar, 2008). Indigenous practices, cultural identification, and spirituality demonstrate enculturation and may serve as protective factors for resilience (Fleming & Ledogar, 2008). Cultural continuity is the transmission and sustainability of traditional knowledge (Auger, 2016) and enables effective enculturation. McGuire (2008), an Anishinaabe researcher, illustrates that cultural continuity has built resilience through continuation of Anishinaabe identities, languages, and cultures despite overwhelming hardship. She attributes this to connections to the land, place-based resilience, and community. An emphasis on enculturation with ongoing cultural continuity can take advantage of resilience opportunities unique to the Lodge and its staff.

**Cultivating post-traumatic growth.** Post-traumatic growth offers the opportunity for positive psychological change during and after trauma, crisis, and highly stressful life circumstances (Tedeschi & Calhoun, 2004). It describes an experience exceeding mere survival; with post-traumatic growth, human development, experience and function surpass that which existed prior to the crisis (Tedeschi & Calhoun, 2004). A wide array of traumatic experiences including bereavement, substance abuse, childhood abuse, survival of violence, difficult medical diagnoses and many more can spur beneficial growth (Tedeschi & Calhoun, 2004; Woodward & Joseph, 2003; Calhoun & Tedeschi, 1989-1990; McMillen, Howard, & Chung, 2001; Tedeschi, 1999). For this reason, introducing the concept of post-traumatic growth and recognizing the

experience of trauma and oppression of the Anishinaabe people will be an essential part of the meaning making process for staff.

Post-traumatic growth occurs when people place value on the stressful event, even though the trauma itself remains distressing and undesirable (Tedeschi & Calhoun, 2004). Post-traumatic growth brings many benefits including (1) greater appreciation of life and changed priorities, (2) more meaningful intimate relationships, (3) greater perception of personal strength, (4) recognition of new possibilities, and (5) spiritual development (Tedeschi & Calhoun, 1996). The ability to convert rumination positively to a focus on sense-making, problem solving, reminiscence and positive anticipation leads to growth (Tedeschi & Calhoun, 2004). Social supports play a strong role in post-traumatic growth because they allow for disclosure and trigger positive ruminations, especially if the support is stable and consistent over time (Tedeschi & Calhoun, 2004). Trauma causes people to view life as “before and after” the event; this revision of a person’s life narrative and post-traumatic growth mutually influence one another. Structuring of that new narrative provides vast opportunity for growth (Tedeschi & Calhoun, 2004).

Tedeschi and Calhoun (2004) theorize that individual post-traumatic growth can extend to groups when “individual narratives are shared and integrated into the social narrative in such a way that the events are recognized as turning points” (p. 14). Storytelling in a community can thus reinforce the new beginning-oriented thinking that characterizes post-traumatic growth, and will play an important role in meaning making and post-traumatic growth for staff.



**Organizational Supports: Sustainable Engagement in a Culture of Mattering**

**Development of motivation from self-determination theory.** Building on the roots of Indigenous perspectives, organizational supports inform the next layer in creating a sustainable foundation of mattering. Intrinsic motivation elicits engagement, which is necessary to cultivate sustainable buy-in for change initiatives. Self-determination theory emphasizes that intrinsic motivation leads to the best results for individuals and groups (Ryan, Huta, & Deci, 2008). People are most likely to feel intrinsically motivated in pursuit of personal health, growth, affiliation, deep relationships, community contribution and generativity (Ryan et al., 2008). Environmental support for personal values influences the extent to which group activities are pursued autonomously, which strongly predicts performance, persistence and well-being outcomes (Ryan et al., 2008). When personal desires for well-being merge with environmental demands, organizational goals become more likely to be achieved (Sheldon & Houser-Marko and Davis et al., as cited in Ryan et al., 2008). Accordingly, Lodge staff will be most motivated if they perceive the presence of organizational support for their individual choices, and if their personal values align with the goals of organizational change.

**Creating high quality connections to build staff commitment.** High quality connections (HQC) in work relationships strengthen job commitment and positive work attitudes, as well as better physiological functioning and recovery from pain and suffering (Chiaburu & Harrison, as cited in Berg, Dutton, & Wrzesniewski, 2011; Heaphy & Dutton, 2008). Three strategies help cultivate these positive relationships: supporting a sense of value; deepening relationships to be more purposeful; and providing mutual help and support. Every interaction has HQC potential, contributing to deeper and more meaningful connections marked by mutual trust, positive regard and vitality (Berg et al., 2011). HQCs deepen connections for

staff to support each other, share occupational meaning and encourage intrinsic motivation to engage in strategic activities for the organization.

Peer support offers a framework for cultivating HQCs. Intentional Peer Support (IPS) is a structure to proactively establish peer support, although it has largely been focused on clients rather than its staff (Ley, Roberts, & Willis, 2010). Nonetheless, IPS principles could be transferred to support organizational goals at the Lodge. By offering social, emotional, and/or instrumental support, peers give and receive help from one another with respect, shared responsibility and agreement as to what is helpful (Soloman, 2004). Peer support correlates with a sense of shared identity, sharing of skills, increased confidence, coping abilities, self-esteem and improved quality of life (Soloman, 2004; Faulkner & Basset, 2012). Other benefits include opportunities for sharing, building relationships and community, skill building, goal setting and mentoring (Jacobson, Trojanowski, & Dewa, 2012).

Berg and colleagues (2011) suggest that the mutual empowering, mentoring and coaching offered by peer support are a means to unlock meaningfulness within staff relationships. When organizations support the formation of such networks, they respect employees' autonomy and cultivate the intrinsic motivation and engagement, that in turn, supports organizational goals.

### **Application Plan**

We propose a plan to enhance engagement, meaning, and belonging among staff through positive interventions built on cultural practices that foster a culture of mattering. Our situation analysis revealed that staff attach great meaning to their work, as evidenced by robust retention. Self-reports confirm that staff believe that they make a difference to/in the population that they serve (Lodge staff, personal communication, January 28, 2019). However, this meaning appears fragmented, and may not reflect engagement with the organization or integration with the

community and Indigenous culture. Manitowabi's most desired outcome of this project will be that staff not only engage, but *want* to engage; specifically, she would like to see her staff actively contribute and demonstrate openness to new ideas (R. Manitowabi, personal communication, March 15, 2019).

To establish cohesion among staff and intrinsic motivation to engage in new projects, staff must feel respected and heard. Fair, transparent, and participatory decision-making processes are key strategies to cultivate trust, commitment and staff motivation to adopt new ideas. We encourage leadership to continue to infuse the Lodge with a culture of mattering that intentionally builds on strengths of staff and Indigenous culture through research-informed application of positive psychology principles. The following community-building interventions invite staff to feel valued, add value, and cultivate high-quality peer connections using the Indigenous cultural practice of storytelling:

- **Healing Partners (Appendix A):** Create an ongoing peer support framework to cultivate a culture of mattering and psychological safety through high quality connections. This community-building intervention seeks to enhance staff engagement, meaning, and intrinsic motivation.
- **My Story - Our Story (Appendix B):** Building on the Healing Partners strategy, staff engage in storytelling processes to build resilience and encourage post-traumatic growth, while further enhancing high quality connections and peer support (*my story*). Staff will then build organizational meaning and gratitude by crafting a History of the Lodge that embraces its role in and connection to Indigenous culture, the Wikwemikong community, and the contributions of staff (*our story*).

**Healing Partners: Community Building for a Culture of Mattering**

We propose creating a peer support framework called Healing Partners to increase staff engagement through the formation of high quality connections, and to cultivate fairness and mattering by increasing staff voice and choice in change initiatives. This intervention targets Manitowabi's goals to enhance meaning, belonging, and sustainable buy-in. In the broadest sense, the Healing Partner model provides psychologically safe spaces for open discussion on personal growth, community-building activities and organizational initiatives. It provides a structure for information to flow multi-directionally, rather than top-down only, which is essential to a culture of mattering and informational justice (Prilleltensky, 2012). The framework also promotes self-efficacy and self-determination by giving staff the opportunity to problem-solve and make recommendations, and to do so autonomously, if they choose.

Manitowabi will choose two staff members, who will have several years' tenure at the Lodge and whom she perceives to have the respect of her staff, to lead the Healing Partners initiative. These Healing Partner Leaders will meet with Manitowabi to talk about the concept of peer support and the objectives for the Healing Partner model and to create a vision for their assignment. To emphasize autonomy and choice by staff for this intervention, Manitowabi's meeting the Healing Partner Leaders will be purposefully brief, perhaps no more than an hour, and the Leaders will then finalize the design and implementation of the Healing Partner model.

While the Healing Partner Leaders will make the initial pairs for staff, thereafter, staff will choose a Healing Partner on a bi-weekly basis, including the option to retain the same partner. The autonomy given to staff and their personal investment in choosing their partners will support intrinsic motivation (Ryan, Huta, & Deci, 2008; Ley, Roberts, & Willis, 2010). If staff members have any challenges with securing a partner for peer support, the Healing Partner

Leaders will assist them to find a match. No staff will be forced to participate in the Healing Partner process, but we hope that the process will expand organically as staff begin to see the benefits of connections to others.

Healing Partners will meet at least weekly for approximately 45 minutes to reflect on any issues important to them, including, but not limited to: their personal growth process through My Story activities; their work, community life and the Our Story process; and organizational functioning as a whole. This dialogue and mutual support should enhance opportunities for HQCs that deepen relationships and further strengthen intrinsic motivation (Berg, Dutton, & Wrzesniewski, 2011; Ryan et al., 2008; Soloman, 2004). As staff expand their peer relationships, an organic network of emotional ties and caring commitments will evolve to support staff cohesion (Faulkner & Basset, 2012; Jacobson, Tronjanowski, & Dewa, 2012; Soloman, 2004).

A communication strategy called Voice of the Healing Partners will provide a vehicle for each individual or pair to communicate ideas, concerns, areas of strength or growth, and gratitude via face to face meetings with Healing Partner Leaders and/or management, video blogs or written feedback. Communications will be kept confidential and/or anonymous if desired by the staff member(s). A sample format for providing feedback is included in Appendix A. Just as the Healing Partners model overall is a key strategy to build high quality connections and deepen engagement with the organization for staff members, The Voice of the Healing Partners format is foundational to strengthening a culture of mattering.

### **My Story - Our Story: Individual and Collective Storytelling for a Culture of Mattering**

Storytelling pervades Indigenous cultural practices and has been incorporated into Lodge narrative strategies with clients using the Seven Grandfather teachings and Medicine Wheel (Manitowabi, 2017). To build on this foundation, we propose a storytelling and personal

narrative activity in combination with Healing Partners to further promote staff resilience, post-traumatic growth, and belonging. This intervention includes three resources: (1) Medicine Wheel Tipi (MWT); (2) Story Guide, and (3) Healing Partners/Sharing Circle (Appendix B).

**My story.** Native scholar Michael Gauthier developed the Medicine Wheel tipi model to facilitate storytelling in Indigenous peoples (Gauthier, 2017). The Lodge has used the model with clients since the fall of 2018 and Gauthier provided additional training on its use to staff in March, 2019 (Manitowabi, personal communication April 2, 2019). Thus far, the Lodge has employed the method in its work with clients; we propose that staff participate in the activity themselves as well.

The MWT is a teaching tool used to “prompt reflection and remembering to assist with the re-storying process” (Gauthier, 2017, p. 7). The Medicine Wheel is a circle divided into four quadrants symbolizing the cycles of life and dimensions of mental, emotional, physical and spiritual health (Manitowabi, 2017; Gauthier, 2017). Specific to the Lodge, it includes purpose, hope, belonging, and meaning (Lodge Annual Report, 2018), which overlap with Seligman’s (2011) PERMA model. In the MWT approach, individuals are encouraged to view the cardinal directions of the Medicine Wheel temporally as guides to frame their stories, starting in the East representing childhood and progressing through the quadrants to face the South - imagining their futures (Gauthier, 2017). Key words can be added to the quadrants of the visual representation to assist in story prompting. Among other benefits, the MWT combines a culturally relevant tool already used at the Lodge, the Medicine Wheel, with a self-narrative approach supported by positive psychology research that merges cultural, Lodge, and individual elements.

Part two of *My Story* builds on the MWT activity by incorporating the Seven Grandfather Teachings into personal narrative. These teachings are embraced throughout Indigenous groups

and are specifically incorporated into existing Lodge programming, encouraging balance-seeking in the areas of Bravery/Courage, Love, Humility, Honesty, Respect/Honour, Truth, and Wisdom (Manitowabi, 2017). These teachings overlap directly with positive psychology's emphasis on use of character strengths as paths to well-being (Seligman, 2011). Anishinaabe artist Simone McLeod has created artwork and reflection materials built around these teachings, and her work inspired a second layer for narrative building. Using McLeod's reflection materials (a card deck) with an accompanying guide, staff are encouraged to reflect on their experiences within each teaching. The guide will include prompts designed to encourage resilience thinking, opportunities for post-traumatic growth and appreciation of connections between the individual and the Lodge, community, and larger Indigenous culture (Section 2).

In this four-week process, staff will write one story each week based on a quadrant of the Medicine Wheel, including a section reflecting on how the story relates to the Seven Grandfather Teachings. Staff will be encouraged, but not required, to share their stories directly with their Healing Partner. During a one-hour meeting of the entire staff once per week, staff will be invited to share their stories in a sharing circle, following traditional cultural models of sharing similar to the tipi model used by Gauthier (2017) and models already used at the Lodge.

**Our story.** To cultivate occupational meaning and connections, we propose that staff construct a History of the Rainbow Lodge. Similar to the individual narratives, the history will be built around the Medicine Wheel model and incorporate reflection on the role of the Seven Grandfather Teachings on the life of the Lodge. The story can progress temporally according to the MWT model, from the beginnings of the Lodge through the quadrants to future orientations.

We envision the Healing partner teams transitioning from the four week *My Story* section to working together to craft *Our Story*-the story of the Lodge and all of them. All staff members are encouraged to participate in *Our Story*. Staff may work individually or with Healing partners to discover stories of the Lodge from former and current staff and clients, community Elders and other community residents or FNMI groups. Staff will gather stories from oral and written sources and assemble the stories into a narrative format that tell the story of the Lodge, including its cultural, community and other impacts on society and well-being through the lens of the Seven Grandfather Teachings.

Sources for this larger community narrative can include, but need not be limited to, oral and written history, folkloric and myth sources and could be expressed through various manifestations: books, poetry, visual artwork, film, music, social media, etc. It is expected that this project may take several months to complete, and can continue to grow into the future. Progress can be monitored and structured with all Lodge staff, in the same weekly sharing circle format used during the *My Story* section of this storytelling intervention.

### **Measurement**

We recognize that the Lodge and staff will benefit from information about what is working and what may not. At the same time, we hope the Lodge can focus on the applications, so our assessment advice is intentionally non-burdensome and contextual, drawing directly from the applications we have already proposed or are in use at the Lodge. To this end, we include the following recommendations for measurement that develop information that can be shared with the entire staff to further enhance the culture of mattering.



**Sharing Circles**

Weekly staff sharing circles provide an opportunity for Manitowabi to hear directly from staff about their participation in the applications and provide ongoing qualitative data about the interventions' effectiveness. We advise that Manitowabi seek direct input from staff about their views of these applications, specifically what they think works well, areas for improvement and areas for expanding the approaches if desired. This feedback can be tracked over time to monitor the progress toward staff engagement and adoption of organizational goals.

**Voice of the Healing Partners**

The weekly feedback from the Voice of the Healing Partners will provide additional qualitative data related to the effectiveness of the interventions. An optional weekly survey included in the Voice format (Appendix A) will provide ordinal data on staff perspectives relating to the Healing Partner and My Story-Our Story interventions over time. All of the applications use the Healing Partner framework, so this measure reflects upon staff satisfaction with the applications as a whole, supported by qualitative commentary for more in depth explanations.

**The Worklife Pulse Tool (WPT)**

Accreditation Canada accredits the Lodge and requires staff to complete the Worklife Pulse Tool annually. The WPT measures the quality of the work environment and the quality of worklife among staff and is completed at least yearly. The measure is a 30-question survey that uses a 5-point Likert scale (from strongly disagree to strongly agree) to measure staff perception of the determinants and outcomes of workplace life. The survey is anonymous and confidential, takes just few minutes to complete and can be easily shared with all staff. It is our hope that the WPT conducted following the implementation of our applications will reflect a more positive

perception of workplace life, although negative trends will also provide valuable feedback for Lodge leadership to adjust strategies for building an organizational culture of mattering.

To summarize the impact of the interventions, Manitowabi may use the model we provide in Appendix C, which is inspired by the reporting structure used for international aid projects, including UK Aid (DFID, 2013; Parsons, Gokey, & Thornton, 2013). The tracking system monitors inputs, activities, output, outcomes and impact from data gathered through the Sharing Circles, Voice of the Healing Partners and Worklife Pulse Tool (WPT).

### **Conclusion**

With her education in positive psychology and her Anishinaabe heritage, Manitowabi is uniquely suited to help facilitate recovery from historic trauma and build resilience for staff, the Rainbow Lodge clients and the Anishinaabe community. The Lodge staff are her greatest resource to help make this vision a reality. Their desire for personal growth and recovery from collective trauma, and their commitment to helping others recover from addictions are tremendous strengths. The Healing Partners and My Story-Our Story interventions provide a path for staff members to develop resilience and meaning, to connect to their peers, strengthen their sense of belonging, and to feel empowered and connected to organizational goals. With these assets brought to bear, Manitowabi and her staff will be poised to promote individual and community flourishing through positive psychology coupled with the wisdom and practices of the Anishinaabe people. As it unfolds, this journey will offer a great testimony to the resilience of the human spirit and our collective capacity to thrive in the aftermath of some of the greatest injustices we can experience as human communities.

## References

- Auger, M. D. (2016). Cultural continuity as a determinant of Indigenous Peoples' health: A meta-synthesis of qualitative research in Canada and the United States. *The International Indigenous Policy Journal*, 7(4), 1-24.
- Benton-Banai, E. (1988). *The mishomis book: The voice of the Ojibway*. Hayward, WI: Indian Country Communications Inc.
- Berg, J. M., Dutton, J. E., & Wrzesniewski, A. (2011). Job crafting and meaningful work. Forthcoming in B. J. Dik, Z. S. Byrne, & M. F. Steger (Eds.), *Purpose and Meaning in the Workplace*. American Psychological Association.
- Calhoun, L. G., & Tedeschi, R. G. (1989-1990). Positive aspects of critical life problems: Recollections of grief. *Omega*, 20, 265-272.
- Chiaburu, D. S., & Harrison, D. A. (2008). Do peers make the place? Conceptual synthesis and meta-analysis of coworker effects on perceptions, attitudes, OCBs, and performance. *Journal of Applied Psychology*, 93(5), 1082-1103. doi:10.1037/0021-9010.93.5.1082
- Dapice, A. (2006). The medicine wheel. *Journal of Transcultural Nursing*, 17(3), 251-260.
- Davis, W. E., Kelley, N. J., Kim, J., Tang, D., & Hicks, J. A. (2016). Motivating the academic mind: High-level construal of academic goals enhances goal meaningfulness, motivation, and self-concordance. *Motivation and Emotion*, 40(2), 193-202.
- Dhillon, J. K. (2017). *Prairie rising: Indigenous youth, decolonization, and the politics of Intervention*. Toronto, ON: University of Toronto Press.
- Faulkner, A., & Basset, T. (2012). A helping hand: Taking peer support into the 21st century. *Mental Health and Social Inclusion*, (16)1, 41-47. Retrieved from <https://www.emeraldinsight.com/doi/pdfplus/10.1108/20428301211205892>

Fleming, J., & Ledogar, R. J. (2008). Resilience and Indigenous spirituality: A literature review.

Pimatisiwin: *Journal of Aboriginal and Indigenous Community Health*, 6(2), 47–64.

Gauthier, M. (2017). *Restorying the Lives of Aboriginal People Connected with the Criminal*

*Justice System* (Unpublished doctoral thesis). Queen's University, Kingston, Ontario.

Government of Canada. (2018). *Truth and Reconciliation Commission of Canada*. Retrieved

from <https://www.rcaanc-cirnac.gc.ca/eng/1450124405592/1529106060525>

Government of Canada. (n.d.). *Addictions treatment for First Nations and Inuit*. Retrieved from

<https://www.canada.ca/en/health-canada/campaigns/national-anti-drug->

[strategy/fundingprograms/national-native-alcohol-drug-abuse-program.html](https://www.canada.ca/en/health-canada/campaigns/national-anti-drug-strategy/fundingprograms/national-native-alcohol-drug-abuse-program.html)

Grayshield, L., Rutherford, J. J., Salazar, S. B., Mihecoby, A. L., & Luna, L. L. (2015).

Understanding and healing historical trauma: The perspectives of Native American

elders. *Journal of Mental Health Counseling*, 37(4), 295-307.

Greenberg, J., & Colquitt, J. (Eds.). (2005). *Handbook of organizational justice*. Mahwah, NJ:

Lawrence Erlbaum.

Heaphy, E. D., & Dutton, J. E. (2008). Positive social interactions and the human body at work:

Linking organizations and physiology. *Academy of Management Review*, 33(1), 137-162.

doi:10.5465/amr.2008.27749365

Jacobson, N., Trojanowski, L., & Dewa, C. (2012). What do peer support workers do? A job

description. *Psychiatric Rehabilitation Journal*, 27(4), 392-401. Retrieved from

<https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/1472-6963-12-205>

Kaspar, V. (2014). The lifetime effect of residential school attendance on Indigenous health

status. *American Journal of Public Health*, 104(11), 2184-2190. Retrieved from

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4202939/>.

- Kirmayer, L. J., Dandeneau, S., Marshall, E., Phillips, M. K., & Jessen-Williamson, K. (2011). Rethinking resilience from Indigenous perspectives. *The Canadian Journal of Psychiatry*, 56(2), 84-91.
- Kotalik, J., & Martin, G. (2016). Aboriginal health care and bioethics: A reflection on the teaching of the Seven Grandfathers. *The American Journal of Bioethics*, 16(5), 38-43.
- Ley, A., Roberts, G., & Willis, D. (2010). How to support peer support: Evaluating the first steps in a healthcare community. *Journal of Public Mental Health*, 9(1), 16-25. Retrieved from <https://www.emeraldinsight.com/doi/abs/10.5042/jpmh.2010.0160>
- Linley, P. A., Joseph, S., Harrington, S., & Wood, A.M. (2006). Positive psychology: Past, present, and (possible) future. *The Journal of Positive Psychology*, 1, 3–16.
- Manitowabi, R. (2017). *How positive psychology overlaps with a culturally-based Indigenous addictions treatment program* (Unpublished master's thesis). University of Pennsylvania, Philadelphia, Pennsylvania.
- McGovern, M. P., Xie, H. Y., Segal, S. R., Siembab, L., & Drake, R. E. Addiction treatment services and co-occurring disorders: Prevalence estimates, treatment practices, and barriers. *Journal of Substance Abuse Treatment*, 31, 267-275.
- McGuire, P. D. (2008). Exploring resilience and Indigenous ways of knowing. *Pimatisiwin*, 8(2), 117-131.
- McLeod, S. (2014). Seven Teachings of the Anishinaabe - Card Box Set. Retrieved from <http://simonemcleodblog.blogspot.com/>
- McLeod, S. (2015). Anishinaabeg Ishkoden - "Our Fires" [acrylic on canvas]. Retrieved from [http://fisherstar-native-woodland-art.blogspot.com/2015/05/anishinaabe-fires-acrylic-by-simone\\_3.html](http://fisherstar-native-woodland-art.blogspot.com/2015/05/anishinaabe-fires-acrylic-by-simone_3.html)

- McMillen, C., Howard, M. O., Nower, L., & Chung, S. (2001). Positive by-products of the struggle with chemical dependency. *Journal of Substance Abuse Treatment, 20*, 69-79.
- Ngwaawan Gamig Recovery Centre (2018). Annual report. Wikwemikong Unceded Reserve, Ontario, Canada: Ngwaawan Gamig Recovery Centre.
- Pawelski, J. O., & Moores, D. J. (Eds.). (2013). *The eudaimonic turn: Well-being in literary studies*. Madison, NJ: Fairleigh Dickinson University Press.
- Peterson, C., & Seligman, M. E. (2004). *Character strengths and virtues: A handbook and classification (Vol. 1)*. Oxford University Press.
- Prilleltensky, I. (2012). Wellness as fairness. *American Journal of Community Psychology, 49*, 1-21.
- Prilleltensky, I. (2016). *The laughing guide to well-being*. Lanham, MD: Rowman & Littlefield.
- Reconciliation Canada. (2016). *The Canadian reconciliation landscape: Current perspectives of Indigenous Peoples and non-Indigenous Canadians*. Retrieved from [http://reconciliationcanada.ca/staging/wpcontent/uploads/2017/05/NationalNarrativeReport-ReconciliationCanada-ReleasedMay2017\\_3.pdf](http://reconciliationcanada.ca/staging/wpcontent/uploads/2017/05/NationalNarrativeReport-ReconciliationCanada-ReleasedMay2017_3.pdf)
- Reis, H. T., Sheldon, K. M., Gable, S. L., Roscoe, J., & Ryan, R. M. (2000). Daily well-being: The role of autonomy, competence, and relatedness. *Personality and social psychology bulletin, 26*(4), 419-435.
- Ryan, R. M., Huta, V., & Deci, E. (2008). Living well: A self-determination theory perspective on eudaimonia. *Journal of Happiness Studies, 9*, 139-170.
- Sandage, S. J., Hill, P. C., & Vang, H. C. (2003). Toward a multicultural positive psychology: Indigenous forgiveness and Hmong culture. *The Counseling Psychologist, 31*(5), 564-592.

Sandel, M. (2009). *Justice: What's the right thing to do*. New York: Farrar, Straus and Giroux.

Seligman, M. E. P. (2002). Positive psychology, positive prevention, and positive therapy.

*Handbook of positive psychology*, 2(2002), 3-12.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). *Positive psychology: An introduction*.

*American Psychologist*, 55(1), 5-14.

Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*.

New York, NY, US: Free Press.

Sheldon, K., & Houser-Marko, L. S. (2001). Self-concordance, goal-attainment, and longitudinal well-being: Can there be an upward spiral? *PsycEXTRA Dataset*.

doi:10.1037/e413802005-350

Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric Rehabilitation Journal*, 27(4), 392-401.

Statistics Canada. (2016). *Census Profile, 2016 Census: Wikwemikong, Ontario*. Retrieved from

<https://www12.statcan.gc.ca/census-recensement/2016/dp>

[pd/prof/details/page.cfm?Lang=E&Geo1=POPC&Code1=1305&Geo2=PR&Code2=35&](https://www12.statcan.gc.ca/census-recensement/2016/dp/prof/details/page.cfm?Lang=E&Geo1=POPC&Code1=1305&Geo2=PR&Code2=35&Data=Count&SearchText=Wikwemikong&SearchType=Begins&SearchPR=01&B1=All)

[Data=Count&SearchText=Wikwemikong&SearchType=Begins&SearchPR=01&B1=All](https://www12.statcan.gc.ca/census-recensement/2016/dp/prof/details/page.cfm?Lang=E&Geo1=POPC&Code1=1305&Geo2=PR&Code2=35&Data=Count&SearchText=Wikwemikong&SearchType=Begins&SearchPR=01&B1=All)

[&GeoLevel=PR&GeoCode=1305&TABID=1](https://www12.statcan.gc.ca/census-recensement/2016/dp/prof/details/page.cfm?Lang=E&Geo1=POPC&Code1=1305&Geo2=PR&Code2=35&Data=Count&SearchText=Wikwemikong&SearchType=Begins&SearchPR=01&B1=All)

Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 9, 455-471.

Tedeschi, R. G. (1999). Violence transformed. Posttraumatic growth in survivors and their societies. *Aggression and Violent Behavior: A review Journal*, 4, 319-341.

Tousignant, M., & Sioui, N. (2009). Resilience and Aboriginal communities in crisis: Theory and interventions. *Journal of Aboriginal Health*, 5(1), 43-61.

- Truth and Reconciliation Commission of Canada. (2015). *Final Report of the Truth and Reconciliation Commission of Canada*. Toronto, Canada: James Lorimer & Company Ltd.
- Walton, G. M., & Cohen, G. L. (2007). A question of belonging: race, social fit, and achievement. *Journal of personality and social psychology*, 92(1), 82.
- Whitbeck, L. B., Chen, X., Hoyt, D. R., & Adams, G. (2004). Discrimination, historic loss and enculturation: Culturally specific risk and resiliency factors of alcohol abuse among American Indians. *Journal of Studies on Alcohol*, 65(4), 409-418.
- Woodward, C., & Joseph, S. (2003). Positive change processes and post-traumatic growth in people who have experienced childhood abuse: Understanding vehicles of change. *Psychology and Psychotherapy*, 76, 267-283.



## Appendix A: Healing Partners and Voice of the Healing Partners

**Purpose:** Cultivate high quality connections and sense of cohesion among staff; build intrinsic motivation for staff to adopt organizational change. Provide a communication mechanism for supporting a culture of fairness and mattering.

**Description:** A staff development model called Healing Partners pairs staff members to facilitate dialogue and mutual support and strengthen intrinsic motivation. As staff members deepen and expand their peer relationships, an organic network of emotional ties and caring commitments will evolve to support staff cohesion. Two staff members called Healing Partner Leaders oversee and support staff in this work. Voice of the Healing Partners offers a communication vehicle to share staff perspective from the bottom of the organization upward.

**Frequency:** Weekly Healing Partner meetings coinciding with My Story-Our Story activities. Each week, Healing Partners will have the opportunity to reflect on the interventions and communicate upward within the organization through the Voice of the Healing Partners model.

**Process:** Initially, staff members will be assigned a Healing Partner by Healing Partner leaders. Staff members may switch Healing Partners throughout intervention period (or choose to remain with their chosen partner).

Healing Partners will meet at least weekly for approximately 45 minutes to reflect on any issues important to them, including, but not limited to: their personal growth process through My Story activities; their work, community life and the Our Story process; and organizational functioning as a whole.

**Voice of the Healing Partners** will provide a vehicle for each individual or pair to communicate ideas, concerns, areas of strength or growth, and gratitude via:

- Video blogs shared via a private discussion board on the organization website
- Written feedback submitted to Healing Partner Leaders through email
- Face to face meetings with Healing Partner Leaders and/or agency management upon request

### Instructions for Voice of the Healing Partners feedback:

To help us build a culture of mattering, we would like to hear from you. Would you please share your thoughts? A sentence or two is fine, or feel free to provide more detail.

1. What would you like to tell us about our efforts to build a culture of mattering?

Please rate our progress on building a culture of mattering on a scale of 1 to 5, with 1 representing no progress made and 5 representing much progress made. Circle your rating: 1 2 3 4 5

2. What are you grateful for at the Lodge? What would you like to see change at the Lodge?
3. What has been your experience with the My Story storytelling activities we've done?
  - Please rate your experience with the My Story process on a scale of 1 to 5, with 1 representing not meaningful and 5 representing very meaningful. Circle your rating: 1 2 3 4 5
4. Tell us about your Healing Partner relationship. Has it been helpful to have a partner with whom to reflect?
  - Please rate your experience with the Healing Partner process on a scale of 1 to 5, with 1 representing not meaningful and 5 representing very meaningful. Circle your rating: 1 2 3 4 5
5. Have you participated in the Our Story process? What has that been like for you?
  - Please rate your experience with the Our Story process on a scale of 1 to 5, with 1 representing not meaningful and 5 representing very meaningful. Circle your rating: 1 2 3 4 5

## References

- Berg, J. M., Dutton, J. E., & Wrzesniewski, A. (2011). Job crafting and meaningful work. Forthcoming in B.J. Dik, Z.S. Byrne, & M.F. Steger (Eds.), *Purpose and Meaning in the Workplace*. American Psychological Association.
- Faulkner, A. & Basset, T. (2012). A helping hand: Taking peer support into the 21st century *Mental Health and Social Inclusion* (16)1, 41-47. Retrieved from <https://www.emeraldinsight.com/doi/pdfplus/10.1108/20428301211205892>
- Jacobson, N., Trojanowski, L., & Dewa, C. (2012). What do peer support workers do? A job description. *Psychiatric Rehabilitation Journal*, 27(4), 392-401. Retrieved from <https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/1472-6963-12-205>
- Ley, A., Roberts, G., & Willis, D. (2010). How to support peer support: Evaluating the first steps in a healthcare community. *Journal of Public Mental Health*, 9(1), 16-25. Retrieved from <https://www.emeraldinsight.com/doi/abs/10.5042/jpmh.2010.0160>
- Ryan, R. M., Huta, V., & Deci, E. (2008). Living well: A self-determination theory perspective on eudaimonia. *Journal of Happiness Studies*, 9, 139-170.
- Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric Rehabilitation Journal*, 27(4), 392-401.

## **Appendix B: *My Story - Our Story* Guides & Sharing Circle**

**Purpose:** To encourage stories of individual and collective strength and resilience to be constructed and shared, building upon Michael Gauthier's Medicine Wheel Tipi restorying exercise.

**Description:** Using Simone McLeod's cards and accompanying descriptions, we have created reflection prompts to help staff reflect upon how the Seven Grandfather Teachings are present in their individual and collective stories, particularly as they relate to their engagement and work at the Rainbow Lodge.

**Location:** The Rainbow Lodge

**Timing:** We recommend that the story building take place after staff engage in Gauthier's MWT restorying exercise, and as part of a four-week individual story building process (*My Story*) followed by the construction of the History of Rainbow Lodge (*Our Story* - timeline set by Manitowabi).

### **Process:**

***My Story:*** Staff will write one story each week based on a quadrant of the Medicine Wheel, including a section reflecting on how the story relates to the Seven Grandfather Teachings. Staff will be encouraged, but not required, to share their stories directly with their Healing Partner.

Simone McLeod's card deck will be provided to the Rainbow Lodge. The prompts will be presented to participants along with each corresponding card (ie. prompts for the teaching of Love will be presented along with McLeod's "Love" artwork). Using Anishinaabe artwork grounds this activity in culturally relevant practices, and artwork can also elicit therapeutic images and healing (de Botton, 2013). In addition to its relevance to our purpose, supporting an Anishinaabe artist builds a larger sense of community connection and meaning.

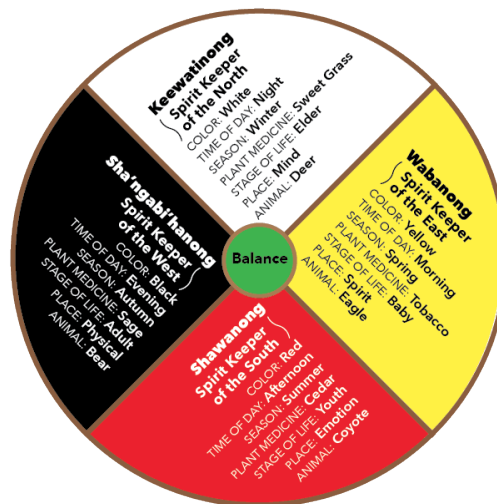
***Our Story:*** Staff will co-construct a History of Rainbow Lodge in consultation with the community and external resources. Similar to the individual narratives, the history will be built around the Medicine Wheel and incorporate reflection on the role of the Seven Grandfather Teachings on the life of the Lodge and its purpose in the community. Staff will gather stories from oral and written sources and assemble the stories into a narrative format that tell the story of the Lodge, including its cultural, community and other impacts on society and well-being through the lens of the Seven Grandfather Teachings. The process will be co-constructed with Manitowabi to ensure meaningful alignment with culture and existing processes.

*Section 1: Medicine Wheel Tipi - Exemplar from Michael Gauthier's MWT Facilitation*

Our interventions build upon Gauthier's previous training at the Lodge. Below is a sample from previous MWTs, illustrating what may emerge from Rainbow Lodge staff after participation. Gauthier provides prompts that elicit stories of trauma and resilience within each of the four quadrants of the Medicine Wheel. Staff will build on this artistic form of storytelling by incorporating their stories with the Seven Grandfather Teachings, with an intentional focus on strength and resilience.



Medicine Wheel as Guide



## References

Gauthier, M. (2017). *Restorying the Lives of Aboriginal People Connected with the Criminal Justice System* (Unpublished doctoral thesis). Queen's University, Kingston, Ontario.

### Section 2: My Story - Our Story Guide

This adaptable guide is grounded in the Seven Grandfather Teachings and Medicine Wheel. Staff will write one story each week based on a quadrant of the Medicine Wheel, including a section reflecting on how the story relates to the Seven Grandfather Teachings. Staff will be encouraged, but not required, to share their stories directly with their Healing Partner.




Simone McLeod's artwork and accompanying prompts are below. The prompts can be presented to participants along with each corresponding card (ie. a prompt for *Love* will be presented along with McLeod's "Love" artwork). While it is not necessary to follow the prompts to incorporate the Seven Grandfather Teachings into their weekly stories, they can be used to spark reflection and/or discussion both within and beyond this intervention. Using Anishinaabe artwork grounds this activity in culturally relevant practices, and artwork can also elicit therapeutic images and healing (de Botton, 2013). In addition to its relevance to our purpose, supporting an Anishinaabe artist builds a larger sense of community connection and meaning.




### Seven Grandfather Teachings






## Card Deck and Corresponding Prompts

Seven Grandfather Teachings	Corresponding Card © Simone McLeod	Reflection Statements and Prompts
<p><b>WISDOM</b></p> <p><i>Nibwaakaawin</i></p>		<p>To cherish knowledge is to know <i>wisdom</i>.</p> <p>Wisdom is having the courage to share, with honesty, the teachings of your life's path.</p> <p><b>Prompt:</b> In what ways has <i>wisdom</i> been part of your work at the Lodge?</p>
<p><b>LOVE</b></p> <p><i>Zaagi'idiwin</i> (Zhawenjigewin)</p>		<p>To know <i>love</i> is to know peace.</p> <p>To love yourself and others is to understand and find freedom within.</p> <p><b>Prompt:</b> How do you share <i>love</i> with yourself and with others through your work?</p>
<p><b>RESPECT</b></p> <p><i>Manaadenindiwin</i> (Manaaji'idiwin, Gichi-inendamowin)</p>		<p>To honor all creation is to have <i>respect</i>.</p> <p>Respect others as you'd expect to be respected, with like kindness and love.</p> <p><b>Prompt:</b> Consider how <i>respect</i> is seen, heard, or felt in your interactions with clients or staff at the Lodge.</p>

Seven Grandfather Teachings	Corresponding Card © Simone McLeod	Reflection Statements and Prompts
<p><b>BRAVERY</b></p> <p><i>Zoongide'ewin</i> (Aakode'ewin, Mangide'ewin)</p>		<p><b>Bravery/Courage</b> is to face the foe with grace.</p> <p>To be strong and to possess within yourself the confidence to be yourself.</p> <p><b>Prompt:</b> Describe a personal example of <i>courage</i> from your work at the Lodge.</p>
<p><b>HONESTY</b></p> <p><i>Gwayakwaadiziwin</i> (Gwayako-bimaadiziwin)</p>		<p><b>Honesty</b> in facing a situation is to be honourable.</p> <p>To feel interconnectedness between all life and walk in consideration and humility with this knowledge.</p> <p><b>Prompt:</b> In what ways have you experienced <i>honesty</i>, honour, or interconnectedness within your work at the Lodge</p>
<p><b>HUMILITY</b></p> <p><i>Dabaadendiziwin</i> (Dabasenimowin)</p>		<p><b>Humility</b> is to know yourself as a sacred part of creation.</p> <p>Possess the humility to honor and respect others by teaching and learning in a humble way.</p> <p><b>Prompt:</b> How do you notice <i>humility</i> among your colleagues or yourself?</p>



Seven Grandfather Teachings	Corresponding Card © Simone McLeod	Reflection Statements and Prompts
<p style="text-align: center;"><b>TRUTH</b></p> <p style="text-align: center;"><i>Debwewin</i></p>		<p><b>Truth</b> is to know all of these things.</p> <p>The truth to who you are is the strength of seeing and understanding all the teachings.</p> <p><b>Prompt:</b> Consider the ways in which you act in alignment with your <i>truth</i>, and with the teachings.</p>

### References

- de Botton, A., & Armstrong, J. (2013). *Art as therapy*. New York, NY: Phaidon Press Limited.
- Manitowabi, R. (2017). *How positive psychology overlaps with a culturally-based Indigenous addictions treatment program* (Unpublished master's thesis). University of Pennsylvania, Philadelphia, Pennsylvania.
- McLeod, S. (2015). *Anishinaabeg Ishkoden - "Our Fires"* [acrylic on canvas]. Retrieved from [http://fisherstar-native-woodland-art.blogspot.com/2015/05/anishinaabe-fires-acrylic-by-simone\\_3.html](http://fisherstar-native-woodland-art.blogspot.com/2015/05/anishinaabe-fires-acrylic-by-simone_3.html)
- McLeod, S. (2014). *Seven Teachings of the Anishinaabe - Card Box Set*. Retrieved from <http://simonemcleodblog.blogspot.com/>

### *Section 3: Healing Partners and Sharing Circle*

**Purpose:** To encourage a culturally relevant platform for sharing oral and/or written stories of individual and collective resilience, and share the history, meaning, and connection of the Rainbow Lodge. Circles reflect inclusivity and a lack of hierarchy (Benton-Banai, 1988) - this is powerful for our intentions in creating a sense of belonging and meaning among staff.

**Description:** Staff will be invited to share their stories in a talking circle, following traditional cultural models of sharing similar to the model used by Gauthier (2017).

**Location:** The Rainbow Lodge

**Timing:** During a one-hour staff meeting once per week, in tandem with the *My Story - Our Story* activity.

**Process:** Through autonomous engagement, staff have agency in choosing to be an active sharer and/or listener, and to notice and reflect on commonalities across stories. In a talking/sharing circle, all participants are respected and heard (Benton-Banai, 1988).

An object that symbolizes connection to the land may be used to facilitate the circle. For example, a stick, a stone, or a feather. Progressing around the circle systematically allows each person the opportunity to speak, or to opt for silence. Each person has the right to share or not to speak (Benton-Banai, 1988).

### References

- Benton-Banai, E. (1988). *The mishomis book: The voice of the Ojibway*. Hayward, WI: Indian Country Communications Inc.
- Gauthier, M. (2017). *Restorying the Lives of Aboriginal People Connected with the Criminal Justice System* (Unpublished doctoral thesis). Queen's University, Kingston, Ontario.

### Appendix C: Measures and Reporting

We are using a model to provide an overview of the impact measurements inspired by the reporting structure used for international aid projects, including UK Aid (DFID, 2013; Parsons, Gokey, & Thornton, 2013).



#### Definitions:

**Inputs:** The capacity added to the organization.

**Activities:** The planned intervention designed to meet a project's objectives.

**Outputs & Indicators:** the tangible and intangible products that result from project activities.

Outputs are reported by describing indicators: a quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement

**Outcomes:** the benefits the intervention is designed to deliver.

**Impacts:** the higher-level goals to which we hope to contribute.

	Input	Activities	Output & Indicators	Outcomes	Impacts
<b>Healing Partners</b>	Application plan with guidance  Discussions with MAPP-team	Staff pairs up for mutual support  Bi-weekly meetings with Healing Partner Leaders responsible for overseeing this intervention  Written and/or verbal feedback from staff provided through survey	Hours staff reports spending with their partner  Number of video blogs shared  Number of written feedback submissions  Face-to-face interactions to provide feedback	Increased engagement  High quality connections  Intrinsic motivation for staff to adopt organizational change	Culture of mattering  Organizational meaning and gratitude

	Input	Activities	Output & Indicators	Outcomes	Impacts
<b>My story – Our story</b>	<p>Application plan with guidance</p> <p>Reflection prompts based on the Seven Grandfather Teachings</p> <p>Discussions with MAPP-team</p>	<p>Staff will write one story each week based on a quadrant of the Medicine Wheel</p> <p>Share stories their Healing Partner</p> <p>Consultation with Healing Partner Leaders, the community and external resources</p>	<p>Number of stories written</p> <p>Number of stories shared</p> <p>Number of consultations with community</p> <p>Results of the Work-Life Pulse Measure</p> <p>Qualitative data from sharing circles</p>	<p>Attention to collective strength</p> <p>Increased dialogue about positive change</p>	<p>Increased resilience</p> <p>Post-traumatic growth</p>

## References

DFID. (2013). *Results framework: Managing and reporting DFID results*. Retrived from

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/360906/DFID-external-results-Sep\\_2014.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/360906/DFID-external-results-Sep_2014.pdf)

Parsons, J., Gokey, C., & Thornton, M. (2013). *Indicators of inputs, activities, outputs, outcomes and impacts in security and justice programming*. Retrieved from:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/304626/Indicators.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/304626/Indicators.pdf)

**Appendix D: Multi-Author Contributions**

<b>Contributor</b>	<b>Specific Contributions</b>	<b>% of DL Contributed</b>
<b>Christy Curtis</b>	Lead author on section on mattering; draft reviews and edits; participant on group conference call; APA and final edit of paper.	20%
<b>Mark Downton</b>	Co-lead author on storytelling; draft reviews and edits; participant on group conference call; lead point of contact with Manitowabi.	20%
<b>Carolyn Biondi</b>	Lead author on healing partners initiative; draft reviews and edits; participant on group conference call; APA work.	20%
<b>Dana Fulwiler</b>	Lead editor of the final paper. Co-lead author on storytelling initiative; draft reviews and edits; participant on group conference call; references.	20%
<b>Evelina Fredriksson</b>	Draft measurement tool; participant on group conference call; review paper; APA work.	20%