

CHAPTER 6 A Community Development Approach To Mental Health Services

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Introduction

This article presents an example of a community development approach in providing social services to people living in scattered Arctic communities of the Northwest Territories. It reflects the experience of the authors in adopting a community development approach to the issue of spousal assault.¹

The Northwest Territories spans over 3,000,000 square kilometres, about one-third of Canada, yet has a population of only about 55,000 people. Consequently Arctic communities are characterized by great geographical distances, harsh climate and scant population (approximately 4,000 in the Kitikmeot region). Such communities can be said to be typified by the following statements: shortage of resources; high demand for social services; and many socio-psychological-economic problems such as family violence, alcoholism, and a high suicide rate aggravated by rapid cultural change. The response of social services in such remote communities needs to be cooperative, i.e. working with Inuit people, as well as being based on creative yet realistic initiatives. Often southern paradigms only compound the existing problems and further aggravate cultural change and conflict. For example, with the high demand for services and the shortage of personnel to respond, it is often necessary to group together services that may otherwise be specialized and/or separate in the south. This is exemplified in the "battered women's" groups established in Arctic communities where any woman who has experienced emotional, physical and/or sexual abuse, either as a child and/or adult, is welcome to participate. It would not be practical to establish groups on the basis of distinct problems, such as a group just for women who had been sexually abused, another group for those suffering from emotional abuse, etc.

¹ It should also be noted that the opinions expressed in this article are solely those of the authors and are not intended to represent official policy or procedure of any government department or community organization in the Northwest Territories.

At the same time, it is important to acknowledge that the many values and principles established in the South are the same for the North. For example, violence is violence and unacceptable. However, the manner in which people can be helped to deal with both abusive behaviour and the consequences of the abusive behaviour may be different in the more remote northerly communities.

Within Inuit society, family and community are essential values for the well-being of the people. One of the most healing Inuit traditions is being 'out on the land' away from overcrowded dwellings, alcohol abuse, increased tension, conflict and violence, and to resume, for at least a few months of the year, a traditional lifestyle governed by hunting and fishing. An understanding of this connection to the environment and communal way of examining problems is integral in terms of developing programs. It is a clearly observable experience that in our communities less family violence occurs during the summer months when Inuit families are out on the land residing in their own private tents, with small extended family groups in other tents.

Before reviewing the literature on the approach taken in this project, some introductory comments about one of the communities in which it was implemented are required. The community is Spence Bay (Talurjuat), Northwest Territories. This community is located about 460 air kilometres east of Cambridge Bay and 1056 air kilometres northeast of Yellowknife in the region known as Kitikmeot. Spence Bay rests on the south coast of Boothia Peninsula, at the narrow piece of land known as Boothia Isthmus which separates the peninsula and mainland. This community also has historical connections with the early explorer John Ross who wintered on Boothia Peninsula.

Spence Bay is primarily accessible by air transportation throughout the year. During the winter it is possible for people from nearby communities to travel between them by snowmobile and/or dog team. Major food and fuel supplies are brought by barge once a year during the summer.

The community is comprised of approximately 550 people, 92% of whom are Inuit. Inuktitut is the first language of the people. Medical, social services, and law enforcement are provided by resident resources with assistance from regional offices. This glimpse of Spence Bay provides a sense of the "rural" environment in which mental health services are provided.

Review of the Literature

Albee (1966) and Alley & Blanton (1976), among others, have recognized the acute personnel shortage in the mental health profession. Cowen and Zax (1972) estimated that it would be necessary to increase the number of psychologists, psychiatrists and social workers by 25% to 75% in order to provide adequate help to individuals who asked for mental health services in the United States alone.

This estimate does not take into account preventive services or services for individuals who need psychological treatment but have not asked for it. Three ways have been suggested to deal with this shortage of resources: prevent problems from arising, increase the number of professionals and/or train lay counsellors to provide direct services. It is to this latter, more viable suggestion that we turn our attention concerning the use of "paraprofessionals" in dealing with some of the mental health problems experienced by Inuit communities in the Far North. For our purposes, "paraprofessionals" are defined as people within a community who lack formal psychological training but who are involved within their society as community-type workers.

Several research studies have concluded that non-professionals (or paraprofessionals) perform as well as or better than professionals (Tolor, 1968; Cowen, Dorr, Trost and Isco, 1970). Reisman, (1965) in his helper therapy principle has revealed through paraprofessional training and attempts to help others, that the non-professional often experiences personal growth. This occurs because the skills necessary for effective helping are the same skills necessary for effective interpersonal relationships. Further, the success of grass roots paraprofessional movements can be seen in such organizations as self-help groups. An example of this kind of organization would be Alcoholics Anonymous, where recovering alcoholics help one another.

It has been suggested (Rappaport, 1974) that one way to change traditional therapeutic intervention is to have a professional supervising several non-professionals who act as therapeutic agents, rather than seeing individual patients themselves. This would increase the number of patients receiving the therapy they require.

This educational pyramid uses professional graduate students and undergraduate non-professionals in a cooperative support system where a number of professionals train and supervise a larger number of graduate students who in turn supervise yet larger numbers of

under-graduate non-professionals who serve as therapeutic agents for various target populations (See Fig. 1). It has been used successfully in educational, legal, mental health and social service systems. The pyramid model has also been used successfully in other settings. For this paper the single most useful replication is that of D'Augelli (1982) who applied it to improve helping skills for informal helpers in two rural communities.

Further, Reiff & Reisman (1965) stressed the advantages that paraprofessionals have over professionals, such as openness to innovative strategies, knowledge of the community and lack of formality which can set up barriers between professionals and clients. There are many examples of students and other lay persons working in a variety of health settings: Gruver (1971), Mitchell (1966), Cowen, Zax and Laird (1966), and Goodman (1967). Other examples cite hairdressers, bar tenders, and other lay people who with minimal training from a professional can provide effective caregiving within their community (Cahill, 1981, Gruver, 1971, Mitchell, 1966, Umbarger et al, 1962, Teffo & Kloba, 1981).



Figure 1

All of the above studies suggest that helping services can be provided by trained paraprofessionals. This forms the basis of an approach that we felt would both respond to the needs of the Arctic "rural" community and continue to promote traditional values that would sustain the importance of the family within the cultural context.

The Inuit, prior to European influence, were a self-governing people living in small, egalitarian groupings. They depended on hunting and fishing for survival and as such had close ties to the cycle of seasons. The seasons influenced the type of hunting and fishing and well as determined where people would live as they followed the food supply. It is this cyclical world view that has been combined with Rappaport's approach to assist in developing a response that is understandable and meaningful to the people in the community (See Fig. 2).

This circular perspective allows for the development of helping resources in the community in a way that respects the world view of the people. Furthermore, it provides the basis of a plan of action on which each step of the process can be built.

For some time, Spence Bay had experienced serious problems in terms of domestic violence. In a number of situations, women who had been assaulted were transported out of the community, often with their children, to a shelter in Yellowknife. This created cultural problems since Yellowknife is primarily a non-Native community which to some extent maintains a southern and urban lifestyle. Inuit women and their children seeking a safe place often find themselves in a culturally alienated environment in which their traditional lifestyle and skills are not relevant to this urban community. Thus they are often left with the choice of leaving their spouse, relatives and friends, and turning their back on their own culture while trying to adapt to the urban environment. This is a difficult task. Many women do not want to leave their communities. They just want to be safe within their community and maintain their Inuit lifestyle.

An Inuit women's group in Spence Bay had expressed a desire to operate its own women's shelter. Previously, the shelter had been under the jurisdiction of the Hamlet Council which was comprised of all male counsellors, none of whom had any specific training in operating a women's shelter. A women's group consisting of about ten members, all Inuit, who had recently become incorporated as a group, wanted the necessary training in management and counselling skills in order to operate the shelter. They also wanted to deal with their problems of family violence on more of a community level.

The Mental Health Specialist for the Kitikmeot Region, Andrea Kamin, had visited that community on several occasions. The role of such a specialist is essentially one of a community psychologist. Such a role implies that the specialist is there to assist communities in defining for themselves what kinds of social/psychological issues they would like to confront, and how they might go about resolving such issues. For example, some communities were concerned about the problem of suicide. Therefore, the specialist would be asked by the community representatives to teach local people about various ways of responding to this issue. In other words, the specialist is there to aid the community to determine their own definition of mental health and to formulate responses to the problems they identify. Following problem identification and the necessary training to respond to the problem(s), the specialist's role is to allow such community groups to run themselves, provide background information and/or consultation as required.

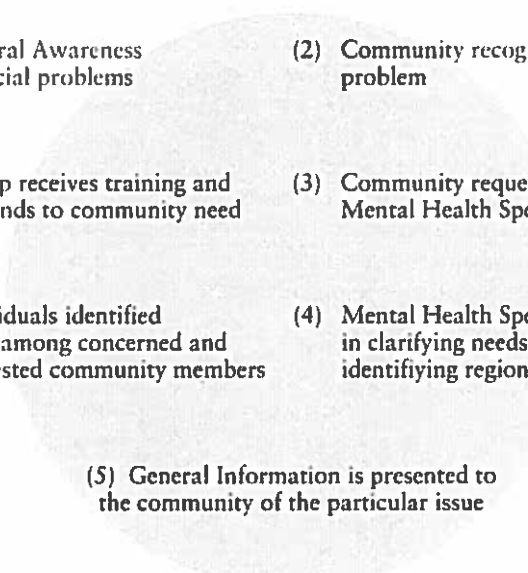
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- (1) General Awareness of social problems
 - (2) Community recognizes social problem
 - (7) Group receives training and responds to community need
 - (3) Community requests help from Mental Health Specialist
 - (6) Individuals identified from among concerned and interested community members
 - (4) Mental Health Specialist assists in clarifying needs and identifying regional resources
 - (5) General Information is presented to the community of the particular issue

Figure 2

On her visits to Spence Bay, Kamin had occasion to meet informally with this women's group. Their conversations led them to a plan which involved the training of the local women in two areas: one, an understanding of how to operate a women's shelter, and two, training in some basic counselling/helping skills to be used in their work with battered women. As these contacts continued, a small number of concerned men also expressed a desire to gain some counselling/helping skills in order to assist men who batter. This ground work took place and crystallized in the fall of 1988.

In early January 1989, the mental health specialist met with representatives of the YWCA's Allison MacTeer House, the women's shelter in Yellowknife, the Family Violence Prevention Program Coordinator, Department of Social Services, and the Director of the NWT Family Counselling Service, Romeo Beatch, who provided treatment services to men who batter. The conclusion of these meetings resulted in a plan that involved financial support from the Department of Social Services to provide resource people from the YWCA Alison MacTeer House to assist the women's group in Spence Bay in learning how to operate a women's shelter. Beatch and Kamin would provide counselling training for both the women and the men interested in learning helping skills that would assist them in working with the women and men in their community who were dealing with violence and abuse in their relationships.

The first in the series of workshops took place in February, 1989, and concentrated on providing general information on spousal assault. This information included a definition of forms of wife assault; the extent of the problem; facts concerning the problem of wife assault; the problem with myths; learned helplessness; why women remain in violent relationships; why men assault their wives; counselling interventions for men who batter, and women who are victimized; interventions with husbands and wives; role playing interventions; general discussion and questions. As a means of introducing the whole issue of wife assault, a film entitled "A Summer in the Life of Louisa" was used. The significance of this film is that it is presented by Inuit actors, in Inuktitut with English subtitles.

Day one of the workshop was held at the women's shelter; the remaining two days were at the Hamlet offices. There were approximately twelve men and thirty women who participated. Some of the participants were involved in the women's support group, while others were interested in the issue of spousal assault and wanted to know what to do when someone approaches them to talk about an abusive marital relationship. The people who attended this workshop were primarily Inuit men and women. However, the Anglican

minister and a social worker were among the few white and/or professional people who attended. Paraprofessional participants had already been identified by the mental health specialist during the introductory meeting in Spence Bay in the fall of 1988. Some of these paraprofessionals identified included three women who had expressed an interest. Two of these women acted as interpreters during the workshop; the third was involved in running the shelter during the transition stage when it passed from the control of the Hamlet to the control of the women's group.

As well, there were two male paraprofessionals who had expressed an interest in understanding the issue of spousal assault. One of these was an Inuit elder who did not speak English but who was successfully working with delinquent adolescent males in the community. He was unique in his gentle nonjudgemental approach. The other man was an interested Inuit related to one of the women in the group. In addition, the Anglican minister, considered by Beatch and Kamin to be a "professional", also expressed an interest in working with men who batter.

It was important to identify at the onset of the workshop the difficulties in speaking about sensitive issues such as spousal assault. It was not the intention to establish blame regarding spousal assault, nor was it to suggest that the only solution to this problem is permanent separation of the couple. Rather the focus was to provide factual information about spousal assault based on research and experience. The entire workshop presentation was translated from English to Inuktitut and vice versa. This task was performed by two Inuit women from the community. The use of interpreters is a common phenomenon in a variety of situations, particularly within Arctic communities of the Northwest Territories.

The introduction to the workshop is as important as the information presented. Trust in the presenters as well as in their own ability to find solutions to this problem is very important to establish at the beginning of the workshop. This trust is enhanced when information is presented in a manner that allows the participants to decide what they want to do with the information. The audience remained relatively consistent throughout the three days, which also assisted in building the trust among the community members. Furthermore, there was a significant representation from among the men of the community who previously would have been absent from any workshop related to social/psychological issues. There was one man for every three women participants, which is considerably higher than

workshop attendance in other communities in the Northwest Territories. In addition, the audience participation was lively and enthusiastic. Role playing between the two languages was carried out successfully. For example, when a female actor from the audience spoke in English, her Inuktitut interpreter would stand behind her and speak in that language immediately after the English had been spoken. Likewise, when a male actor from the audience spoke in Inuktitut, his interpreter would immediately translate his comments into English.

Clearly the impression from the participants was that they wanted information and assistance to help them deal with spousal assault. Some of the helping skills involved in this workshop which were passed on to participants were:

1. A clearer understanding of the issues involved in spousal assault; (a) for men: to stop abusive behaviour, to accept responsibility for their own behaviour, to find alternative ways of expressing their feelings, especially anger; (b) for women: safety, self esteem.
2. Avoid blaming.
3. Listen with understanding rather than give advice.

The second workshop for the people of Spence Bay took place in early November, 1989. The purpose of this workshop was twofold; first, to follow up from the first workshop in February, and second, to provide more specific training for the men and women respectively.

The first evening reviewed information pertaining to spousal assault that was presented in the earlier workshop in February. The meeting was attended by about thirty people, equally divided between men and women. The second and third evenings were spent in separate sessions for the men and women. Both groups focused on some elements necessary in establishing self-help groups: such things as how to get started, membership, confidentiality, structure and leadership. These issues were presented in such a way as to provide the participants with an experience of a self-help group as part of the process.

For example, the women, with Kamin's support, began their group with an emphasis on unity and confidentiality. This was demonstrated by an activity, the Unity Circle, in which participants were asked to join hands while speaking of these issues. This was followed by the women describing a time in their lives when they felt they were without hope and in despair, yet someone reached out to them in a caring way. Kamin shared such an event from her life as a

way of beginning. Each woman then had the opportunity to share her experience. The many similarities in their experience provided a sense of unity and trust. So as to end on a positive note, the women were then asked to share about some joy in their lives.

The men, for their part, also spoke of confidentiality and began this process of building trust by establishing some common "ground rules" or "group guidelines" such as, speaking for yourself, respecting people's opinions even though they are different, and the need for sobriety when participating in meetings. The men were then invited to tell their stories of what brought them to this particular meeting. The awareness and acknowledgement of their own abusive behaviour seemed to reduce their sense of isolation and fear of what people might think of them. Others among the group wanted to know how to respond to other men in the community who wanted to talk about their situations.

Both the men and the women in their separate groups also had a chance to process pertinent issues to themselves, either as batterers or victims. Again the intent was to provide a concrete group experience for the participants as well as provide information.

A follow-up workshop occurred in February 1990. Again, some time was given to reviewing the work done by the community paraprofessionals in the months between workshops. The most important gain for the community was building and moving into a new house, that is the Women's Shelter, for the women and children of Spence Bay. The shelter is under the direction of the local women's group which manages and staffs it. This keeps the women and children in their community, safe, and within the support network of extended family and friends.

Both the men and women required significant support in maintaining their separate self-help group programs. However, it was affirmed that such responses to social issues such as spousal assault take time, time to allow the community members to recognize that what is being provided is helpful, and time to allow the community to learn to trust in its own resources.

Why This Approach Worked

This approach was successful for the following reasons:

1. Preparation—There was consistent organized preparation involved. This included a review of beliefs, values, and approaches previously utilized to respond to social issues in Arctic communities. This resulted in a desire to try a different approach, an approach that

was community-centred rather than problem-centred. Consequently, this involved working with members of the Spence Bay community and allowing them to identify their needs; working with other professionals in the region, that is the Mental Health Specialist, skilled in dealing with battered women; the Director of Family Counselling, skilled in dealing with men who batter; and the staff of Alison McTeer House, skilled in establishing and operating a women's shelter.

2. The training of the paraprofessionals took place in their own community. The information was presented in Inuktituk, the language of the community participants. This provided a context with which the participants were familiar and strengthened the belief in their own resourcefulness. Furthermore, presenting information in the language of the community participants required of the presenters an understanding of Inuit culture, values, and beliefs.

3. On-going support—The issue, once identified, was not addressed by simply bringing in for a two or three day workshop, professionals who then left, never to be heard from again. Rather, there was a consistent contact with the community and the paraprofessionals for a period of two years. This involved a minimum of three visits to the community and, throughout this time, being available for telephone consultation. This process affirmed the capability of the paraprofessionals, while at the same time, continuing to support and enhance their learning as paraprofessionals in responding to spousal assault.

General Observations

This is really only the beginning of the process. The members of this community have given themselves permission to talk about a very serious social issue: spousal assault. This is a very important first step.

There are very strong stereotypes regarding the roles of men and women. Therefore it is particularly important for these men to review and challenge these stereotypes for themselves as they exist in their social context.

There is a lot at risk here for the community. On one hand, the men do not want to lose their families. On the other hand, the women do not want to live in abusive relationships. The men are challenged to reconsider their roles and their world view, i.e. male dominated, without fear of losing their sense of identity. At the same time, the women cannot give up their fight to live in healthy, non-abusive

relationships. As one participant put it, "In the past there was a need for men and women to work together in order to survive. Now there is a need for men and women to work together in order to preserve their lives, their families and their sense of well-being".

For the authors a unique aspect of this project was the openness and willingness of this particular Inuit community to talk about spousal assault, to ask for help in order to deal with this very destructive behaviour, and to actively participate in learning the necessary helping and management skills to be a resource in the community.

The treatment of spousal assault victims and batterers takes time. The effectiveness of such a process as outlined through our experience will be difficult to evaluate. However, when one remembers the original problem, i.e. the lack of resources in communities to respond to social problems, then the door for evaluation is opened at several levels. The consistency of contact with the community, the consistency with which the same community members must be sent out for either safety or treatment reasons, and finally the decrease in number of complaints registered with the local law enforcement agency may all be ways of evaluating the successfulness of the model in regards to increasing the number of resources in the community.

We are of the opinion that the family violence workshops and self-help groups that have been set up in the Kitikmeot communities owe their apparent success not to our 'professional influence and/or expertise' but to the fact that from the beginning we held a similar philosophy, that of viewing ourselves as the information givers and background facilitators only. Our main goal was to empower communities to decide for themselves what particular issues they wanted to address within the context of their own aboriginal culture.

Although the results of an in-depth evaluation of all our communities may not be available for some time to come; we have observed some positive indicators that our approach has attained the result we had desired. For instance, we have just finished evaluating the results of one of our "Women's Self Esteem Groups" in Coppermine (see Appendix A); and we have just been informed that the women of Spence Bay are planning and co-ordinating a regional conference of Inuit women from all Kitikmeot communities in order to initiate further indepth discussions on the progress of their family violence groups. Such a regional conference is planned for the new year and its primary focus for the Spence Bay women will be to share information with women from other communities on how they have approached various issues of family violence. The important point to

stress here is that such co-ordination is being organized by the women themselves; the mental health specialist has been invited as a participant only. Such an approach is encouraging because it represents an acknowledgement of the role we professionals may have played but more importantly, it is an affirmation that the women themselves from this particular community are ready to move into the primary role of trainers within their own community, and, perhaps, within other communities. Our 'former students' have now become the 'teachers'.

In line with this philosophy, both the mental health specialist and the other resources, such as NWT Family Counselling, representatives from Alison MacTeer House, and other professionals skilled in various areas can continue to provide the background support as needed by any of the communities, but as background facilitators only. It is important to stress that throughout the Kitikmeot, working with other professionals and continued contact with paraprofessionals within the community will need to be maintained in order to expand and perpetuate community resources throughout the region, thereby providing for the mental health needs of the people, as defined by the people.

REFERENCES

- Albee, G.W., (1986). Conceptual Models and Manpower requirements in psychology, *American Psychologist*, 23, 317-320.
- Alley, S., & Blanton, J., (1976). A study of paraprofessionals in mental health, *Community Mental Health Journal*, 12, 151-160.
- Cahill, Janet, (1981). Towards Model Refinement in Compensatory Education: Comparison on Intervention Programs and Paraprofessional Screening Measures, *American Journal of Community Psychology*, 9, no. 6.
- Cowen, E.L., Zax, M., & Laird, J.D., (1966). A College Student volunteer program in the elementary school setting, *Community Mental Health Journal*, 2, 3190328.
- Cowen, E.L., Dorr, D.A., Trost, M.S., & Izzo, L.E., (1972). Follow up study of maladjusting school children seen by non-professionals, *Journal of Consulting and Clinical Psychology*, 39, 235-238.
- D'Augelli, A.R., & Valance, R., (1982). The Helping Community: Issues in the Evaluation of a Preventive Intervention to Promote Informal Helping, *Journal of Community Psychology*, 10.
- Goodman, G., (1967). An experiment with Companionship Therapy: College Students and Troubled Boys — Assumptions, Selection and Design, *American Journal of Public Health*, 57, no. 10.
- Gruver, G., (1971). College Students as Therapeutic Agents, *Psychological Bulletin*, 76, no. 2, 111-127.

- Iscoc, I., & Spielberger, C., (1970). Community psychology Perspectives in Training and Research. Appleton-Century Crofts, N.Y.
- Mitchell, W.E., (1966). Amicotherapy: Theoretical Perspectives and an Example of Practice, *Community Mental Health Journal*, 2, no. 4.
- Rappaport, J., Seidman, E., (1974). The educational pyramid: A paradigm for training, research and manpower utilization in Community Psychology, *American Journal of Community Psychology*, 2, 119-130.
- Reiff, & Reissmen, E., (1965). The indigenous nonprofessional: A strategy of change in community action and community health programs, *Community Mental Health Journal*, 1 (monograph).
- Reisman, E., (1965). The Helper Therapy Principle, *Social Work*, 27-32.
- Tefft, B.M., & Kloba, J.A. (1981). Underachieving high school students as mental health aides with maladapting primary grade children, *American Journal of Community Psychology*, 9, no. 3.
- Tolor, A., (1968). Teacher's evaluation of children in short term treatment with sub-professionals, *Journal of Clinical Psychology*, 24, 377-378.
- Umbarger, C.C., Dalsimer, J.S., Morrison, A.P., & Breggin, P.R., (1962). College students in a mental hospital, New York: Grune & Stratton.

Commentary on CHAPTER 6

ANDY FARQUHARSON

Finding the Mix: Lay and Professional Helping

This interesting article outlines a creative blending of formal and informal helping resources as a way to meet the needs of people living in a remote northern community. The term 'self-help' is used to describe this process. This challenges us to clarify what this means, as a wide range of phenomena tend to fall within the category of self-help. The value of struggling to define this term is that the exercise may help us to analyze the costs and benefits of a variety of interventions that rely on some kind of blending of formal and informal helping resources. In order to carry out this kind of inquiry it is necessary to examine a variety of different types of helping efforts and range these along a continuum extending from the most informal to the most formal methods of caring and helping. This continuum can then be used to try and identify some of the elements that are either present or absent in various forms of helping. Finally, an understanding of the variations among the ingredients of different helping interventions can be used as a way to try and maximize the positive effects of both formal and informal helping resources within a given helping intervention that tries to draw on both types of resources.

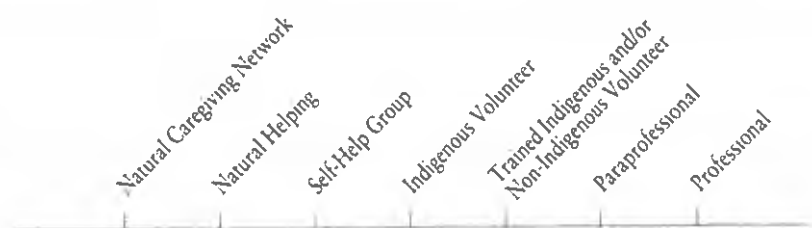


Figure 1

The Helping Continuum

One approach to the classification of many different types of helping efforts is to try and range them along a continuum extending from those that are the most informal to those that are the most formal.

At the left hand of the continuum lies Natural Caregiving, the kind of transitory helping acts that occur between people who are more or less loosely bound to one another. An example might be an emergency child-minding offer at a time of some traumatic event. Over time, if these helping acts begin to take place with greater frequency, with more reciprocity and with some kind of discernable pattern, they may lead to the emergence of a Natural Helping Network. The next stage on the continuum as it moves towards increasing formality is occupied by the Self-Help Group which has been defined by Reissman (1985):

Self-help mutual aid groups are made up of individuals who have the same problem or need and whose members help each other in dealing with the problem. Self-help groups provide social support to their members through the creation of a caring community, and they increase members' coping skills through the provision of information and the sharing of experiences and solutions to the problem. (p.2)

The more formal characteristics of self-help groups are that they typically have an identifiable name, a defined membership, set meeting times and places, and so forth. The next stage in the continuum is held down by what are termed indigenous or native volunteers. These are people who serve as volunteer helpers within the community to which they themselves belong. The term 'community' used in this sense might apply to either a geographic area (e.g. the community of Spence Bay), a functional community (friends and relatives of schizophrenics), or to a community based on race, gender, socio-economic status or some other shared characteristic. Indigenous volunteers are therefore native to the community within which they perform their designated volunteer activities.

The elements that are characteristic of informal helping are further reduced as one moves to the more typical volunteers who are not native to the geographic or functional communities in which they work or to the indigenous volunteers who have undergone pre-service orientation and training. Finally, at the other end of the continuum lie the paraprofessionals and the professionals.

Given this understanding of a range of helping interventions it may now form the basis for an exploration of the elements or

characteristics of helping and the way in which these shift as one moves from informal helping towards formal helping. Ten elements have been identified that seem to vary as one moves between formal and informal helping (Fig.2), but there are, no doubt, other variables at play.

Formal and Informal Helping: A Continuum

<i>Informal</i>	<i>Formal</i>
1. Spontaneous and Unstructured	Scheduled and Organized
2. Member Role	Patient/Client Role
3. Mutual Aid	No Reciprocity
4. Few Time Constraints	Time Constraints
5. Peers	Not Peers
6. Experiential Know How	Professional Know How
7. Culturally Relative	Culture Bound
8. Unpaid	Paid
9. Untrained	Trained
10. Support and Problem-Solving	Problem-Solving

Figure 2

It is important to explore the nature and the implications of the elements that have been noted but in order to do so it is necessary first to combine the two previous figures (Fig.3).

In this diagram the solid black lines that extend between each of the elements depict the point on the formal/informal continuum where the nature of the element appears to shift toward greater formality. For example, in the first instance both Natural Caregiving and Natural Helping Networks are characterized by spontaneity and a lack of structure, whereas Self-Help groups have a more formal nature as was noted earlier. The member vs. client/patient element reflects the role of the person engaged in getting help. One moves from being a 'member' of a self-help group to the more problematical role of 'patient/client' as one becomes the recipient of increasingly formalized service, even if this is provided by volunteers deployed by professionals. In the same case opportunities for reciprocal helping become severely constrained and helping becomes time-limited in a way that is less characteristic of more informal types of supportive assistance.

The next significant series of shifts occurs when one moves to Trained Indigenous or Non-Indigenous helpers. In many cases volunteers are given training by professionals to prepare them for their helping roles. This may include empathic skills, non-directive counselling and respect for values such as confidentiality and self-determination. It is important to recognize, however, that such values and skills may be a reflection of a particular class or cultural

Lay and Professional Helping

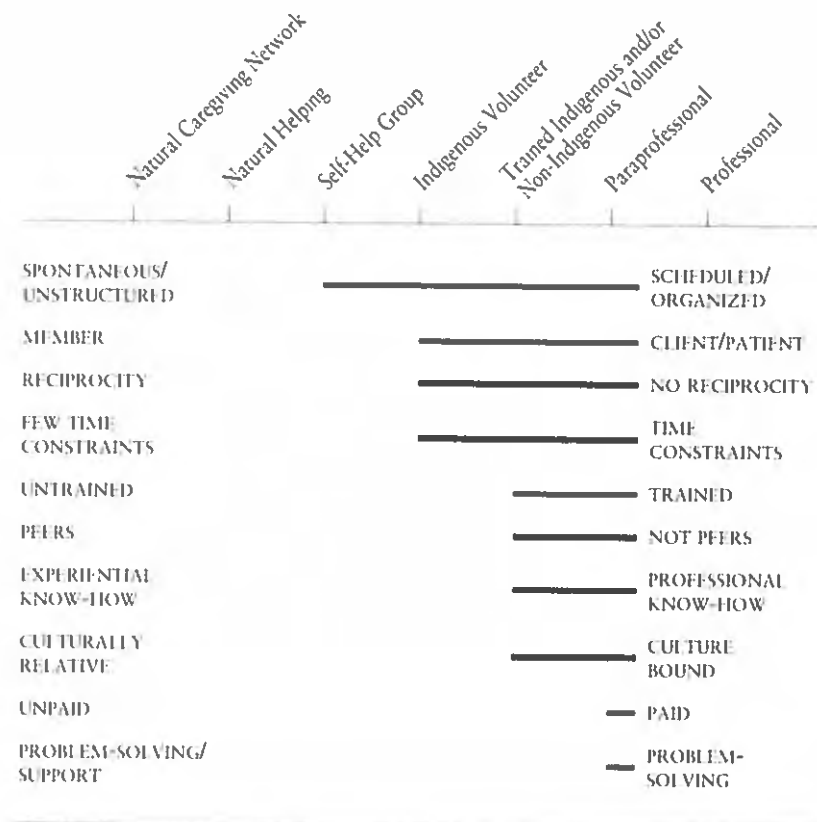


Figure 3

perspective that may run counter to the perspective of the person who is the recipient of service. In this way training has some effect on the essential nature of peership; it introduces a measure of professional knowledge that may supplant experiential know-how and it may ignore the health-belief models of those who are to be served, the patients/clients.

The final elements in this model are concerned with payment for service and the degree of emphasis on problem-solving in formal service models. These two characteristics tend to further solidify the formal nature of the helping relationship.

In conclusion, it is important to recognize that there are many important benefits to be gained from the introduction of middle-ground models of service delivery that lie between the formal and informal extremes of the helping continuum. The plea here is for project planners to recognize that there are costs and benefits to any interventive model that is designed and to consider creative ways to maximize the attributes of both formal and informal helping within a program design.

The Spence Bay project would appear to lie at or about the Trained Indigenous Volunteer point on the helping continuum (Fig.1) given that local volunteers are trained for roles which presumably involve a blend of experiential and professional knowledge, no payment, some time constraints, limited reciprocity, and working with 'clients' to solve problems in a moderately structured setting. A cost benefit assessment of the project would thus raise the following kinds of questions:

1. What is the experiential knowledge base of the participants that they bring to their helping roles? To what extent are channels established to permit this know-how to flow vertically up *Rapport's Pyramid* to influence policy makers?
2. In designing training for indigenous helpers what guidelines need to be observed in order to prevent undermining experiential know-how, through the introduction of counselling strategies that are artifacts of a quite different type of society?
3. What are the consequences of paying or not paying people to perform helping activities with their peers?
4. What is lost or gained when relationships become time bound? How does the client's supportive network react when service providers become involved? Do they limit their own input?
5. If 'helper' therapy is as powerful as Reissman (1965) suggests then what is the consequence of a service model that may limit opportunities for reciprocal helping by clients?

6. How do the dynamics of personal growth and responsibility shift when one becomes identified as a patient or client rather than as a person or a member?
7. How can one ensure that long term social support is not supplanted by short-term problem solving? What is the impact on natural helping networks of projects such as this?
8. What is gained and what is lost when one moves towards more scheduled and organized encounters between people?

Human service professionals have an increasing responsibility to address these and related questions as we begin to try and harness informal resources and to shift our professional paradigms so that we can accommodate and collaborate with the phenomena of self-help and mutual aid. There is always the danger that through our training and organizing interventions with such groups we may unwittingly damage natural helping resources through a process of thoughtless colonization. Training is a powerful tool and anything but value-free as the impact of the Residential Schools attests. We can no longer assert that Peer Counselling Training or Peer Counsellors *per se* are 'good'. We have to be alert to the wider consequences of such intuitively attractive programs and check out their impact on the broader fabric of helping and supportive relationships. Finally, as we gain in our understanding of informal helping, we have to begin to transform our professional helping paradigms and not simply see informal helping as an adjunct to our time-honoured notions of professional helping.

An initiative like the Spence Bay project is useful because it serves to highlight some of these issues in lay-professional collaboration and there are relatively few such case studies that invite this kind of analysis. Academics need raw material to flesh out conceptual frameworks and future projects can benefit from this type of analysis.

REFERENCES

- Reissman, F. The Helper Therapy Principle, *Social Work* 10, 1965, pp. 26-32.
Reisman, F. New Dimensions in Self-Help, *Social Policy*, 15, (3) 1985 pp. 2-4.