



Noojmowin Teg Health Centre

A Place of Healing

FEBRUARY 2018 NEWSLETTER



Healthy Kids Community Challenge Good Life Conference

4 Directions Complex - AOK

THEME 4:

Starting Saturday
February 10th
at Noon

Saturday Events Open to the Public

Until Sunday
February 11th
at Noon



TRADITIONAL
CRAFTS

COOKING



INDOOR
ACTIVITIES

OUTDOOR
ACTIVITIES



STORYTELLING

GAMES, ETC



BRING
OVERNIGHT
SUPPLIES &
APPROPRIATE
CLOTHING



Find us on
Facebook
"HealthyKidsManitoulin"



**Transportation Provided
From All First Nation
Communities**

DOOR
PRIZES!
GIVEAWAYS!



HealthyKidsManitoulin

REDUCE SCREEN TIME & ENJOY FAMILY CONNECTION TIME

In collaboration with Healthy Living Children and Youth Programs' Good Life Conference



Contact Mark, Nelson or Danielle to
Register for Overnight Indoor Family
Camping at (705) 368-0229
Check out our website www.noojmowin-teg.ca



The Noojmowin Teg Health Centre is committed to support and promote the overall wholistic health and well-being of Anishinabek and Aboriginal individuals, families and communities within the District of Manitoulin Island. To do this, we will operate community-based programs and services, establish partnerships, and promote healthier communities through both traditional and western healing methods.

**Noojmowin Teg Health Centre's
Traditional Program Presents;**

Cultural Teachings 2017/2018

From Noon to 1pm

May 1	Approaching a Traditional Healer, Elder or Medicine Person
June 5	The Four Sacred Medicines
July 10	The Raindance and Sundance
Aug. 14	The Sweat Lodge
Sept. 25	Feasts & Giveaways
Oct. 30	Understanding Fasting
Nov. 27	Spirit Journeys
Dec. 18	Your Name and Your Colours
Jan. 29	Moons and Moontime
Feb. 26	The Clan System
Mar. 26	Natural Medicines

**For More Information Please
Contact Linda Maloney at
(705) 368-2182 or visit
www.noojmowin-teg.ca**



Noojmowin Teg Health Centre Traditional Program Presents

SACRED FIRE TEACHINGS

Monthly at the Healing Lodge
from 9am - 3pm

The Sacred Fire will be lit at 9 am with the Teaching given afterwards. On each Teaching day, all are welcome to sit by the fire to pray, give thanks or for quiet reflection.

For more information, contact the Traditional Program:
705-368-3182 or visit www.noojmowin-teg.ca



Noojmowin Teg
Health Centre
A place of healing

Ontario

MINISTRY OF
Health and Long-Term Care



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"Noojmowin Teg Health Centre"

Noojmowin Teg Traditional Program Presents

WORKING WITH ENERGY

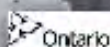
With Isabelle Meawasige

TUESDAY & WEDNESDAY
February 6 & 7, 2018

To Book An Appointment Contact:
Linda Maloney at 705-368-2182 ext. 201
www.noojmowin-teg.ca



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Ministry of
Health and Long-Term Care



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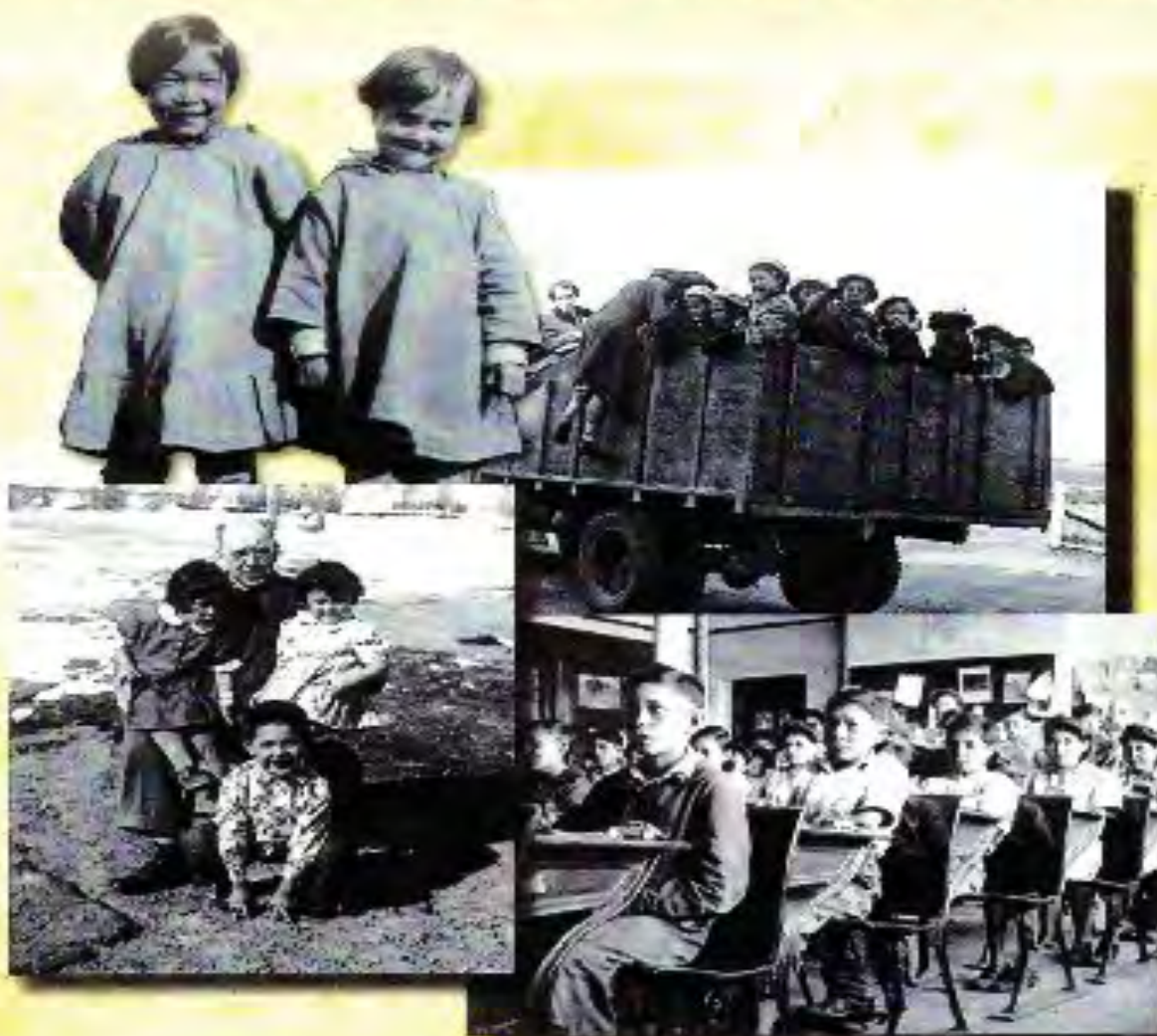
"Noojmowin Teg Health Centre"

Reclaiming Losses FOR Next Generation
For Residential School former students and their families

SAVE THE DATE

March 8 & 9, 2018

4 Directions Complex - Aundeck Omni Kaning



For information, contact Margaret Jackson
Anishnaabe Aadziwin At 705 368-2182 ext. 237
Or email margaret.jackson@noojmowin-teg.ca



Noojmowin Teg Health Centre welcomes new team members



Hi, my name is **Joan Sheppard** and I am joining Noojmowin Teg Health Centre as the **Finance Officer**.

I am from Manitoulin Island and have lived here most of my life, I am a west-ender, with my family home being in Meldrum Bay. I currently live in Mindemoya with my husband and teenage daughter, and I also have two adult sons.

I obtained a Bachelor of Arts degree in Administrative and Commercial Studies from the University of Western Ontario many years ago. I went back to university in 2011 and took some Public Administration courses through Ryerson University / First Nations Technical Institute. I then went on to complete a Masters of Public Administration at Queen's University, also in partnership with First Nations Technical Institute and graduated from this program in 2015. Since graduating and returning to the island, I have worked in finance at a number of organizations throughout Manitoulin.

I enjoy spending time with my family. We still have our family home in Meldrum Bay and we enjoy making maple syrup, four-wheeling, hunting and family get-togethers there. We also like to spend time on the water in the warmer months, in particular in McGregor Bay. In the winter I like to curl, which I do weekly and I participate in the occasional bonspiel. I love to read, but only do so on vacation, as I am an "all-in" reader and nothing else gets done once I start a book.

I am happy to be joining Noojmowin Teg Health Centre and look forward to working with everyone!

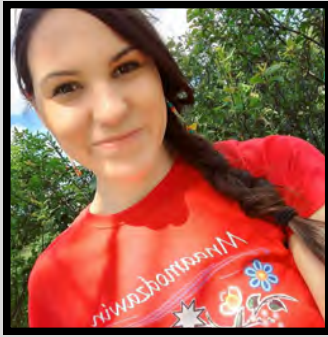


Boozhoo/Aanii! **Margaret Jackson** ndizhnikaas, Odawa Kwe-Dooganing/Wiikwemkoong ndoonjiba.

I have signed myself out from retirement to a four month contract with Noojmowin Teg Health Centre. My role here during this time is **Indian Residential School Support** with the Traditional Program.

My Educational training started from my grandmother. I attended School of Social Work at Laurentian University and Teacher Assistant in English as a Second Language (ESL) at Lakehead University.

Miigwetch, ka waab minim.



Aanii! **Courtney Kurek** is my name, and my roots come from Aundeck Omni Kaning First Nation where I was raised by my Grandmother, Iris (Esquimaux) Abotossaway, and Grandfather, Clayton Abotossaway.

I recently joined Noojmowin Teg Health Centre as the **Indigenous Food Coordinator**, and will be responsible for running the Indigenous Food Sovereignty program. My experience and education in Indigenous Studies: Community and Social Development has prepared me with cultural understanding, which I am excited to share with communities. I

am also looking forward to expanding and building upon my existing knowledge, by working with community members and knowledge keepers.

"The circle has healing power. In the Circle, we are all equal. When in the Circle, no one is in front of you. No one is behind you. No one is above you. No one is below you. The Sacred Circle is designed to create unity. The Hoop of Life is also a circle. On this hoop there is a place for every species, every race, every tree and every plant. It is this completeness of Life that must be respected in order to bring about health on this planet." – Dave Chief, Oglala Lakota



Noojmowin Teg
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FOOT CARE SERVICES AVAILABLE

Noojmowin Teg Health Centre is offering foot care services to Anishinabek people living off-reserve within the Island District. The services are available once a month on the **third Wednesday of every month**. Our provider is Mary Ann Auger, an experienced diabetes footcare nurse.

Please contact Noojmowin Teg Health Centre at 705-368-2182 ext. 201 and book an appointment with Linda Maloney. Miigwetch/Thank you.

LIVE PRO WRESTLING COMES TO M'NIDOO M'NISING

By Mark Peltier



CWF (Canadian Wrestling Federation) came to M'nidoo M'nising on Friday November 17, 2017. The 4-Directions Complex in Aundeck Omni Kaning was host to live pro-wrestling action. This event was made available and open to all communities as a result of a partnership between Aundeck Omni Kaning First Nation and

Noojmowin Teg Health Center's Healthy Living Children/Youth Program and Mental Health & Addictions programs. Transportation was provided for all communities and a catered lunch for all spectators. At final count, one hundred and thirty two spectators attended the event.

The event kicked off with an anti-bullying workshop, provided by the wrestler's themselves who shared their own personal stories of bullying and how they overcame it. One wrestler, named Shadow, comes from a First Nations community in northern Manitoba.

His story was how he overcame all the negativity in his community, was told he was too small to be a wrestler and would never make it. It was truly inspiring for all in attendance to hear his story. Next came the wrestling show, featuring several one-on-one matches, a tag team match, and the main event seeing a 6-person tag team match. Wrestlers also took the time to do photos and sign autographs.



The Canadian Wrestling Federation is owned by former WWE wrestler Frank Ryckman, a.k.a. Thorn. CWF has been featured on APTN and FITE TV. For more information on CWF wrestling, visit their website at www.cfwrestling.ca

For more information on upcoming events provided by Noojmowin Teg Health Centre and our partnerships with communities, visit our website at www.noojmowin-teg.ca or "Like" us on Facebook @Noojmowin Teg Health Centre.

Save-the-Date

FREE

FASD & CHILD NUTRITION WORKSHOP

**FRIDAY, FEBRUARY 16, 2018
9:00AM - 3:30PM**

**AUNDECK OMNI
KANING FIRST
NATION
COMMUNITY
HALL**

To Register, please call
Melanie Francis, FASD
Coordinator or Cody
Leeson, Child Nutrition
Coordinator at
(705) 368-2182



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PRESENTERS:



Neil Debassige, Host of
Fuel the Fire TV



Jeff Noble, Founder/CEO
of Noble Initiatives

"Psychology Works" Fact Sheet: Post-Traumatic Stress Disorder

Most of us have had frightening experiences. Often we think about them long after the event. For some people, these distressing thoughts or images persist, as well as other symptoms such as a strong sense of threat, feeling emotionally numb, and irritability. If these reactions occur frequently, last at least a month, and interfere with daily functioning, the person may be suffering from PTSD.

What are the symptoms of PTSD?

PTSD symptoms¹ for adults, adolescents, and children older than six; symptoms must persist for more than one month:

At least 1 of:

- Intrusive thoughts or images about the event
- Dreams or nightmares about the event or similar events
- Flashbacks or illusions about the event (children may act out the event in play)
- Distress when reminded of the event
- Physical arousal (becoming physically upset) when reminded of the event

At least 1 of:

- Avoidance of thoughts or feelings associated with the event
- Avoidance of reminders of the trauma (people, places, activities, objects, or situations)

At least 2 of:

- Inability to recall important aspects of event (not explained by loss of consciousness)
- Ongoing negative beliefs and expectations about oneself (e.g., "I am bad") or the world (e.g., "The world is a very dangerous place").
- Unnecessarily blaming self or others for causing the traumatic event or for consequences
- Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt, or shame)
- A decreased interest in previously significant/enjoyable activities
- Feeling detached/alienated from others
- Restricted emotions (e.g., persistent inability to experience positive emotions)

At least 2 of:

- Irritable or aggressive behaviour
- Self-destructive or careless behaviour
- Hypervigilance (always on guard)
- Exaggerated startle response (too easily startled or scared)
- Difficulty concentrating

¹ American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders*. (5th ed.). Author: Washington, DC.



- Changes/disturbances in sleep (e.g., insomnia)

What do we know about PTSD?

Research shows us that the majority of people exposed to a traumatic event experience some symptoms of PTSD within the first weeks and most people's symptoms start to go away within one month. Twenty to forty percent suffer from PTSD for at least a month, one-half to two-thirds of those initially distressed people recover within the first year, and the rest remain disabled for more than one year. Research with transportation and assault victims, for example, suggests that between 10 and 20 percent are disabled for several years.

PTSD is not limited to combat and disaster experiences. It also occurs following sexual or physical assault, transportation or industrial accidents, life-threatening illnesses such as cancer, war zone experiences, and repeated exposure to others' physical trauma (e.g., emergency room nurses and ambulance attendants). Roughly speaking, sexual and physical assault results in the highest rates of PTSD, exposure to life-threatening illness (e.g., breast cancer) result in the lowest rates, and transportation and industrial accidents are in between.

It was initially assumed that the more severe the initial stress, the more likely an individual would develop PTSD. However, that assumption has not been supported by research. The severity of a trauma (e.g., damage to car, physical injuries during assault) is less important in predicting PTSD than is the survivor's initial emotional response. PTSD is more likely to occur to people whose initial responses include extreme fear, panic attacks, or dissociation (a method of coping by blocking out of one's mind the upsetting event as it is occurring).

Some people are more vulnerable than others, especially those with a history of depression, anxiety, or other traumas, an angry disposition, or a style of coping with stress that includes not thinking about or talking about the event (an avoidant style). Women are about twice as likely to develop PTSD as men. People's subsequent attitudes and beliefs about their personal safety can influence recovery. That is, negative beliefs about one's own coping ability or the safety of the world, as well as repeated angry or resentful thinking about the reasons for the trauma all make it harder to recover. There is increasing evidence that traumatic experiences result in cumulative psychological distress. Emergency workers (e.g., paramedics, police) are also made more vulnerable by relative deficits in organizational support.

PTSD can result in significant personal suffering. Avoidance of important activities (e.g., driving a car, socializing with others) decreased sleep and related fatigue, and interference with one's relationships are some of the more typical consequences. These problems can have significant financial costs to the individual and society. PTSD is associated with subsequent physical health difficulties (e.g., headaches), resulting in increased medical care and absenteeism from work or school. PTSD sufferers are more likely to be unemployed and have lower incomes than similar persons without PTSD.



Effective assessment and treatment of PTSD

Two important issues interfere with the accurate assessment of PTSD. First, many cases of PTSD are missed because health professionals fail to ask patients if they have experienced traumatic events (e.g., sexual assault). It is important for health practitioners to ask patients and it is vital that patients tell health practitioners about traumas in their lives. On the other hand, many health professionals over-diagnose PTSD in cases where they focus solely on "classic" symptoms (e.g., nightmares) rather than conducting a systematic diagnostic interview. Effective assessment of PTSD requires detailed screening for traumatic stressors and a systematic diagnostic interview. Specialized psychological tests such as the *Stressful Life Events Screening Questionnaire (SLESQ)*, *Posttraumatic Diagnostic Scale (PDS)*, *PTSD Checklist (PCL)*, *Posttraumatic Cognitions Inventory (PTCI)*, and *Accident Fear Questionnaire* are frequently helpful both for diagnosis and for treatment planning².

Over the past decade psychologists have evaluated treatments for PTSD. Some have proven to be quite effective, while others have not. The popular one-session procedure referred to as Critical Incident Debriefing now appears to be of little benefit in reducing psychological distress. However, brief cognitive-behavioural therapy (5-6 sessions) provided to very distressed people shortly after a traumatic event appears helpful in reducing PTSD symptoms. Short-term (8-30 hours) behavioural and cognitive therapies have been shown to alleviate PTSD symptoms in chronic sufferers. Common therapeutic components of successful treatments include giving people the opportunity to repeatedly describe the traumatic event and their emotional responses to it, writing assignments about how they feel about the event and what it means to them and repeated opportunities to discuss the trauma and what it means. Helpful stress-coping skills include helping patients to examine beliefs about personal safety (e.g., "I can never be safe again"), the gradual re-establishment of more realistic boundaries of safety (e.g., "It is safe to go into tall buildings again"), and relaxation training. In order to receive the treatments described above you can visit a qualified mental health professional such as a psychologist.

While many people can be treated effectively with these therapies, there are still a number of PTSD sufferers who fail to respond to treatment. Individuals with chronic physical pain, those with severe depression, and those who are very angry about their traumatic event are all less likely to improve. The development of new multi-component treatments for PTSD and its complications is now ongoing. For example, researchers are evaluating the usefulness of combining anger management training and behaviour therapy for depression with standard PTSD treatments.

Pharmaceutical treatments for PTSD are in the early stages of evaluation. At this time, it appears that some of the more recently developed anti-depressant medications may benefit trauma survivors through reducing concurrent symptoms of depression or muting the hyperarousal symptoms of PTSD. Consult with a health professional about this treatment option.

² Given the recent change in PTSD criteria with the introduction of the DSM-5, PTSD assessment measures are currently being revised to map on to the new criteria

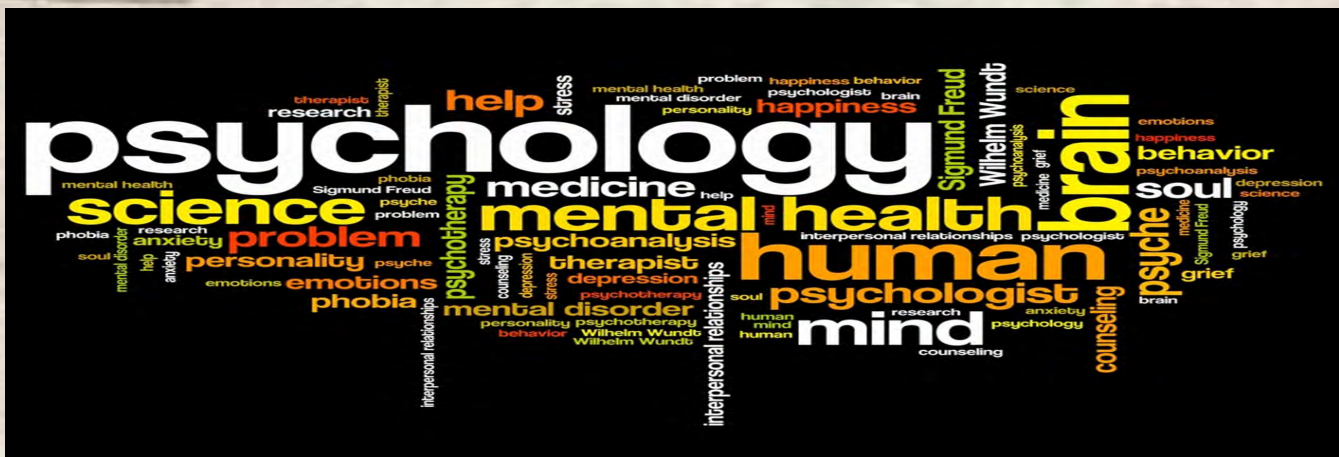
- PTSD Coach Canada [phone app](#) created by Veterans Affairs Canada
- Anxiety Disorders Association of British Columbia: <http://www.anxietybc.com/>
 - [Self-help strategies](#) for PTSD
- Canadian Mental Health Association: <http://www.cmha.ca/>
- National Institute of Mental Health: www.nimh.nih.gov
- Anxiety Disorders Association of Canada, <http://www.anxietycanada.ca/>
- Society of Clinical Psychology of the American Psychological Association, www.apa.org/divisions/div12

American Psychological Association (APA): <http://www.apa.org/helpcenter>

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**To meet with a registered psychologist from Noojmowin Teg Health Centre,
please call (705) 368-2182**



Youth Archery Program

WHITEFISH RIVER COMMUNITY CENTRE

FOR AGES 11-14 YEARS

Instruction Provided by Sheila Madahbee
Trained Archery Instructor

Every
Tuesday
5:30-6:30pm

Limit 12
Participants.
First Come,
First Served

February 6, 13, 20, 27, March 6, 2018*



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"Noojmowin Teg Health Centre"

Mini Information Sessions on Health Related Topics:

- Nutrition
- Mental Health
- Traditional Teachings
- Smoking Prevention
- FASD Awareness

Parents Welcome to Attend

Registration forms can be obtained from
the Whitefish River Health Centre,
705-285-4354. For more
information contact Mark Peltier at
705-368-0229, Ext. 244
www.noojmowin-teg.ca



Noojmowin Teg
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Whitefish River
First Nation

BADMINTON NIGHTS

for Youth 11-14 Years

Every Friday 4:00-5:30pm

February 2, 9, 16, 23,
March 2, 9, 2018

*MAXIMUM 15 PARTICIPANTS

Wasse Abin High School Gymnasium
Free – All Equipment Provided

**Stay Physically Active with a
fun family activity on those
cold winter nights!**

Information on Health Related Topics
Provided:

- * Nutrition
- * Smoking Cessation
- * FASD Awareness
- * Traditional Medicines
- * Mental Health



Beverages &
Healthy Snacks



"Noojmowin Teg Health Centre"

Registration forms can be obtained from Waasa
Naabin Youth Centre at 705-859-3597. For more
information contact Mark at 705-368-0229.

www.noojmowin-teg.ca

**Parents Welcome &
Encouraged to Attend**

Program sponsored and supervised by Noojmowin Teg Health Centre's Healthy Living Youth Program and
Waasa Naabin Youth Centre



Wiiikwemkoong
UNCEDD TERRITORY



*Noojmowin Teg
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1 855 554 HEAL

A Help Line for Aboriginal Women



<http://www.talk4healing.com/>



Noojmowin Teg Health Centre

Hours of Operation

Monday - Friday

8:30am - 4:00pm

Main Office Telephone

(705) 368-2182

Main Office Fax

(705) 368-2229

Website

www.noojmowin-teg.ca

Postal Bag 2002, Hwy 540, 48 Hillside Rd.,
Aundeck Omni Kaning First Nation, Little Current, ON P0P 1K0



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