



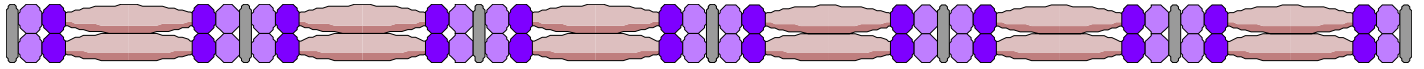
Aionkwatakari:teke

(A-YOU-GWA-DA-GA-RI-DE-GEH) "For Us To Be Healthy"

Vol. 17, No. 4

Kahnawake's Only Health and Wellness Newsletter

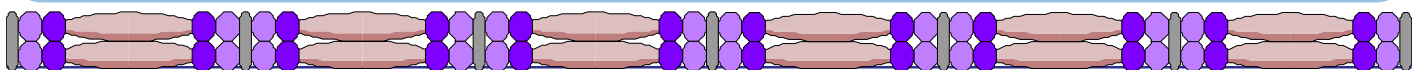
Seskéha / August 2012



Parenting in Kahnawake

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Aionkwatakari:teke

Aionkwatakari:teke is a newsletter published six times a year by Communications Services of Kahnawake Shakotiaa'takehnas Community Services (KSCS). Our purpose is to provide information on health and wellness issues that affect Kahnawa'kehró:non. All community members are welcomed & encouraged to submit articles provided that they are comprehensive to the general public, informative & educational. Slanderous material will not be accepted. **Views expressed in the articles may not necessarily reflect those of KSCS.** We reserve the right to edit all articles. All questions concerning this newsletter should be directed to:

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Library

This newsletter is intended to complement, not replace the advice of your health care provider. Before starting any new health regimen, please see your doctor.



Welcome to the summer edition of Aionkwatakari:teke. This issue looks mostly at parenting issues. We have a profile of Cory McComber who has chosen (with his wife) to raise his children in as traditional a way as possible, including home schooling his children. We also have a look at what it's like to be a step-father in an interview with Chad Diabo.

We cover an issue many parents go through, parenting after divorce. There is also an article on the disturbing trend by some physicians towards over-prescribing medication to children and an article on something we are seeing more and more of, children who are now taking care of their parents; it's called the *Sandwich Generation*.

We also have the second part in the mental health series, this one focusing on suicide. We have the final parts of two series; coping with asthma, and workplace violence.

Because it's summer, we also have look back at what used to be a popular pastime for families...going to the drive-in. And looking ahead to the fall, we thought we would also include an article from Kateri Hospital on their great cooking program to help families prepare healthy meals. We've included a couple of their great recipes too!

We hope you get outside and enjoy the weather, spend time with friends and family. We wish all of our readers a safe and healthy summer. See you in the next issue!

Sken:nen,
Marie David

Cover photo of Singing Wind Deer and Zander McComber, who are expecting their first child. Photograph by Tyson Phillips. Cover design by Marie David.





Living a Traditional Lifestyle

by TYSON PHILLIPS, COMMUNICATIONS

What does living a traditional lifestyle mean to you? We identify ourselves as Kanien'kehá:ka but are we truly an Onkwehon:we person? These are some of the questions Cory Karhowane (Large Forest) McComber raised during our interview.

Cory is fluent in the Kanien'kéha (Mohawk) language, has a great knowledge of Kahnawake and other Aboriginal Nation's history, and attends the Longhouse. "I don't like to label myself as 'Traditional', I identify myself as an Onkwehonwe person, as that is who I am," he says. "Many in the

community label themselves as a Traditional person or as a Kanien'kehá:ka person who is not traditional. We need to take a look at ourselves to truly be an Onkwehonwe person." explained Cory.

Cory learned Kanien'kéha through 45 minute lessons at Kateri School and, later, at the Survival School. For Cory, those lessons weren't enough;

he wanted to become fluent in the language. So it was in 1993 at the age of 18, Cory was volunteering at the Indian Way School in their immersion program. "I was like one of the children learning the language."

When Cory was not volunteering, he would go speak to elders in the community. "Not only was I able to learn more



Cory McComber: Photo by Tyson Phillips.

Kanien'kéha, the elders told me a lot of stories about the old days of Kahnawake. This is where I learned a lot of our history," he explained. "I also went to the Cultural Center and read all of their resource history books."

It took about two years for Cory to become fluent in the language and carry on a conversation with the elders.

Cory is married to Leith Mahkewa and they have three children aged nine, seven, and four. Their children understand and speak Kanien'kéha and English. "At this time, they are

being home schooled. Since we spoke to them in Kanien'kéha since birth, they were ahead in the language compared to other children who are just learning Kanien'kéha. When they would come home from school, they would speak in Kanien'kéha but then the rest of their sentence was in broken English. It was then that Leith and I decided to home school our children."

Since 2003, Cory has worked as a Support Counsellor at the KSCS Family and Wellness Center. "I counsel community members who want to take a traditional approach to their healing process."

Cory is also growing his own food and his family has two cows and many chickens. "I read a book on Iroquoian food and from there I started my garden. I grow corn, beans, squash, cabbage, potatoes, etc. Mother Earth is giving us this food and it is all natural and healthy."

Cory sees many in the community who are choosing to follow and adapt cultures that are not our own. This could be why there are so many problems today. "We are Onkwehon:we people. Drugs and alcohol are not part of us," he says. "It's good to learn about different cultures, however, we should live by following our own Onkwehon:we culture."



The Skawenniio Tsi Iewennah-notahkhwa Kahnawake Library suggests these books if you would like to know more on some of these subjects.

Fine, Carla. *No Time to Say Goodbye: Surviving the Suicide of a Loved One*. New York: Three Rivers Press, 1999.

Buckman, Robert. *What You Really Need to Know About Caring for a Child with Asthma*. New York: Lebhar-Friedman, 2000.

Healthy Recipes. Kahnawake: Kateri Memorial Hospital Centre.

Wallerstein, Judith. *What About the Kids? Raising Your Children Before, During and After Divorce*. New York: Hyperion, 2003.

Sutton, Robert. *The No Asshole Rule: Building a Civilized Workplace and Surviving One That Isn't*. Boston: Business Plus, 2007.

Reichenberg-Ullman, Judyth and Robert W. Ullman. *Rage-free Kids: Homeopathic Medicine for Defiant, Aggressive, and Violent Children*. Picnic Point Press, 2005.



Parenting After Divorce

by TERRY MCCOMBER, PREVENTION

Divorce is never easy. As adults, we may feel angry, hurt, and shocked. As parents, we have the heavy burden of having to tell our children that Mommy and Daddy will no longer be together and that they will no longer live in the same house. We are obligated to allow our children to grieve this loss and to support them through this difficult time.

Open dialogue and good communication are key to maintaining a healthy outlook. Teaching our children the three C's of divorce and separation is a good start. Telling them that they are not the CAUSE of the divorce, that they cannot CHANGE what is happening, and only Mommy and Daddy can CONTROL it, can help them to better understand what they are feeling. No matter how ugly a divorce can be, it is important that parents keep their children—no matter their age—free from having to carry the weight of it.

That's easier said than done! Sometimes, children become the collateral for child support, for visits, or for a simple change of plans. Often times, parents will have their children be the go-between. Many times, children of divorce or separation are what we at the Family and Wellness Center call "the kids in the middle".

Kids in the Middle is a program offered at the Family and Wellness Center for divorced parents. It helps parents transition to a new way of life before, during, and after separation and divorce, for the sake of creating healthier futures for all involved. It helps parents settle themselves emotionally so they can be there for their kids and communicate with each other with less conflict.

The goal of the program is to demonstrate healthy ways to co-parent with an ex-spouse while keeping in mind that all children have the right to live in a safe, stable, and loving environment.

Below, you can see what kids need and what hurts kids so you will know how to help kids in the middle of their parents' separation, divorce or remarriage.

Kids need to

- express love for both parents.
- remain connected to both parent's families.
- remain involved in both parents' lives.
- express their feelings.
- be in a stable, safe environment.
- remain a child and not a parental confidant.
- be told about family changes such as moving.
- be loved unconditionally.

Kids should not

- be put in the position of a message carrier.
- be asked to be the family spy.
- be told negative information about either parent.
- be interrogated after a visit with the other parent.
- be used as a weapon against the other parent.
- be exposed to conflict between the parents.
- feel responsible for the parent's divorce.
- be burdened with adult issues such as court proceedings, dating, or finances.

For more information on the Kids in the Middle Program, please feel free to contact Terry McComber or Mary Montour-Gilbert at the Family and Wellness Center at 450-638-0408.



Prevalence of Medication & Children

by JOSHUA DIABO, HUMAN RESOURCES

The choice on whether or not to medicate is a sensitive issue among parents with children who have psychological or developmental disorders. However, this is often not the case when it comes to medication and physiological disorders.

Parents will quite readily accept treatment when it comes to epilepsy, diabetes, pneumonia, etc., but will question the need to medicate for depression, anxiety or attention deficit hyperactivity disorder (ADHD).

Perhaps it is because physiological disorders present immediate and corporal symptoms. On the other hand, many psychological disorders are often seen as varying degrees of normal human characteristics; where's the line between sadness and depression, happiness and mania, ambivalence and melancholia?

Joel Paris is a professor and former chair of the department of psychiatry at McGill University. He wrote an article in the Montreal Gazette titled *Over-prescribing: a Worrisome Trend*. In it, he says "While anti-depressants are effective for severe depression, they should not be used to treat sadness or low mood due to an unhappy life."

Information provided by the US Food and Drug Administration estimates that up to 8 million children are currently prescribed psychotropic medication in the U.S. and this is a drastic increase since the previous decade. This is often attributed to the improving diagnostic criteria utilized by those in the mental health field.

With the newest edition of the Diagnostic and Statistics Manual for Mental Disorders (DSM-V)—considered the standard for diagnosing psychological disorders in the medical community—we can expect the rates of psychotropic medication use to drastically change again. For example, four more symptoms for ADHD have been added in the new edition, which makes it easier to confirm a diagnosis of ADHD.

So what's the problem with the over-prescription of psychotropic drugs to children? It is a seemingly convenient solution to a behavioural problem. However, how does a parent know when there really is a problem that requires medication which can produce a myriad of potential harmful side effects?

Furthermore, even if there is a legitimate issue, how do we know what the alternatives to medications are? Most general practitioner MDs are insufficiently specialized to treat psychological disorders and nor do they have the time to engage in any long-term therapy.

In addition to this, Gardiner Harris of the New York Times reports of financial incentives given to MDs to prescribe name-brand medications in the article *Medical Marketing: Treatment by Incentive; As Doctor Writes Prescription, Drug Company Writes a Check*.

Ideally, you should request a referral to a psychiatrist or a psychologist that specializes in childhood disorders and get a valid diagnosis. Therapeutic options should be reviewed if, feasible.

It may be helpful to think of psychotropic medication not as a simple "cure", but rather as symptomatic treatment as it does not address the root cause of many developmental disorders. Some children may develop a tolerance to the medication causing it to be ineffectual. If you do decide that prescription medications is the route you want to take, you may want to see if you can also provide therapeutic services at the same time.

Source:

Paris, Joel. "Over-Prescribing: A Worrisome Trend." Montreal Gazette. 4 Apr. 2012. Health.

Harris, Gardiner. "Medical Marketing: Treatment by Incentive; As Doctor Writes Prescription, Drug Company Writes a Check." New York Times. 27 June 2004. Health.

Joshua Diabo was a summer student working in the Human Resources Department at KSCS. He is studying for a BA Hons. Psychology and a BA in Philosophy at the University of Ottawa (3rd year). We wish him luck in his studies.

Ideally, you should request a referral to a psychiatrist or a psychologist that specializes in childhood disorders and get a valid diagnosis.



The Sandwich Generation

by JEAN O'CONNOR, HOME & COMMUNITY CARE SERVICES

Anyone who finds themselves in a position of caring for their aging parents while raising their own children at the same time are considered part of the sandwich generation.

That's because they're caught between caring for their children while being responsible for the financial, medical, and physical care of their parents.

According to Statistics Canada, three in 10 people in Canada between the ages of 45–64 are caring for someone over the age of 65 as well as someone under the age of 25. Those numbers are increasing steadily as the baby boomers age and people live longer.

At Home and Community Care Services (HCCS), I see many families who would be considered part of the sandwich generation—actually at times a multi-layered sandwich, as some families care for their children, grandchildren and parents—the responsibilities can be even more demanding.

As we confront the fact that our parents are having more difficulties, we begin to go through a mourning process that has a negative effect on our emotional and psychological health.

Taking care of others can be very demanding. Ensuring that your parent's overall needs are met: eating healthy meals, taking medication as prescribed, paying bills, completing housework (yours and theirs), ensuring that their social needs are met, etc. Not to mention the worry that

you may have if your parent lives alone or the feelings you may have if your siblings are not carrying their share of the load.

A normal reaction to this increased responsibility is to feel stressed, overwhelmed, fatigued and like you can't give anymore. Increased stress can negatively affect your health. Caregiver burnout can be a consequence to caring for someone on an on-going basis.

Self care

Your own health and well-being must be a priority in order for you to maintain your role as a caregiver. Taking time for yourself, exercising, yoga, meditation, working a decreased work schedule, and eating healthy are ways to ensure your own overall health so that you can continue in your role as a caregiver.

Support

Caregivers should seek support from within their own family system and, when needed, from other resources such as HCCS or other specialized resources like the Alzheimer Society.

Legal documents

It's best to have legal documents prepared in order to avoid any complications in the future, including a last will and testament. The power of attorney gives responsibility to

someone appointed to handle the financial and legal affairs on behalf of a person unable to manage their own affairs. A power of attorney (mandate) for personal care provides decision making powers for all personal care issues including medical decisions. A power of attorney for your aging parent can ensure that your parent's wishes are respected.

HCCS's Adult and Elder's Service Counsellor Patricia Zachary, may be contacted at 450-632-5499 for the completion of these documents.

The sandwich generation has many roles and responsibilities. Through a balanced and pro-active approach in parenting our parents, this experience can be a positive and enriching one.



Jean O'Connor is an elders caseworker at Home and Community Care Services.



Suicide

Mental Health First Aid Guidelines

by CHAD DIABO, PROMOTION & EDUCATION

How can I tell if someone is feeling suicidal?

If you suspect someone may be at risk of suicide, it is important to ask them directly about thoughts of suicide. Do not avoid using the word suicide. It is important to ask clearly and without expressing negative judgements. Judgements make the person less likely to answer honestly about their thoughts. Some people think that talking about suicide puts the idea in their head. This is not true.

How should I talk with someone who is suicidal?

It is important to tell them that you care and that you want to help them. You should encourage the person to do most of the talking. They need this opportunity to talk about their feelings and thoughts. Suicide is often a plea for help and a desperate attempt to escape from problems and distressing feelings. Talking will help them understand their feelings and organize their thoughts.

How can I be supportive?

Asking direct questions about suicide gives the person permission to talk openly about their thoughts. Often the taboo and stigma surrounding suicide, and having thoughts of suicide, stop people from seeking help. Listening is the most supportive action you can do. Listening can help save a life.

How can I help if the situation seems serious?

You need to first determine how much pain they are in and if they have a plan. A plan means the person is prepared. A lot of emotional pain means the person is desperate to end the pain. A person

who is actively suicidal, who is in pain, and is prepared should not be left alone. Ask their family and friends to be with the person 24/7 until you can get them to see a professional mental health care worker.

What if the person is suicidal or has injured themselves?

At present, there are over 950 persons trained in Kahnawake in suicide intervention skills including Peacekeepers, ambulance technicians, KSCS staff, and other community members. If you need a trained professional's help, call the Peacekeepers or ambulance at 450-632-6505. You can call KSCS at 450-632-6880 during regular business hours Monday to Friday, 8:30 a.m.–4:30 p.m.

What if the person makes me promise not to tell anyone else?

You should never agree to keep a plan for suicide secret. However, you should respect the person's right to privacy and involve them in decisions regarding who else knows about their suicidal intentions.

Guilt and responsibility

Facts show that despite our best efforts, sometimes people still follow through with suicide. Will you feel guilty if someone you are helping dies by suicide? The guidelines say if you tried your best, then that's all you can reasonably do to help that person.

These guidelines are the basics of what are offered in the free two-day training in Mental Health First Aid. For more information contact Chad Diabo at 450-632-6880.

Some SIGNS a person may be suicidal

- Threatening to hurt or kill themselves
- Looking for ways to kill themselves; seeking access to pills, weapons or other means
- Talking or writing about death, dying, or suicide
- Feeling hopeless
- Feeling rage, anger, or seeking revenge
- Acting recklessly or engaging in risky activities seemingly without thinking
- Feeling trapped; like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends and family or society
- Feeling anxiety, agitation, being unable to sleep or sleeping all the time
- Experiencing dramatic changes in mood
- Feeling there is no reason for living or having a purpose in life

The Dimming Lights at the Drive-In

by TYSON PHILLIPS, COMMUNICATIONS

Imagine watching the latest Hollywood blockbuster on a massive screen, in the comfort of your own car, under a summer night sky. This is what the drive-in cinema was all about. Long before the IMAX screen, the Internet, Netflix, and high definition televisions, many were able to see two or more movies at a drive-in cinema.

Drive-ins were invented in the 1940s in the United States. They have been dying a slow death since the mid-1980s due to the popularity of the VCR, the high property value of the land, and the competition of multi-plexes that included more movies, more showings, comfortable seats and family oriented entertainment areas.

Drive-ins were forbidden in the province of Quebec until 1970, in part due to the Catholic Church. Once the ban was lifted, drive-in cinemas began popping up around the Montréal area. Most showed only French films and were open year round.

By the late 1970s, more screens were added so English movies could be shown. The main English drive-in was the Dollard Drive-In located on the west island of Montréal and opened Christmas Day, 1971. Even Kahnawake had a drive-in that operated during the summers of 1975–76 and part of 1977.



The author, Tyson Phillips, at the Chateauguay Drive-In in 2004. Photo courtesy of Tyson Phillips.

Going to the drive-in was a very popular activity for all ages. Families would pile into the car—the children in their pyjamas—ready for a night of entertainment. For teens, it was usually where they would have their first date or a place to hang out with friends.

The drive-in was part of growing up for many people, including myself. A few community members told me they often went to the Dollard and Châteauguay drive-in in the '70s and '80s. They wished they could bring their children to a drive-in. Many discussion groups on the Internet have similar thoughts about the drive-in as it was a fun place to go to and many miss it.

If you want to relive the drive-in cinema, or if you want to experience it for the first time, you would have to do some travelling. Gatineau, Quebec's drive-in has one screen that shows English movies. If you want to cross the border, there are two drive-ins in upstate Vermont and one in Massena, New York. The only drive-in left in the Montréal area is in St. Eustache; however, they only show French dubbed movies. The Dollard drive-in closed in 1986.

An article in the Montréal Gazette outlined yet another threat to drive-ins. Major movie studios are looking to cut costs by distributing their films in a digital format instead of 35 mm film. This has drive-in operators worried because it is expensive to upgrade to digital projection. Hopefully this will not happen and drive-ins will be around for years to come.

Source: Cardwell, Mark. "A Death Knell for Drive-Ins?" Montréal Gazette. 25 June 2011: Arts.



Food to Grow On

by CHANTAL HADDAD, KMHC

Do you get stuck in the rut of eating the same foods over and over again? Do you sometimes think about trying a new food but are not quite sure how to prepare it? Or maybe you are not sure your family will like it and you're afraid it will go to waste.

Eating many different types of foods is really important for good nutrition. This is because each food has a different set of nutrients that your body needs. By eating a wider variety of foods you will be getting all the nutrients that your body needs from all the different foods. It is also important to feel comfortable preparing different types of foods. The healthiest foods are those you cook yourself, at home.

Food to Grow On workshops

Since 2003, Kateri Memorial Hospital Centre (KMHC) nutritionists have held Food to Grow On workshops at the Family and Wellness Centre's kitchen several times each year. The participants for our workshops, given over a period of six weeks, are mostly parents with young families but everyone is welcome and you can also bring your children.

We get together to cook in a family-like atmosphere focusing on healthy foods that are easy for children and families to enjoy. It is a great place to learn and practice cooking skills and also to taste some new foods. A big part of getting together to cook is learning from each other. Whether you are an experienced cook or have never fried an onion, you are always welcome, and will always learn something new.

We also have had interesting discussions about feeding children. Many parents struggle with their children's picky eating habits. Did you

know that the best remedy for picky eating is repeated exposure to many different types of foods. Children will slowly learn to like new foods when they are given many chances to experience and taste them without pressure.

If you are interested in Food to Grow On cooking workshops, please call the nutrition office at KMHC and speak to Chantal or Joëlle at 450-638-3930 ext. 350. The next session is planned for the fall.

Here is a sample of a typical menu and some recipes for you to try.

Mediterranean Lentil Soup
Sweet Potato Biscuits
Creamy Spinach Salad
Fruit Squares

Mediterranean Lentil Soup

4 cups	chicken broth
1 cup	dried brown lentils, rinsed
3	celery stalks, chopped
3	carrots, chopped
1	onion, chopped
3 cloves	garlic, crushed
1	potato, diced
1 can	diced tomatoes (19oz/540mL)
1 tsp	cumin
2 tbsp	fresh parsley
	salt & pepper to taste

In a medium saucepan, combine all ingredients. Bring to a boil. Reduce heat, cover and simmer for 40 minutes or until the lentils are soft.

Makes 6 servings.

Recipe by Chantal Haddad.

Sweet Potato Biscuits

1	small sweet potato, peeled, cooked and mashed
2 tbsp	margarine, melted
1 tbsp	brown sugar
1 cup	all purpose flour
1 cup	whole wheat flour
2 tsp	baking powder
½ tsp	baking soda
¾ cup	buttermilk (or ¾ cup of milk + 1 tbsp vinegar)

In mixing bowl; combine sweet potato, margarine and brown sugar, beat well.

In a separate bowl, combine flours, baking powder and baking soda. Add the buttermilk. Combine the sweet potato and flour mixtures.

Turn the dough out on a lightly floured surface. Knead only for 8 strokes. Roll the dough out to 1-inch thickness. Cut with the floured rim of a glass or use a floured biscuit cutter.

Place on an ungreased cookie sheet and bake for 12–15 minutes in 350° F oven. Makes 12 biscuits.

Source: Webb, Robyn. *More Diabetic Meals in 30 Minutes or Less*. American Diabetes Association. 2010.

EDITOR'S NOTE: Due to space issues, the remaining two recipes; Creamy Spinach Salad and Fruit Squares, will run in the next issue.

Chantal Haddad is a nutritionist with the Kateri Memorial Hospital Centre.



Managing Food Allergies Part II of II

by WENDY SKY-DELARONDE, BSC(N), KMHC

My previous article highlighted food allergies in general. To re-cap: an allergic reaction occurs when the body's immune system responds aggressively to a particular protein or proteins.

These proteins are found in substances such as food, insect stings, latex or medications, and are known as allergens. Most people do not react to these allergens but they can trigger life-threatening reactions in people with severe allergies.

In this article, we will be looking at life-threatening reactions to foods. In particular, the focus is on the prevention and management of this serious health problem.

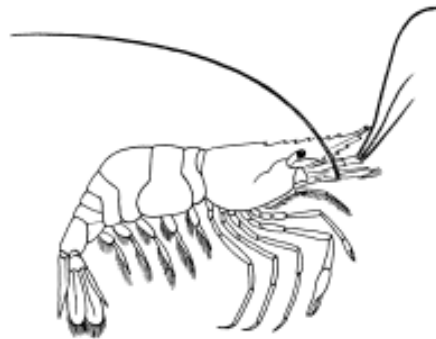
Imagine you or your child is having a life-threatening reaction to a type of food. You are probably very scared and worried. Rest assured, you are not alone and there are many others out there—perhaps 20–30 adults and children in Kahnawake—with the same problem. Today, there are also many resources close at hand to help you.

There are two major keys to help you cope with allergies. One is to educate yourself about everything you need to know about your food allergy. It's best to obtain your information from reliable sources such as your family doctor, allergist, pharmacist, or any of the KMHC's community health nurses. Other sources that you will find very useful are Internet sites such as

- The Food Allergy and Anaphylaxis Network www.foodallergy.org/.
- Anaphylaxis Canada www.anaphylaxis.ca/.
- Allergy/Asthma Information Association <http://aaia.ca/>.

The second major key is to follow routine practices including;

- Washing your hands with soap and water before you eat or prepare food. Hand sanitizers do not work well in this instance.



The lowly prawn. Delicious to some, deadly to others.

- Reading the labels of all food that's to be consumed to be sure that it does not contain the food item that you are allergic to.
- Avoiding cross-contamination: foods that were prepared in a dish or with utensils that have been contaminated with the food you are allergic to.
- Seeing your family doctor annually for check-ups and to up-date your prescription for your EpiPen.
- Seeing your allergist as often as you are advised to.
- Carrying your EpiPen and your medic alert bracelet at all times. Read instructions for proper storage. Use a calendar to keep track of expiry dates.

- Letting your child's teachers and other caretakers know about your child's life threatening allergy and providing them with an EpiPen. Please note that all of the schools in Kahnawake have policies and procedures to handle a severe allergic reaction.
- Keeping the number for the Peacekeepers or other emergency services close by.

You can manage food allergies when you travel by keeping to most of your routine practices as stated above. You also need to find out where the nearest health care facility is **before** you go just in case.

Family, friends and co-workers can help by keeping offending foods away at parties, dinners or other gatherings where food is served and avoiding cross contamination of foods.

You can live a normal life with life threatening food allergies. You just have to be careful.

Wendy Sky-Delaronde is a community nurse with the Kateri Memorial Hospital Centre.

Violence in the Workplace

Part III of III

from THE CANADIAN CENTRE FOR OCCUPATIONAL HEALTH & SAFETY

What are some advantages of having a written policy about workplace violence, harassment and other unacceptable behaviour?

A written policy will inform employees about:

- what behaviour (e.g., violence, intimidation, bullying, harassment, etc.) management considers inappropriate and unacceptable in the workplace,
- what to do when incidents covered by the policy occur, and
- contacts for reporting any incidents.

It will also encourage employees to report such incidents and will show that management is committed to dealing with incidents involving violence, harassment and other unacceptable behaviour. Some employers caring to exceed *minimum* requirements in legislation include *personal harassment* in their anti-harassment policies.

Personal harassment does fall under the definition of harassment—unwelcome behaviour that demeans, embarrasses, or humiliates a person; however, it is not covered by human rights legislation dealing with harassment related to race, ethnic origin, religion, sex, etc.

Can you give examples of preventive measures?

Preventive measures generally fall into three categories:

Workplace design considers factors such as workplace lay-out, use of signs, locks or physical barriers, lighting, and electronic surveillance.

Building security is one instance where workplace design issues are very important. For example, consider:

- positioning the reception, sales, or service area so that it's visible to fellow employees or members of the public,
- positioning office furniture so that the employee is closer to a door or exit than the client so that the employee cannot be cornered,
- installing physical barriers, e.g. pass-through windows or bulletproof enclosures,
- minimizing the number of entrances to your workplace,
- using coded cards or keys to control access to the building or certain areas within the building,
- using adequate exterior lighting around the workplace and near entrances, and
- strategically placing fences to control access to the workplace.

Administrative practices are how you do business. For example, certain administrative practices can reduce the risks involved in handling cash. Consider:

- keeping cash register funds to a minimum,
- using electronic payment systems to reduce the amount of cash available,
- varying the time of day that you empty or reduce funds in the cash register,

- installing and using a locked drop safe, and
- arranging for regular cash collection by a licensed security firm.

Work practices include all the things you do while you are doing the job. People who work away from a traditional office setting, e.g. home care providers, can adopt many different work practices that will reduce their risk. For example,

- prepare a daily work plan so that you and others know where and when you are expected somewhere,
- identify a designated contact at the office and a back-up,
- keep your designated contact informed of your location and consistently adhere to the call-in schedule,
- check the credentials of clients,
- use the “buddy system”, especially when you feel your personal safety may be threatened, and
- DO NOT enter any situation or location where you feel threatened or unsafe.

Quebec has legislation regarding psychological harassment, which may include forms of workplace violence. Many jurisdictions also have working alone regulations, which may have implications for workplace violence prevention. You can find more information about workplace violence from the Canadian Centre for Occupational Health & Safety website.

Source: <http://www.ccohs.ca/oshanswers/psychosocial/violence.html>

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“If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart.”

Nelson Rolihlahla Mandela

Yours, Mine, and Ours Profile of a Step-Father

by TYSON PHILLIPS, COMMUNICATIONS

Chad Katsenhake:ron Diabo comes from a large family. He is the second oldest grandchild in a family of 27 grandchildren on his mom Rheena’s side. He also has two younger brothers, Travis and Luke. “Travis and I are close in age, but Luke was born when I was thirteen,” Chad said. “I did a lot of babysitting when I was a teen, not only to Luke but to many younger cousins.”

Babysitting and being one of the oldest prepared him for what he is today, a legal guardian to Sierra, 12, and

to Francis, 20. Chad is in a relationship with Lorraine Lahache and is a step-father to her children Dantana, 9, Kianna, 8, and Kierra, 5.

Four years ago Chad, 37, became the legal guardian to Sierra when her biological father Olivier (also father to Francis) passed away from cancer. “On his deathbed, Olivier asked me to continue to be there as a father for Sierra and Francis,” Chad said. “Even though Francis is now 20, I am still his father figure.”

Chad was very proud to take on the role as step-dad. “In the beginning Sierra was a year old and I was unemployed at the time, so I was a stay at home dad.”

Taking care of a toddler was not a new experience for Chad due to his babysitting experience. His relationship with Sierra’s mom may have ended but he continues to have a strong presence in Sierra’s life today.

When Chad began dating Lorraine, he took his time to introduce Sierra to Lorraine’s children. “I didn’t want Sierra to feel left out,” he said. “Children can become jealous of their step-siblings if they meet right away and are pressured to get along. Sierra eventually met Lorraine’s three kids, and they enjoy being with each other.” It was fortunate that Sierra, Dantana and Kianna all attended the same school.

“I believe that as your love grows, your heart grows bigger. I could not ask for anything more.”

Becoming a step-father is a major life change for any man to go through. “To be a step-dad, you cannot expect to have your girlfriend all to yourself.

The children come first. Another important element is to have a positive connection with the biological mother or father,” he stressed. “If the ex-spouse has a lot of anger, it’s a lot of stress on the relationship and the children suffer. Everyone involved must be able to talk to each other, it’s best for the kids.”

Chad admits he’d like to have a child of his own someday. “I don’t know when that will be, as it’s up to the Creator,” he said. “Honestly, at times it gets chaotic when there are so many children in the house, but when they leave and it’s just Lorraine and I, we get lonesome and miss the kids.”

Chad feels honoured that he is a step-father and is happy to be a part of the children’s lives. “I believe that as your love grows, your heart grows bigger. I could not ask for anything more.”

August is...

1-7 World Breastfeeding Week

19 World Humanitarian Day

September is....

Breakfast for Learning Month

Childhood Cancer Awareness Month

Men’s Cancer Health Awareness Month

Natl. Arthritis Awareness Month

Ovarian Cancer Awareness Month

15-23 AIDS Walk for Life

3 Labour Day

9 FASD Awareness Day

10 World Suicide Prevention Day

16 Terry Fox Run

21 World Alzheimer’s Day

29 World Heart Day

Do you have questions or suggestions? Is there a topic you would like to see covered in a future issue of the newsletter? Contact us and let us know.

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