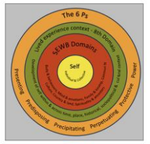
AIPA
AUSTRALIAN INDIGENOUS PSYCHOLOGISTS ASSOCIATION

Cultural Responsiveness Training

Welcome

Acknowledgement of Country

POSITIONALITY



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- *Wangii Wadhan Biyay,* Decolonial Psychology (Routledge, 2025);
- *Listening More: Embedding Cultural Safety in Supervision.*

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45 years practice across remote & regional QLD

Director AIPA · Ngarigo Nation IC

Australian South Sea Islander (Lifou)

Coming to the ganji (fire)

- For Indigenous Australians, ganji was and is central to survival and a meeting place for passing on knowledge. We are gathering to build ‘right story’ which comes “from groups living in right relation with each other and with the land” (Yunkaporta, 2023, p. 25).

- ‘Wrong story’ arises when cultures are damaged by separation and fragmentation and one culture or group flourishes by dominating and exploiting another.

- Colonisation was based on wrong story and continues to facilitate the flourishing of one group at the expense of another, and cause trauma and suffering for Indigenous Australians.

- Decolonisation and creating cultural responsiveness and cultural safety are moving back to right story.

Relationality

Australian Indigenous identity is formed in relationality and mutuality:

> ***We are built to live in connection with one another, and when disconnected, we are fundamentally not whole – we are unhealthy.***
>
> - Murrup-Stewart & Wills, 2024

Everything is connected, equal & sacred

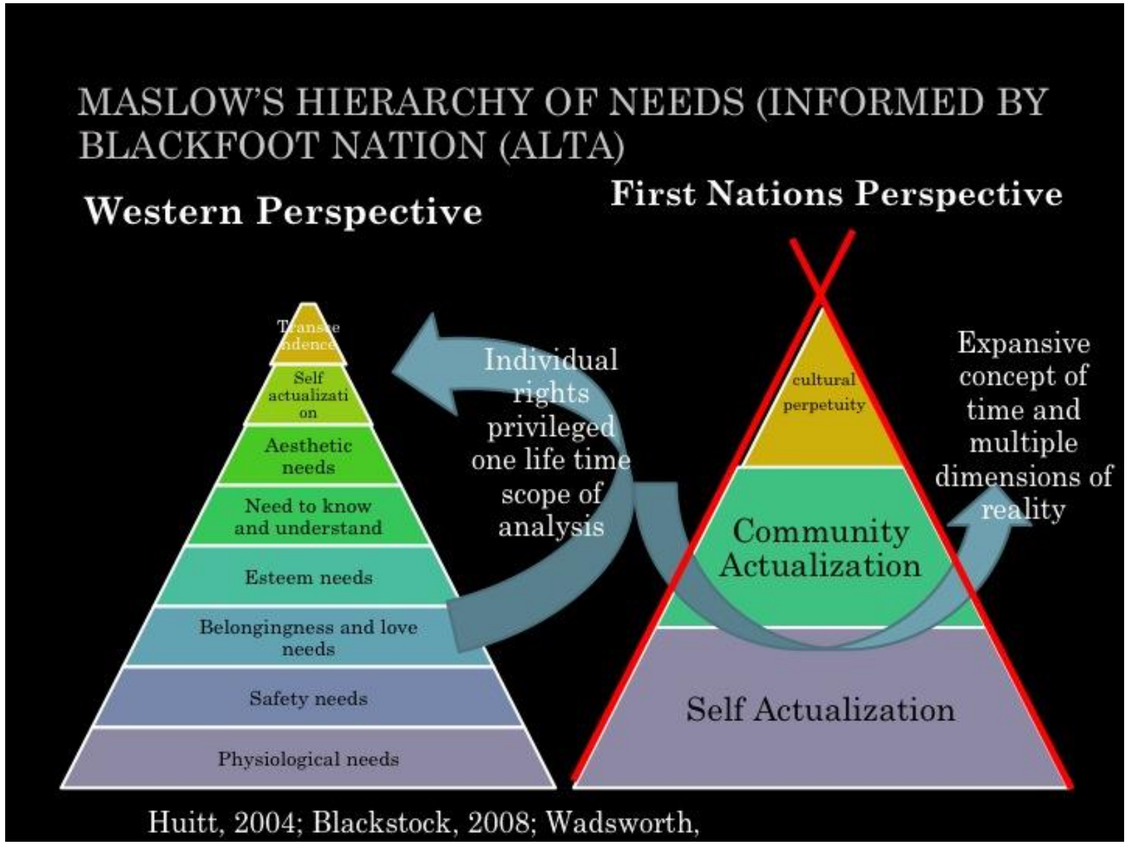
Relationality

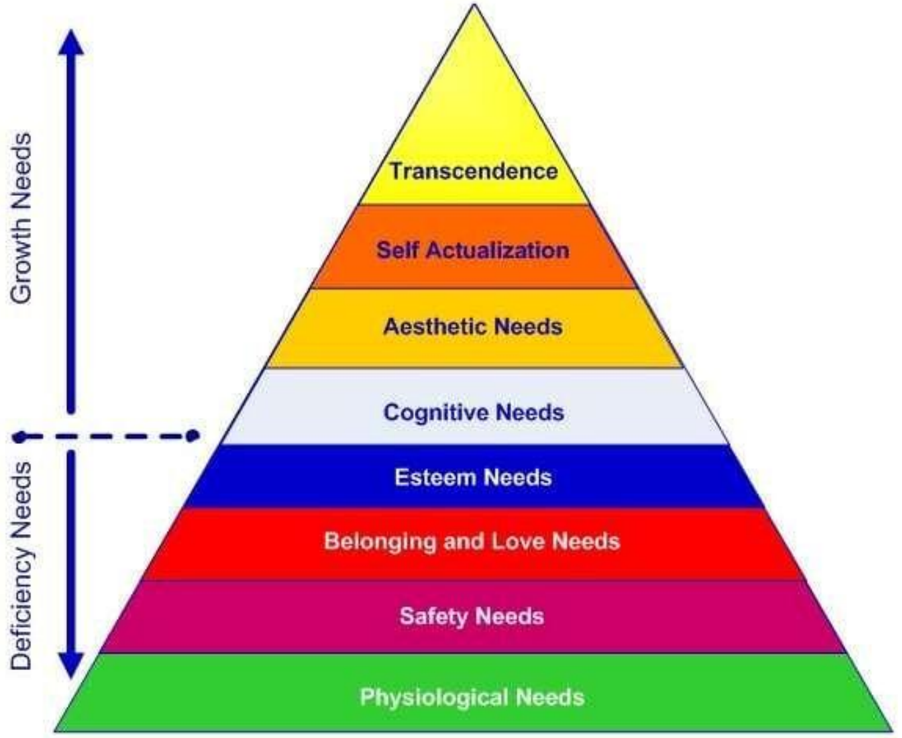
- “ngal”
- “ngul”
- “us-two”

Individual autonomy held within relationalism

Descartes: I think, therefore I am

Classical Liberalism: I am what I possess in a world built on economic relations





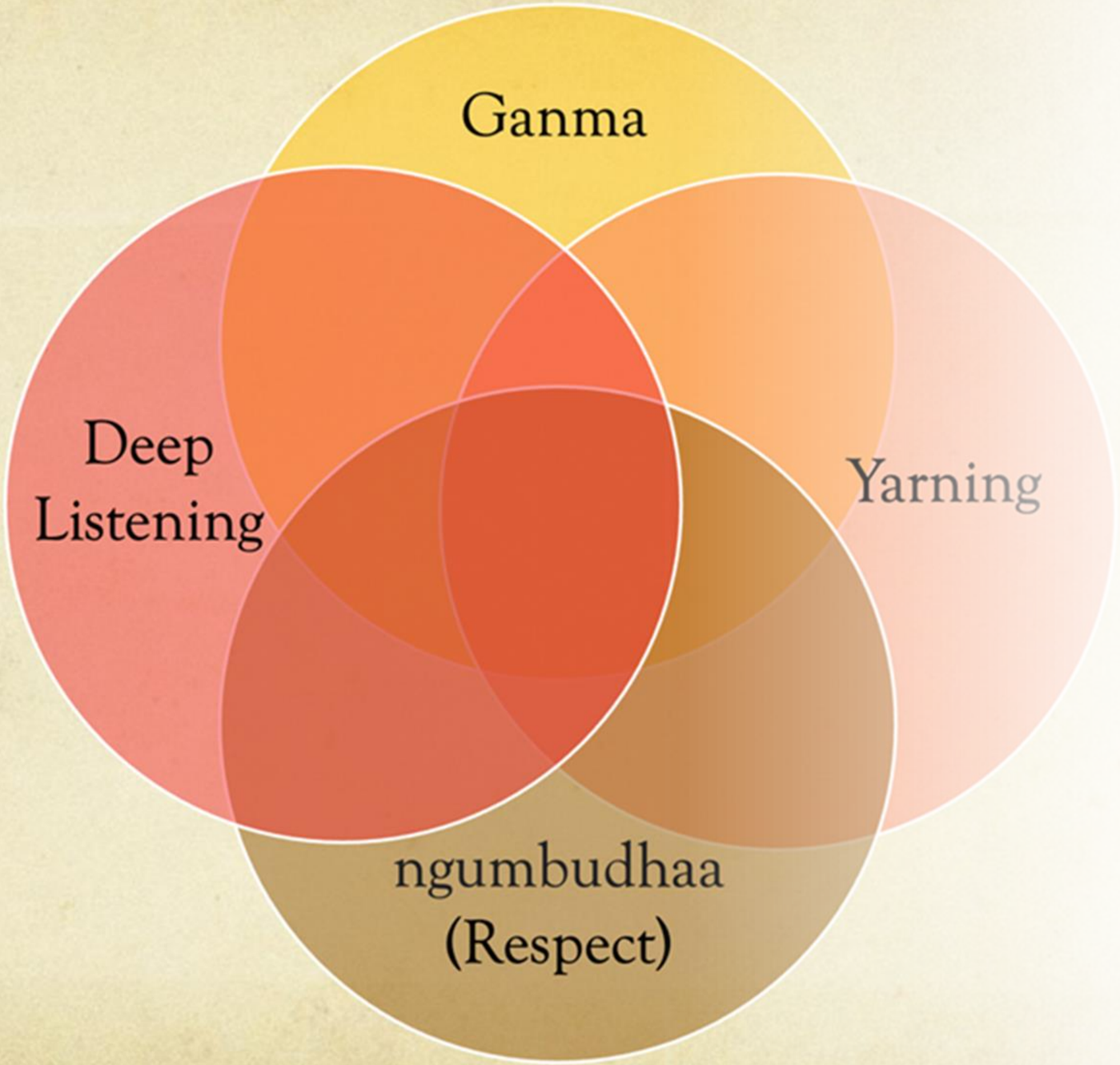
https://www.researchgate.net/publication/362459138_Evaluating_Creative_Works_of_Adinkra_Symbol_in_Relation_to_Maslow%27s_Theory/figures?lo=1

Identity

- Indigenous Australian selfhood is autonomous individuality held within relationalism, based on a network of connections to a person's whole social, physical and metaphysical ecology.

- Becoming fully adult goes beyond self-actualisation, a value that dominates Euro-western identity. Once we have a developed an ego, we are expected to move into contributing to community actualisation, and then cultural perpetuity Conversely, possessive individualism is based on the accumulation of assets and power.

- To insist on individualised responses from a Eurocentric lens based on narrow, privileged WEIRD understandings of 'normal' responses to distress can then be an act of violence, as well as the promulgation of Western ideologies.



Relational processes

- Ganma
- Deep listening
- Yarning
- Respect

Ganma

Figure 1. Ganma (Marika R. 1999) in Bat et al (2014)

Deep Listening

https://www.youtube.com/watch?v=tow2tR_ezL8

Yarning

A culturally grounded process of conversing with & relating to others, a structured sharing of stories & knowledge that establishes mutual expectations & responsibilities

https://www.youtube.com/watch?v=WdVL4EUiy0w

Respect

https://www.youtube.com/watch?v=kbITk8cDBjg

Indigenous psychology

- Indigenous Psychology is a holistic, place-based therapeutic approach that focuses on flourishing and wellbeing. In Australia.
- Indigenous psychology overall is a framework within which models can continually evolve.
- A core model is the Social & Emotional Wellbeing paradigm which draws on >65,000 years of practice-based evidence.
- Euro-Western psychological approaches can be successfully integrated with Indigenous psychology when grounded in Indigenous ways of knowing, being & doing, and when the Indigenous Australians we collaborate with are open to such methods for comprehending their personal experiences and addressing trauma. (Goslett & Selkirk 2025).

Why is knowing about the Indigenous psychological paradigm important?

Aboriginal and Torres Strait Islander peoples are much more likely to be assessed and treated by a health practitioner trained within a mainstream health system that pays little attention to indigenous worldviews and experiences of racism.

Articulations of SEWB

SEWB Diagram (adapted from Gee et al 2014)

AFL Social, Emotional and Cultural Wellbeing Framework (adapted from Gee et al 2014)

Principles of SEWB Services

1. HOLISTIC AND PAYING ATTENTION TO THE STRENGTHS AND RESILIENCY OF ABORIGINAL CULTURE;
2. AWARE OF AND **RESPONSIVE** TO THE IMPACTS OF HISTORY AND THE INTERGENERATIONAL TRAUMA ABORIGINAL PEOPLE EXPERIENCE;
3. DESIGNED TO BE **CULTURALLY SECURE**, LED BY ABORIGINAL WAYS OF KNOWING, BEING AND DOING AND WORK TO PROMOTE HOPE AND HEALING;
4. AWARE THAT MENTAL HEALTH (CLINICAL ASSESSMENTS, DIAGNOSIS, AND TREATMENT) IS AN IMPORTANT PART OF A PERSON'S OVERALL WELLBEING BUT NEEDS TO BE **BALANCED** OUT WITH OTHER SOCIAL, EMOTIONAL, PHYSICAL, CULTURAL HEALING;
5. **INCLUSIVE** OF THE INDIVIDUAL, THE FAMILY, AND THE COMMUNITY – WORKING WITH EVERYONE FOR STRONGER PEOPLE, FAMILIES AND GENERATIONS TO COME.

The Aboriginal concept of health is holistic, encompassing mental health and physical, cultural and spiritual health. This holistic concept does not just refer to the whole body but is in fact steeped in harmonious interrelations, which constitute cultural wellbeing...

Crucially it must be understood that when the harmony of these interrelations is disrupted, Aboriginal ill health will persist.

- Gee et al (2014)

THE RESPONSE

SEWB in practice: reframing distress

Distress is understood as

internal psychic phenomena

AND

relational disruption
caused by colonial forces

- SEWB includes determinants & human-rights based challenges, not just symptoms
- Healing plans can be built on strengths & imbalances in connection & belonging

SEWB domains – protective factors & challenges

DOMAIN	DESCRIPTION	POSITIVE/ PROTECTIVE FACTORS	CHALLENGE/ RISK FACTORS
Connection to mind and emotions 	Includes mental health disorders and the importance of positive feelings and wellness.	Belonging, mindfulness, accessing support to manage stress, overcome trauma, and/or recover from other mental health illnesses. The National Apology, truth-telling and treaty.	Threats to safety, social disadvantage, **intergenerational trauma,** experiences of racism, **misdiagnosis and mislabelling.**
Connection to body and behaviours 	Includes physical health and considers the importance of optimal functioning - your body, health, spirit (Liyan), and mind being at their best.	Sports and exercise, hunting and gathering and other activities on Country, traditional diets and medicines, access to **culturally safe** services.	Smoking, alcohol, and drug misuse, junk food, chronic and communicable diseases. Exclusion from health, wellbeing, and other essential services.
Connection to family and kinship 	Includes family and kinship relations, systems of reciprocity and caring, i.e., respect for Elders.	Learning family history, sharing experiences with other Aboriginal peoples, being part of healthy relationships and family connections.	Removal of children from families, incarceration, family violence, grief and loss, lack of cultural education.
Connection to community 	Includes cultural structures of responsibility and obligation.	Self-determination and community control. Having Aboriginal mentors, role-models, advisors and Elders. Cultural revitalisation. Participating in community activities. Community harmony.	Social exclusion and **systemic racism, lateral violence,** family feuding, disconnection and isolation.

Source: Kimberley Aboriginal Medical Services 2022

SEWB domains – protective factors & challenges

Connection to culture 	Includes cultural expressions and activities (yarning, ceremony, camping, fire, art, dance, song, story-telling, funerals); cultural knowledges (language, protocol, lore, ethical practice), and cultural identity (pride, values, belonging).	Learning about, involvement with and participation in cultural activities and knowledges to build cultural identity. Passing on cultural activities and knowledges to young people or people who have been disconnected from culture.	Cultural dislocation, cultural genocide, cultural clash between two worlds, disconnection from language, country, and family, assimilation policies.
Connection to land and Country 	Includes the experience of belonging to Country, a traditional spiritual connection to kin and culture through Country, and a yearning to heal Country.	Returning to Country as a way of healing the body, mind, and spirit, and reconnecting with community, cultural renewal. Traditional medicine and diet. Land rights.	Removal from Country, dispossession of land, destruction of sacred sites, environmental degradation.
Connection to ancestors and spirituality 	Includes Indigenous knowledges and belief systems. Traditional and cultural healing practices, scared sites and men and women's lore grounds. Values of wisdom and hope.	Accepting traditional and evolving expressions of Indigeneity and spirituality that coexist with other religions and mindfulness practices that enable peace and balance.	The impact of mission life, religion, assimilation policies such as Stolen Generations, and cultural genocide. Symptoms of trauma such as misuse of drugs.

Source: Kimberley Aboriginal Medical Services 2022

SEWB determinants protective factors & challenges

DETERMINANTS	DESCRIPTION	POSITIVE/ PROTECTIVE FACTORS	CHALLENGE/ RISK FACTORS
Historical determinants of health	The legacy of colonisation and the disruption to the traditional way of life.	Aboriginal Rights Movement, National Referendum 1967, Land Rights, and the National Apology.	Invasion, frontier wars, massacres, genocide, state control and terror e.g., Aborigines Protection Act 1905 that led to Stolen Generations.
Political determinants of health	The human rights of all peoples to self-determination, sovereignty, and social justice.	Truth-telling, treaty, land rights and destruction of heritage sites, Indigenous governance, Aboriginal community control, and cultural continuity.	Oppressive legislations that enables displacement, dispossession of land, forced removal of children and assimilation, and suppression of language and culture.
Social determinants of health	Health inequity is a result of social inequity.	System level change, access and support for housing, welfare, education and employment, access to community resources and services, supportive family and community.	Poverty, insecure or overcrowded housing, limited access to water and food, education, employment, justice system, exposure to violence, stress and trauma.
Cultural determinants of health	A strengths-based perspective that finds solutions in stronger connection to community, culture and Country.	Self-determination, reconciliation, freedom from discrimination, human rights, custodianship of Country, reclamation of cultural practices, protection of traditional knowledges.	Intergenerational trauma, mistreatment and pervasive racism and discrimination at individual, institutional, and system levels.

APS Apology

In 2016, the APS made a formal apology to Aboriginal & Torres Strait Islander people, acknowledging psychology's role in contributing to the erosion of culture and to their mistreatment.

APS Apology

We sincerely and formally apologise to Aboriginal and Torres Strait Islander Australians for:

- *Our use of diagnostic systems that do not honour cultural belief systems and world views.*
- *The inappropriate use of assessment techniques and procedures that have conveyed misleading and inaccurate messages about the abilities and capacities of Aboriginal and Torres Strait Islander people.*
- *Conducting research that has benefitted the careers of researchers rather than improved the lives of the Aboriginal and Torres Strait Islander participants.*
- *Developing and applying treatments that have ignored Aboriginal and Torres Strait Islander approaches to healing and that have, both implicitly and explicitly, dismissed the importance of culture in understanding and promoting social and emotional wellbeing.*
- *Our silence and lack of advocacy on important policy matters such as the policy of forced removal which resulted in the Stolen Generations.*

- Australian Psychological Society (2016)

Decolonisation

In reference to decolonisation of systems in Australia, it is about examining the structures and processes that create disadvantage for Indigenous Australians and *reversing* these practices to ensure that all knowledge systems and ways hold power (Jones 2021).

Decolonising psychological practice requires a critical examination of the legacies of colonisation and white supremacy that continue to shape Western ways of thinking and acting, and critiquing the Western psychologies historically imposed on Indigenous peoples around the world' (Selkirk et al 2024).

It's simply understanding that one knowledge system is not the only knowledge system and making space for other canons of knowledge.

Decolonising praxis

Means we must interrogate our systems & structures & challenge colonising narratives.

To do this, we must:

- acknowledge the history of colonisation
- recognise Indigenous rights
- promote Indigenous self-determination
- support Indigenous cultures & traditions
- address systemic injustices.

As psychologists we must look at who we are, our core values, and our unconscious internalised attitudes in our work with Indigenous Australians. "To grow, we need we need to walk together into the discomfort" and open our hearts to "recognise [Indigenous] worldviews as genuine and valid".

- Cubillo (2021)

To decolonise, we have to enter into a process of transformation that must be supported by critical self-reflection and systemic examination, decentring racial and psychocentric constructions and creating cultural safety by considering 'sociocentric, ecocentric, and cosmocentric terms… [that] place deep importance on healing through connection to family, culture, and community.

- Burrage et al (2022, p. 27)

Decolonising our minds, hearts, bodies & spirits

- We ALL have internalised colonised & colonising ways of knowing, being, doing & valuing. We implicitly and explicitly centralise ourselves & assume our ways are the most appropriate. As psychologists, we have even been encouraged to assume expertise and expert knowledge.

- Ngugi (1986) wrote of colonial power and control not just becoming institutionalised but also internalised, and a 'colonisation of the mind'. As psychologists we mean no harm, we mean to help. Colonisers often do. Nevertheless, we colonise.

- Decolonisation is a **lifelong** process.

SHADES OF DEADLY

CHALLENGING STEREOTYPES.

CELEBRATING IDENTITIES.

Aileen Moreton-Robinson (2010), in her historic book *Talkin' Up to the White Woman*, exposed and continues to expose how whiteness is dominant and centralised.

Eurocentric and white perspectives are unseen and unquestioned by those who benefit from them, are deeply embedded in all our institutions and systems, and are self-perpetuating.

We are done being polite

Murrup-Stewart and Wills (2024) have had enough of the polite silence that masks the deep wounds society continues to inflict upon Indigenous culture. They write of the monopolisation of mental health care by the Eurocentric biomedical model, the marginalisation of Indigenous healing practices and understandings, the dismissal and perpetuation of colonisation, and assumed Western scientific superiority.

> ***We are done being polite… Decolonising mental health is not a gentle reform; it is a radical overhaul, both personal and systemic.***
>
> - Murrup-Stewart & Wills (2024)

Poignantly, the radical overhaul is achingly straightforward, as Murrup-Stewart and Wills (2024) also write:

> ***We must return to the simple yet profound ideas of connection, kindness, and caring for both the earth and each other. These might sound like simple ideas, maybe even fluffy, but in the context we find ourselves, this shift in priorities demonstrates a radical reimagining of our future.***

It’s all about relationality, right relationships based on embodied relational economies.

Defining ‘white’

The term [is] usually used to describe people with European ancestral origins who identify, or are identified, as White.

- Bhopal (2004)

A European Australian, an Australian with European ancestry.

An Anglo-Celtic Australian or Anglo, an Australian from the British Isles.

An Anglo-Saxon Australian, an Australian with British or Germanic ancestry.

- NSW Government (n.d.)

Four Constructs

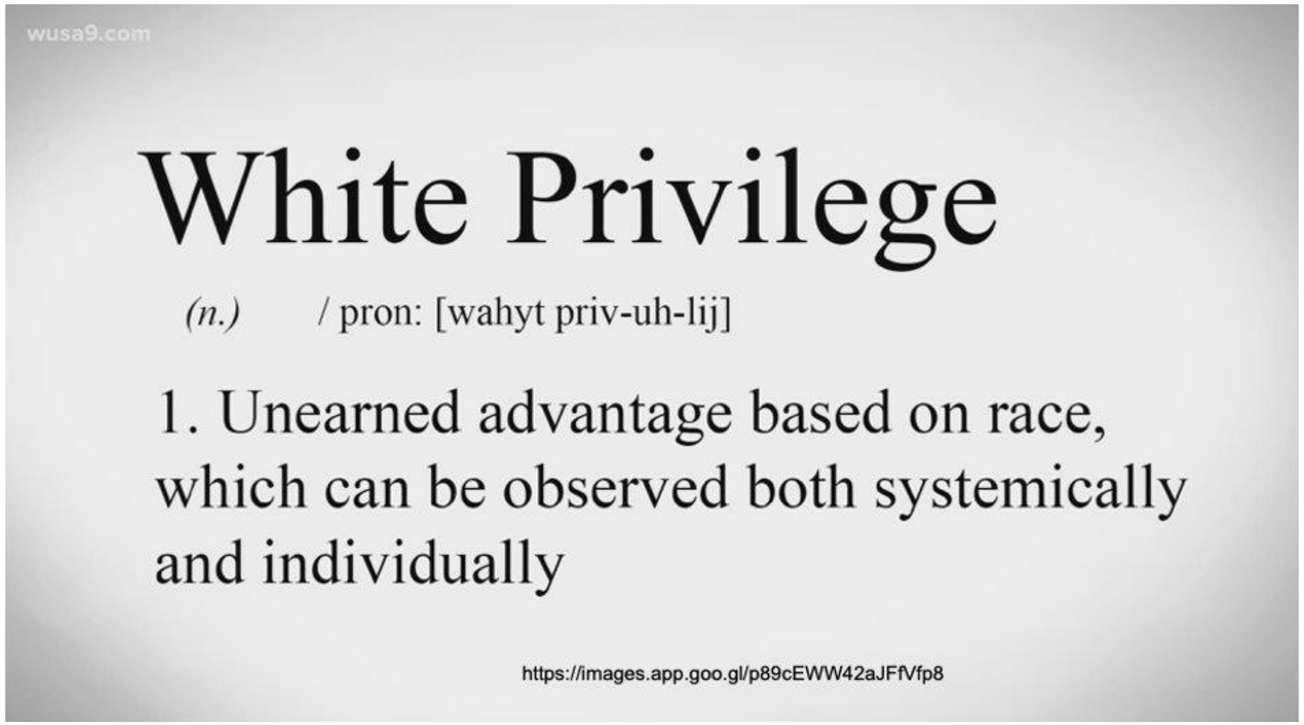
White Privilege

White Fragility

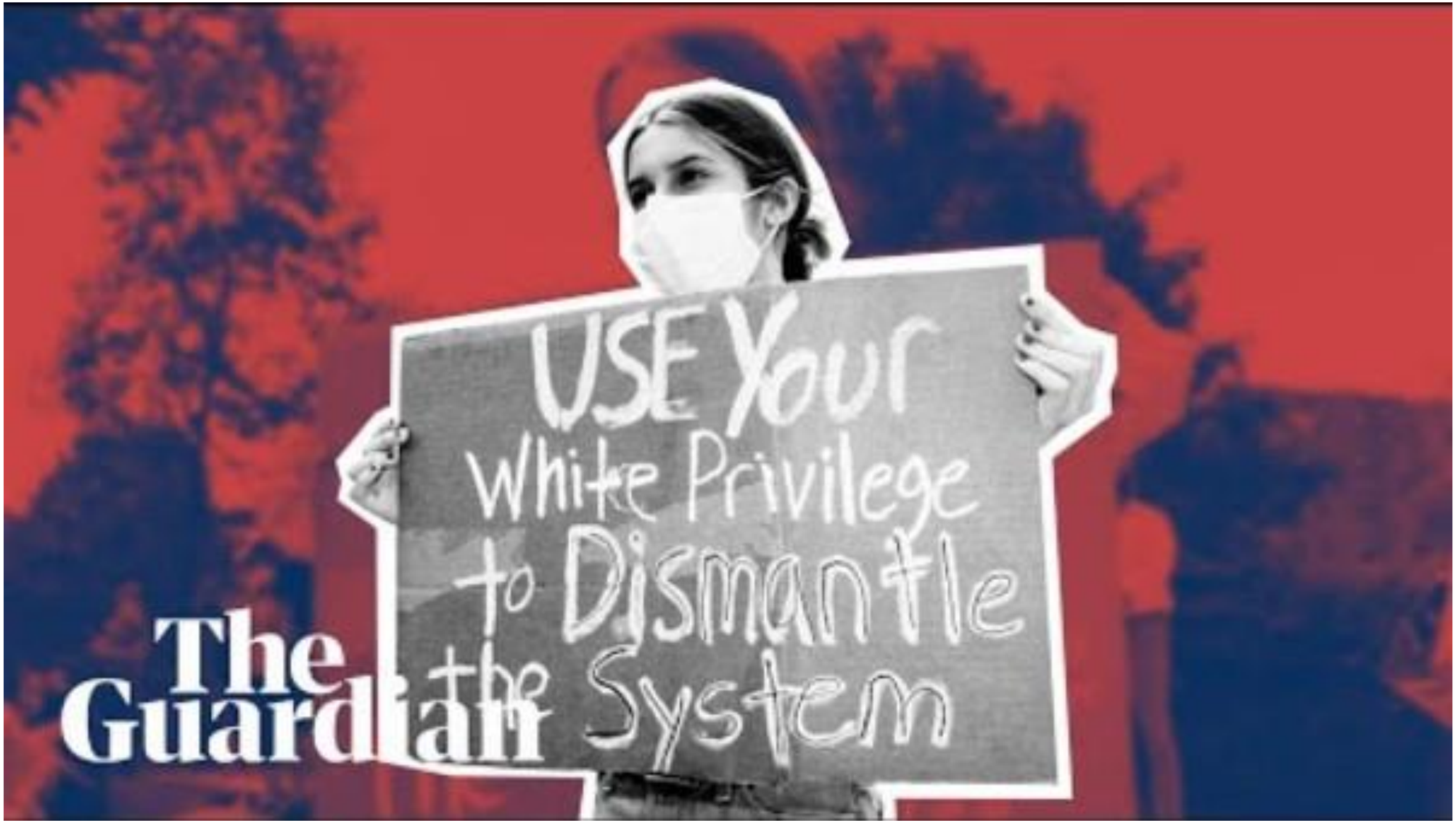
White Tears

White Supremacy

What is white privilege?



What is white privilege?



White Privilege: The societal advantages that benefit white individuals over non-white individuals, particularly when they face similar social, political or economic circumstances.

White Fragility: Fragility in confronting discomfort; frequently manifests as defensiveness during discussions about race-related topics. Critics may dismiss discussions of racism as overly emotional or divisive.

White Tears: The emotional reactions exhibited by some non-Aboriginal people when faced with their privilege or the realities of systemic racism. These tears often shift the focus away from the lived experiences of Aboriginal and Torres Strait Islander peoples, redirecting attention to the emotional turmoil and guilt of non-Aboriginal individuals.

White Supremacy: white supremacy, beliefs and ideas purporting natural superiority of the lighter-skinned, or “white,” human races over other racial groups.

Racism and, more specifically, whiteness affects the assumptions, presumptions and perspectives that guide psychological thinking, practice and professional guidelines in Australia.

- Layla F. Saad (2020) describes white privilege as:

> ***“The reward that white and white-passing people receive in exchange for participating in the system of white supremacy, whether that participation is voluntary or involuntary.***

White supremacy culture

- Perfectionism
- Sense of urgency
- Defensiveness
- Quantity over quality
- Worship of the written word
- Paternalism
- Either/or thinking
- Power hoarding
- Fear of open conflict
- Individualism
- Progress is bigger, more
- Objectivity
- Right to comfort
- Belief in one right way

- Tema Okun (1999)

Image: Art by Melanie G.S. Walby

Does psychology, does neuropsychology, maintain and support white supremacy culture?

Principles for culturally safe practice

- Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health
- Acknowledge and address individual racism, their own biases, assumptions, stereotypes, and prejudices and provide care that is holistic, free of bias and racism
- Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family, and community
- Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues

(Australian Health Practitioner Regulation Agency 2020)

Cultural responsiveness is an ongoing process

> ***It is an inner process of self-inquiry that goes well beyond an intellectual or cognitive recognition, and indeed may be emotive, uncomfortable and 'messy'.***
>
> - Pillow (2003) in Wilson (2014).

In what way does your teaching, training & supervision provide opportunities for messy? How comfortable are YOU with emotive, with tension, with not-knowing?

> ***Reflexivity is a fundamental process in cultural responsiveness and is an interactive dance between the reflexive self and experience. Instead of asking what is this information and how can I acquire it, reflexivity asks who am I in response to this information and what is it asking of me.***
>
> - Smith et al (2022) in Selkirk et al (2024).

Smith et al (2022) explain:

> ***Instead of asking what is this information and how can I acquire it, reflexivity asks who am I in response to this information and what is it asking of me.***

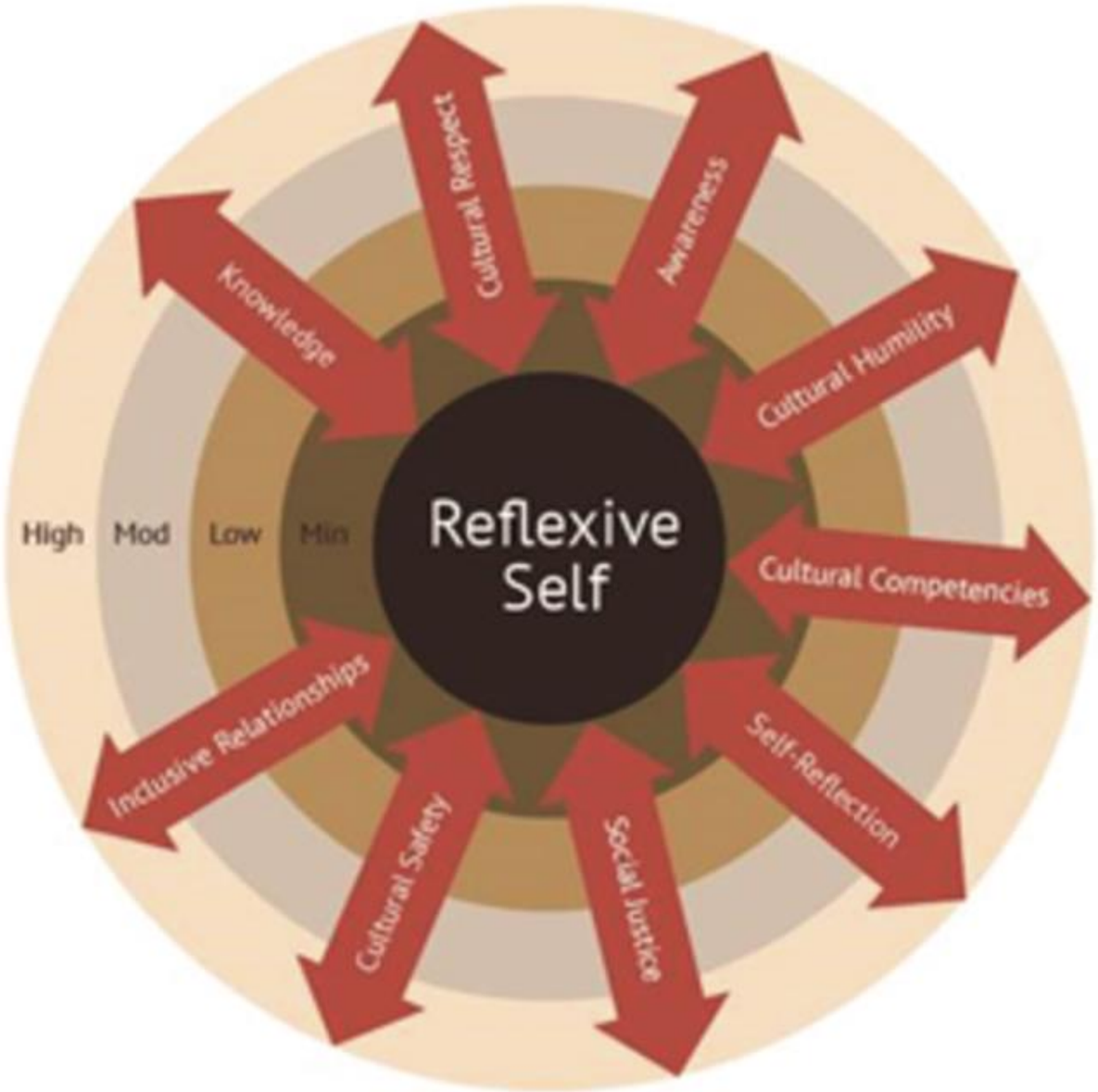
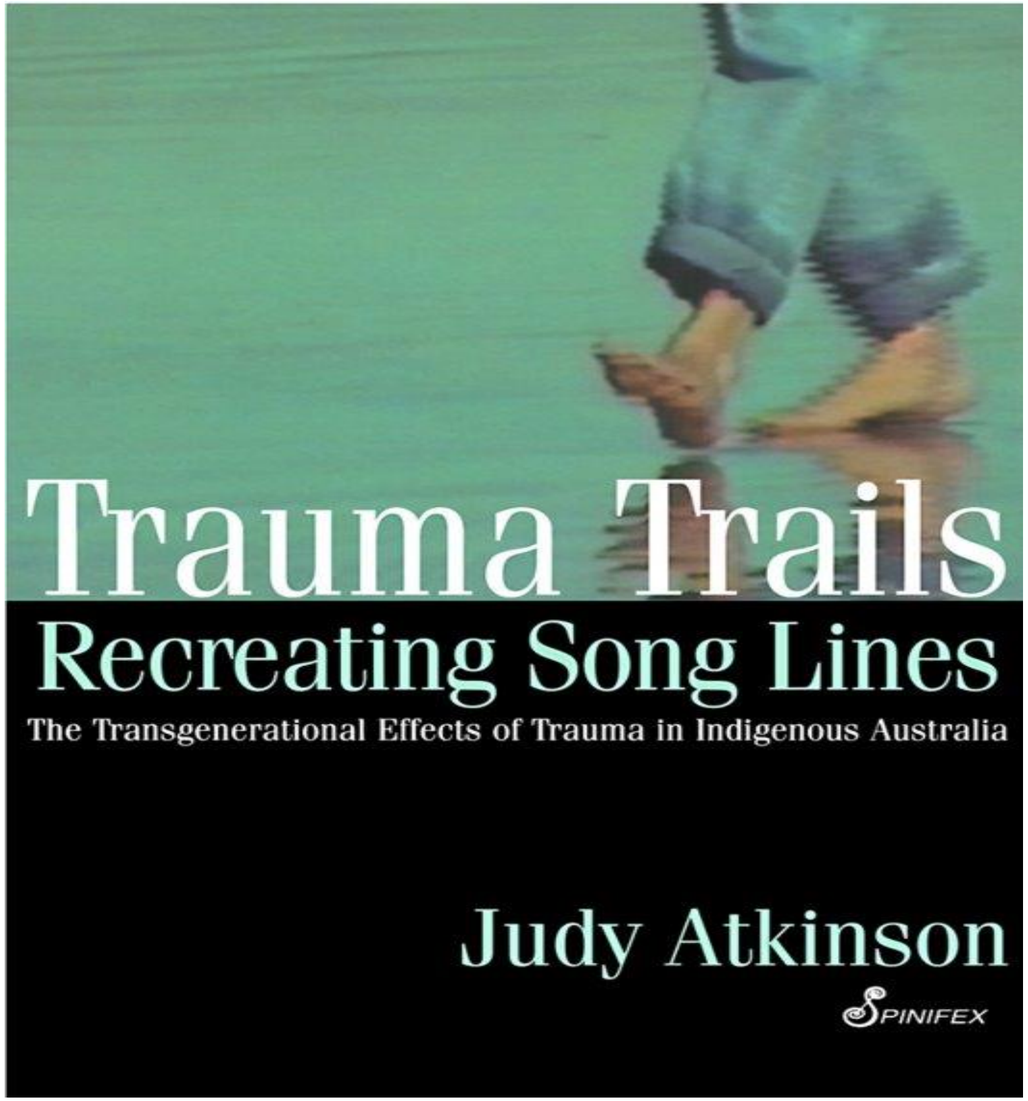


Image: Figure 1. Foucault's Oscillation (Smith et al, in press)



We've been following the 'trauma trails' across Australia (Atkinson, 2002; Atkinson et al., 2014) that have resulted from the trauma of invasion and colonisation.

These trauma trails have had cross-generational consequences and continue to cause profound hurt...which require Indigenous-informed responses intrinsically imbued with belief in possibilities of healing.