

Guidelines
for delivery of culturally sensitive
and flexible counselling for
Indigenous carers



Project Report by
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Foreword

Indigenous families and carers care for their frail elderly and those with disability, mental illness and a range of chronic illnesses and conditions. Very few Indigenous people identify as carers, however many have significant care responsibilities. Most are women and they are of all ages. Most care for more than one person, often for three or four generations of family members with care needs. Caring impacts on all carers and our experience shows that it can have great and particular impact on Indigenous carers.

Indigenous carers may experience depression, loss and grief, isolation, guilt and anger, anxiety and worry, financial hardship and lack of access to carer entitlements, worsening health and well-being, and a lack of support generally.

In addition, we know that the true history of colonisation in Australia continues to have an on-going devastating impact on Indigenous families and communities. Genocide, dispossession, segregation, assimilation and loss of land rights are part of the context for all Indigenous Australians including those with caring responsibilities.

Furthermore, our Indigenous population is disadvantaged by a range of socio-economic factors which impact on their health. Many Indigenous people live in an on-going situation of high stress and chronic depression suffering feelings of failure and hopelessness, and serious financial hardship.

Carers Victoria's project conducted during 2004 *'Be with us, Feel with us, Act with us: Counselling and support for Indigenous carers'* identified that there was much that all services could do to better support Indigenous carers. These guidelines are a further contribution to ensuring that the counselling services of the National Network of Carers Associations and those of other counselling services are better able to support Indigenous carers.

We hope that the guidelines will encourage non-Indigenous counsellors to further develop their skills and knowledge about Indigenous Australians, about racism and prejudice in Australia and also about their counselling practice. I commend the guidelines to the counselling community and its services.

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First published in 2007 by

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Acknowledgements

This project was funded by the Office for Women, Department of Families, Community Services and Indigenous Affairs, on behalf of the Australian Government.

It was made possible by the National Carer Counselling Program.

Carers Victoria would like to sincerely thank the people and organisations that contributed to this project and all who participated in the development of these guidelines for Culturally Sensitive and Flexible Counselling for Indigenous Carers.

In particular we would like to thank the following;

Carers Australia

- ▶ Mary Reid, National Programs Manager, Carers Australia,
- ▶ Shirley Lennon, Co-ordinator, National Carer Counselling Program

Project Working Group, Carers Victoria

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- ▶ **Project Workers:** Chris Twining, Louise Monahan

Workshop Participants

Loddon Mallee Carer Respite Service

Njernda Aboriginal Corporation, Echuca

Young Indigenous Artists

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Introduction

The Carer Counselling Program – Victoria (CCP-Vic), is funded by the Department of Health and Ageing (DOHA). The program has been operating for the last three years providing short-term telephone and face-to-face person centred counselling to people in a caring role. Within the program, carers are defined as people who provide unpaid care and support to family members or friends who have a chronic or acute condition, mental illness, disability, or who are frail and aged.

In early 2005, Carers Victoria launched a report entitled *'Be with us, Feel with us, Act with us: Counselling and Support for Indigenous Carers'*. This report was the result of a 12 month project funded by DOHA, via the National Carer Counselling Program (NCCP). The project was carried out within the Carer Counselling Program by an Indigenous worker and Aboriginal Liaison project worker employed by Carers Victoria. The project aimed to explore the impact of caring on indigenous carers in terms of their emotional, physical, social and financial wellbeing and to identify more appropriate ways to provide support to Indigenous carers and their families.

Carers Victoria felt it was extremely important to explore ways in which the CCP-Vic program could better meet the needs of Indigenous carers. Of specific concern for Carers Victoria, was Indigenous carers identification of their feelings of depression, grief and loss, anger, anxiety, fear and guilt as a result of their caring role. These carers also highlighted an increased sense of social isolation and the interrelated difficulties associated with the financial impact of caring.

In May 2006 Carers Victoria was granted funding by the Office for Women, Department of Families, Community Services and Indigenous Affairs on behalf of the Australian Government. This funding has been used to develop these specific guidelines for the delivery of flexible and culturally sensitive counselling to Indigenous carers. Carers Victoria believes that this opportunity will allow us to build on the current work with the Indigenous community and that through this Carers Victoria will be able to continue to develop its services in this area.

This document has a State-based focus in the sense that the consultation has been with Victorian Indigenous carers and Victorian contract counsellors. However the literature search has been gathered from sources throughout Australia. It is expected that these guidelines could be incorporated into the National Service Delivery Guidelines for the NCCP Program on receiving appropriate approval by the NCCP National Reference Group. Consequent to this and for the purpose of these guidelines the word *'Indigenous'* will be understood to include Aboriginal and Torres Strait Island people of Australia.


Project background

There are many significant practice issues to consider when working with Indigenous people. This document does not aim to be a definitive report on counselling Indigenous people and more specifically Indigenous carers. However the guidelines do provide important broad concepts for consideration. These guidelines can provide non-Indigenous counsellors with information about the current and historical colonisation process within Australia and the report highlights the critical need for counsellors to understand the impact of colonisation on Indigenous people and the relationships between Indigenous and non-Indigenous people.

This document is separated into two key sections. Part One provides information on Western versus Indigenous concepts of family, life cycle and health. Part Two highlights and discusses what is culturally appropriate and accessible counselling for Indigenous carers and what this might look like, incorporating discussions on accountability, self-determination, respect for Indigenous ways, counselling environment and building relationships. In addition, Part Two explores key counselling models, which some non-Indigenous counsellors have utilised in their work with Indigenous people, in particular systemic family therapy, narrative therapy and to a lesser extent, art therapy.

Information for the guidelines has been gathered from various sources including literature searches, the project reference group, contracted counsellor workshops and the anecdotal experiences of the project workers Chris Twining and Louise Monahan. Carers Victoria, like other mainstream organisations has a keen interest in better understanding the needs of Indigenous people and the organisation wants to improve its delivery of counselling services particularly for carers. It has already been acknowledged that Indigenous people are not accessing mainstream health services for a complex range of reasons and that there is a great and urgent need for the provision of culturally appropriate services. Carers Victoria believes that these guidelines will assist non-Indigenous counsellors to make the services they provide more accessible and culturally sensitive.





Carers Victoria acknowledges that change is required at many levels to assist in making services more accessible to the Indigenous community. In the report by Carers Victoria *'Be with us, Feel with us, Act with us: Counselling and Support for Indigenous Carers'* (2004) it was identified that for change to occur, significant partnerships between Indigenous communities and organisations and mainstream service providers need to be built and developed. The concepts that appear throughout this document will also need to be considered in the context of the policies that are currently in place in mainstream organisations.

The information contained within these guidelines aims to demystify aspects of working with Indigenous people and to assist non-Indigenous counsellors to identify ways they can work towards gaining greater and more informed knowledge and experience to enable them to work more confidently with people from the Indigenous community. Furthermore for counsellors to be trusted by Indigenous carers, they need to build stronger links with the Indigenous community.

Project workers

Selection and appointment of the two project workers was based on their experience working with Indigenous people in Victoria.

Chris Twining worked for five years as the Aboriginal Liaison project worker with Carers Victoria. Chris co-produced *'Be with us, Feel with us, Act with us: Counselling and Support for Indigenous Carers'* (2004). She has extensive experience in developing and delivering anti racism training programs.

Louise Monahan has experience working with Indigenous clients in her present counselling role at Carers Victoria and in her previous employment. Together Chris Twining and Louise Monahan were responsible for the day to day running of the project and they wrote the project's guidelines focusing principally on their individual areas of expertise.

Project working group

The project working group comprised the two project workers, Chris Twining, Community Development worker and Louise Monahan, Counsellor, Carer Counselling Program. The project was managed by Nicole McBain, Co-ordinator, Carer Counselling Program and the whole project was overseen by Nilgun Yucel, Manager, Carer Representation. For meeting dates please refer to Appendix 1.

Project reference group

The project workers invited an eight member reference group to join them in guiding each stage of the project process. The reference group was chaired by Nilgun Yucel, Manager, Carer Representation, Carers Victoria. In approaching members it was considered important to include Victorian metropolitan and regional voices and also to maintain connection with the previous Carers Victoria Indigenous research project *'Be with us, Feel with us, Act with us: Counselling and Support for Indigenous Carers'* (2004). In addition, because the project was directed specifically towards non-Indigenous counsellors, it was seen as important that Carers Victoria include contracted counsellors with prior experience working with Indigenous people in Victoria.

Everyone invited to participate in the reference group agreed and eagerly contributed to the project. The final reference group included:

- ▶ Carers Victoria, Manager Carer Representation, Nilgun Yucel.
- ▶ Project workers Chris Twining and Louise Monahan.
- ▶ Three Indigenous carers, one from the Northern metropolitan region, one from the Western metropolitan region and an Elder/carer from the Njernda Aboriginal Corporation in Echuca in the Loddon Mallee region. One of the Indigenous carers had also been involved in the *'Be with us, Feel with us, Act with us: Counselling and Support for Indigenous Carers'* research project.
- ▶ One Carer Support Worker from the Loddon Mallee Respite Service is also a Member of the Board of Directors at the Njernda Aboriginal Corp in Echuca. This worker had been part of the reference group for the *'Be with us, Feel with us, Act with us: Counselling and Support for Indigenous Carers'* research project.
- ▶ The three counsellors contracted to Carers Victoria came from the Southern Metropolitan region, one from the Northern metropolitan region and one from Ballarat in the Grampians region. All three counsellors had experience of working with Indigenous people and one had worked within an Aboriginal Health Service.

The reference group met four times during the project time frame (refer Appendix 2).

Methodology

Literature review

Chris Twining and Louise Monahan undertook an extensive literature review as part of this project. Material was gathered from a comprehensive range of publications, including reports from previous projects, hard copy articles, electronic journal articles and ideas from books. The review sought information on a range of related topics including Indigenous history and culture, counselling concepts and models of working with Indigenous people.

Workshops

Chris Twining and Louise Monahan developed and co-facilitated two interactive and participatory workshops. These workshops were designed to educate counsellors and further develop the skills of those who currently work with or will be working with, Indigenous carers and their families.

The contracted counsellors who participated in the workshops were identified as having the appropriate training and experience to receive referrals for, and to provide counselling to Indigenous carers wishing to access the traditional NCCP program. Two training workshops were held on 6th and 11th of September 2006 and the eighteen counsellors who attended these represented both rural and metropolitan regions in Victoria (refer to Appendix 3 for Workshop Attendance lists).

The workshop process was designed around the 'Working with Indigenous Carers' training. This training, developed by Chris Twining and Lisa Thorpe for Carers Victoria, was further enhanced by the addition of material gained in discussions, which had taken place at the project reference group meetings and also by the experience of the counsellors who participated.

The workshops were designed in two modules:

- ▶ Module 1 enabled participants to analyse and gain an understanding of the underlying issues, which may present barriers to Indigenous carers accessing the services of non-Indigenous counsellors. These barriers included:
 - ▶ How colonisation, prejudice and structural racism continue to affect the lives of Indigenous Australians.
 - ▶ How myths, assumptions and stereotypes about Aboriginal people are perpetuated and how they influence the values and beliefs of non-Indigenous Australians.
- ▶ Module 2 was based on the new information gained during Module 1. Here participants were given the opportunity to :
 - ▶ Explore counselling frameworks and discuss these, identify what would be important to include in the project guidelines and provide input into the guidelines.
 - ▶ Identify their knowledge gaps and make suggestions about further support, which might enhance their knowledge and increase their confidence.

(See Appendix 4)

Project report artwork

For the final report, it was identified that where possible, it would be important to use graphics designed by Aboriginal artists. This concept was discussed in the reference group, with Colleen Day, who was formerly employed as a Carer Support worker in the Loddon Mallee region. Colleen now supports the Aboriginal students at St Josephs College in Echuca. Colleen's suggested that young Indigenous people be invited to enter a competition to design the project report artwork. Carers Victoria designed an entry form and entrants were given a copy of the *'Be with us, Feel with us, Act with us: Counselling and Support for Indigenous Carers'* report to provide them with an understanding of the project requirements (see appendix 5). As a result, three submissions were awarded with prizes and the artists received certificates for their outstanding contributions. These three pieces of artwork feature throughout this report.





Guidelines

Introduction

In scoping the counselling practices of non-Indigenous counsellors with Indigenous people, it appears that there are few studies available to counsellors that provide, as highlighted by Vicary, “*detailed and practical insight into the Aboriginal world view, in particular, the beliefs held which pertain to psychotherapy, mental health and non-Aboriginal counsellors / therapists*”. (Vicary 2000). Much of the literature available focuses on cultural sensitivity and appropriateness. The area of counselling has been largely neglected, except for the recording of some anecdotal experience from counsellors. There is also little or no literature specifically addressing how counsellors can work with Indigenous carers, which further supports the importance of this document.

Within this project, counselling was defined as involving a one-to-one relationship between the counsellor and the person/s seeking help. Three key qualities of the counselling relationship that form part of the Person Centred Therapy techniques are congruence, empathy and unconditional positive regard (Geldard, 1998). This relationship is conducted face-to-face and sometimes by phone. This document will primarily focus on working with individuals within a community context; however this information will also be relevant to working with couples and families.

Cultural context

There are some significant cultural differences between Indigenous people and the broader Australian community. Karpfen (1997) explained, “*White values centre around individualism, consumerism and are both secular and conflictual. Aboriginal culture, or communally based culture is spiritual, ecological, consensual and communal*”. Furthermore Vicary (2000) argued, “*Western culture reflects a desire to master the world through science and technology. However spirituality pervades every aspect of the lives of people from Indigenous cultures*”. These are important differences in how Indigenous people see the world and will be key considerations in understanding what Indigenous people might be hoping for from counselling.

There are many assumptions made about Indigenous culture, including the belief that there is only one set of cultural rules for the community. Indigenous society is extremely diverse; although there may be similarities there is no one ‘*Indigenous culture*’ (Twining & Thorpe 2006; Atkinson, 2002; Dudgeon, 2004). As within the wider community, Indigenous people have a broad range of opinions and views and need to be afforded the same individual, dignified, respectful treatment that any person could expect (Twining & Thorpe, 2006).

“*Within Australia, there is also a lack of understanding of how the colonisation process has contributed to the destruction of traditional culture*” (Twining & Thorpe, 2006). These writers note that some Cross Cultural programs focus on people gaining an understanding of traditional culture. Whilst traditions may form the basis of people’s beliefs and values, traditional culture is not the every day reality for most contemporary Indigenous people. Therefore ‘*Cross Cultural*’ programs often focus more on ‘*what was*’ than ‘*what is*’. The weakness in this approach is that culture is not static; culture is ever changing and evolving. Many Indigenous families, communities and individuals are ‘*in recovery*’, trying to piece together the fragments of their culture and their history.

For Indigenous people who do not fit the perceived stereotype, for example “*they are not black*”; the choice to identify often carries with it all the negativity and prejudice that is characteristic of the dominant culture (Dudgeon, 2004; Twining & Thorpe, 2006). Therefore often Indigenous people are not perceived as Indigenous, therefore they constantly have to prove their identity. Furthermore some non-Indigenous people may also question why an Indigenous person would want to claim to be an Indigenous person when they can pass as a ‘*white*’ person.

Connections to ‘*land*’ continue to influence the ways in which Indigenous people think and feel about their identity and their reality. Conflict between Indigenous families and communities is often the legacy of the experience of being forcibly removed from traditional homelands. Concentrating different clans onto Missions and Reserves denied issues of territoriality and cultural lore. The Native Title debate in many cases has exacerbated these conflicts as ‘*Indigenous*’ and ‘*historical*’ people work through territorial issues (Twining & Thorpe, 2006).

To successfully build relationships with, and to advocate on behalf of Indigenous carers, counsellors need to work from an anti-racist framework. Twining and Thorpe (2006) describe an ‘*anti-racist*’ person





as someone who recognises Indigenous people as the traditional landowners of this country (they have never surrendered sovereignty). An anti-racist person also validates the opinions of Indigenous people, respects their beliefs and legitimises their way of *'doing things'*, while recognising the powerlessness Indigenous people often feel as a result of colonisation, prejudice and racism.

Non-Indigenous counsellors who have experience working with Indigenous people readily acknowledge the challenging nature of the work (Bessarab, 2000; Twining & Thorpe, 2006). When working with Indigenous people, counsellors will often need to confront their own internal prejudices including what it means to be part of the *'dominant culture'* in a colonised country. They will need to challenge any stereotypes they may have about Indigenous people.

Consequently, working with Indigenous people may involve the upheaval of one's own values and beliefs, often-causing stress, anger, confusion, and guilt. As described by Moretin-Robinson (2001) *"Whites who are effective in Indigenous communities have learned to put themselves in a 'discomfort zone', from which they are able to live with uncertainty, incommensurability, and initial mistrust. They have learned to endure their culture being criticised, scrutinised and sometimes dismissed by those who have been harmed by it"*.

Part One: Western versus Indigenous conceptions of family, life cycle and health

Family

Indigenous families often include a complex, extended *'kin network'*; for example, their relationships and connections; *'aunties'* and *'cousins'* will not fit into the context of the *'nuclear family'* (Bessarab, 2000; Wingard & Lester, 2001). As Aboriginal Elder Andrew Spender Japaljarri's from the Western Deserts kinship system explained, family is *"The net effect of this is that I, the subject, am an organic part of a vast living tapestry of kinship (walytja, the extended 'family'), with all that implies in terms of kaniniy ('looking after'), caring, mutual obligations and responsibilities"* (Petchkovsky, San Roque, Napaljarri & Butler, 2004).

It is not unusual for Indigenous children to live with and be cared for by different people at various times or stages in their lives. This is not perceived as a negative concept within many Indigenous families, as Indigenous people see caring for a child as everyone's responsibility (Twining & Thorpe, 2006). Some Indigenous households may comprise three or four generations living together.

Even though many Indigenous people now live in urban areas they will often travel long distances to visit relatives and friends and they may stay for indefinite periods. It is not unusual for addresses to constantly change, for example one Indigenous person, talking with Chris Twining said *"I don't live somewhere, I live everywhere"* (Twining & Thorpe, 2006).

Another issue concerning families is that many Indigenous people have lost their family connections because of the Government policies and practices of the past. *"Forced removal of part-Aboriginal children from their Indigenous mothers was part of Australian government policy over the period 1914 to the late 1960's"* (Petchkovsky et al, 2004).

Some *'stolen generations'* people are still seeking acceptance within Indigenous communities (*Bringing Them Home Report*, 1997; Dudgeon, 2004).

Deaths and funerals

In traditional societies, mortuary rites are considered an obligation for the entire community. Indigenous people still place great significance on attending funerals of family and community members, both in the city and back in country regions where their families come from. Because mortality rates are very high, people will attend numerous funerals each year. It is not unusual for the whole community to shut down, as a sign of respect and everyone will attend the funeral (Twining & Thorpe, 2006; Wingard & Lester, 2001). This project identified that deaths and funerals can have a significant impact on aspects of Indigenous people's lives including children's school attendance, finances and emotional upheaval.

The impact of caring in the Indigenous community

In the first Indigenous project report prepared by Carers Victoria, *'Be with us, Feel with us, Act with us: Counselling and Support for Indigenous Carers'* (2004), we explored what it means to be a carer within Indigenous communities. This report highlighted how very few Indigenous people identify as *'carers'* and how it seemed to be culturally accepted by Indigenous workers and carers alike that there is a

responsibility to 'look after our own', particularly the frail elderly and do this without expecting payment of any sort. However this research highlighted how often it is the women who have significant caring responsibilities, caring for multiple family members from three or four generations, in very complex situations. This includes caring for the elderly and people with disabilities, mental illness and a range of chronic illnesses and conditions that are frequently exacerbated by substance abuse and family violence, suicide and premature death.

Health and wellbeing

When exploring health it is important to acknowledge that in the Indigenous community "health does not mean the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community. This is a whole view of life perspective and includes the cyclical concepts of life and death" (Swan & Raphael, 1995). Therefore non-Indigenous counsellors need to be aware of the health of not only the Indigenous individual seeking counselling, but also the wellbeing of the greater community and the connections and affect that this holistic concept may have on the individual being counselled.

Physical wellbeing

It is important to draw attention to the poor health status of Indigenous people. At this point in our history the life expectancy for an Indigenous person is approximately twenty years below the national average. In 1998-99, Indigenous people in every age group were more likely than non-Indigenous people to be hospitalised for most diseases and conditions, indicating a higher occurrence of illness at more acute levels (Australia's Health, 2002).

There are also significant factors to consider in terms of the ageing of the Indigenous population. Diseases and conditions normally associated with the aged population within Australia are appearing in Indigenous people at a much younger age. In addition, 61 percent of Indigenous people are over the age of 15 years, compared to 80 percent of the mainstream, and 43 percent of the Indigenous population is over 25 years of age (Burney, 2006). Despite chronic health problems including heart disease and diabetes, many Indigenous people are hesitant to attend hospital and wait until there is an emergency situation, often resulting in hospitalisation. One explanation for this could be that many Indigenous people, particularly the elderly are fearful of hospitals because they are seen as places where people go to die (Twining and Thorpe, 2004).

Indigenous people sometimes have difficulty trusting mainstream services due to negative past experiences of racism and prejudice, often associated with past Government policies. In contrast, Indigenous people may prefer not to access Indigenous-specific services due to family or clan control (Twining & Thorpe, 2006). In addition Indigenous people, as with the wider community may have preferences when consulting with counsellors or other practitioners, particularly in regard to the gender of the worker.

Emotional wellbeing, grief, loss and trauma


For Indigenous communities the cycle of grief and loss, low self esteem, feelings of powerlessness and hopelessness are constant and individuals often self-medicate with alcohol, licit and illicit drugs and gambling. Most Indigenous families live with the everyday reality of deaths in custody, the legacy of the 'stolen generations', chronic ill health, welfare intervention, youth suicide, unemployment and poverty (Atkinson, 2002; Dudgeon, 2004).

When working with Indigenous people, issues of mental health need to be considered within a more holistic context. Vicary states that "health should be approached in the social emotional context and that social emotional health and psychiatric disorders encompass oppression, racism, environment, economical factors, stress, trauma, grief, cultural genocide, psychological processes and ill health" (Swan & Raphael, 1995).

As with the wider community there is often a stigma and shame associated with mental illness. Indigenous families and carers are often dealing with issues 'at home' and are reluctant to seek assistance. The reasons for this may include a fear of mainstream services, medication and hospitalisation, but in addition to this, there is also a sense from Indigenous people that if they attend a local Indigenous health service 'everyone knows their business' (Twining & Thorpe, 2006; Wingard & Lester, 2001).

In situations when an Indigenous person with a mental illness finally does come into contact with the Western mental health system, the fears of the person's family / community are frequently realised, as the person often needs to be hospitalised and / or medicated (Vicary & Westerman, 2004). Even though





there is a high incidence of depression within Indigenous communities there is more acceptance of behaviours that are symptomatic of depression, as discussed in *'That's Just The Way He Is'* (Vicary & Westerman, 2004).

Part Two: What would culturally appropriate and accessible counselling look like and what would make it possible?

Accountability

Accountability is a key factor in all counselling relationships and when working with Indigenous people it is imperative that counsellors regularly reflect on this. This may be challenging because it requires counsellors to reflect on their own cultural beliefs and values and how these may be impacting on / or influencing the counselling relationship.

As a direct result of discussions with counsellors, a number of questions have been developed which could assist counsellors in their reflection including:

- ▶ What western cultural beliefs and values may be influencing your relationship with the Indigenous carer?
- ▶ What cultural beliefs and values are important to the Indigenous carer? How are you honouring these values in your relationship with the carer?
- ▶ Are there cultural assumptions you are making about the Indigenous carer you are working with?

Self-determination and autonomy

Wingard & Lester (2001) identified that self-determination and autonomy are significant considerations in working with Indigenous people. It is important to name and explore the impact of power within the therapeutic relationship and to identify ways in which counsellors can support Indigenous people to be the *'experts'* in their own lives. The project identified that the counsellor's ability to suspend their own judgement about his or her own expectations of the counselling relationship is a key factor in supporting Indigenous carers and encouraging their autonomy. However this can be particularly challenging for counsellors because it involves, challenging their beliefs and values, involves considering what positive change looks like and requires examination of what counsellors look for as a mark of how helpful the work has been for the person.

It has been documented that counsellors more than many other professionals require feedback about their work, and that they need to know that what they are providing is *'helpful'* (Duncan, Miller & Sparks, 2004). One example of this might be a counsellor encouraging an Indigenous carer to take on fewer caring responsibilities and also imposing their own beliefs about family relationships. A counsellor might then perceive a reduction in the caring role as an indication that counselling has been *'successful'*. However this change may be a response to the imposed beliefs of the non-Indigenous counsellor and not an indication of counselling success. Therefore to enable counsellors to suspend their expectations they also need alternative ways of assessing whether the counselling they're offering is *'helpful'*. In practice this might be developed by *'checking in'* with the client throughout the counselling process.

Suspending judgement also involves being aware of how counsellors may misinterpret the actions or behaviours of Indigenous carers, based on their own *'white'* ways of being. For example some counsellors may interpret lack of dialogue as non co-operation or stupidity (Twining & Thorpe, 2006). Alternatively counsellors may perceive not making eye contact as a person being shy or having difficulty speaking about an issue, however for more traditional communities it may be disrespectful to look people directly in the eye.

Respect for indigenous ways, knowledge and meanings

In working with the Indigenous community Wingard & Lester (2001) identified that it is important that counsellors continue to inform themselves of, and show respect for, Indigenous culture. Counsellors must recognise that Indigenous people come from diverse groups and that an Indigenous individual's cultural experiences and understanding may differ significantly between urban and rural communities. This project also identified the usefulness of encouraging Indigenous carers who may need clarification about an aspect of their culture, to ask within their community and bring this information back to counselling, so that personal meaning may be explored.

Earlier in these guidelines, observations have been made about how cultural understanding includes knowing the history of colonisation and Indigenous experiences in terms of family, life cycle and health. In practice (as explored in *Reclaiming Our Stories, Reclaiming Our Lives Part II: Towards Culturally Appropriate Services*, 1995), Indigenous people may have quite different meanings for things including:

- ▶ Body language and eye contact.
- ▶ The meaning of silence in the sense that it includes refusal, agreement, lack of understanding, or shame.
- ▶ The tendency amongst Indigenous people to speak tentatively and the interpretations made of this aspect of their interactions.

Counselling environment

Throughout the project there was discussion about what constitutes suitable counselling environments. It was identified that appropriate counselling environments contribute significantly to Indigenous carers feeling comfortable and relaxed enough to talk about difficult issues. However it is important to note that different Indigenous carers will prefer different counselling environments. For example some Indigenous carers may prefer to meet away from the local Indigenous co-op or organisation, because *'everyone knows why you are there'* or because they wish to avoid *'being interrupted by announcements coming through the intercom'*. Other things Indigenous carers identified as increasing their level of comfort included the presence of couches, friendly reception staff, Indigenous published magazines, candles and oil burners. They also identified that some people may prefer to go for a walk, meet outside or have home visits. However in trying to meet these needs, the counselling context and policies of the organisation delivering the counselling also need to be considered and advocacy on behalf of the Indigenous person may be required.

Relationship building and providing a responsive service

Building relationships with Indigenous people has been identified as one of the most important aspects of counselling. This project identified that some counsellors have been trained to focus on assessment and diagnosis, leading the reference group to explore how unhelpful and inappropriate this can be, particularly when working with Indigenous people. In support of this, Caplan and Nelson (1973 cited in Vicary 2000) identified that *"Western type therapies draw attention to 'person blame' (ie responsible for their own misfortune) – a bias in the way in which we view psychological problems"*, while Tapping (1993 cited in Vicary 2000) noted that *"Western therapies reflect culturally derived definitions of normality and success"*.

Passmore (1998) highlighted that *"when helpers undertake a 'knowing best' attitude over and above acculturated Indigenous people in counselling roles about their own needs, it can be disempowering ... Paternalism and labelling can create schemas of worthlessness which can take generations to fix"*. One practice specific example of this may be when Indigenous people speak of seeing and speaking to loved ones who have passed away. While naive counsellors may misdiagnose this as evidence of a psychotic episode, culturally sensitive counsellors would be able to identify this as part of the spiritual reality for Indigenous people.

Vicary & Bishop (2005) identified that there are four preconditions of the relationship engagement phase including;

- ▶ Non-judgemental self-reflective psychological practice;
- ▶ Modifying micro counselling and engagement skills;
- ▶ Researching the local Aboriginal community;
- ▶ Developing networks and relationships.

A number of key relationship building areas have been identified as important to explore within the counselling relationship. These areas include core skills of engagement, transparency, barriers to engagement, flexible service delivery and vouching. It must be recognised that the process of relationship building starts even before sessions begin.





Core skills for engagement

This project, along with the *'Be with us, Feel with us, Act with us: Counselling and Support for Indigenous Carers'* (2004) project report, identified the following counsellor qualities as important, ones that are required to build a successful counselling relationship:

- ▶ Counsellors need to be friendly and *'real'*, they need to adopt a more casual, less formal method of engagement. However *'being friendly'* does not mean being *'unprofessional'*, a point that one Indigenous carer emphasised. They need to be professional and friendly but not use *'friendly'* as an excuse for being unethical in their practice.
- ▶ Indigenous carers need to have confidence in their counsellor's abilities. One Indigenous carer described this as someone who has *'been through the ropes, someone they can 'have faith in'*.
- ▶ Counsellors need to be non-judgemental. Indigenous carers described this as *'not pushy and dictatorial, but accepting the carer's cultural beliefs and values and not imposing western aspirations or expectations'*.
- ▶ Counsellors need to give priority to spending time with the client, allowing them to get to know each other. In addition, counsellors need to pace the appointments, to listen and not rush issues.
- ▶ Counsellors need to support the Indigenous person to lead the discussion.
- ▶ Counsellors need to retain a sense of humour.
- ▶ Counsellors need to use plain simple words, no jargon or acronyms. As one client described *'speak our language'*.

Transparency

Due to past experiences with government agencies, many Indigenous people are suspicious about why personal information is required by counsellors, because in the past this may have been used in a discriminatory way (Twining & Thorpe, 2006). Transparency was a central theme identified by the project. Transparency refers to explaining many aspects of the counselling process including the asking about and recording of personal information, clearly explaining the goals of the counselling, clear acknowledgement of the power difference and other policies of the organisation the Counsellor is working for. In practice this would include explaining exactly why personal details are being asked for and how the information will be used. Some Indigenous carers have highlighted how uncomfortable they feel with note taking or taping during the interview. Therefore counsellors are encouraged to discuss this and consider alternative ways of recording information.

Barriers to engagement

Earlier in these guidelines we have explored how providing counselling with Indigenous people is complex and that there are a number significant potential barriers to relationship building. Some of the key concerns are the impact of power, shame and guilt, gaining trust and the impact of an Indigenous person's possible anger.

Being sensitive and open about the power differences when working with Indigenous people can be hard work given the mistrust that may be felt on both sides. Power differences are particularly apparent when understanding the impact of past history and the differences of western privilege. For example due to past experiences with mainstream services like corrections and welfare, many Indigenous people may feel intimidated by people in authority and are likely to intuit attitudes not only by the counsellor's spoken words but also by their body language (Twining & Thorpe, 2006).

The project identified some practical ideas to consider particularly in regards to literacy levels. Some Indigenous people have only had the opportunity to achieve a basic level of education and may have significant difficulty with literacy, numeracy and comprehension (Twining & Thorpe, 2006). Therefore in practice it can be helpful to check how the Indigenous carer best understands formal information and how comfortable they are with aspects of the counselling, for example reading forms. If this is done early in the contact the counsellor may reduce the likelihood of the Indigenous person feeling embarrassed or ashamed. One strategy identified by the project was to talk through and explain what a form is for and what it means. Sometimes an Indigenous carer may be too embarrassed to say when they do not understand, or they may not want to embarrass the counsellor by telling them that they have difficulty understanding them due to aspects of the counsellor's way of expressing themselves, such as their accent or the use of jargon words and terms (Twining & Thorpe, 2006).

Malin (1997 cited in Westerman) also highlighted how Indigenous people can feel ashamed if they have difficulty within the counselling context. Malin (1997 cited in Westerman) discusses how *“the level of ‘shame’ felt by Indigenous people who are spotlighted to provide a direct answer to a direct question can be such that any response, whether it is correct or not, is often provided simply to take them out of the spotlight”*. Therefore in practice it’s important for the non-Indigenous counsellor to be aware of how direct questions may affect the counselling relationship. They may need to consider using a less direct manner in asking questions when gaining an understanding of a person’s situation.

Many Indigenous people are angry about their current situation and how the colonisation process has impacted on their culture and community. This may lead to hypervigilancy, meaning that some people may misinterpret the intentions of non-Indigenous counsellors, branding them as being ‘racist’ or ‘patronising’. In practice Twining & Thorpe (2006) identified that it is important for counsellors to clarify misunderstandings and to try not to take angry responses personally. However it is also important to encourage Indigenous carers to work with counsellors to develop a relationship of respect, in which personal safety is supported for both parties.

Flexible service delivery

Flexibility in service delivery is a significant factor contributing to the accessibility of counselling for Indigenous people. It is important that counsellors try to be flexible in the length and frequency of appointments offered to Indigenous clients and that they understand when Indigenous carers need to cancel or change appointments at late notice. One example of when a counsellor may need to demonstrate flexibility is when an Indigenous carer breaks an appointment due to the high priority given to family obligations, or difficulty with accessing transport (Twining & Thorpe, 2006).

The project has identified that a sound knowledge of Indigenous and mainstream services, in this case carer services, can assist Indigenous people to ensure they are accessing the services which would be most useful to them.

Vouching

These guidelines highlight the power of ‘vouching’ by Indigenous people, when considering engaging with a particular counsellor. Vicary & Westerman (2004) describe the process of vouching as *“members of the Aboriginal community conveying positive or negative information about the therapist to potential clients. Potential clients might then view the non-Aboriginal practitioner in a more favourable light (depending on the information provided), endorsing the practitioner with a good reputation and significant standing within the Aboriginal community from which the recommendation came from”*.

Models of counselling

Many models of counselling including Gestalt, solution focused, cognitive behavioural therapy and psychoanalysis could be appropriate for working with Indigenous carers if the counsellor engages the Indigenous carer using the concepts discussed throughout this document. Offering choice about counselling models further acknowledges Indigenous people’s right to choices by not assuming all Indigenous people want the same sort of service.


These guidelines provide further information on systemic family therapy, narrative therapy and to a lesser extent, art therapy. These models have been chosen for further exploration due to the experiences documented about their use with Indigenous people and because these particular models focus on working with people in their context, acknowledging the power differences and working from the point of view of where the person is at.

Systemic family therapy

Systemic family therapy evolved originally from the Milan clinical traditions founded by Selvini-Palazzoli, Boscolo, Cecchin and Prata. However Carr describes this in the following way, *“Cecchin and Boscolo have evolved a non-interventionist style premised on social constructionism where the therapist’s use of circular questioning opens up space for the client and therapist to co-construct multiple new perspectives on the problem situation”* (Boscolo, Cecchin, Hoffman & Penn 1987 cited in Carr, 2003).

Brown (1997) has identified that circular questioning and genograms from systemic family therapy have been helpful in working with Indigenous people because it recognises and draws on the connections between people. Circular questioning can be useful in gathering information from the individual or family during counselling. Brown (1997) says that *“circular questioning draws connections and distinctions*





between family members or people within the larger client system". Through the use of circular questioning, "information implies a relationship, through connections or distinctions in the surrounding environment" (Brown, 1997). Circular questioning is based on a premise that people's behaviour is linked to the behaviour of others and that problems occur in a circular manner, rather than in a linear or causal way.

Slattery (1987) identified genograms and ecomaps as valuable tools when working with Indigenous people, explaining that genograms could provide "considerable information about kin networks, ties to origin place and the more delicate issue of Aboriginal identity". The findings of this project support this theory, adding that genograms could be a great visual aid within the counselling process. However the group did identify the importance of being mindful about how overwhelming it may be for an Indigenous person to see a diagram which highlights or names extended family members who have died.

Narrative therapy

Michael White and David Epston are the originators of the narrative approach to family therapy (White, 1989; and 1995; White & Epston, 1989). Michael White practices at the Dulwich Centre in Adelaide, which is run by Michael and his partner Cheryl White. David Epston practices in Auckland, New Zealand. Morgan (2000) described narrative therapy as one seeking "to be a respectful, non-blaming approach to counselling and community work, which centres people as the experts of their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives".

Narrative therapy has been used to accomplish a significant amount of work at the invitation of Indigenous people, ranging from individual through to community level work (Waldegrave, Tamasese, Tuhaka & Campbell, 2004; Wingard & Lester, 2001). It has been shown that the position of curiosity held by counsellors using a narrative approach is very helpful in working with Indigenous carers, as it assists some of the core skills of engagement addressed earlier in the guidelines. Narrative therapy acknowledges that, "the ways in which we understand our lives are influenced by the broader stories of the culture in which we live" (Morgan, 2000).

In addition, narrative therapy is underpinned by a belief that "there is always a context in which the stories of our lives are formed. This context contributes to the interpretations and meanings that we give to events. The context of gender, class, race, culture and sexual preference are powerful contributors to the plot of the stories by which we live" (Morgan, 2000). Counsellors wishing to further explore these ideas and their connection to the Indigenous community could approach Dulwich Centre or The Family Centre of Wellington, directly.

Art therapy

Rubin, 1987 described how "art therapy can be a catalyst for change, which provides a safe and secure environment in which clients are supported to express any issues that are important for them, in order to achieve a sense of meaningfulness in their lives.... Supporters of various approaches however, agree on two major considerations. These are the importance of the image and the complexity of both person and process in art therapy". Mason (2000) argues that art therapy can be a useful model to use with Indigenous people because it enables the client to "lead their own journey through therapy, without eurocentric approaches that are based on Western values that are antithetical to Indigenous lifestyles".

Vicarious trauma and supervision

Within these guidelines, we have explored how challenging and confronting working with Indigenous people can be in terms of understanding the effect of the colonisation process and the enormous impact this has had on the Indigenous community. In consulting with non-Indigenous counsellors for this project, it became evident how overwhelmed non-Indigenous counsellors were by this history and how counsellor's guilt and shame can paralyse them from taking responsibility to address issues of privilege / racism.

It is important to acknowledge that this work can be traumatising for counsellors, therefore peer debriefing and clinical supervision are vital for counsellors' reflection, learning and safety. Casey (2000 cited in Westerman 2004), explained how supervision is also helpful in terms of providing cultural consultation "This process is similar to that of the cultural consultant, however the process is more formalised and based upon particular cultural competencies".

Conclusion

These guidelines have explored some broad concepts for non-Indigenous counsellors to consider when working with Indigenous people including accountability, self-determination, respect for Indigenous ways, the counselling environment and building relationships. Furthermore this document has discussed the cultural differences in the understandings of family, life cycle and health. These concepts have been placed in a political historical context particularly in terms of colonisation and its impact on Indigenous people and the relationships between Indigenous and non-Indigenous people. Keeping these concepts in mind, when working with Indigenous people counsellors are asked to consider various models of practice which have been successfully used to work with Indigenous people, in particular systemic family therapy, narrative therapy and to a lesser extent art therapy.

It is the aim of Carers Victoria that these guidelines demystify some aspects of working with Indigenous carers and encourage non-Indigenous counsellors to maintain a position of curiosity in further developing their own skills and knowledge. Furthermore Carers Victoria encourages counsellors to document their own knowledge and practices related to working with Indigenous people and specifically Indigenous carers, in the hope that the counselling community will continue to gather their experiences to share and learn from each other.





Key practice concepts

Summary of points to consider when providing culturally sensitive practice for Indigenous carers

The following concepts summarise some of the ideas explored throughout the guidelines. These points can assist counsellors who are stuck in their practice or are wishing to reflect further on their practice with Indigenous carers.

Cultural context

- ▶ Be aware of the impact of colonisation on the Indigenous people and the relationships between Indigenous and non-Indigenous people.
- ▶ Understand the significant cultural differences between Indigenous people and the broader Australian community in terms of spiritual, ecological, consensual and communal beliefs and values.
- ▶ Recognise that Indigenous society is extremely diverse; although there may be similarities there is no one 'Indigenous culture'.

Western versus Indigenous conceptions of family, life cycle and family

- ▶ Indigenous families often include a complex, extended 'kin network' which doesn't fit within the Western concept of the 'nuclear family'.
- ▶ Very few Indigenous people identify as 'carers', however it seems to be culturally accepted by Indigenous workers and carers that there is a responsibility to 'look after our own', particularly the frail elderly.
- ▶ It is important to consider health and wellbeing using a holistic perspective including social, emotional and cultural wellbeing of the individual and the broader community.
- ▶ Be mindful of the impact and cycles of grief and loss, low self-esteem, and trauma for Indigenous people.

What would culturally appropriate and accessible counselling look like and what would make it possible?

Accountability and self-determination

- ▶ Being aware of challenging yourself, as the counsellor, to be accountable for the impact of your own beliefs and values on the counselling relationship.
- ▶ Supporting Indigenous carers to be the 'expert' in their own lives.
- ▶ Suspending judgement and being aware of misinterpreting actions or behaviours based on 'white' ways of operating.

Respect for Indigenous ways, knowledge and meanings

- ▶ Informing yourself as a counsellor of, and showing respect for, Indigenous culture, recognising that Indigenous people come from diverse groups.

Counselling environment

- ▶ Considering how the counselling environment can be made more comfortable for Indigenous carers. For example offering a choice of environment.

Relationship building and providing a responsive service

Core skills for engagement:

- ▶ Focusing on relationship building versus assessment and diagnosis.
- ▶ Remembering core skills of engagement; be friendly; be non-judgemental; take time; empower the carer to lead the discussion ; display a sense of humour and don't use jargon words or terms.





Transparency

- ▶ Be transparent in your relationship and counselling processes.

Barriers to engagement

- ▶ Be aware of power differences and understand why Indigenous carers may have difficulty trusting others.
- ▶ Be aware of differences in literacy levels and ability to understand or cope with processes of counselling for example why you are taking notes/the value of note taking.
- ▶ Consider the impact of shame on relationship building. For example being sensitive to the effects of and responses to, direct questions.
- ▶ Be aware of an Indigenous person's possible anger and of the importance of working in a relationship of respect for each other.

Flexible service delivery

- ▶ Remain flexible in your service delivery in terms of length and frequency of appointments and reasons for the client's need to change appointments.

Vouching

- ▶ Vouching can be important in terms of Indigenous carers establishing confidence to link with a non-Indigenous counsellor.

Vicarious trauma and supervision

- ▶ Monitor for signs of vicarious trauma.
- ▶ Utilise peer and clinical supervision to minimise vicarious trauma and to access cultural consultancy.

What are some practical ways to assist counsellors in developing their cultural knowledge and understanding?

- ▶ Take up opportunities to attend '*Racism Awareness*' and '*Cultural Awareness*' training sessions.
- ▶ Read books written by or about Indigenous Australians.
- ▶ Watch Indigenous television programs including '*Message Stick*' on ABC Television.
- ▶ Listen to Indigenous radio programs including '*Awaye*' on ABC radio.
- ▶ Subscribe to Indigenous publications including '*Koori Mail*' www.koorimail.com.au.
- ▶ Visit Indigenous cultural heritage sites in your area or when you are on holidays.

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Appendices

Appendix 1

Project Working Group meeting dates

Date	Meeting	Attendance
15 June 2006	Initial Project planning meeting – Timelines	Chris Twining, Nicole McBain, Louise Monahan
20 June 2006	Project Planning meeting - Prepare Project Scope – Draft letter for Ref Group	Chris Twining, Louise Monahan
4 August 2006	Project Planning meeting – Prepare draft guidelines	Chris Twining, Louise Monahan
11 August 2006	Project Planning meetings – Review draft guidelines	Chris Twining, Louise Monahan
15 September 2006	Project Planning meetings – Prepare workshop reports	Chris Twining, Louise Monahan
29 September 2006	Project Planning meetings – Further review draft guidelines – Prepare final draft report	Chris Twining, Louise Monahan
27 October 2006	Project Planning meetings – Review and complete final project report	Chris Twining, Louise Monahan

Appendix 2

Project reference group membership and meeting dates

Project reference group membership

Name	Role	Area
Sharon Wordie	Indigenous carer	Western Metro region
Marlene Williams	Indigenous carer	Northern Metro region
Barbara Day	Indigenous carer	Loddon Mallee (Echuca)
Colleen Day	Indigenous carer support worker & Member of the Board of Directors at the 'Njemda Aboriginal Corp.'	Loddon Mallee (Echuca)
Peter Langdon	CCP Vic contract counsellor	Northern Metro region
Bronwyn McNaughton	CCP Vic contract counsellor	Grampians region (Ballarat)
Jill Higgins	CCP Vic contract counsellor	Southern Metro region
Chris Twining	Project worker, Carers Victoria	Statewide
Nilgun Yucel	Manager, Carer Representation, Carers Victoria	Statewide
Louise Monahan	In House Counsellor / Project Worker, Carers Victoria	Statewide

Project reference group meeting dates

Date	Meeting
4 August 2006	First Reference Group Meeting
1 September 2006	Second Reference Group Meeting
22 September 2006	Third Reference Group Meeting
20 October 2006	Fourth Reference Group Meeting

Appendix 3

Workshop report

Workshop background

There are a number of aspects to the Culturally Sensitive and Flexible Counselling for Indigenous Carers Project. One key part of this project included provision of a workshop about working with Indigenous communities and their needs, provided for a group of Carer Counselling Program – Victoria (CCP-Vic) contract counsellors.

The workshops were designed to educate and further develop the skills of counsellors who are/will be working with Indigenous carers and their families. The participants were identified as those counsellors most appropriate to receive referrals for, and to provide counselling to, Indigenous carers.

Two training workshops were co-facilitated by the project worker and a Carers Victoria in-house counsellor. These were held on 6 and 11 of September 2006. There were eighteen CCP-Vic contract counsellors who participated in the one-day training sessions. Shirley Lennon, National Manager, Carer Counselling Program also participated in one of the training sessions, which was an excellent opportunity to experience the process.

Methodology

An interactive and participatory process was designed around the Carers Victoria 'Working with Indigenous Carers' workshop and further enhanced by the discussions, that had taken place at the project reference group meetings, which were held on 4th August and 1st September. The workshop was designed in two modules.

Module 1 enabled participants to analyse and gain an understanding of the underlying issues, which may be barriers to Indigenous people/carers accessing the services of non-Indigenous counsellors. This included exploring the following areas:

- ▶ The shared Aboriginal/European history of Australia since colonisation and its continuing impact on Indigenous people.
- ▶ Institutional/structural racism: how policies and practices continue to impact on Indigenous Australians with particular emphasis on the Assimilation policy.
- ▶ Prejudice: how myths, assumptions and stereotypes about Aboriginal people are perpetuated and how these influence the values and beliefs of non-Indigenous Australians.
- ▶ The diversity of Indigenous people living in Australia.

Module 2 was based on the new information gained during Module one, participants were given the opportunity to explore counselling frameworks and to:

- ▶ Discuss and have input into what they thought would be important to include in the project guidelines.
- ▶ Identify gaps in their knowledge and suggest further support that might enhance their confidence.

Results

The feedback from the CCP-Vic contract counsellors was overwhelmingly positive. Most CCP-Vic contract counsellors stated that the workshop had completely met their expectations. One of the comments on expectations was:

"This day was a powerful experience because it not only gave information and insight but presented a deep and challenging historical context. It also opened up some very practical applications".

In terms of the information that was of most value, all of the CCP-Vic contract counsellors referred to the historical context. One quote from the feedback was:

"The historical systematic destruction of Aboriginal history and culture that is symbolized by the massacre site map across Victoria".





Likert scales were used to evaluate the workshop, with 1 representing 'poor' and 5 representing 'excellent'. Most CCP-Vic contract counsellors gave the following areas of evaluation 4 out of 5; Quality of presentation, content of the presentation, process used by trainer, use of video, overheads and / or written handouts and the venue.

General qualitative feedback about the training included:

"Content was awesome and comprehensive – guess I was surprised the presenter was not Indigenous – but Chris had great empathy and opened wide my eyes to some hitherto unknown facts".

"I think that this presentation / workshop would be beneficial across the entire network".

"I would like to see some live indigenous input and interaction and some role playing".

"Thank you for the day, which allowed great mix of historical, contextual, cultural history with meaning".

Conclusion

Based on participants' feedback the workshop was successful in meeting the goals we had set. The information gained from module two of the workshop will be integrated into the guidelines.

Workshop attendance list

Fran Smullen

Margaret McKinley

Linda Stinton

Khai Wong

Stephen Brown

Freya Hinrichsen

Vicki White

Lucia Holt

Doris Tate

Elizabeth Rocha

Semra Durmaz

Jean Ann West

Frances D'Arcy Tehan

Juliette Hooper

Marcus Andrews

Don Burnard

Magio Konidaris

Marcus Andrews

Appendix 4

Project artwork competition entry form



Here's an opportunity for you to help out an Indigenous project and also have your artwork published!!

Carers Victoria is running a competition for a young Indigenous person to draw a picture, which can be used in an Indigenous Project report, to be published in December 2006. The picture should depict something positive about Indigenous culture, community or family.



Three prizes will be offered:

First Prize – Drawing published and a cheque of \$100

Second Prize – Cheque of \$50

Third Prize – Cheque of \$30



Name _____

Age _____

Address _____

Phone _____

Please complete the entry form and hand it in with your drawing to Colleen Day by **Thursday 9th November**

Winners will be announced on **Wednesday 15th November**

If you have any questions please ask Colleen.







