

Table 16.1: Understanding the Dance of Life

<i>Traditional</i>	<i>Historical</i>	<i>Contemporary</i>	<i>Gaps in Knowledge</i>	<i>Solutions</i>
Physical Dimensions				
<ul style="list-style-type: none"> ➤ Earth as ‘Mother’, Nature as family ➤ Connection to country, source of renewal ➤ Traditional medicine ➤ Traditional diet and activity, ‘healthy specimens’ 	<ul style="list-style-type: none"> ➤ Physical genocide ➤ Dispossession, ‘uprooted’ ➤ Environmental degradation ➤ Rapid change in diet ➤ Incarceration, institutionalisation ➤ Forced labour ➤ Ill-health, exposure to disease 	<ul style="list-style-type: none"> ➤ Population changes ➤ Present morbidity, burden of chronic illness ➤ Burden of care on children ➤ Land-rights and treaty ➤ Holistic view ➤ Urban, rural and remote differences ➤ Exclusion from health 	<ul style="list-style-type: none"> ➤ Stress, immunity and chronic disease ➤ Grief and mortality ➤ Transgenerational trauma and physical health ➤ Chronic illness and mental health ➤ Complimentary healing practices 	<ul style="list-style-type: none"> ➤ Sovereignty and Native Title ➤ Equity and access ➤ Accountability ➤ Traditional diet, medicines and healers ➤ Connection to country ➤ Holistic medicine ➤ Best start to life ➤ Basic requirements
Psychological Dimensions				
<ul style="list-style-type: none"> ➤ Different concepts, beliefs and meaning ➤ Sense of self; external attributions; site of distress ➤ Shared learning, cognitive development ➤ Identity and role ➤ Autonomy and relatedness ➤ Life continuum, belonging ➤ Birth and bereavement 	<ul style="list-style-type: none"> ➤ Psychological genocide ➤ Profound trauma ➤ Abuse ➤ Loss and grief ➤ Extreme powerlessness ➤ Misdiagnosis, mislabelling, re-traumatisation 	<ul style="list-style-type: none"> ➤ Place in society ➤ Present trauma, loss, grief ➤ Future uncertainty ➤ Psychological morbidity, illness ➤ Identity issues ➤ Psychological strengths ➤ Apology ➤ International perspective ➤ Exclusion from humanity 	<ul style="list-style-type: none"> ➤ Appropriate diagnostic systems ➤ Treatment options ➤ Culturally valid tools ➤ Appropriate outcomes ➤ Accountability measures ➤ Impact of racism and discrimination ➤ Cultural and spiritual phenomenology ➤ Culture bound syndromes 	<ul style="list-style-type: none"> ➤ Truth in history ➤ National ‘Sorry Day’ ➤ Human rights, safe development, future assurance ➤ Inclusiveness ➤ Pride, positive images ➤ Professional development ➤ Indigenous therapies, grief and trauma ➤ Addressing ‘stress’ ➤ Identifying and tackling racism
Social Dimensions				
<ul style="list-style-type: none"> ➤ Community centred ➤ Kinship system ➤ Attachment and child rearing ➤ Early autonomy ➤ Country as home, kin ➤ Collective vs Individual ➤ Obligation and reciprocity ➤ Two-way sharing 	<ul style="list-style-type: none"> ➤ Social genocide ➤ Stolen Generations ➤ Racism and apartheid ➤ Slave labour 	<ul style="list-style-type: none"> ➤ Changing role of family especially men ➤ Role models ➤ Family disruption, isolation ➤ Loss of buffering ➤ Removal of children, adults ➤ Paternity ➤ Present disadvantage, impoverishment ➤ Reconciliation ➤ Exclusion from society 	<ul style="list-style-type: none"> ➤ Family therapies ➤ Children’s needs vs Family ➤ Community outcomes ➤ Systemic barriers 	<ul style="list-style-type: none"> ➤ Social justice ➤ Social determinants ➤ Generational view, long term commitment ➤ Whole of life concept ➤ Tracing family, restoring kinship ➤ Recording oral histories ➤ Narrative therapies ➤ Empowerment ➤ Representative body
Spiritual Dimensions				
<ul style="list-style-type: none"> ➤ Origins of life ➤ Dreaming ➤ Belonging, connectivity ➤ Philosophical views ➤ Beliefs, experiences, healing 	<ul style="list-style-type: none"> ➤ Spiritual genocide ➤ Impact of mission life ➤ Imposition of Christianity 	<ul style="list-style-type: none"> ➤ Value of wisdom ➤ Intolerance, understanding difference ➤ Exclusion from existence 	<ul style="list-style-type: none"> ➤ Spirituality and health ➤ Existential despair 	<ul style="list-style-type: none"> ➤ Central to health of Australia ➤ Healing ➤ Understanding, tolerance, respect ➤ Purpose and future hope

Continued . . .

Table 16.1: Understanding the Dance of Life (*continued*)

<i>Traditional</i>	<i>Historical</i>	<i>Contemporary</i>	<i>Gaps in Knowledge</i>	<i>Solutions</i>
Cultural Dimensions				
<ul style="list-style-type: none"> ➤ Lore/Law ➤ Language ➤ Ceremony ➤ Healing beliefs, expression, experiences 	<ul style="list-style-type: none"> ➤ Cultural genocide ➤ Misinterpretation ➤ Tokenism ➤ Sacrilege 	<ul style="list-style-type: none"> ➤ Cultural clash, two worlds ➤ Cultural mix ➤ Cultural practices, age, gender ➤ Endurance and resilience, strengths ➤ Cultural knowledge ➤ Cultural grief ➤ Exclusion from custom and consciousness 	<ul style="list-style-type: none"> ➤ Continuum of cultural identity ➤ Diversity of practice and experience ➤ Models of care 	<ul style="list-style-type: none"> ➤ Acceptance ➤ National identity ➤ Compensation ➤ Cultural renaissance ➤ Self determination (Indigenous rights) ➤ Indigenous governance ➤ Cultural security ➤ Cultural Respect Framework ➤ Education, training ➤ Shared learning, collaboration

Source: Royal Australian and New Zealand College of Psychiatrists, *Indigenous Mental Health*.²⁰

RATIONALE FOR CULTURALLY COMPETENT ASSESSMENT

Cultural competence is fundamental to good assessment practice. Along with the processes outlined above, culturally competent assessment involves a commitment by the practitioner to self-exploration, critical self-reflection and recognition of the implications of the power differentials inherent in the role of clinicians and clients.⁸ Chapter 12 (Walker, Schultz and Sonn) outlines the tools and techniques for critical reflection and competence as well as the elements for engaging with Aboriginal clients and communities as culturally competent practitioners. These techniques involve both a commitment to ATR and a critical examination of ‘whiteness’. Both promote decolonising practice. The incorporation of ATR provides a sound and coherent framework for assessment practice—a complete picture of the experiences and circumstances of the person being assessed. It serves as a guide to culturally competent practice, an analytic and reflective frame for understanding Aboriginal experiences of mental illness. It is consistent with culturally appropriate models for assessment recommended by the DSM-5’s standards for incorporating cultural concepts in the DSM-5 and the mental health-related cultural competencies described by Westerman⁵ and Garvey.⁴

This ‘dual lens’ is an essential component of the processes of deconstructing colonising practices that underpins cultural competence. Both strive to move the practitioner towards cultural competence as a necessary foundation to working with Aboriginal people—see Chapter 12 for a more comprehensive discussion of these issues.

Culturally Appropriate Assessment

The DSM-5 CFI schedule is consistent with the approach to assessment in cross-cultural contexts proposed by Ponterotto et al. (2001) outlining a framework which involves:

- an exploration of the client’s worldview and understanding of his or her problems;
- an understanding of the client’s family background;
- cultural explanations of illness for the individual;
- cultural elements of the client–practitioner relationship that reflect a clear understanding of the practitioner’s insight into their own positioning.⁸