



CULTURAL COMPETENCY PROFILE

PLEASE NOTE: The Cultural Competence Profile has been developed in order to provide assistance and feedback to service providers and others who work with Aboriginal people. The aim is to help service providers identify personal strengths and limitations in providing culturally-appropriate services to Aboriginal people. Indigenous Psychological Services (IPS) would like to emphasise that this report is completely confidential and is not designed to compare one person's results with anyone else's results. It is designed to facilitate what has been dubbed *critical self reflection*. That is, the report seeks to promote a process whereby people working with people from indigenous cultures are encouraged to look closely at how they interface with their Indigenous clients and to think about how they might improve their personal capacity to provide culturally appropriate services. No scores (i.e., percentages etc) have been reported. The graphs provided in this report are presented only to illustrate relative strengths and limitations in the areas identified. It is hoped this will help you to focus your energies effectively (in a professional development capacity, for instance) on specific aspects of cultural competencies most relevant to your own day-to-day work. Gaining full cultural competency is a challenging and long-term commitment. We appreciate your time in having completed our questionnaire and hope you find it useful.

Your Cultural Competency Profile

Cultural Competency refers to the capacity to work with Aboriginal people in a way that is sensitive to, and respectful of, Aboriginal cultural beliefs and practices. From a service provider perspective it also includes an ability to recognise and respond to the challenging and marginalised social position that Aboriginal people currently face.

This report is divided into five sections. These sections correspond to the five domains assessed by the Aboriginal Mental Health Cultural Competency Profile (CCP) you completed. These areas include; (1) Cultural Knowledge, (2) Skills and Abilities, (2) Beliefs and Attitudes, (4) Resources and Linkages, and (5) Organisational Influences. Your individual responses to each of these five domains (which formed subscales within the questionnaire) are considered in turn.

Domain Summary

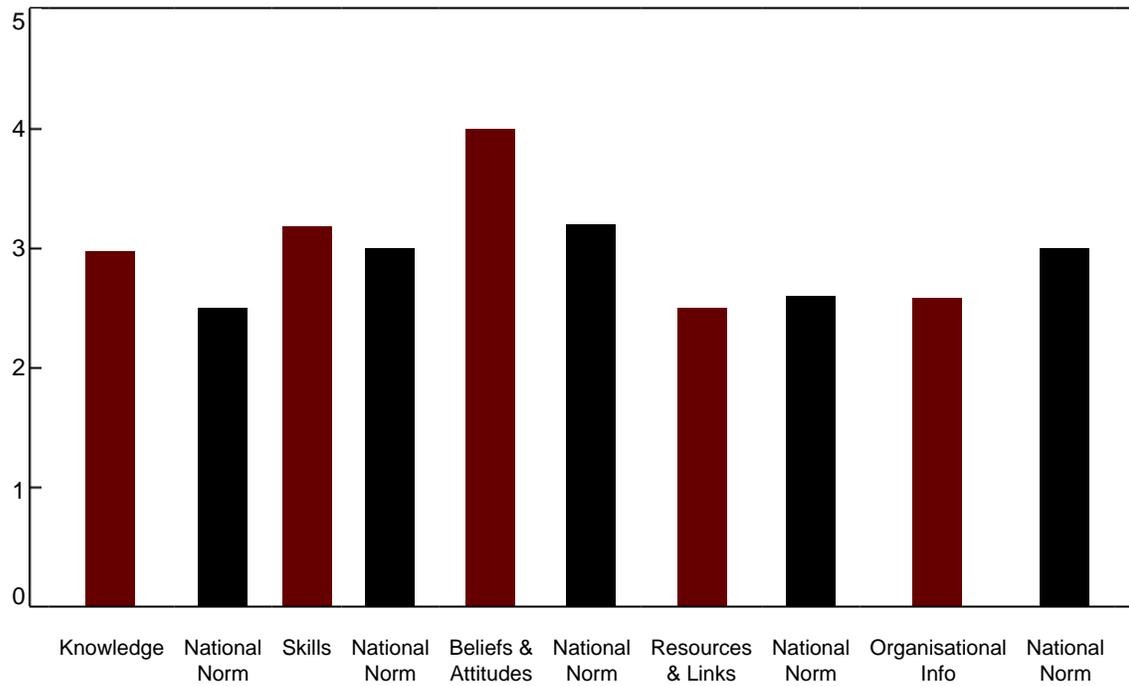


Table 1: Your scores on the CCP against National Norms

The above graph depicts your responses to the five domains of cultural competence. This represents your personal profile of strengths and limitations across the five domains covered by the CCP. Important to note is that this particular graph offers a guide only. There may be many reasons why any one individual scores more or less highly on any of these subscales. With this in mind, the following report is designed to help identify specific reasons for an individual's unique pattern of responses. For the purposes of this report, each one of the five domains has been divided into more specific areas of cultural competence relevant to that domain. These areas are outlined in Figure 1. Note that the subscale scores have been rescaled to a score ranging from 1 to 5 inclusive. Higher scores correspond to higher levels of knowledge, skills, competency etcetera.

In referring this graph you will notice that there are two columns. The first column provides your AVERAGE score across the five domains of cultural competency. The second column shows the AVERAGE score achieved by those working in the Aboriginal mental health field across Australia. IPS has sampled close to 2,000 people in the Aboriginal mental health field and this second column represents the average score achieved across each area of cultural competence. This column is useful as it enables you to compare how you are going in comparison to others in the field.

Figure 1: Domains and Subdomains of the CCP (Westerman, 2003)

Domains	Sub-domains
<i>Cultural Knowledge</i>	General Cultural Knowledge Local Awareness Application of Knowledge Mental Health Specific Knowledge
<i>Skills and Abilities</i>	Contact Training Engagement Intervention Assessment Appropriateness Counselling
<i>Attitudes and Beliefs</i>	Connectedness Cultural Competency Continuum
<i>Resources and Linkages</i>	Resources Linkages
<i>Organisational Influences</i>	Support Policies and Procedures Access

CULTURAL KNOWLEDGE

Cultural knowledge refers to an individual's understanding of the specific cultural practices of Aboriginal people. Due to the diversity within and across Aboriginal communities, proficiency in cultural knowledge means a good awareness of local communities and their customs and practices. The Cultural Knowledge domain looks at general cultural knowledge, local awareness as well as how consistently (and comfortably) this knowledge and awareness are applied in your day-to-day work with Aboriginal people. It also assesses a dimension of cultural knowledge related specifically to Indigenous mental health issues.

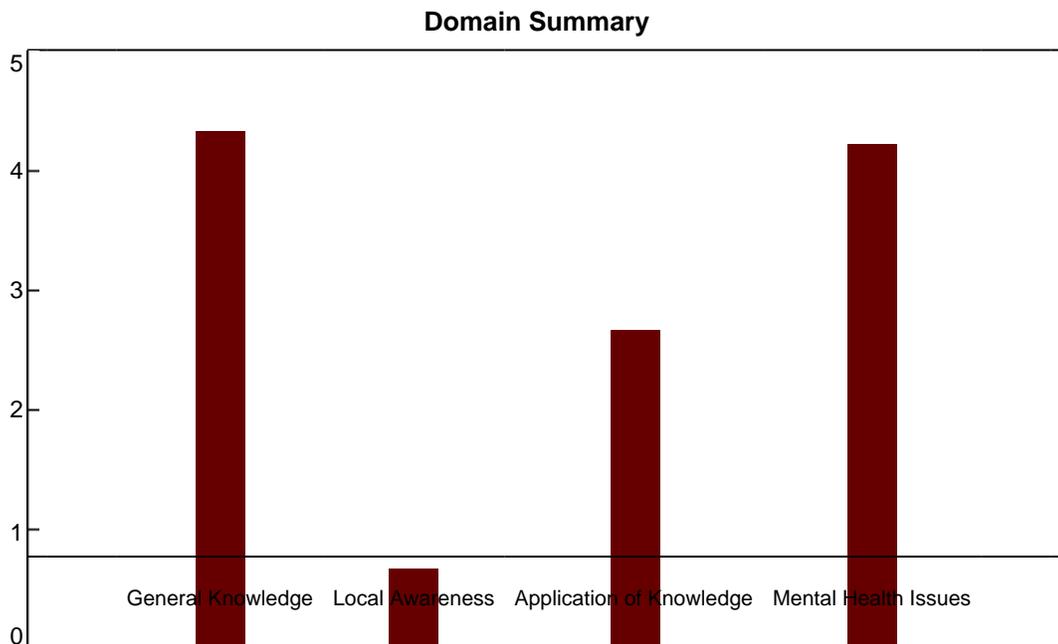


Table 2: Your average scores on the Knowledge Domain of the CCP

General Cultural Knowledge

General Cultural Knowledge refers to an understanding of assimilation as a policy, alliances among Aboriginal people, and how Aboriginal people define their social, cultural, sexual, physical and spiritual relationships.

Your scores on the items relating to assimilation suggest that you have an above average level of cultural competency in this area. This indicates that whilst you are likely to have an excellent understanding of the complexity of how Aboriginal people construct relationships and alliances within and across groups of Aboriginal people. This ensures that you will be generally fairly confident in your own ability to make sense of cultural relationships as defined by 'skin' or 'clan' structures and effective engagement in this process will therefore not impact at the individual and/or community levels. Your results indicate that there has most likely been a good degree of exposure to these concepts, and within this, there is also most likely a desire to learn more about these relationships. Importantly, there needs to also be a desire to respect these relationships and defer to local Aboriginal people always to guide you through these relationships, regardless of whether you are Aboriginal or not.

It is likely that you are aware that Aboriginal people define their social, cultural, sexual, physical and spiritual relationships in a non-mainstream, non-biologically based manner. For instance, brothers, sisters, cousins can be found based on skin groups and are not necessarily always biologically based. If you are of the same 'skin' then Aboriginal people can define brothers and sisters based on this, rather than in a mainstream, nuclear family manner. This is positive in that the likelihood of you operating in a culturally unsafe way will be at least minimised. Importantly, it will also directly impact at the level of your own confidence in interacting with Aboriginal clients, and in knowing who are the key people with whom you need to communicate with in order to assist your client.

Your score indicates that you have an excellent or above average understanding of the meaning of assimilation as a policy that has impacted upon Aboriginal people. This indicates that you have most likely had a good degree of exposure either through formal education or personal communications with Aboriginal people regarding the impacts of the historical treatment of Aboriginal people. It is the case that the policy of assimilation was in fact an act of 'passive genocide' or the 'breeding out of Aboriginality' by removing lighter skinned Aboriginal children to be raised as 'whites' - the idea being that these fairer skinned children could be saved in some way from an Aboriginal way of life. Your awareness of this will greatly assist you in ensuring that the following is taken into account; (a) understanding the need to incorporate the impacts of socio-historical factors within assessment, intervention and particularly engagement with Aboriginal clients, and; (b) basic empathic processes - being 'within a client's reality' or true therapeutic alliance assumes that there is some knowledge base regarding the experiences of Aboriginal people in relation to social policy and treatment.

Local Awareness

Awareness of local cultural knowledge refers to an understanding of specific aspects of local culture including the different dialects and languages spoken and cultural practices amongst Aboriginal people within the area. Your score on the Local Awareness subscale indicates that your awareness of local Aboriginal culture is at the lower end of cultural competence. This suggests that your level of exposure to Aboriginal cultural practices has been quite limited and you will most likely struggle to perceive the extreme differences within and across groups of Aboriginal people. It is therefore likely you have a limited framework from which to work from when engaging with Aboriginal clients. This will tend to impact adversely on your level of comfort in working with Aboriginal people.

Application of Knowledge

Application of knowledge refers to how consistently (and comfortably) you are able to use your cultural knowledge in your day-to-day work with Aboriginal people. This will include adhering to Aboriginal cultural protocols deriving directly from local cultural knowledge. Your score on the Application of Cultural Knowledge subscale indicates that you are in the lower level of cultural competency. This means that you most likely will have a limited knowledge base of Aboriginal culture generally and therefore your application of appropriate models of working would also effectively be reduced. Despite your low subscale score, it is good to know you often engage an Aboriginal person to act as a 'guide' to the culture to assist in assessing or engaging with an Aboriginal client. As much as is possible, this approach ensures cultural safety and cultural appropriateness when working with Aboriginal people. Consistent with the lower response you scored on this subscale, you indicated you never or rarely engage an Aboriginal person to act as a cultural consultant when important visits or meetings are conducted with Aboriginal people. Cultural consultants are an important part of ensuring culturally-appropriateness and cultural safety. However, the frequency with which people use a cultural consultant is often influenced by whether it has worked in the past or not. Research has indicated that a number of conditions need to be met to ensure the effectiveness of the cultural consultant model. You may find it useful to read about these issues. A good place to start is Westerman (2002) - please see references for full citation. Finally, you said you have very little in the way of clear protocols available to guide you when making visits or organising meetings with local Aboriginal people and communities. It's important to have a set of fundamental protocols in place to help guide you in determining what is the best course of action when faced with difficult and unexpected situations. Ideally, appropriate protocols should be mandated at the organisational level. Unfortunately, this is yet to become a common reality. As such, culturally-appropriate protocols are usually determined via negotiation with cultural guides and consultants - emphasising the important role these cultural experts play in the process of providing culturally-appropriate service delivery. It should also be said that protocols are also influenced by one's own level of cultural knowledge.

Specific Mental Health Issues

Your Mental Health Specific subscale score shows that you have a good knowledge of culture-specific mental health issues. Understanding the range of mental health issues that Aboriginal people face due to their marginalised position in this society is an important aspect of providing appropriate services to Aboriginal people. For instance, you would have a good knowledge of the way that Aboriginal youth experience and express depression and therefore appreciate that this has important implications for the way one manages disruptive behaviour problems.

SOCIAL AND EMOTIONAL WELLBEING

Your answers indicate that you at least appear to have an understanding of the concept of social and emotional wellbeing and how this relates to mental ill health for Aboriginal people. According to the National Aboriginal Health Strategy, health is defined as not just the physical wellbeing of a person but the social, emotional and cultural wellbeing of the whole community. This 'whole of life' view provides the foundation for the term 'social and emotional wellbeing' which refers to the ability of individuals or communities to develop, live in harmony with others and the environment, and to effect change. Today many health services in Australia use the phrase 'social and emotional wellbeing' when they refer to mental health in Indigenous communities as it reflects the holistic philosophy Indigenous people have towards (or about) health [URL: <http://www.healthinonet.ecu.edu.au/other-health-conditions/mental-health/reviews/background-information>]

ABORIGINAL PERSPECTIVES OF MENTAL ILL HEALTH

You appear to have an understanding of how Aboriginal perspectives of mental ill health differ from mainstream concepts. You would be aware that Indigenous mental health needs to consider the holistic nature of health and well-being. Reflecting this view most adequately was a position paper on Aboriginal Mental Health at the National Aboriginal Community Controlled Health Organisation (NACCHO, 1993) which stated that:

"For Aboriginals, mental health must be considered in the wider context of health and well-being. This requires that health be

approached in the social emotional context and that social emotional health and psychiatric disorders encompass oppression, racialism, environment, economical factors, stress, trauma, grief, cultural genocide, psychological processes and ill health. (cited in Swan & Raphael, 1995:1)".

Your assessment models and treatment models should therefore be capable of incorporating these aspects of wellness to ensure that your practice is as effective as it can be. Cultural supervision should focus on development and understanding how differences in beliefs and conceptualisations of mental health results in a different approach to intervention.

THE DREAMING

You have indicated that you understand what 'the dreaming' means as it relates to Aboriginal people. What is unknown is whether you have an awareness of the 'dreaming' of local Aboriginal people. If you do not, it would be worth focusing some energy on learning the stories of the dreaming and how people make sense of this in terms of their cultural origins and ties to the land.

SACRED AND SECRET INFORMATION

You appear to have an understanding of the fact that significant aspects of the Aboriginal culture remain secret and sacred and also understand the reasons for this. The potential to make unintentional mistakes will significantly decreased by this understanding behind the limits to sharing cultural information. Aboriginal culture is the most secretive culture in the world and this defines the Aboriginal culture from other Indigenous (First Nations) cultures worldwide in that these cultures DO NOT have secret / sacred aspects of their cultural practices that are not readily available to others. Information can be kept secret from those who are non-Aboriginal; within and across genders (men's business and women's business); those who do not have appropriate levels of knowledge or are within a certain hierarchy of cultural understanding (I.e. men who have been through lore are allowed access to information that non-initiated men are not allowed etc). This sacredness is about preserving the integrity of the culture (Aboriginal culture is the oldest culture in the world!) but is also reflective of beliefs attached to respect – information is not just freely available to anyone who wants to have information - it has to be earned. You can learn more about this the more you are immersed within the Aboriginal culture and understand that information is not just readily shared and given up. This obviously has implications for your practice.

CULTURALLY RELATED MENTAL ILLNESS

Your response indicates that you at least have an understanding of a culturally related mental illness and the definition of these. You no doubt have some awareness that mental health has traditionally been defined by westernised concepts of unwellness and this makes it difficult to fully appreciate and understand the distinction between culture bound syndromes from a Western scientific perspective. Additionally, determining the difference between culture-specific syndromes and mainstream mental illnesses can be further complicated by how society (western and Aboriginal) define a known "disease". For your further cultural training and supervision there are a number of resources that are important to know about and explore further. The starting point is the Diagnostic Statistical Manual – Fourth Edition which acknowledged culture bound syndromes for the first time. This also included an Outline for Cultural Formulation in Appendix I. Whilst this was an important starting point to validation of the existence of culture bound syndromes, there is nonetheless a virtual absence of evidence base (scientific not cultural) of the existence and manifestation of CB syndromes in Australian Aboriginal populations outside of the research of Westerman (2003; 2007). For an overview of culture-bound syndromes worldwide refer to Paniagua, (2000). The Indigenous Psychological Services Training program also provides a number of Cultural Assessment Models to assist clinicians to determine the difference between mental illness and culture bound phenomena.

BEING 'SUNG'

Your responses indicate that you are aware of the concept of being sung or cursed. You are also likely to know what it means in terms of the reasons behind this concept and what it is likely to result in. From a mental health perspective it is not known whether you are aware of how it can impact when it occurs. The individual who has been sung can become unwell mentally (i.e. depression, self-harm), physically or culturally (being shunned by the culture) until the cause of the wrong-doing is resolved. Being sung is actually a form of payback. It can also occur to non-Aboriginal people if they do something wrong culturally, for example going to spiritual places they are not supposed to go to and experiencing a series of illness, bad luck etc.

SORRY CUTS

In terms of your understanding of sorry cutting, your responses actually indicate that you at least know what this concept is. You are aware that sorry cutting occurs following death in Aboriginal communities who continue to practice this as a grief process. It is a specific ritual carried out by individuals who have particular relationships with the deceased and is part of the grieving process for the remainder of the community. These types of behaviours occur as a method of resolving grief and expressing pain for the person who has passed away and is an essential part of the grief process. If you are unaware of why this is done, or importantly, who would have a role to do this during sorry time or grieving time it is important that you dedicate some energy to focusing on these issues. From a mental health perspective your cultural supervision and training should be focused upon trying to understand the difference between self-harm (as a mainstream concept) and sorry cutting. Culturally valid assessment models such as those proposed by Westerman (2008) in her training workshops provide an essential framework for this. In terms of future learning it is essential that you are able to understand the local implications of sorry cutting as a ritual – is it still practiced? What implications does it have in terms of grieving and so forth.

SPIRITUAL VISITS VERSUS PSYCHOSIS

Your responses indicate that you do not understand the difference between the culture bound phenomena of spiritual visits that occur with Aboriginal people and the mental illness of psychosis. In terms of being able to work at an effective level in Aboriginal mental health it is highly likely that you will encounter these issues in your work with Aboriginal clients as spiritual visits are tied in with a number of all too common events in Aboriginal communities. This includes death, cultural ceremonies, wrong doing (being sung) etc., The Aboriginal culture is characteristically a spiritual one in which there is a commonly held belief that it is possible for spirits to 'visit'. This can be the spirit of those who have passed as well as spiritual visits from ancestors; lore men; healers; spirit of the land in which the person is from amongst some examples. The focus of your future work in terms of cultural training and supervision is to be exposed to the culture to the extent that you are able to understand the key triggers for spiritual visits; how these 'visits' manifest themselves (to gauge a sense of 'normality' for these experiences and then be able to assess at a level in which you are able to determine the difference between these culturally appropriate phenomena and psychiatric conditions such as psychosis and schizophrenia. Westerman (2003; 2008) has developed a Cultural Assessment Model which enables clinician's to determine the difference between culture bound spiritual visits and psychosis. The IPS training then provides clinicians with applied skills in cultural assessment and treatment where indicated.

LONGING FOR COUNTRY

Based on your responses you appear to understand the concept of longing for country. This means that you are aware of the strong meaning of country for Aboriginal people and that there is no distinction made between oneself and the land. Aboriginal people view the land as part of them, not separate. The land in which an Aboriginal person is born, houses their spirit and is tied in with wellness and unwellness. When people are removed from land for a period of time it is common for a 'longing for country' to occur which can often look like a state of depression. This can explain why Aboriginal people who are away from their land for periods of time (for work, hospital stays, schooling) can become so overwhelmed by the removal from land that they return without notice. It is important to be able to appreciate this as a reality for Aboriginal people. The IPS training workshop and workbook provides a treatment intervention program for longing for country which has proven to be highly effective with Aboriginal clients.

SKILLS & ABILITIES

The Skills and Abilities domain relates to three major areas including Engagement, Intervention and Assessment. Demonstrated skills in each of these areas is essential to be able to work at a clinical and culturally competent level with Aboriginal clients in a mental health specific context. This part of the cultural competency continuum requires that you have demonstrated skills and abilities that are quite specific to be able to work effectively with mental health experiences of Aboriginal people. This includes having a range of counselling techniques that have consistently been demonstrated to be effective with Aboriginal clients. This focus on evidenced-based treatments is very different to 'random' or 'one-off' approaches that have been effective with an individual. Establishing the efficacy of counselling techniques is usually related to a strong knowledge of the cultural strengths that Aboriginal people have. Adaptation of use of counselling strategies are therefore always couched in a way that capitalises on the known strengths in learning or ability that Aboriginal people have as a culture. For instance, learning through observation and imitation is consistently identified as a cultural learning strength. Therefore the most effective methods of counselling and therapy are always those which capitalise on strengths in observation and imitation

amongst others.

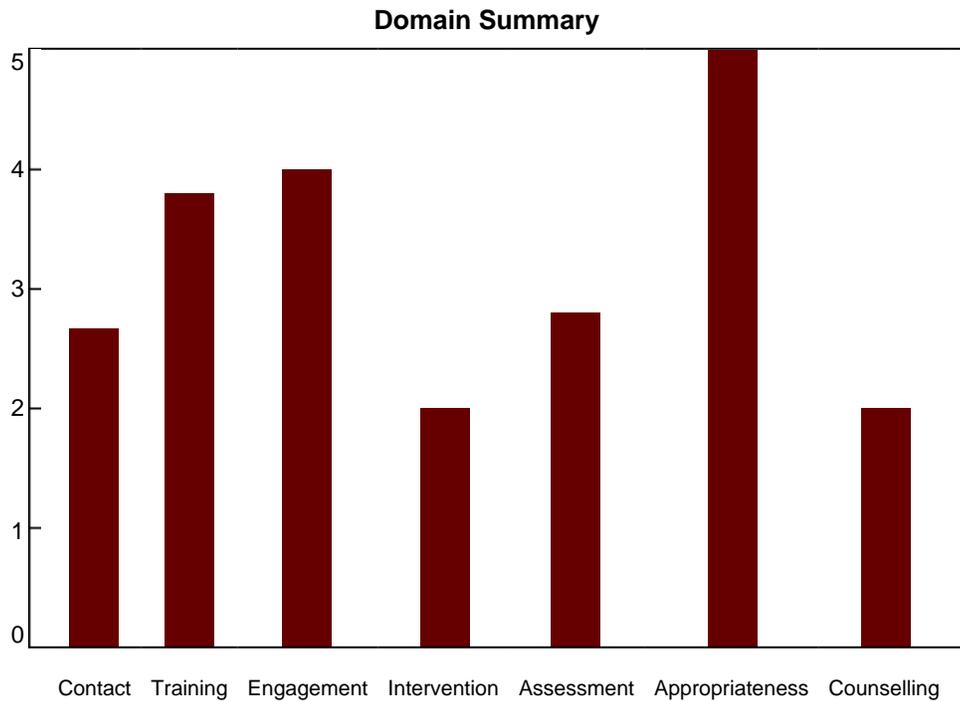


Table 3: Your average scores on the Skills & Abilities Domain of the CCP

Contact

Your scores indicate that you have a low level of contact with Aboriginal clients compared to most other people. This makes it less likely that you are going to have opportunities to be able to improve your competency in working with Aboriginal clients. The developing of effective practice involves exposure to client groups and within this the opportunity to 'test out' certain strategies and importantly, develop a level of confidence and comfortableness with the culture. This can only come through exposure to the culture. It is vital that if you desire to improve your cultural competence that you aim to increase your current levels of contact with Aboriginal people - this may be through developing networks with local Aboriginal organisations who can expose you to individual clients, but more importantly, local Aboriginal communities. The preference though is that you aim to increase the number of Aboriginal clients that you currently see, and set specific targets around the following; (a) increase length of engagement with Aboriginal clients; (b) increase the dialogue that the client has within the counselling session, and; (c) own feelings of confident and comfort have increased with each contact, amongst some.

Training

Your scores on the level of training questions on the skills and abilities scale indicated that you have had an above average level of training in working with Aboriginal people. This is likely to mean that you are able to draw from a good amount of theory on Aboriginal mental health to guide your practice. Additionally, the training you have had is likely to have been ongoing - and of many different forms. This means that formal professional development whilst important is not the only form of training that you likely engage in. Strategies such as cultural supervision, cultural awareness workshops, formal Aboriginal mental health teachings through appropriate literature and professional development are also likely to be part of your training. You do not see cultural competency as 'one-off' but as ongoing - learning about culture never stops! You are likely to seek out training that is not solely focused on cultural differences but on the complexity of Aboriginal mental health. Whilst this type of training can often be difficult to access you account for this by viewing training as being achieved through a higher level of exposure to the Aboriginal culture and not necessarily formal training that you attend as part of professional development or other activities. You have managed to improve your training through developing stronger networks with local Aboriginal organisations and aiming to have regular exposure to Aboriginal clients, communities in addition to some formal cultural training.

Engagement

Your score on the Mental Health Engagement subscale indicates that you are in the upper range of cultural competency in this area. This means that you are likely to have a very good knowledge base of the different communication styles that Aboriginal people have compared with non-Aboriginal people. This is most likely based on your own experience and exposure to these differences and may also be the result of your understanding of the research or literature regarding cultural differences in learning styles. As a result it is highly likely that you have a number of consistent strategies that you are very confident in using when engaging with Aboriginal clients. You have also managed to use these strategies effectively with Aboriginal clients in a mental health capacity. Within this you also have a level of comfort with being able to engage with Aboriginal clients at the level of cultural understanding. Specifically, you will feel comfortable discussing cultural identity, family alliances, country of origin and particularly the clients cultural beliefs associated with mental health. Your attitude is one of acceptance and understanding of cultural differences specific to the way in which Aboriginal people interpret and make sense of mental health.

Intervention

Your score on the Mental Health Intervention subscale indicates that you are in the lower level of cultural competency in this area. This means that you would struggle considerably to understand how best to assist Aboriginal clients who are experiencing the impacts of mental health generally. Alternatively, your response may also mean that you do not spend a lot of your time conducting interventions with Aboriginal people who are impacted upon by mental ill health. Either way, in instances in which Aboriginal clients have identified culture as being a primary cause and maintaining factor in their distress, your ability to be able to suggest appropriate intervention strategies would be minimal. The extent of your skills in interventions with Aboriginal mental health clients indicate that you would require extensive support through engaging appropriate cultural and clinical consultants to assist you in being able to determine the most appropriate intervention for your Aboriginal client. In practical terms your response indicates that while you may have some basic understanding of how to help people this will be limited to a very mainstream perspective of how people get 'well'. You will have had limited, or no exposure to traditional treatments or therapies, or Aboriginal culture in general. Literature regarding the appropriateness and effectiveness of traditional treatments, such as bush medicines, the use of traditional healers or the role of elders is an essential focus of future learning. Additionally, understanding of how to adapt mainstream counselling and therapeutic interventions in ways that are meaningful for Aboriginal clients should also be a focus.

Assessment

Your score on the Mental Health Assessment subscale indicates that you are in the lower level of cultural competency in this area. This means that you are most likely to have very limited understanding of the basic principles of assessment. This either means that you do not actually conduct mental health assessments, or that you have had limited exposure to conducting assessments of Aboriginal people. Either way, you will not have an appropriate framework to guide you in being able to assess Aboriginal people who are experiencing the impacts of mental ill health. Depending upon your knowledge of Aboriginal culture and ability to engage with Aboriginal people you may also find it challenging to understand the basic differences between how Aboriginal people interpret and make sense of mental health experiences compared with non-Aboriginal people. In practical terms this will impact on your ability to be able to enter into productive discussion with Aboriginal clients and to also find a common perspective to be able to work from. In terms of assessment, your responses indicate that you see mental health from within a westernised framework and have limited ability to be able to identify and assess for the relevance of cultural interpretations for client difficulties. It is likely that you will have limited or no understanding of what cultural factors trigger and maintain mental distress, or how cultural syndromes (such as being 'sung', experiencing spiritual visits) can manifest themselves, and at times 'mimic' mental health symptoms. Your ability therefore to assess the difference between culturally related illnesses and illnesses which are grounded in mainstream mental health is likely to be limited.

Appropriateness

Your scores on the cultural appropriateness of practice component of the skills and abilities subscale indicate that you are in the above average level of cultural competency in this area. A score at this level suggests that you are likely to view issues of cultural competency as vital and are constantly looking to identify what the particular issues are surrounding your ability to be more effective with Aboriginal clients. This means that you are likely to enter into counselling, interviews, therapy or discussions with Aboriginal clients in a manner in which you will spend considerable time prior to, during and after the session considering what components of the interaction were impacted upon by cultural factors. More than just being reflective, however, you will then also seek to identify particular areas, and therefore strategies to counter these negative impacts. This is also most likely to be via your own self-reflection as well as through constantly seeking out external cultural expertise to assist

you to identify what these issues may be, but to also adjust your practice accordingly. The need to constantly evaluate the effectiveness of your practice is a vital component of cultural competency and you appreciate that this cannot be done in isolation of cultural guides and by drawing on expertise within the field. You see cultural competency as being ongoing - you are likely to constantly explore how you can be better at working with Aboriginal clients and it is likely that this has become part of a well formulated pattern of evaluating the effectiveness of your interactions with Aboriginal clients prior to, during and after each contact. If you are not already doing so, you should also strongly encourage your Aboriginal clients to provide feedback on your sessions with them. This can be achieved through simply asking clients how they felt the session went - encouraging them to identify what worked and what didn't.

Counselling

Your scores on the Indigenous specific counselling skills items indicate that you are in the lower level of cultural competency in this area. This means that you are likely to have a fairly limited knowledge of how to apply and adapt mainstream counselling skills in a way that is effective with Aboriginal people. Related to this will be the lack of clarity regarding how to apply an effective and consistent counselling framework with Aboriginal people, particularly when trying to make sense of how best to 'depart' from evidence based mainstream practice. For instance, the use of didactic, direct question-direct answers as a primary format must be in most instances utilised sparingly with narrative or a 'story telling' style of questioning being utilised as a main strategy. Additional factors such as reflective feedback need to be used cautiously as it often disrupts the flow of the narrative and can be seen as rude or disruptive to Aboriginal clients. The lack of information readily available may be a key component of why you have responded to these questions in the way you have. It is also vital that opportunities to 'test out' basic counselling skills with a range of Aboriginal clients is taken as much as possible. This is the only realistic way that a level of comfort, confidence and cultural competency in this vital area can truly be realised. Due to the relatively low score that you have attained, you must also reflect on whether this is due to fact that you may not necessarily see the need to adapt or shift counselling strategies to meet the needs of Aboriginal clients. Should this be the case, it is again vital that exposure and testing out of new techniques occurs to create this important ideological shift.

CONNECTEDNESS, and the CULTURAL COMPETENCY CONTINUUM

Connectedness is the degree to which you feel comfortable with relating to Indigenous clients in a cultural way. Within the current context, attitudes and beliefs refer to characteristic ways of evaluating other cultural groups. These are usually based on assumptions derived from information provided by others and information gained from direct experience with the culture. Often the degree of direct experience a non-Aboriginal person has with Aboriginal culture is low. In this case, attitudes and beliefs are more likely to represent an accumulation of information from indirect or outside sources. While the term attitudes does imply an evaluative judgement falling on a continuum from negative to positive, reliance on outside sources for cultural knowledge does not automatically mean that resultant attitudes and beliefs are inherently negative. A useful tool in understanding the different ways attitudes and beliefs tend to manifest is to consider where they fall on the Cultural Competency Continuum (Westerman, 2002). There are five levels of cultural competency according to Cross et al. (1989); Cultural Aversion, Cultural Incompetence, Cultural Blindness, Cultural Pre-competence, and Cultural Competence. Your responses to the Beliefs and Attitudes subscale have been used to estimate your position on this continuum.

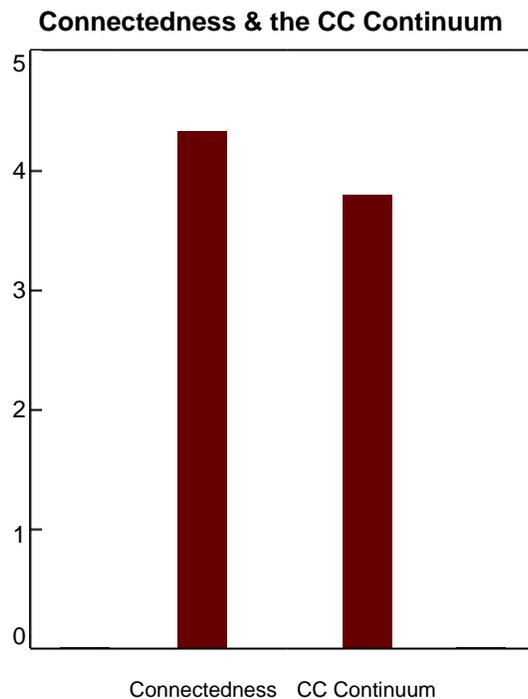


Table 4: Your average scores on the Beliefs & Attitudes Domain of the CCP

Your responses fall in the range representing Cultural Pre-Competence which includes those individuals who would be completely aware of their own personal limitations regarding working effectively with Aboriginal people. These individuals tend to have a strong desire and intention to provide a quality service to Aboriginal people, however, they are often frustrated at the lack of knowledge and information that is available to them regarding the most effective and culturally appropriate manner to deliver these services. Those who fall into this category would have a commitment to reflecting on their work and practice with Aboriginal people, however, they may also struggle to know how best to achieve this. While probably wanting to be proactive about seeking out information and learning, they may not know how best to achieve this. They can at times get frustrated by this lack of information and this may impact on their effectiveness or outcomes in their work with Aboriginal people. This would include not knowing how to communicate most effectively, what methods of assessment or interventions were most valuable. They would have some links within the Aboriginal community and would have a good level of understanding of Aboriginal culture, but struggle to be able to apply this in a consistently effective way with Aboriginal people.

RESOURCES & LINKAGES

Resources and linkages form an essential component of culturally-appropriate service provision. Resources are the technologies, information and social assistance that a person has available as support in working with Aboriginal people. This can range from educational and informational resources such as access to the academic and clinical literatures through to access to culturally appropriate assessment tools and protocols. Human resources include a diverse range of peer support networks that operate to provide information as well as social and emotional support to service providers and workers in the area of Indigenous Mental Health. Linkages refer to the connection the service provider has with local community. The diverse nature of Aboriginal culture emphasises the necessity of building solid ties with local community. The achievement of virtually all core cultural competencies relies on the quality of the connection that is forged with communities residing in the relevant service area. For instance, the communication channels that are established between the service provider and community will affect the degree and quality of local knowledge available to (and gained by) local service providers. This subscale assesses the extent to which service providers are able to effectively utilise culturally appropriate resources and linkages for the benefit of their Aboriginal clients.

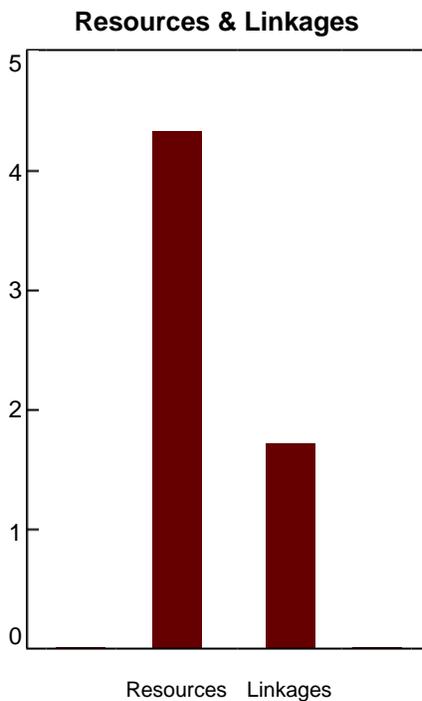


Table 5: Your average scores on the Resources & Linkages Domain of the CCP

Your response on the resources scale indicated that you feel you have ample access to work-related resources. This represents the preferred conditions for working with Aboriginal clients. Ready access to comprehensive resources is crucial in ensuring that Aboriginal clients receive services delivered at the level of best practice. Your responses indicate that the links between yourself (as a professional representative of your organisation) and the local community require further development. This is important because there is a fundamental need for effective community links to be consolidated as a pre-requisite of culturally appropriate service delivery. While forging effective links with community is perhaps the single most important factor in service delivery it is also one of the most difficult to achieve. The obstacles are often many and varied. There are two aspects worth considering in attempting to identify where the main obstacles lie; the personal and the organisational. By personal aspects we refer to a range of related factors including the degree of motivation one has to engage with Aboriginal people and the culture. The organisational aspects are related to a personal desire to work effectively with Aboriginal people within a particular structure created by the agency you would work with. Therefore an important question you may ask yourself (in relation to the low scoring response) is whether this is a personal desire to be proactive about establishing and maintaining good lines of communication and links within the Aboriginal community. Additional to this is whether you believe that it is possible to work in a culturally appropriate manner within the confines of the organisation you are employed in. By organisational aspects we refer to the level of support and encouragement to develop and enrich links with community provided to the service provider by the organisation.

ORGANISATIONAL INFLUENCES

The organisational structure and procedures subscale includes three major areas of cultural competency recognising that organisations need to (a) support staff in using culturally appropriate assessment and engagement processes, and (b) have culturally appropriate procedures and protocols to provide clear guidelines to staff and, (c) provide and assist with access to training, cultural supervision or ongoing cultural learning. It is essential for practitioners to have an environment in which their willingness to be culturally appropriate is supported and translates into actual practice.

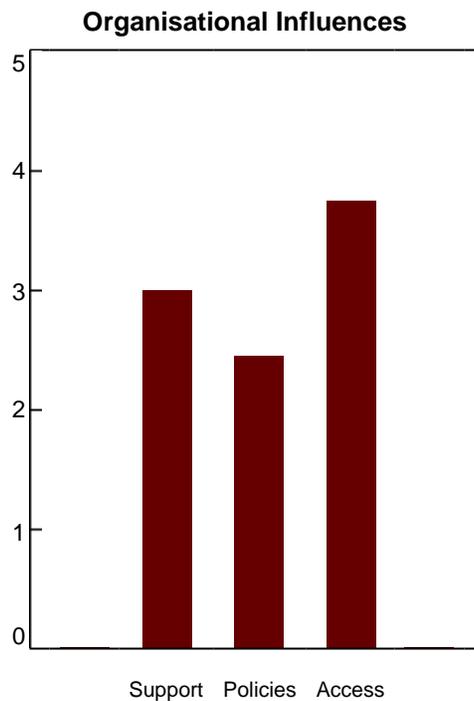


Table 6: Your average scores on the Organisational Cultural Competency Domain of the CCP

Support

Your score on the Support subscale indicates that you see your agency as being at the middle range of cultural competency. This means that you feel that your agency generally supports your desire to work in a culturally appropriate manner with Aboriginal people and has at least a willingness to work in a way that departs from mainstream protocols and processes. However, the policies and procedures have still been developed from within a mainstream framework. Therefore while engagement may not be difficult, the more complex area of assessment has been compromised by a lack of culture-specific protocols in place for this purpose. While, this has impacted upon your ability to be able to conduct appropriate assessments with Aboriginal people, you feel that you are able to communicate this within your organisation and that this is taken on board. The extent to which it has been translated into actual tangible protocols are often the missing aspects. Some examples may be that your organisation will acknowledge the reality that outreach services are an effective tool, but not have strong levels of access to elders, traditional healers and the like to ensure valid assessments. This may be an issue of resources, but nonetheless is an area in which your organisation needs to be aware of and work towards addressing in order to reach higher levels of cultural competency. Your responses also suggest you are happy with the cultural appropriateness of your organisation.

Policies & Procedures

Your score on the Procedures and Protocols subscale indicates that you see your agency as being at the lower range of cultural competency. This means that your organisation would have no culture-specific policies and procedures in place and, most likely, not have seen any need to have these. You are likely to see that your organisation mostly operates in a 'one size fits all' mentality most of the time and does not appreciate cultural differences. Related to this is the fact that your organisation does not have a strong presence within the Aboriginal community through attendance at important community events, or simply by encouraging Aboriginal people to attend at your office. This would be related to the fact that the policies and procedures are most likely seen by Aboriginal people themselves as not necessarily being of great relevance to them, and you are often acutely aware of this perception. An additional element of this is the fact that you believe that your organisation does not communicate the value of cultural diversity to staff within your organisation. There is very little discussion about cultural issues and little to no requirement that staff become more culturally aware. If there are Aboriginal employees, there is likely to be an undercurrent of minimising the importance of their role due to the 'lack of formal (mainstream) qualifications' and as a result it these employees are probably under-utilised.

Access

Your score on the Access subscale indicates that you see your agency as being at the upper range of cultural competency in this area. This means that your organisation is likely to have specific material on mental ill health that has been developed within with Aboriginal people in mind. This provides you with an important resource to be able to provide to Aboriginal clients and therefore assist in reducing some of the issues regarding access to services and stigma attached to mental health. This range of products or resources are also likely to translate into appropriate literature that staff are able to access to ensure that they remain informed of the latest Aboriginal mental health initiatives. You value this level of access to resources and it is most likely that other organisations access these materials as a method of promoting Aboriginal mental health to their clients.

GLOSSARY of TERMS

Cultural Guide - A cultural guide is a professional who is trained in the area of Aboriginal mental health and who has a thorough understanding of Aboriginal culture. A cultural guide needs to be culturally competent and they should be able to provide advice that is consistent with best practice

Cultural Consultant - A cultural consultant is someone who can act as a liaison between an individual or community and service provider. Usually the cultural consultant will belong to the culture they are representing, and they will invariably have close ties with the individual or community. Their expertise is Aboriginal culture and, in particular, local culture.

Intervention - refers to any activity whose aim is to address an identified problem or issue. This may be clinical in nature (i.e., a treatment program) or it may be more purely management oriented as in the case of behaviour management in the classroom or juvenile justice context.

Outreach - refers to extending the delivery of services outside of the organisations premises and directly into the community.

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As a tool, the Cultural Competency Profile remains under construction. If you have any questions or would like to provide feedback regarding the usefulness of this profile, please direct correspondence to IPS at Indigenous Psychological Services on **(08) 9362 2036** or by email: **ips@ips.iinet.net.au**