

**PSYCHOLOGICALLY SPEAKING**

**PSYCHOLOGICAL ASSESSMENT AND INTERVENTION**

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# PSYCHOLOGICAL ASSESSMENT AND INTERVENTION

## 5.1 INTRODUCTION

Prior to visiting an Aboriginal community and becoming involved in psychological testing and intervention it is suggested that the following texts be consulted:-

1. *APS Guidelines for Working with Aboriginal and Torres Strait Islanders* (see appendix III attached).
2. Guidelines for providers of psychological services to ethnic, linguistic and culturally diverse populations. *American Psychologist* (1993), 48, 45-48.
3. *Jalinardi Ways: Whitefellas working in Aboriginal Communities* (1989) by Fran Crawford.
4. *Aboriginal Health and History: Power and prejudice in remote Australia* (1993) by E. Hunter.
5. *Working with Aboriginals in remote areas* (1979) by DeHoog & Sherwood. This text provides guidance and detailed information about appropriate ways to work with Aboriginal people in remote communities.

It is also recommended that the worker spend time preparing themselves via:

- identifying their own strengths and areas of development
- defining their purpose of involvement
- identifying resources and skilled people within the community who can provide assistance
- becoming familiar with local newspaper editions and Interest groups as these are an excellent source of information about current events, groups and areas for further research.

For any cross-cultural assessment to be considered valid, the attributes, qualities and values being measured need to have a known/agreed significance to both the tester and tested. For example:

1. Need for agreement as to what is being measured? (Kearins 1988; Keats 1988).
2. How do we go about assessing? (Goodnow 1989; Kearins 1988).
3. Is the knowledge appropriate for that person to have? (Goodnow 1988; Kearins, 1988).
4. Who are you allowed to talk to? Certain men will not be approachable for women and possibly some women will be 'out of bounds' too. (Scheppers, 1991)

Sometimes it helps to be mindful that you may be the first non-Aboriginal person who has interacted with the child and carers/parents for any length of time. This is particularly the case in remote communities. It is not uncommon for Aboriginal parents to be suspicious, asking themselves, for example, what sort of knowledge would an unmarried childless woman have about my situation. They may wonder why a man is working in a child focused centre. If you are taking care of their child or spending significant periods of time with them, they may want to know what sort of person you are. Most Aboriginal parents have good reasons and historical

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experiences to distrust strangers and Western people, and specially "the Welfare". The role of the social worker, the psychologist, the day care worker etc., is important not only because of the impact that the workers will have on an Aboriginal child but also on how parents and other family members will perceive the individual. They will be under constant scrutiny until they are known and trusted and this can take from a number of months to years depending on the Aboriginal communities experiences and cultural boundaries (Scheppers, 1991).

## 5.2 PSYCHOLOGICAL ASSESSMENT

Formal psychological testing is considered by Goodnow (1988) to have some difficulties for children and adults of minority groups because of the frequency of the "question and answer" format in a one to one situation. In some cultures such as Aboriginal Australians, questions are only asked if you do not know the answer and also it is sometimes considered impolite to ask a question of someone who doesn't know the answer (Kearins, 1980). Hence, a prior step to formal testing may be to consider how evaluation proceeds within the social group being considered.

It is also important to consider the differences in communication styles (see Section 4 of this document) and learning strategies between Aboriginal people and White Australians. Articles by Davidson, Hansford & Moriarty (1983), Harris and Harris (1988), Kearins (1985) and Klich (1988) highlight some of these variations. Kearins (1985) in her article about child-rearing practices in Australia suggested that these practices may lead to difficulties in school. For example:

- Aboriginal children choose what they want to learn, when and from whom;
- Aboriginal children are not used to being dependent on adults.
- Children and adults do not expect to have to answer someone who speaks to them.
- Children not bound by rules can never be considered as naughty.

Harris and Harris (1988) identified differences in learning strategies which are helpful to note when planning assessments and interventions with Aboriginal people. Their article is particular to remote Aboriginal people who have had minimal Western influence. The identified concepts to consider involve learning via:

- real-life performances not via practice in contrived settings
- mastering of context specific skills, not abstract principles
- imitation and observation rather than oral or written instruction
- personal trial and error rather than through verbally mediated instruction
- orientation towards people rather than tasks, information or systems.

Psychologists are cognisant of a number of confounds that significantly bias test results in favour of Western, middle class, educated individuals. The aim of this next section of the manual is to identify the testing materials and assessment techniques which would be functionally more appropriate when working with Aboriginal children and their families.

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### 5.2.1 Intelligence Testing - IQ Assessments

As summarised by O'Keefe (1983) in the previous psychological manual, almost all IQ tests are culturally biased against minority groups including the Australian Aboriginal population. The formal assessment tools available such as WPPSI-R, WISC-III, WAIS-R, WMS-R and the Stanford Binet Intelligence Scales are limited in their usefulness in assessing the cognitive strengths and weaknesses of Aboriginal children and adults. These tests do not have Aboriginal norms, they contain unfamiliar items, they assume knowledge of Western society and generally favour people who have Western educational opportunities. The Queensland Test (McIwain, 1970) whilst the norms were derived from people in Queensland, Australia, they have been described as out-dated and vary considerably. The variation is hypothesised to be a result of the Aboriginal client's degree of Western cultural contact. It is also evident that the language of some tests and test instructions may be unfamiliar and hence disadvantageous for the examinee when it comes to the scoring and interpreting of test results. Davidson (1995) identified that the "*total suspicion with which mental tests are treated by many indigenous Australians ... is also likely to influence the outcome of any individual testing activity*" (p.30).

Section 4.3 of the Guidelines for the provision of psychological services to Aboriginal and Torres Strait Islander Australians, recognises that in some circumstances there is a need to employ psychological tests as an assessment procedure. For example, an assessment may be requested for the Court or be required for Criminal Injuries Compensation claims. In these instances, it is recommended that tests which are less disadvantageous to the Aboriginal person be utilised and/or the tests be used with caveats on test interpretation noted when considering the reliability and validity of the test results. It is also important that the psychologist be clear on the purpose of the assessment and they may need to question whether they are testing for educational backwardness vs general intelligence (Davidson, 1988) vs 'cleverness' (Kearins, 1984, 1990).

With regard to less disadvantageous tests, it has been found that Aboriginal people's performance on non-verbal, performance-type tests such as the Raven's Progressive Matrices (Raven, 1948) and the performance scales on the WPPSI-R, WISC-III and the WAIS-R are comparable to the existing Australian norms on these tests. This is particularly the relevant for Aboriginal people raised and living in urban situations. The Peabody Picture Vocabulary Test-Revised (Dunn & Dunn, 1981) generally gives a rough indication of the child's educational level when considered in conjunction with their record of school attendance. You may find that some of the words used in test will require some alteration. For example, it would be more appropriate to ask the child to look for/point to the "bush" rather than the "forest" on item 48 of the Peabody and noting that some alterations were necessary given the cultural background of the child.

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Should the tests be used in their complete form then a disclaimer would be required. The limits of the test and the reliability and validity of the test results will need to be considered in light of the person's ethnic background and acculturation.

Davidson (1988), taking into account recent research in cognitive sciences, suggests that psychologists consider standardised tests being accompanied by other assessment techniques, such as clinical interviews with parents/caregivers and other adults who play a significant role in the person's life. He also recommends that an assessment also provide information on the socio-cultural background of the person. Kearins (1985) suggests that direct observational assessment of the child's ability to cope with daily tasks and instructions be conducted to supplement and contribute to the information obtained from standardised tests. Finally, O'Keefe (1983) points out that for legal purposes all formal testing be accompanied with clinical interviews with the child's main carer(s) including extended family with whom the child identifies with, and an unbiased Aboriginal adult who knows the child and their family.

Some recommended readings in this area include:

- Various papers included in Davidson, G. (Ed) 1988 *Ethnicity and cognitive assessment: Australian perspectives*. Australia: Darwin Institute of Technology (including the Harris & Harris article).
- Kearins, J. (1984) *Child-rearing practices in Australia: Variation with lifestyle*. Perth: Education Department of Western Australia.
- Kearins, J. (1986) Visual spatial memory in Aboriginal and white Australian children. *Australian Journal of Psychology*, 38, 203-214.
- Kearins, J. (1989) Measurement and direction, knowledge in Aboriginal and non-Aboriginal children of Western Australia. In D.M Keats, D. Munro & L. Mann (Eds) *Heterogeneity in cross cultural psychology*. Lisse: Swets and Zeitlinger.
- Kearins, J. (1990) *Urbanisation and its effect on children's learning in Australian Aboriginal groups*. Paper presented at 10th Biennial Congress of the International Association of Cross-Cultural Psychologists. Nara, Japan.

### 5.2.2 Personality & Mental Health Assessment

Personality assessments are mostly considered to be inappropriate for use with Aboriginal people, particularly remote-area Aboriginal people who have distinct norms for behaviour and emotional expressions. Standard questionnaires and inventories such as the MMPI-II (Hathaway & McKinley, 1989), Clinical Analysis Questionnaire (CAQ: Cattell, 1980), Eysenck Personality Questionnaire (Eysenck, 1980), Sixteen Personality Factor Questionnaire (16pf: Cattell, 1986), Millon Adolescent Clinical Inventory (MACI: Millon, 1993), High School Personality Questionnaires (Caine & Cattell) etc., and projective tests (eg. Children's

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Apperception Test [CAT: Bellak, 1981]; Holtzman Inkblot Technique [Holtzman]; House-tree-person projective technique [Buck]; Thematic Apperception test [TAT: Murray, 1971] etc.) can be generally misleading and if possible should be avoided.

However, projective tests and drawings can be a useful means of assessing a person's cultural identification when you cannot find this out in more direct ways. Projective techniques are sometimes useful when working with Aboriginal children, as they allow children to story tell (in the third person) which is a culturally acceptable way to pass on information and important messages. They can also be a useful tool in conjunction with the interview in exploring all social factors currently affecting the individual. It is important to note that cultural and tribal factors sometimes account for bizarre behavioural patterns and/or mental disturbances. For example, a young child who is having problems with enuresis may be fearful of the "mammu [devil man]" or "Featherfoot" who walks around in the dark and hurts people who hurt others; an adolescent male may display 'fits of hysteria' and anger when taken to an Aunt's house where he is told his grandfather died.

I attended a lecture by Diana Lawler in 1992 at the University of Western during which she mentioned that the Wagner Hand Test (1969) proved to be a useful screening device, revealing unusual personality tendencies, rather than subtle personality characteristics. She stated that whilst this test was considered to be out of date, the responses were useful as a spring board to explore the persons view of themselves which could be expanded upon during clinical interviews with the person themselves and significant others. I have not used this test myself but it one to consider given that it does not require highly developed verbal skills.

It is strongly recommended that should further assessment be required that the person be referred to the local "Community Mental Health" team. Prior to making such a referral it is important to discuss the role of the Mental Health services to the client as there is a misperception, particularly in remote communities, that any association with mental health will result in some form of incarceration, "being locked up" .

Some recommended readings in this area include:

- Cawte, J. E. (1976) Social and cultural influences on Mental Health in Aboriginal Australia: A summary of ten years research. *Transcultural Psychiatric Review*, 0, 23-28.
- Cawte, J. E. (1987) Aboriginal deaths in custody: The views of Aboriginal health workers - presented to Australian Academy of Forensic Sciences. *Australian Journal of Forensic Sciences*, 20 (2-3), 224-234.
- Collard, S & Garvey, D (1994) Counselling and Aboriginal people - Talking about Mental Health. *Aboriginal and Islander Health Worker Journal*, 18, 17-21.
- Coombs, H. C. (1994) *Aboriginal Autonomy: Issues and strategies*. Cambridge University Press: Australia

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- Summary reports from the *Royal Commission into Aboriginal Deaths in Custody* (1991). These are essential readings to become better acquainted with the social conditions and mental health issues for Aboriginal people. The various articles by J. E. Cawte and H. C. Coombs are strongly recommended.

### 5.2.3 Family Assessment - Attachment and Bonding Issues

As stated by Scheppers (1991), Aboriginal children, whether they are residing in the city or the country will, to some extent, have a cultural background that has taught them:

- a strong attachment to their 'country' or 'land';
- a deep knowledge about the natural environment, for examples, plant uses, local geography, economic skills and conservation practices;
- a love of the outdoor environment;
- that material goods are of little importance and replaceable;
- the values of sharing, so that they will not have to hoard items from other children;
- that demands of religious observance and traditions (eg. funeral attendances, going through "The Law " etc.) outweigh other demands such as going to school;
- the notion of 'family' sometimes means your entire people and usually refers to an extended family group.

One of the more notable differences between Aboriginal and White Australian reared children is the Aboriginal children's high levels of independence (Kearins, 1984). In families, it is often assumed that babies and children are best able to express their own needs and that adults are there to attend to those needs. Among traditionally oriented and some suburban families there is group care of babies and young children. This means that a baby is likely to be held by someone nearly all of the time. A child may relate to several aunts as 'Mum' and be fed or put to bed in several different households as a normal experience (Scheppers, 1991).

The importance of the extended family is consistent with cultural values and the unity of the relationship to the land and to kin. Relationships with people are considered to be structured and based in Aboriginal Law and the Dreaming. Children are taught about mutual co-operation, about special duties to some extended family group, about taboos and about relationships which have special ritual significance. Behaving properly within the cultural context, to other people is an important aspect of Aboriginality. It can also be the source of misunderstanding and misrepresentation (ie. behaviour considered to be inappropriate in one culture but appropriate in another). For example, the family home may be the scene of many comings and goings where people move around, and numerous people may pick up a child from school/day-care etc. This does not mean that the mother is negligent. Knowledge of the child's community is invaluable as is the advice of Aboriginal staff as to the safety of the child and/or their family and ritual obligations.

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When parents separate arrangements for children are worked out by the families involved, but generally children are cared for by the mother and her relatives. It is not uncommon for children to be reared for long periods of time by extended family rather than their parents. Among Torres Strait Islanders, whose culture is basically Melanesian, customary adoptions involving the permanent transfer of a child from one extended family member to another is widely practiced (Ban, 1993).

Issues of racism and backlash from Aboriginal land and other claims need to be considered. For example, Aboriginal people have been the target of special laws and rules about where they could live and work, about the removal of their children, voting rights and even where they could sit in a public bar or cinema. Aboriginal people, today, are continually faced with taunting remarks of a derogatory nature. These attitudes and behaviours reflect other people's experiences and learning in their own family groups. Hence, it is pivotal that the worker present a positive model of welcoming, respecting and learning from racial and cultural variety.

Table 5.1 provides an overview of differences in Aboriginal and White Australian child rearing practices (from previous psychological manual and recent texts). This table represents a summary of information from various text about Aboriginal women's roles in their community and child-rearing practices.



Table 5.1: Differences in Aboriginal and White Australian Child-rearing Practices.

Areas of Development	Aboriginal Australian Children	White Australian Children
Child care responsibilities	<p>Shared usually by the large, extended family group.</p> <p>Babies are treated with extreme indulgence by everyone in the family. In the extended family there are often others to relieve the pressure on the mother.</p> <p>Young children are seen as having the capacity to demand what they want. eg "She will cry if she is hungry"</p>	<p>Is usually taken by the child's mother and input from the father. In the nuclear family the mother is often has to cope on her own</p> <p>Babies are encouraged to adopt a regular routine which is endorsed by the main carer.</p> <p>Young children are seen as helpless and all decisions are made for them, "Mum knows best".</p>
Self-care	Children are allowed to be as independent as they wish to be.	Children are not expected to be independent in eating, dressing or washing until the caregiver says so or feels it is OK.
Oral Development	Little oral obedience training.	Oral obedience training begins early. eg.: understanding words such as "no", "stop" and "naughty".
The first steps to independence	<p><u>Physical interaction</u> - children are more often held in an upright position and are part of the family group.</p> <p>Sleeping - in any room or place.</p> <p>Young children are allowed to move away from adults. Usually in the care of older children.</p> <p>Older siblings and other children mix together out of mother's sight.</p> <p>Children accept responsibility for each other with no adults present.</p>	<p>Physical interaction - when the child is awake.</p> <p>Sleeping - often put to sleep in a room away from the family or lying in a basinet or bouncer.</p> <p>Young children are expected to stay close to adults.</p> <p>Children are assumed "lost" if they are out of the mother's sight.</p> <p>Siblings and other young children mix together but everyone knows that Mum is in charge</p>

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table 5.1 continued:...

Areas of Development	Aboriginal Australian Children	White Australian Children
Physical Skills	<p>Can develop without restraints of adults. There are few verbal commands by adults, even if they are present. Children learn at an early age to judge their capacity to perform feats.</p> <p>Children also have the freedom to hurt themselves</p>	<p>Children are less skilled physically. Adults are expected to warn and to set limits. eg.: "Be careful". "That's high enough". Adults use lots of verbal commands.</p> <p>Children are not expected to cope with hurt of fear by themselves, adults have the expectation that they know best.</p>
Play/Activities Involvement	<p>These are of the child's choosing and continue until the child wishes to stop.</p> <p>Competition is not encouraged by caregivers. There is an idea of doing what is best for the family/group.</p>	<p>These are often chosen or suggested by mother. There is encouragement to do particular jobs eg. putting toys away, washing hands etc.</p> <p>Competition is often encouraged by caregivers, between siblings and peers. There is an idea of "doing what is best of the individual"</p>
Possessions/ Toys	<p>Children have few valued possessions and what they do have is available to all who visit the home.</p>	<p>Children often have possessions of their own and they are encouraged to look after them. There are also certain items such as teddy bears, rugs, dolls which have exclusive ownership.</p>
Other	<p>Adults accept children who sulk</p> <p>There is an awareness of the concept of shame which often leads to withdrawal.</p> <p>When children appear in a minority they may be quite shy.</p>	<p>Adults are critical of children who sulk.</p> <p>The concept of shame is not strong, more practical feelings and behaviours are emphasised.</p> <p>When children appear in a minority they may be shy, boisterous, panicky - depending on the nature of the child.</p>

Keeping these characteristics and variations in child-rearing and development in mind, it can be helpful to devise some questions to test out during the clinical interview. It is not uncommon for children to 'miss-out' on some of these practices as

a result of the mother's own upbringing, historical involvement of the Department, absence of mother figures or elders in the community, implications of alcohol and drugs etc. Other methods of collecting information on the family and the networks involves using geneogrammes, kinetic drawings and with older children an adapted version of the Family Relations Test (Bene-Anthony) (eg. some psychologists within the Department have purchased multi-cultural Lego dolls and adapted some of the questions in the cards to suit the client's cultural background). Finally, adaptations to other attachment and bonding assessment tools would also provide valuable information. From a legal perspective, the test scores or factual information of these techniques are not considered reliable or valid but they do provide supplementary information about the child's attachments and networks as seen by the child and/or their carers. They are also a less threatening way of establishing rapport with Aboriginal children/families as there are fewer direct questions and for those with limited English language they can use drawings and family diagrams.

Some recommended readings in this area include:

- Various texts by Rutter & Crittenden (independently) which focus on the issues related to the assessment of attachment between children and caregivers. In addition various texts focusing on child development may also be useful.
- Boss, P, Edwards, S., & Pitman, S. (1995) Chapter 2: Children and their families in *Profile of young Australians: facts, figures and issues*. Churchill Livingstone: Melbourne
- Bourke, E. (1993) The first Australians: Kinship, family and identity. *Family Matters*, 35, 4-6.
- Butler, B. (1989) Adopting and indigenous approach. *Adoption and Fostering*, 13, 27- 31.
- Chisholm, R. (1985) *Black children: White welfare?* Kensington, NSW: Social Welfare Research Centre.
- Eckermann, A (1980) Aboriginal children. In Brown R. G. (Ed) *Children Australia*. Sydney: Allen and Unwin.
- Edwards, W. H. (1988) *An introduction to Aboriginal societies*. Chapter 4 - Relating to others in society: Social organisation. New South Wales: Social Science Press.
- Healy, J., Hassan, R., and McKenna, R. (19 ) Aboriginal families. In Storer, D, (Ed) *Ethnic family values in Australia* Chapter 10. Sydney: Prentice Hall.
- Kearins, J. (1985) "Child-rearing practices in Australia: Variation with life-style. Education Department of Western Australia.

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- Kickett, M. (1986) Education, mental health and the Aboriginal child. *Interface*, 11,23- 25.
- Ruth, E (1990) Aboriginal children and their families: History and trends in Western Australia. *Youth Studies*, May, 34-41.
- Scheppers, A. (1994) Working with Aboriginal children and their families. In Briggs (ed) *Children and families: Australian perspectives*. New South Wales: Allen and Unwin.

#### 5.2.4 Child Abuse in Families

As with the general population, Aboriginal children may be at high risk of abuse, failure to thrive or early disruptive behaviours, conduct disorder, traumatisation symptoms, failure of attachment and so forth (Swan & Raphael, 1995). This risk may be associated with loss and trauma for many young children having experienced recent multiple disruptions, separations, fostering, institutionalisation, social problems and so forth. We need to take into consideration “*the Stolen Generation*”, that is, grandparents or parent that may have been taken from their families. There are many instances where parent models and skill will have been lost to those who have not experienced adequate parenting themselves because of these separations. Family break-up, violence, alcoholism, parental incarceration, as well as high levels of demoralisation may all have a negative effect such as child abuse. As with any other assessment of child abuse we need to consider the context in which the abuse occurred as well as the injuries and problems for the child. If we follow the “Birds Eye-view” or the “Wide angled lens” approaches we are looking at the abuse incident (s) within the context of the family (immediate and extended) history and dynamics. For example, in talking with a young child about their abuse experience, I would also consult with their primary carers which may extend to several aunts, nieces, grandparents and so forth. If one of the main carers was also part to the alleged perpetrator’s extended family I would need to consider whether it would be appropriate to talk with them or introduce another worker to assess them. In some cases it would be considered inappropriate and offending for the child victim’s family and on other occasions it may be insulting to the perpetrator’s family. When faced with such a predicament it is important to consult with the victim’s family, Departmental Aboriginal officer (if possible) and Departmental managerial and principal staff.

Another point to consider when conducting an assessment of child abuse issues, namely sexual abuse, is whether it is appropriate for you to be asking sexually natured questions. For some Aboriginal groups it is inappropriate for females to talk with young (boys entering into manhood - 11-12 years old onwards) and older males and for males to talk with young and older females about sexual issues. It is also deemed offensive for White Australian’s to broach these subjects with their children without either the child’s family representation, consent or the presence of an elder male/female. This is an important social protocol which should be considered in the pre-planning of assessment and intervention with Aboriginal children on issues of

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child abuse whether you are working with the alleged perpetrator or the child survivor. From personal experience, as a young female, White Australian clinical psychologist within an isolated semi-traditional community in the Goldfields District, I found that by coming up with options of how to assess child abuse issues (with sensitivity and respect for cultural protocols) and discussing these with the children's families, I was able to complete assessments with alleged male perpetrators and victims.

The use of assessment inventories is limited and culturally inappropriate in the area of child abuse. I found that by adapting the clinical interview on the impacts of child abuse, using developmental milestones and considering the child's rearing, familial and cultural situation a thorough assessment could be completed for the child victim and their family. In assessing the alleged perpetrator, adaptations to the SAIF (sex abuse in families) autobiographical structured interview is useful and provides a wealth of information. It also provides an indirect way of acquiring information from clients who may be resistant to discussing their situation.

Some recommended readings in this area include:

- Korbin, J. (1981) *Child abuse and neglect: Cross-cultural perspectives*. Berkley: University of California Press.
- Korbin, J. (1986) Cross-cultural issues in child abuse and neglect. Paper presented at *Conference on Child and Neglect*. Adelaide.
- Slattery, G. (1987) Transcultural therapy with Aboriginal families: Working with the belief system. *Australian and New Zealand Journal of Family Therapy*, 8, 61-70.
- Scheppers, A. (1994) Working with Aboriginal children and their families. In Briggs (ed) *Children and families: Australian perspectives*. New South Wales: Allen and Unwin.
- Waldegrave, C. (1990) Social Justice and Family Therapy (features 6 & 7). *Dulwich Centre Newsletter*, 1.

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### 5.3 Psychological Intervention & Treatment Approaches

As previously mentioned in section 4: Establishing rapport, it is important to remember that the approaches to any assessment or intervention plan must take into consideration the client's background history, involvement with White Australians and the practicality and purpose of involvement. For example, while it may be practical to spend 2-3 days in a remote community completing an assessment, it may be several months when the worker can revisit the community for some form of intervention. The question asked here are "Can a service be practically offered?"; "What form of therapy can I offer this person on a three monthly basis?"; "What would I need to do to ensure that they receive the best possible service?"; "Who else from the community can I work with to assist on this matter?" and so forth. Hence, as with any form of intervention, it will be much dependent on the client's cognitive level of functioning, their and the community's motivation and commitment to receive assistance, the support networks available, the frequency of therapeutic contact, practicality of involvement and numerous other factors. It is considered paramount that when visiting communities these issues are given consideration so that when you offer a service it is one that you can deliver. For decades Aboriginal people have been subjected to psychological assessment with little or no purpose other than research for which there is little feedback to the people. Thus, it is important that you provide service arrangements that you can adhere to and this should be clearly explained to the client (ie. your purpose of involvement, feedback from assessment, and duration of involvement).

As reported by O'Keefe (1983) treatments which focus on emotions using verbal explorations are generally inappropriate with Aboriginal people because their lifestyle emphasises concrete thinking and the direct expression of feelings in actions. He comments that behavioural approaches are generally better suited to this lifestyle provided the behaviours are clearly specified and the suggested response to the problem behaviour does not conflict with cultural norms (eg. in some groups initiated boys will not take notice or direction from Aboriginal women - in some groups there is a norm to comply with children's demands for food and drink, however unreasonable they may be). With older children and adults, he suggests, if the psychologists conducts a negotiation session with the disputing parties, they will often suggest a compromise. While it is common for psychologists to use contracts during negotiation processes, in consulting with psychologists within the Department and from my own experience, it has been found that verbal contracts or "agreements" are valued more than those written down. It can be speculated that the paper represents a materialistic and/or White Australian ideology which is not as valued as the spoken word in Aboriginal culture.

Other approaches which have been tried with success by psychologists within this Department include: the "Narrative Therapy" approach; Brief Solution-focused therapy; and, cognitive-behavioural therapy with groups of Aboriginal men or women dealing with general abuse related issues. Literature on Brief Therapy Solution-focused, Narrative therapy, and cognitive behaviour therapy with groups of mixed cultural descent should be consulted prior to using these methods with

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Aboriginal people. It is also recommended that the information in the prior four sections of this document be consulted and used in conjunction with the theories underlying these approaches.

Additionally, the National consultancy reports on Aboriginal and Torres Strait Islander Mental Health - "Ways Forward" - by Swan & Raphael (1995) makes suggestions regarding appropriate intervention for Aboriginal people with problems such as: trauma and grief; suicide and self-harm; childbirth and parenting issues; child/young people mental health issues; alcohol, drug and other substance misuse. In the reading of these papers it was interesting to note that already established programmes (eg. Triple P parenting programme) were recommended with the advice that these should be adapted for use with Aboriginal people. Rather than provide a lengthy report of the intervention methods suggested in these articles, the psychologist should refer to the consultancy reports which are available in the Psychology Library at Family & Children's Services - Head Office: Professional Services section.

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