Indigenous Psychological Services, Elearning brochure

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indigenous

PSYCHOLOGICAL SERVICES

MODULES

Program 1:   Foundational Aboriginal Mental Health Cultural Competence

Module 1: Beliefs, Attitudes & Cultural Empathy as core drivers

Module 2: Addressing Practitioner Barriers

Module 3: The journey to Aboriginal Mental Health Cultural Competence

Program 2:   Foundational General Cultural Competence

Module 4: Beliefs, Attitudes & Cultural Empathy

Module 5: Barriers to effectiveness

Module 6: The journey to Cultural Competence

Program 3:   Cultural Assessment Foundations

Module 7: Aboriginal Identity& Understanding Culture Bound Syndromes

Program 4:   Module 8: Indigenous Depression

Module 9: Cultural Grieving

Program 5:   Module 10: Indigenous Trauma and Attachment

Module 11: Culture Stress & relationship with trauma & risk (includes accreditation in the Acculturative Stress Scale for Aboriginal Australians)

Program 6:   Working with Suicide and Self-Harm in Aboriginal Communities

Module 12: Indigenous Suicide Facts, myths

Module 13: The Nature of Aboriginal Suicide

Module 14: Indigenous specific risk assessment.

Module 15: Self Harm in Aboriginal Communities

Module 16: Postvention, and delivery of community interventions

Program 7:   Module 17: Adapting Basic Counselling, Engagement and Therapeutic Interventions

Program 8:   Module 18: Accreditation in the Westerman Aboriginal Symptom Checklist – Youth (aged 13-17) and Adults (18 years+).

INTRODUCTION

Welcome to the Indigenous Psychological Services (IPS) e-learning brochure. This brochure provides information on the range of training programs which in combination provides the most comprehensive, evidence-based e-learning program in Indigenous mental health in Australia. This brochure provides further information on the content and learning objectives of each of these modules.

ABOUT IPS

IPS has established itself as a unique provider of Aboriginal mental health, suicide prevention and cultural competency intervention programs since 1998. With over 30,000 individuals (and counting), choosing IPS' training programs since the company's inception IPS is the 'practitioners' choice' when it comes to the complexity of indigenous mental health. This demand has always been beyond what IPS is able to cope with and much of this demand is based upon the track record of Managing Director Adjunct Professor Tracy Westerman in developing evidence based programs, assessment tools and intervention programs in a field that has very little in terms of impactful practice. She is arguably the most in demand trainer in Australia and has a significant number of awards which recognize her as an Australian and world leader. This includes:

- WA Australian of the Year 2018 and finalist in Australian of the Year (2018)

- Inductee into WA Women's Hall of Fame 2018

- The Curtin University Lifetime Achievement Award, 2018

- 40 under 40 WA Business Awards recognising Dr Westerman as one of the foremost business people in WA under 40 – "Strategic Alliance Award"

- The Suicide Prevention Australia Award for Emerging Researcher (2006)

- The Mark Liveris Award, Curtin University, Health Sciences for best Oral Presentation of PhD

- The NAIDOC National Scholar of the Year (2002)

- The National Health & Medical Research Council Post-Doctoral Fellowship to investigate ADHD in Aboriginal people

WHY E-LEARNING?

The movement into e-learning is an obvious mechanism by which we can meet this high demand and to also provide different options for those who are unable to attend face to face training. Adjunct Professor Westerman addresses a considerable number of gaps in our knowledge and practical application of cultural difference when it comes to working with Aboriginal people in mental health distress. As a psychologist who has worked only with Aboriginal people and as a researcher of considerable expertise, she is able to explain the complex application of cultural difference within a clinical, evidence-based framework. She prides herself on ensuing that her participants are trained in the latest evidence of what works. AS she puts it "when you have such high rates of suicide and trauma in our communities, the stakes are too high to not understand 'what works' and being ambiguous about best practice. We should be able to rely on the science to inform our practice. The eLearning involves significant learning in terms of the latest research as well as practical case studies guided by Adjunct Professors' video explanations and vignettes. Engaging, passionate and at times humorous, e-learning will ensure our reach is beyond what face to face training delivery allows.

Adjunct Professor Tracy Westerman PGDipPsych,MPsych,PhD
Managing Director

HOW IPS E-LEARNING WILL WORK

IPS' e-learning program will aim to provide an additional level of access for our clients to our training and cultural competency intervention programs. The e-learning program will offer a range of options to ensure that there is flexibility with regard to the choice of modules which ultimately means that IPS is able to tailor e-learning programs to the organisations needs. Broadly e-learning will the following:

1. Pre-testing of Cultural Competencies. Clients will complete one of THREE cultural competency tests online:

    1. The either Aboriginal Mental Health Cultural Competency Profile (CCP);

    2. The General Cultural Competency Profile (GCCP), or

    3. The Cultural Competency – Child Protection (CCP-CP)

2. Feedback report. Upon completing the CCP, GCCP or CCP-CP, clients are provided with a feedback report detailing levels cultural competencies. The CCP, GCCP or CCP-CP feedback reports also provide clients with recommended strategies specific to improving cultural competencies and what their performance actually means in practice. IPS in having the ability to measure cultural competence means that clients are able to gauge improvements over time,

3. Completion of E-Learning. IPS is then able to offer clients the opportunity to improve their cultural competencies via on-line access to e-learning modules. The e-learning brochure provides details on the training programs including learning outcomes of each module

4. Assessment of Participants. In addition to the CCP, GCCP or CCP-CP testing, Participants will be required to pass a series of questions that assess their competencies pertaining to each module they undertake both prior to their e-learning experience as well as at the conclusion.

HOW IPS' E-LEARNING WORKS

5. Feedback to organisations: This can come in two forms depending upon the assessment option selected by organisations in Step 3 (above):

   a) On-line assessment option. Organisations receive reports detailing the number of staff who have completed e-learning, and completion outcome data in NON-IDENTIFYING form.

   b) Additionally, IPS can provide reports to organisations which provide detailed analysis of improvements in cultural competencies based upon the results of the CCP, GCCP or CCP-CP at the commencement and then conclusion of their e-learning training experience. This will also be provided in non-identifying form,

   c) Completion only option: For those who complete each module a certificate of completion is provided.

PROGRAM 1: Aboriginal Mental Health Cultural Competence

This e-learning program consists of THREE individual modules. In combination they assist those in the mental health and wellbeing fields to develop essential foundation skills upon which to further develop Aboriginal mental health and suicide prevention cultural competency in practice.

Module 1: Beliefs and Attitudes

This module will help you develop an awareness of the range of barriers, often unconscious to the indivdiual that create barriers to effective practice with Aboriginal clients. It takes the learner through an experiential process thorugh the use of a guided case study which focus on making unconsicious barriers, concious as a method of facilitating practitioner change. It provides a simple, framework that can then be used as a method of checking unconscious bias over time and in a way that ensures cultural competency is assured as a long term practice journey.

LEARNING OUTCOMES

At the end of this module, you should be able to:

1.1 Discuss the importance of prevailing beliefs and attitudes and how to be 'culturally aligned' with your client – an introduction to cultural empathy and the cultural compatibility hypothesis

1.2 Explain how to tune into beliefs that drive ineffective practice, and which are core to effective work with Aboriginal clients

1.3 Create a simple, practical framework to addressing core beliefs that ensure cultural competency is seen as a long-term process specific to individual supervision needs,

1.4 Describe the value of community engagement in individual client work

1.5 Explain cultural mapping and the essential components of this in client engagement as an addition to 'traditional genograms'

1.6 Ensure client engagement through the ability to identify and minimise cultural barriers with Aboriginal clients – known as the 'cultural compatibility hypothesis"

1.7 Describe the role that culture plays in the presentation and manifestation of mental ill health

PROGRAM 1: Aboriginal Mental Health Cultural Competence CONTINUED

Module 2: Addressing Practitioner Barriers

This module will help you develop an awareness of the range of organisational, personal, clinical and cultural barriers that need to be addressed to ensure optimal engagement of Aboriginal clients as practitioners.

LEARNING OUTCOMES:

At the end of this module, you should be able to:

2.1 Explain the importance of the quality of the client and practitioner relationship and why this is essential to cultural competence in Aboriginal mental health practice

2.2 Identify the core causes of practitioner error when working with Aboriginal clients

2.3 Describe how to minimise the impact of practitioner bias/error – a range of strategies to increase service uptake, engagement and therapeutic alliance

2.4 Describe the use of cultural consultants in practice and their optimum effectiveness

2.5 Compare and contrast the different communication styles and how this can lead to a misread of client distress, presenting problem in the counselling relationship

2.6 Explain how to manage cultural dilemmas within a framework of ethical duty of care with Aboriginal clients – demonstrating the difference between clinical duty of care and cultural safety in practice

2.7 Describe the impacts of racial identity on service uptake with Aboriginal clients,

2.8 Ensure optimum service uptake of Aboriginal clients by working within the natural referral processes in Aboriginal communities

2.9 Ensure optimum client engagement by identifying and then minimising cultural barriers with Aboriginal clients – otherwise known as the 'cultural compatibility hypothesis"

2.10 Explain the cultural accuracy of mental health assessment through a greater understanding of the role that culture plays in both the presentation and manifestation of mental ill health

2.11 Identify and manage cultural ethical dilemmas that conflict with clinical ethics

PROGRAM 1: Aboriginal Mental Health Cultural Competence CONTINUED

Module 3:   The journey to Aboriginal Mental health cultural competence

Based upon Cross' (1998) model of Cultural Competence, this module takes the practitioner through an experiential journey of the different 'levels' of cultural competence. This models provides useful theoretical model that has then been concretised and adapted for use with Aboriginal people and specifically in the mental health context. It is based upon the concept of putting people into experiential learning activities to make unconscious bias, more conscious in practice.

LEARNING OUTCOMES:

At the end of this module, you should be able to:

3.1 Explain the concept of Cultural Competence in Aboriginal mental health practice through understanding the core components of cultural competence from the available research
3.2 Define Aboriginal Mental Health Cultural Competence based upon existing research (Westerman, 2003)
3.3 Identify personal unconscious bias in working effectively with Aboriginal clients
3.4 Address unconscious bias to increase effective practice with Aboriginal clients,
3.5 Utilise a personal cultural competency profile (provided) to ensure future and long-term development of cultural competencies – participants will complete the Aboriginal Mental Health Cultural Competency Profile CCP. It will then be completed again upon conclusion to enable participants to compare pre and post CCPs against skills development attributable to the eLearning modules
3.6 Measure and assess cultural competencies via the Aboriginal Mental Health Cultural Competency Profile (CCP: Westerman, 2003; Bright, 2012)

PROGRAM 2: Cultural Competence

This e-learning program consists of THREE modules and is a GENERAL version of Program 1. It is for those who do not work directly in the mental health field but wish to improve their cultural competence in a way that is evidence based and measurable (e.g. teachers, police, etc).

Module 4: Beliefs & attitudes

This module will help you develop an awareness of the range of barriers, often unconscious to the indivdual that create barriers in your work with Aboriginal clients. It takes the learner through an experiential case study as a method of identifying racial bias and providing strategies to address these factors. It provides a simple, framework that can then be used as a method of checking unconscious bias over time and in a way that ensures cultural competency is assured as a long term journey.

LEARNING OUTCOMES:

At the end of this module, you should be able to:

4.1 Discuss the importance of prevailing beliefs and attitudes– an introduction to cultural empathy and unconscious bias
4.2 Explain how to tune into beliefs that drive ineffective practice and which are core to effective work with Aboriginal clients
4.3 Create a simple, practical framework to addressing core beliefs that ensure cultural competency is seen as a long term process specific to individual supervision needs,
4.4 Describe the value of community engagement in individual client work
4.5 Explain cultural mapping and why it is essential to understand kinship differences in Aboriginal culture
4.6 Ensure engage effectively with Aboriginal people and communities
4.7 Identify and minimise cultural barriers with Aboriginal clients – known as the 'cultural compatibility hypothesis"
4.8 Describe the role that culture plays in the client distress

PROGRAM 2: Cultural Competence continued

Module 5:   Addressing Practitioner Barriers

This module will help you develop an awareness of the range of organisational, personal, clinical and cultural barriers that need to be addressed to ensure optimal engagement of Aboriginal clients.

LEARNING OUTCOMES:

At the end of this module, you should be able to:

5.1 Explain the importance of the quality of the client relationship and why this is essential to cultural competence
5.2 Identify the core causes of ineffective engagement when working with Aboriginal clients
5.3 Describe how to minimise the impact of cultural differences– a range of strategies to increase service uptake and, engagement
5.4 Describe the use of cultural consultants in practice and their optimum effectiveness
5.5 Compare and contrast the different communication styles and how this can lead to a misread of client distress, and addressing presenting problems
5.6 Explain how to manage cultural dilemmas
5.7 Describe the impacts of racial identity on service uptake with Aboriginal clients,
5.8 Ensure optimum service uptake of Aboriginal clients by working within the natural referral processes in Aboriginal communities
5.9 Explain how to minimise cultural barriers with Aboriginal clients

PROGRAM 2: Cultural Competence continued

Module 6:   The journey to Aboriginal Mental health cultural competence

Based upon Cross' (1998) model of Cultural Competence, this module takes the you through an experiential journey of the different 'levels' of cultural competence. This model provides a useful theoretical model that has then been concretised and adapted for use with Aboriginal people. It is based upon the concept of putting people into experiential learning activities to make unconscious bias, more conscious in day to day practice with Aboriginal clients.

LEARNING OUTCOMES:

At the end of this module, you should be able to:

6.1 Define Aboriginal Mental Health Cultural Competence based upon existing research (Westerman, 2003)
6.2 Identify personal unconscious bias in working effectively with Aboriginal clients
6.3 Learn how to address unconscious bias to increase effective practice with Aboriginal clients,
6.4 Utilise a personal cultural competency profile (provided) to ensure future and long term development of cultural competencies – participants will complete the General Cultural Competency Profile GCCP. It will then be completed again upon conclusion to enable participants to compare pre and post CCPs against skills development attributable to the elearning modules
6.5 Explain the value of being able to measure and assess cultural competencies via the Aboriginal Mental Health Cultural Competency Profile (GCCP: Westerman, 2003; Bright, 2012)

MODULE 7: Aboriginal Identity & Culture Bound Syndromes

This module explores several concepts around cultural engagement with identity and with cultural difference to ensure culturally competent assessment and practice with Aboriginal clients. It introduces culture bound syndromes, their evidence, manifestation and exploration in Aboriginal Australian populations. The concept of cultural identity and its role in suicide and mental health risk assessment as well as prevention and treatment efforts. It explores identity at individual level, providing practitioners with awareness of the need to explore this as a primary aspect of client engagement.

<u>LEARNING OUTCOMES</u>:

At the end of this module, you should be able to:

7.1 Participants will learn about individual difference in beliefs, cultural practices and identity formation

7.2 Understand cultural connection and disconnection and its role in mental ill health and suicide prevention

7.3 Understand the value of assessing individual beliefs at the first point of engagement

7.4 Learn how to engage with Aboriginal clients in discussion about cultural identity

7.5 Learn the important components of cultural identity and what research confirms

7.6 Participants will be accredited in the Acculturation Scale for Aboriginal Australians (ASAA: Westerman, 2003) as a method of assessment

7.7 Learn how to use the ASAA for engagement, psychological assessment (cognitive and mental health), and intervention programs

7.8 Learn about the different theoretical models of Acculturation including Assimilation; Separation; Integration and Marginalisation and the relationship with mental health outcome with Aboriginal people

7.9 The use of the ASAA in an applied case study – assessing the difference between psychoses and being sung/cursed in assessment.

7.10 Learn about the limitations of the Diagnostic Statistical Manual (DSM) in the mental health assessment of Aboriginal Australians

7.11 Learn how to incorporate cultural factors into diagnostic formulation

7.12 Learn about culture-bound syndromes and their evidence in Aboriginal Australian populations

7.13 Participants will be provided with an assessment framework to determine the difference between culture-bound phenomena and clinical disorders.

7.14 Participants will be guided through an assessment framework with a case example of spiritual 'visits' as a normal aspect of cultural grieving and how to distinguish this from clinical disorders of psychoses and schizophrenia

7.15 *Black Identity Formation.* Participants will learn about Black Identity Formation as a model to understand the relationship between culture and mental health / suicide risk

MODULES 8 & 9: INDIGENOUS DEPRESSION & CULTURAL GRIEF

This program involves two modules and explores mainstream mental illnesses and their cultural manifestation with Aboriginal people. This module focuses specifically on Depression in terms of its symptom-based differences and culture bound depression to Aboriginal clients.

LEARNING OUTCOMES:

At the end of this module, you should be able to:

8.1 Depression: Explain the limitations of the existing research has led to significant gaps in our understanding of depression as well as the lack of empirical foundation upon which to further expand our ability to prevent depression in Aboriginal people

8.2 Describe the epidemiological research and what it tells us about the prevalence of depression in Aboriginal populations compared with non-Aboriginal

8.3 List the range of cultural issues that can impact upon the presentation of depression and accurate assessment of depression in Aboriginal people

8.4 Describe reactive depression in Aboriginal people with a specific focus on cultural grief reactions, dissociative identity disorder, dissociative fugue and a range of other conditions that impact upon Aboriginal people under the Mood Disorder category

8.5 Utilise mainstream intervention/therapeutic approaches in combination with cultural interventions to address culture bound depression using an applied Case example

LEARNING OUTCOMES:

At the end of this module, you should be able to:

9.1 Cultural Grief: Describe specific cultural grief reactions and understand the importance of Aboriginal people undertaking grieving rituals specific to their clan, skin or language group

9.2 Explain the concept of sorry time and understand the importance of this ritual in grief resolution

9.3 Describe the differences in pathological grief reactions – what is 'normal' and what is 'not normal' for Aboriginal people

9.4 Explain the role of spirituality – why are spiritual visits such a common grief reaction for Aboriginal people

9.5 Resolution of pathological cultural grief reactions – what is the role of the clinician, the healer and elders

MODULES 10 & 11: POST TRAUMA & CULTURE STRESS

This module is the module explores mainstream mental illnesses and their cultural manifestation with Aboriginal people. This module focuses specifically on Post Traumatic Stress Disorder (PTSD), Attachment. This is in terms of its symptom-based differences and the culture bound syndromes specific to the manifestation of trauma and attachment in Aboriginal clients. Participants will be provided with an understanding of the concept of Acculturative Stress (Culture Stress) as a method of better understanding trauma in Indigenous populations

LEARNING OUTCOMES:

At the end of this module, you should be able to:

10.1   Explain Post Traumatic Stress Disorder (PTSD) and the history behind its evolution as a mental illness
10.2   Describe the research into the cultural interpretation and manifestation of PTSD
10.3   Describe the differentials across cultures in terms of what defines trauma and how it is interpreted
10.4   Explain what makes some individuals more vulnerable to the development of PTSD than others and the specific factors that increase vulnerability for Aboriginal people
10.5   Explain why successful treatment of PTSD follows a different course to treatment of non-Aboriginal clients. This involves being able to contextualise trauma within the prevailing beliefs of the community and intervening within the multiple layers of trauma that impact on at the individual level for Aboriginal clients
10.6   Explain the impact of removal policies in terms of how attachment can be affected.
10.7   Participants will learn how about cultural interpretation of attachment styles and how this holds the key to the prevention of intergenerational trauma

LEARNING OUTCOMES:

At the end of this module, you should be able to:

11.1   Explain Acculturative Stress and its impact upon marginalised populations
11.2   Provide an applied case study on trauma and use the Acculturative Stress Scale for Aboriginal Australians (AS-AA: Westerman, 2003) as a framework of assessment and treatment
11.3   Describe the impacts of racism as a moderator of trauma and how to address the impacts at an individual client and whole of community level
11.4   Describe cultural practices such as payback, sorry cutting and other behaviours that are differentially interpreted by Aboriginal people as non-traumatic

MODULE 12 – 15: SUICIDE PREVENTION AND SELF HARM IN ABORIGINAL COMMUNITIES

This module comprehensively explores Indigenous suicide prevention and intervention based upon the substantial, evidence-based research of Adjunct Professor Tracy Westerman (2003; 2010; 2019; 2019; 2020; 2020) as well as current national and international literature. From understanding the facts of Indigenous suicide and separating these from the myths; through to understanding the different nature to Aboriginal suicide; to understanding how best to engage with the at risk individual and run whole of community suicide intervention and prevention programs, these modules provide the participants with a comprehensive approach to arguably the most complex and urgent issue facing our high risk communities.

LEARNING OUTCOMES:

At the end of this module, you should be able to:

12.1 *Indigenous Suicide facts, myths:* Describe the available research into indigenous suicides in Aboriginal communities - the impacts and gaps in this research
12.2 Describe the factors that contribute to the escalation in Indigenous suicides and where the focus needs to be regarding prevention
12.3 Describe the 'self-fulfilling prophecy' approach to Indigenous suicide that contributes to policy direction and funding
12.4 Describe suicide prevention language and its impact
12.5 Discuss the copycat phenomena in Indigenous suicides and how this impact on prevention
12.6 Explain the role of culture as a moderator of suicide risk

LEARNING OUTCOMES:

At the end of this module, you should be able to:

13.1 *The Nature of Aboriginal Suicide:* Describe the nature of Aboriginal suicide–is there a different set of risk factors? What are they and why are they important to understand?
13.2 Explain the difference between risk and cause in suicide prevention and why it is crucial to prevention to get this right
13.3 Understand protective factors as cultural resilience. What are the core components of cultural resilience and does it buffer suicide risk
13.4 Explain how these differences are used to prevent suicides in Aboriginal communities – participants will be walked through an applied case example and framework effectively used at the (a) individual, and (b) community risk levels,
13.5 Explain the important role that culture plays in suicide prevention – how this can moderate risk and be an important aspect of the design of treatment programs.

MODULE 12 – 16: SUICIDE PREVENTION AND SELF HARM IN ABORIGINAL COMMUNITIES continued

LEARNING OUTCOMES:

At the end of this module, you should be able to:

14.1 *Suicide Risk Assessment:* Discuss how to raise the question of suicide with an Aboriginal client through the use of an applied model developed specifically for suicidal Aboriginal people

14.2 Discuss the challenges of the managing individual risk for suicide with Aboriginal beliefs

14.3 Utilise an Aboriginal specific Risk Assessment Tool (provided) with a number of applied case examples – when culture collides with mainstream risk

14.4 Be provided with a framework for understanding clinical and mainstream risk and protective factors for suicide

LEARNING OUTCOMES:

At the end of this module, you should be able to:

15.1 *Self-Harm in Aboriginal communities.* Discuss the statistics, facts and some of the contributing factors to self harm

15.2 Is self harm different to suicide? Explain the important distinctions

15.3 Explain the difference between self harm and culturally appropriate sorry cutting as an expression of cultural grief

15.4 Understand Cultural formulation of sorry cutting versus self harm

LEARNING OUTCOMES:

At the end of this module, you should be able to:

16.1 Post-vention and Prevention – Discuss what to do after a suicide attempt or death in a community – an applied model to the prevention of copycat suicides

16.2 Developing Suicide Intervention Programs for Aboriginal people. IPS' success in the development, delivery and evaluation of Whole of Community Suicide Intervention Programs

MODULE 17: ADAPTING BASIC COUNSELLING, ENGAGEMENT AND THERAPEUTIC INTERVENTIONS

This module provides a framework for the adaptation of basic counselling micro skills, engagement strategies and therapeutic interventions with Aboriginal people.

LEARNING OUTCOMES:

At the end of this module, you should be able to:

17.1 Discuss effective engagement strategies with at risk Aboriginal people by being walked through an empirically tested engagement model

17.2 Discuss the evidence that is available to support the existence of different parenting practices including how these differences translate into different skills and learning preferences in Aboriginal people

17.3 Explain the reasons for these different parenting practices in terms of cultivation of abilities and skills in children relative to the culture, environment and beliefs that are required in order to effectively manage the different environments in which Aboriginal people live

17.4 Describe how cultural differences and learning preferences result in the need to adapt basic counseling microskills to ensure that they are used in the most effective way

17.5 Utilise cultural differences to develop interventions to increase the likelihood of clients retaining these strategies long term

17.6 Explain how to use your knowledge of cultural learning style differences to adapt existing mainstream therapeutic models with Aboriginal people

17.7 Explore the preconditions for successful assessment and therapy with Aboriginal people

17.8 Discuss how the differences in child rearing practices impact upon the methods under which several therapeutic frameworks need to be adapted for use with Aboriginal clients including CBT, Narrative Therapy etc.,

MODULE 18: ACCREDITATION IN THE WESTERMAN ABORIGINAL SYMPTOM CHEKCLIST FOR YOUTH AND ADULTS

This module provides participants with accreditation in both the Westerman Aboriginal Symptom Checklist – Youth (WASCY; 13 – 17 years) and Adults (WASCA; 18+years). These tools are the only uniquely developed, culturally and scientifically validated measures of depression, suicide risk, alcohol and other drugs, impulse control and anxiety. They also provide a measure of cultural resilience. Participants MUST have completed modules 7 – 17 at a minimum in order to be accredited in the WASCA and WASCY.

LEARNING OUTCOMES:

At the end of this module, you should be able to:

18.1   Describe the process of the development of a unique psychometric screening tool for Aboriginal people
18.2   Understand the rationale for the development of a unique scale
18.3   Explore the use of the tool in a clinical and non-clinical setting
18.4   Explore the use of the tools as a method of measuring the impact of intervention program
18.5   Learn how to administer the WASCY and WASCA with clients
18.6   Learn how to interpret the WASCY and WASCA upon administering the tool with a client
18.7   Learn how to use the cultural and clinical validation guidelines attached to the WASCY and WASCA

To register interest in the IPS ELearning, please contact IPS at:

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