Slide 1

Welcome To

Culturally Responsive Trauma Informed Practice Training

Yamurrah
Connections with Care

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Slide 2

We Acknowledge we are meeting on the lands of the Gadigal people
We pay our respects to Elders past and present, and to all Aboriginal resistance warriors and activist.
Despite invasion and colonialism, First Nations people, our people and families have resisted, survived and we are the oldest continuing culture in the world. We acknowledge the work you are doing in partnership with Aboriginal people and communities.
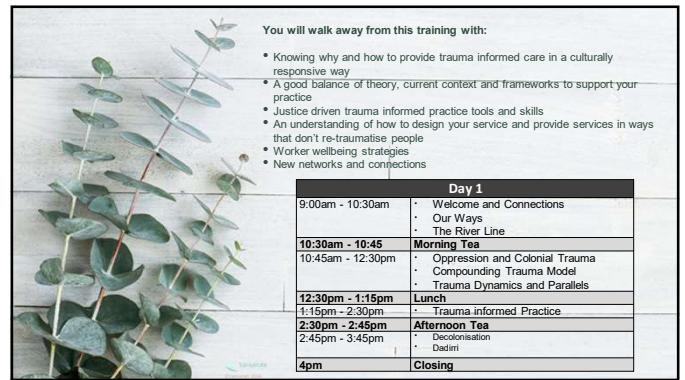
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Slide 3

Yamurrah
Connections with Care

www.yamurrah.com.au

Who we are
Yamurrah is a collective unlike any that operates across Australia. We are self-determined, and are focused on empowering and uplifting our communities, and those who may be working in the space of trauma, justice, health and education.

We are made up of Social Workers, Counsellors, Lawyers, Academics, Researchers and Educators. Collectively, we have many skills and years of experience – we do this work in solidarity and in the spirit of a community of care and consciousness. We work with professional and cultural ethics and values. We campaign for truth-telling/listening, justice and healing.

What we do
Yamurrah offers a range of services including:
• Clinical Services which includes –Counselling, Clinical Supervision and Cultural Supervision
• Training and Events
• Consultancy
• RISE

Our Values: Our ways of knowing, being and doing are informed by our values which include Connection, Integrity, Empowerment, Humility, Social Justice and Safety

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Slide 4

You will walk away from this training with:

• Knowing why and how to provide trauma informed care in a culturally responsive way
• A good balance of theory, current context and frameworks to support your practice
• Justice driven trauma informed practice tools and skills
• An understanding of how to design your service and provide services in ways that don't re-traumatise people
• Worker wellbeing strategies
• New networks and connections

Day 1	
9:00am - 10:30am	• Welcome and Connections • Our Ways • The River Line
10:30am - 10:45	Morning Tea
10:45am - 12:30pm	• Oppression and Colonial Trauma • Compounding Trauma Model • Trauma Dynamics and Parallels
12:30pm - 1:15pm	Lunch
1:15pm - 2:30pm	• Trauma informed Practice
2:30pm - 2:45pm	Afternoon Tea
2:45pm - 3:45pm	• Decolonisation • Dadirri
4pm	Closing

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Slide 5

Our Dreaming Plan
## (aka Learning Outcomes)

DEFINE TRAUMA INFORMED CARE AND APPLY LINKS TO YOUR PRACTICE

UNDERSTANDING OUR FIRST NATIONS WORLDVIEWS, VALUES AND LINKS TO PRACTISE

CONSIDER FIRST NATIONS TRAUMA & HEALING LENS, Strength based narrative, etc.
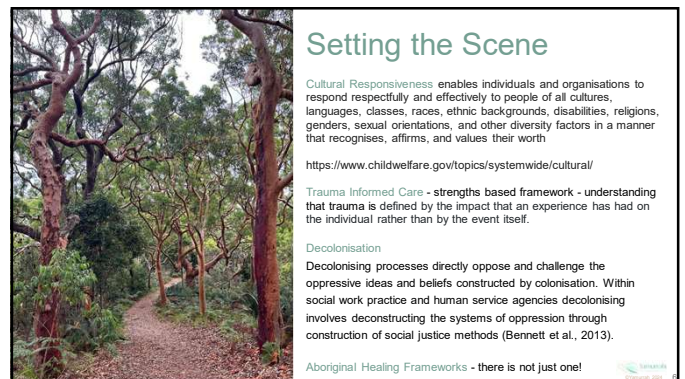
IDENTIFY DYNAMICS OF TRAUMA AND REDUCE IMPACTS OF RE-TRAUMATISATION FOR CLIENTS

CONSIDER YOUR WELL-BEING STRATEGIES IN YOUR PRACTISE

REFLECT ON YOUR PRACTICE IN THE CONTEXT OF YOUR LEARNING

CREATE YOUR OWN TRAUMA INFORMED PRACTICE FRAMEWORK

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Slide 6

Setting the Scene

Cultural Responsiveness enables individuals and organisations to respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations, and other diversity factors in a manner that recognises, affirms, and values their worth

https://www.childwelfare.gov/topics/systemwide/cultural/

Trauma Informed Care - strengths based framework - understanding that trauma is defined by the impact that an experience has had on the individual rather than by the event itself.
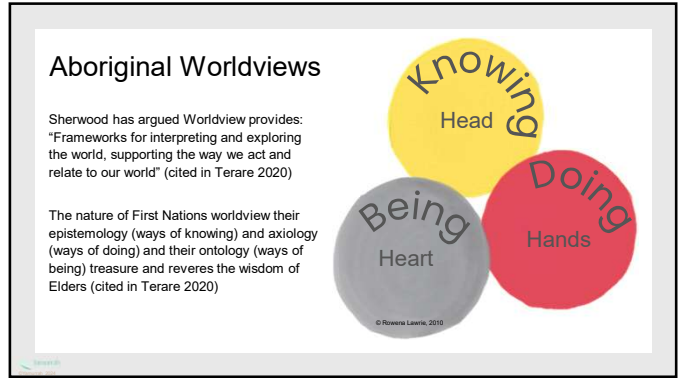
Decolonisation
Decolonising processes directly oppose and challenge the oppressive ideas and beliefs constructed by colonisation. Within social work practice and human service agencies decolonising involves deconstructing the systems of oppression through construction of social justice methods (Bennett et al., 2013).

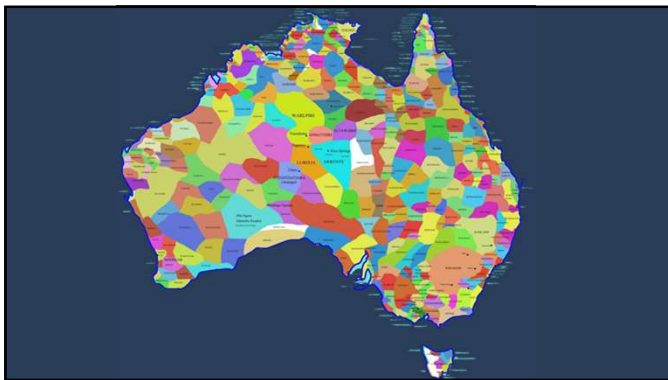Aboriginal Healing Frameworks - there is not just one!

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Our ways of knowing, doing and being.

S Willson 2009 - M Terare 2020

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Aboriginal Worldviews

Sherwood has argued Worldview provides: "Frameworks for interpreting and exploring the world, supporting the way we act and relate to our world" (cited in Terare 2020)

The nature of First Nations worldview their epistemology (ways of knowing) and axiology (ways of doing) and their ontology (ways of being) treasure and reveres the wisdom of Elders (cited in Terare 2020)

Knowing Head
Doing Hands
Being Heart

© Rowena Lawrie, 2010

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Morning Tea

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First Nations Worldviews through our eyes

"Our system of kinship, of family relationships, is how we express the connectedness of things through family"

"When you look at the Aboriginal family, there are many mothers and fathers"

"In our culture we do not separate the spiritual or sacred from the physical"

"As a child, I felt I had total freedom and could go wherever I wanted at any time…"

Bob Randall (2006) "Songman"

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Slide 13

First Nations Worldviews – through our eyes

"As a child…..there were always the eyes of so many Aunties, Uncles, Mothers and Fathers watching for my safety. Everybody was responsible for each other. That is Kanyini"

All the elements of nature were part of our life experience…our actions were always determined by our needs….we were continually given information about our environment"

Bob Randall (2006) "Songman"

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First Nations Worldviews – through our eyes

"Adults had gender-specific responsibility to nurture, protect and teach children"

"Adult responsibilities centred on teaching children proper behaviour through example, while allowing the child autonomy to grow and learn naturally"

"Adults who did not fulfil their responsibilities to teach children, to pass on knowledge for life, were censored and chastised themselves"

Burbank, (1994) Fighting Women:Anger & Agression in Aboriginal Australia

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Slide 15

First Nations Worldviews

"Any adult who allowed a child to be severely hurt would themselves be punished for their negligence"

"To actually harm a child would attract severe punishment. While children were reproached, severe physical punishment of a child was unheard of."

Roth (ethnographer & medical doctor) found no instance of what would now be called "child abuse by white society" during all the time of his work with tribal groups.

Roth, W.E (1984) The Qld Aborigines, vol.11, Bulletins 1-8, North Queensland Ethnology from the Home Secretary's Dept - Brisbane 1901-1908, Melbourne: Hesperian Press

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Slide 16

Supporting First Nations ways of child rearing

• Richer relational environments – extended family environments
• Collective Parenting – complex and reciprocal obligations
• Neurological benefits
• Protection against risk – greater number of carers
• Nurturing, educating and keeping children safe
• Anticipation and planning for children's needs
• Bringing this into current case management, cultural care plans

Lawrie and Cousins (2018) Reclaiming Our Safe Ways of Parenting – How Trauma Research is supporting Aboriginal ways of child rearing

p closing Aboriginal communiti

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"Whenever persons are badly treated, they resist. That is, along-side each history of violence and oppression, there runs a parallel history of prudent, creative, and determined resistance"
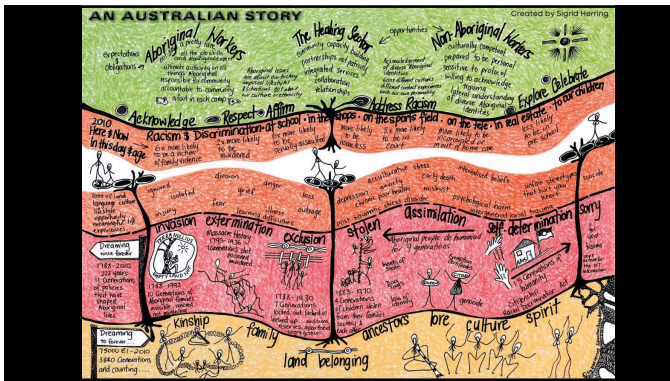
(Allan Wade 1997)

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234 years of Resistance

• The act or power of resisting, opposing, or withstanding.
• The opposition offered by one thing, force, etc., to another.
• Electricity. Also called ohmic resistance. a property of a conductor by virtue of which the passage of current is opposed, causing electric energy to be transformed into heat: equal to the voltage across the conductor divided by the current flowing in the conductor: usually measured in ohms. Abbreviation: R
• A conductor or coil offering such opposition; resistor.
• Psychiatry. opposition to an attempt to bring repressed thoughts or feelings into consciousness.
• (Often initial capital letter) an underground organization composed of groups of private individuals working as an opposition force in a conquered country to overthrow the occupying power, usually by acts of sabotage, guerrilla warfare, etc.: the resistance during the German occupation in World War II.
• Stock Exchange. resistance level.

Image source: https://policyfix.ca/2014/08/11/justice-requires-hope/

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Slide 19

AN AUSTRALIAN STORY — Created by Sigrid Herring

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Slide 20

Defining Trauma

A traumatic event is one in which "a person experienced, witnessed or was confronted with an event/s that involved actual or threatened death or serious injury or threat to the physical integrity of self or others" and "the person's response involved intense fear, helplessness or horror"

Diagnostic and Statistical Manual of Mental Disorders (DSM-V)

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Defining Trauma

The Healing Foundation:

- and "the person's response involved intense fear, helplessness or horror… These traumas occur at a personal or at a collective level (war, natural disasters, or genocide).
- Trauma can affect a person for many decades and in many different ways. If people have not had the opportunity to heal, then they may act out their pain in negative ways including physical or emotional violence, abuse or addiction"

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Slide 22

Defining Trauma

- Trauma – is an event or process which overwhelms the individual, family or community, and the ability to cope in mind, body, soul, spirit
- Inter-generational – Intergenerational trauma is passed down directly from one generation to the next
- Trans-generational trauma – is transmitted across a number of generations
- Racial Trauma or race-based traumatic stress, is the cumulative effects of racism on an individual's mental and physical health https://en.wikipedia.org/wiki/Racial_trauma
- Oppression trauma

Judy Atkinson (2002) Trauma Trails Recreating Songlines

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Trauma in Context

1) Violence is 'always embedded in a social structure that permits the abuse and exploitation of a subordinate group'

2) Trauma robs the victim of a sense of power and control, the guiding principal of recovery is to restore control to the survivor"

Judith Herman, 1992, p. 159

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Aboriginal and Torres Strait Islander people's experiences of violence, abuse and neglect

Data on Indigenous people's experiences of family violence is limited, and **must be understood with recognition of the impacts of colonisation, systemic disadvantage, forced removal of children, land dispossession, racism and discrimination**, and the **intergenerational trauma** that these factors have significantly contributed to.

Indigenous women are **32x** more likely than non-Indigenous women to be hospitalised due to family violence injuries[1]

1 in 5 **WOMEN killed by a male partner*** identified as Aboriginal (22.3% or 27)

* of 121 female victims of intimate partner homicide in Australia between 2010-2014[2]

Up to **90%** of Aboriginal and Torres Strait Islander women in prisons are **survivors of domestic, family, and/or sexual violence**[3]

Indigenous children were **7-times** more likely than non-Indigenous children to have **child protection reports substantiated in 2016-17**[4]

Data sources: 1. Productivity Commission, 2016; 2. National Minimum Dataset (Australian Domestic and Family Violence Death Review Network, 2018); 3. Pathways to Justice (Australian Law Reform Commission, 2018); 4. AIHW, 2018

Infographic: Costello & Backhouse, 2019a.

NSW Health

http://www.acav.health.nsw.gov.au/van-statistics-and-research/

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Racism and its impacts

- The majority of Aboriginal people in this study, racism was experienced regularly and perceived to have a negative impact on health, supporting a large literature that links racism to poorer health outcomes (Brondolo et al., 2003; Kessler et al., 1999; Krieger, 1999, 2000; Paradies, 2006a; Pascoe & Richman, 2009; Williams & Mohammed, 2009; Williams et al., 2003)

- The study demonstrated the effect of racism on the socio-emotional wellbeing of Aboriginal Australian children aged 6 to 12years. Differences of this effect within subgroups based on age were observed, with im- portant implications for identification of exposure to racism and management of specific symptomatology in children. Neglecting such signs could contribute to the perpetuation of the intergenerational effect of racism experiences. (D. M. Macedo , L. G. Smithers , R. M. Roberts , Y. Paradies and L. M. Jamieson 2019)

- A word on vicarious racism….

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"Both intersectional discrimination and additive discrimination can be seen as different kinds of multiple discrimination"

Gauthier de Beco THE INTERNATIONAL JOURNAL OF HUMAN RIGHTS 2020, VOL. 24, NO. 5, 593–614

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- https://healingfoundation.org.au/timeline-trauma-healing-australia/

- https://healingfoundation.org.au/intergenerational-trauma/

- https://healingfoundation.org.au/intergenerational-trauma/ourfuture

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Compounding Trauma Model

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Lunch

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A Trauma Informed Response

Acknowledging the prevalence of trauma, as well as impacts and dynamics and presenting a (therapeutic) service based on key principles:

Shift from
"what is wrong with you" to
"what happened to you"?

Consideration of what has happened to a person and a how they have kept going.

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Cultural Approaches to Trauma Informed Care & Practice

Understand trauma & its impact on individuals, families & communal groups	Create environments in which people feel safe	Employ culturally competent staff & adopt practices that acknowledge & demonstrate respect for specific cultural backgrounds	Support victims/survivors to regain a sense of control over their lives: actively involve them in the healing journey
Share power: involve community members in design & evaluation of programs	Holistic and integrated care	Support safe relationship building as a means of promoting healing & recovery	Approaches / services informed by Indigenous culture

[Atkinson, 2013, P: 2]

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Afternoon Tea
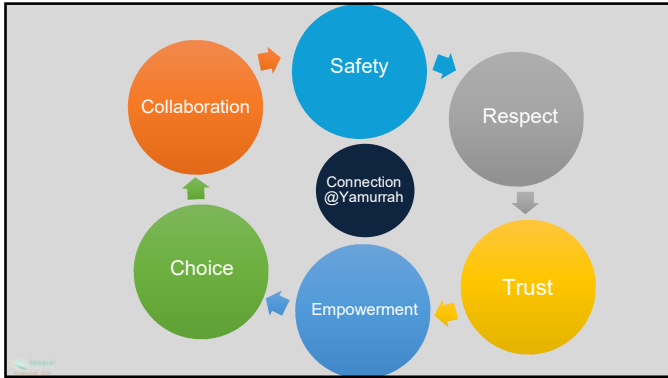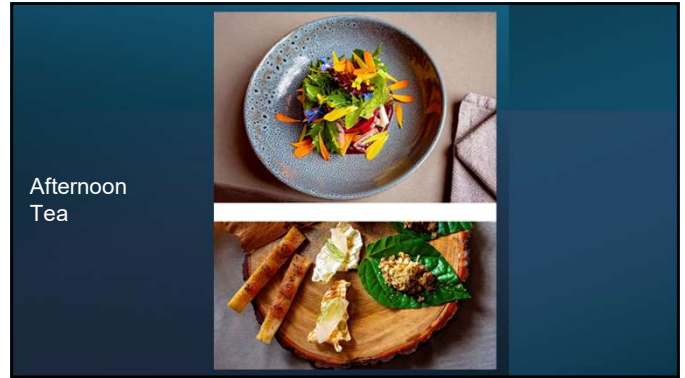
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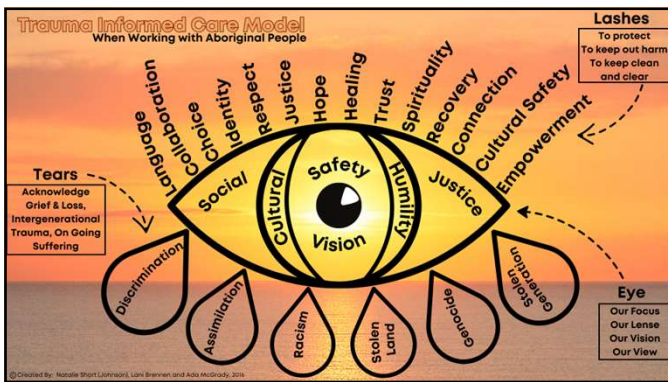
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Everyday Acts of Resistance

- Everyday people resist violence and oppression in clever and creative ways
- Resistance has many faces – and people can do this creatively, in the arts, in their lifestyle, the choices they make, the way they raise families, have relationships, the boundaries they make, the courses they study, protests, policy, law reform
- Standing in solidarity (against injustice)
- Upholding integrity, dignity and self-love

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Decolonization Is for Everyone | Nikki Sanchez | TEDxSFU
https://www.youtube.com/watch?v=QP9x1NnCWNY

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Increase understanding, self-reflection and action

Our approach to effective learning and change

Awareness | Confidence | Responsiveness

Knowing
Knowing and understanding Aboriginal cultures, histories and beliefs.

Being
Self-reflection and openness to examining own culture, values, bias and prejudice.

Doing
Culturally safe actions and behaviours – embedding learning into practice.

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Being - reflecting on values, biases, and privileges

What lands do you currently live on?

What have been the experiences of the people who lands you occupy on?

What are the privileges you live with to be able to live on the lands you are occupying?

What are your values and ethics?

How are you actively using your privilege?

How can you improve your race literacy?

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Day 1
Closing

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Day 2

Culturally Responsive Trauma Informed Practice Training

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Day 2	
9:00am – 10:30am	• Neurobiology of trauma
	• ACEs
	• Neuroplasticity and Culture
10:30am -10:45	**Morning Tea**
10:45am 12:30pm	• Trauma triggers activity
	• The River Ecology
12:30pm-1:15pm	**Lunch**
1:15pm – 2:30pm	• Taking care of yourself in trauma work
2:30pm – 2:45pm	**Afternoon Tea**
2:45pm – 3:45pm	• Your Practise Framework
4pm	**Closing**

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Key Takeaways – Day 2

1.NEUROSCIENCE & CULTURE

2. PRACTICAL APPLICATION RIVER ECOLOGY

3. WORKER WELLBEING & BLAK JOY

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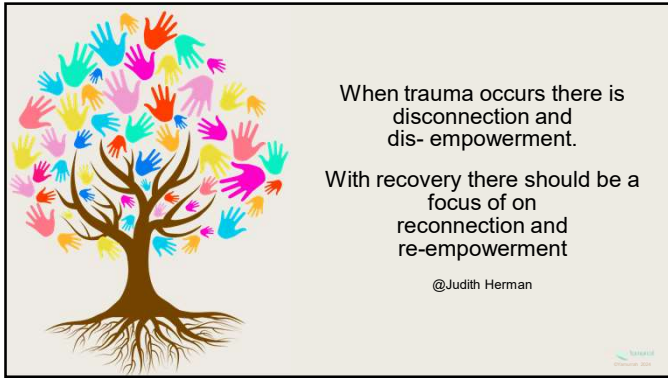
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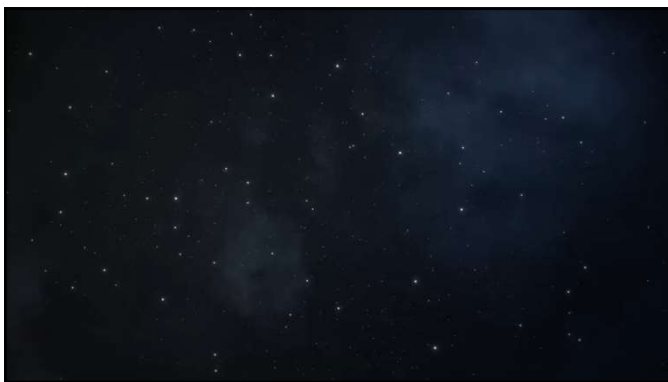
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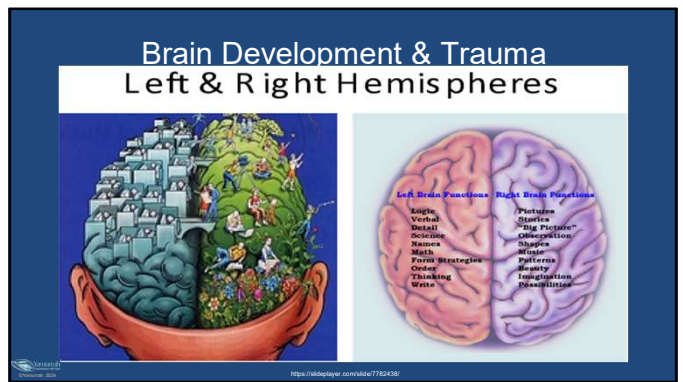
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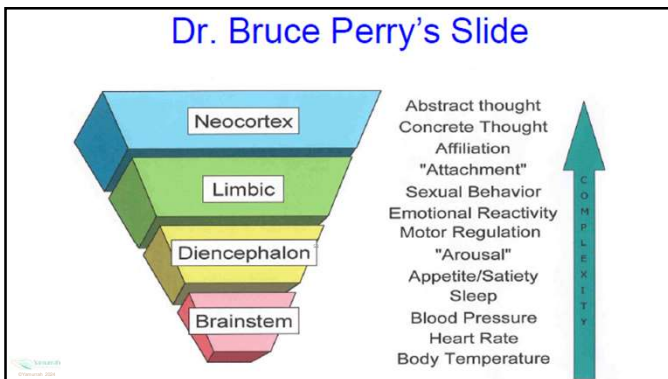
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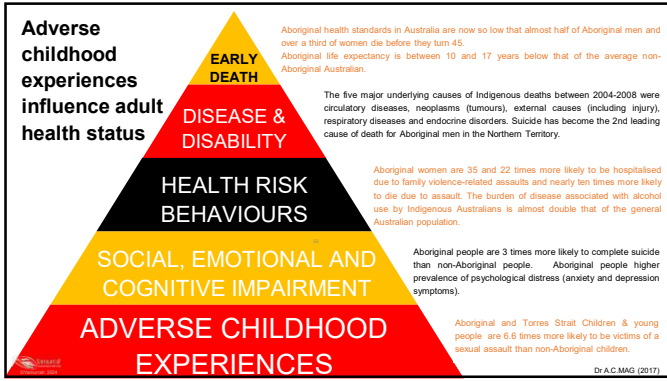
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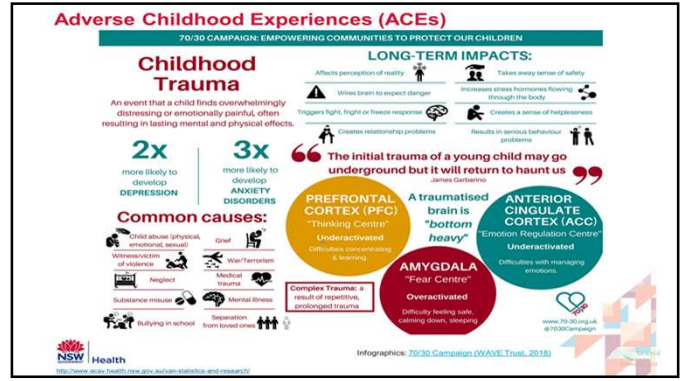
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Trauma Responses

Flight	Fight	Freeze	Flop	Friend
Workaholic	Anger Outburst	Difficulty making decisions	Collapse	Befriending the person who is dangerous
Over-thinker	Controlling	Feeling stuck	People pleaser	
Anxiety, panic, OCD	"The bully"	Dissociation	No boundaries	Trauma bonding
Difficulty sitting still	Explosive behaviour	Isolating	Lack of identity	Stockholm syndrome
Avoidance	Judgement	Numb	Sad	Highly concerned with fitting in
Hyperactivity	Slamming door	Shut down Exhaustion	Depressed	
Sadness in loneliness	Self harm	Indecision	Hopeless	Avoids conflict
		Sleeps a lot	Apathetic	
			Hard time saying no	

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Trauma Triggers and Responses

Large Group Activity

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NEUROplasticity & CULTURE

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Theoretical framework for optimising child neurodevelopment
Source: Law 2000, from the work of Bruce Perry and Peter Levine.

Develop-mental age	Sensitive brain area	Critical functions	Primary goal of development	Optimising experiences	Enrichment Activities
0-1	Brainstem	Regulation of arousal	State Arousal Flexible stress response	Rhythmic and patterned sensory input Auditory or tactile	Massage Rhythm Touch
1-2	Midbrain	Integration of multiple sensory inputs Motor regulation	Sensory integration Motor control affiliation	More complex movement Simple narrative	Music Movement Touch
1-4	Midbrain	Integration of multiple sensory inputs Motor regulation	Sensory integration Motor control affiliation	More complex movement Simple narrative	Music Movement Touch
1-4	Limbic	Emotional states Social language Interpretation of social information	Emotional regulation Attachment Empathy	Complex movement Narrative Social experiences	Dance/play Art Nature discovery
2-6	Cortex	Abstract cognitive functions Social/emotional integration	Abstract reasoning Creativity	Complex conversation Social and emotional experiences	Story telling Drama Exposure to performing arts

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Services and Power

- Understanding and supporting the process of survivors making disclosures of violence and abuse.
- Providing a physically, emotionally and culturally safe service:
- Creating safety through listening and being guided by the expertise of the survivor.
- Demonstrating professional flexibility and availability to survivors.
- Building a trusting and respectful relationship
- Developing safety plans if a survivor is still at risk of harm and involving supports identified by the survivor
- Developing emotional and cultural safety plans
- Ensuring survivors are aware of their rights and the limitations of confidentiality.
- Utilising a Strengths-based approach
- Educating the survivor and their supports about the effects of trauma and the range of possible therapeutic resources.
- Adopting a collaborative approach in working with the young person based on their goals, interests, values and culture(s).
- Supporting a survivor to seek justice

Letty Funston

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Morning Tea

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The Value add from Aboriginal workforces

- Excellence
- Integrity
- Professionalism
- Go above and beyond
- Specialist knowledge and intelligence
- Blak joy
- High Standards
- Values Driven
- Honour

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Themes for Aboriginal workforces

- Culturally unsafe working environments
- Trauma – vicarious, single, complex, systemic and generational
- Invisible and hidden racism and vicarious racism –both structurally and direct experiences
- Culturally isolated
- Additional loads as well as complex matters
- Limited professional supports
- Aboriginal representation of boards and senior executive positions
- Expectations and "the Expert"
- Lateral violence
- Cultural responsibilities and community accountability
- Acculturative stress
- Westernised standard and measures and dominant worldviews

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Slide 67

THE RIVER ECOLOGY:
MANAGING THE FLOW OF EMOTIONS, THOUGHTS AND BEHAVIOUR

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Slide 68

THE RIVER ECOLOGY:
MANAGING THE FLOW OF EMOTIONS, THOUGHTS AND BEHAVIOUR

DISSOCIATION, NUMB, LOSS OF PLEASURE, FOGGY THOUGHTS, AVOIDANCE, INDECISIVE, TEARFUL, DEPRESSED, EMPTY, HOPELESS, WORTHLESS, FATIGUE, AGGRESSION AND SUICIDE PLANS

ALIVE, HOPEFUL, CONNECTED, HEALTH MIND, BODY, SPIRIT, CALM, HAPPY, CONNECTED TO COUNTRY AND NATURE, EMPOWERED, RESTED, GOOD ENERGY, SELF ESTEEM AND FLOURISHING

FEARFUL, PANIC ATTACKS, DISTRESS, OVERWHELM, RACING THOUGHTS AND SPEECH, RESTLESSNESS, INSOMNIA, PHYSICAL SYMPTOMS (DIZZINESS, NAUSEA, NUMBING /TINGLING, TREMBLING/SHAKING)

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THE RIVER ECOLOGY:
MANAGING THE FLOW OF EMOTIONS, THOUGHTS AND BEHAVIOUR

Fatigue
Underwhelm
Changes in the our thoughts
Slack ways/no motivation
Depression
Feeling hopeless

Connected & Connecting
Feeling hopeful
Grounded
Eating & Sleeping well
Exercise
Making good decisions

Anxiety
Stress
Overwhelm
Cycling thoughts
Can't switch off
Changes in appetite
Changes in social connections

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Slide 70

Vicarious Trauma

"The transformation that occurs in the inner experience of the therapist (or worker) that comes about as a result of empathic engagement with clients' trauma material" Pearlman & Saakvitne 1995

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Slide 71

Organisational Risk and Protective Factors

RISK	PROTECTIVE
Lack of role clarity for staff	Good staff support and supervision including the opportunity to reflect on the impact of the work with supervisors
High client demands	Staff training, induction and orientation processes for staff
Insufficient supervision	Support from co-workers/team
Little feedback on performance	Support from family and friends
Few opportunities to participate in decision making	Meaningful processes that are consistently applied for staff to feel a sense of ownership of decisions that impact themselves and/or the young people
High/excessive workloads (hours, complexity, number of demands)	Well-balanced and manageable workload with commitment to work-life balance
Lack of autonomy	Support to develop and grow in the role
Insufficient control over resources needed to accomplish role	Clear processes for decision making and strong channels for communication about the rationale for decisions
Lack of staff recognition	Reward and recognition for work contributions i.e. financial, social, intrinsic
Disconnected staff, lacking in team environment	Strong team culture
Perceived lack of fairness (inequity of workload or salary, lack of openness and respect regarding decision making)	Inclusive workplace with strong communication processes and staff engagement in the culture of the organisation
Poorly aligned values, priorities and ethics between organisation and staff	High levels of organisational congruence and openness to regularly review systems and processes
Lack of access to external supports for staff where required	Provision of external supports such as Employee Assistance Programs, external supervision for staff
Low levels of interagency collaboration re clients	Strong culture of collaboration and joint working

(Lloyd et al., 2002; Lonne, 2003; Maslach et al., 2001; Cordes and Dougherty, 1993; Lee and Ashforth, 1993; Lloyd et al 2002; Barak et al, 2009; Ray et al, 2013; Brady et al, 1999; Osofsky, 2011; Braley, 2010; Neuman and Gamble, 1995; Choi, 2011; Lonergan et al 2004; Pistorius, 2006; Van Deusen and Way, 2006; McElvaney and Tatlow-Golden, 2016).

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Personal: psychological, emotional, physical, spiritual

Professional

Organisational

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Physical Signs	Behavioural Signs	Emotional – Psychological Signs
Exhaustion	Increased use of alcohol and drugs	Emotional exhaustion
Insomnia	Anger and Irritability at home and/or at work	Negative self-image
Headaches	Avoidance of clients/patients	Depression
Increased susceptibility to illness	Watching excessive amounts of TV at night	Increased anxiety
Sore back and neck	Consuming high trauma media as entertainment	Difficulty sleeping
Irritable bowel, gastrointestinal distress	Not returning phone calls at work and/or at home	Impaired appetite or binge eating
Rashes, breakouts	Avoiding colleagues and staff gatherings	Feelings of hopelessness
Grinding your teeth at night	Avoiding social events	Guilt
Heart palpitations	Impaired ability to make decisions	Reduced ability to feel sympathy and empathy towards clients or family/ friends
Hypochondria	Feeling helpless when hearing a difficult client story	Cynicism at work
	Impostor syndrome – feeling unskilled in your job	Anger at work
	Problems in personal relationships	Resentment of demands being put on you at work and/or at home
	Difficulty with sex and intimacy due to trauma exposure at work	Dread of working with certain client's certain case files
	Thinking about quitting your job	Diminished sense of enjoyment/career (i.e., low compassion satisfaction)
	Compromised care for clients/ patients	Depersonalisation – spacing out during work or the drive home
	Engaging in frequent negative gossip/ venting at work	Disruption of world view/heightened anxiety or irrational fears
	Impaired appetite or binge eating	Intrusive imagery
		Hypersensitivity to emotionally charged stimuli
		Insensitivity to emotional material/ numbing
		Difficulty separating personal and professional lives
		Failure to nurture and develop non- work related aspects of life
		Suicidal thoughts

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Vicarious Resilience….

Story sharing

Reframe to Vicarious Healing

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Justice Doing

"The problem of burnout is not in our heads or in our hearts, but in the real world where there is a lack of justice. The people I work alongside don't burn me out and they don't hurt me, they transform me, challenge me and inspire me"
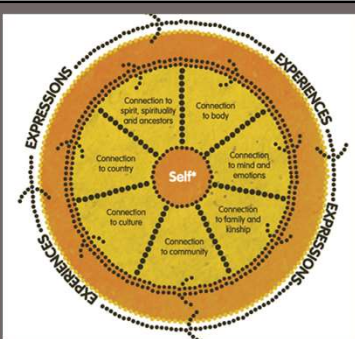
"What harms me are the injustices and indignities suffered by clients and my frustrating inability to personally change the unjust structures of society they struggle with and live in" (Reynolds, 2009). "bridge the worlds of activism with therapy and community work, and is informed by a spirit of social justice, practices of solidarity, and an ethic of resistance"

(Reynolds 2002, 2008, 2010a).

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Shows some of the domains of wellbeing that typically characterise Aboriginal and Torres Strait Islander definitions of Social, Emotional Well-being

This conception of self is grounded within a collectivist perspective that views the self as inseparable from, and embedded within, family and community.

© Gee, Dudgeon, Schultz, Hart and Kelly, 2013 Artist: Tristan Schultz, RelativeCreative.

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Lunch

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Blak Joy as an Act of Resistance
- Celebration
- Expression
- Contributions
- Space
- Humour
- Pride
- Cultural connection

"My resistance was to talk of strength, to refuse the logic that insisted Blackness and wellness were mutually exclusive and that our apparent illness was not a product of Black lack".
(Chelsea Watego 2021)

Practise Frameworks Our Voices

A framework of self-determination means not speaking on behalf of people – even as an advocate – but to create the environment and conditions for those who have been silenced to speak for themselves so their stories can change the world. (Behrendt 2019)

https://www.abc.net.au/news/2022-01-27/nt-aboriginal-activist-rosalie-kunoth-monks-dies/100784500

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Dilly bag of tools

- Taking time to get to know people is critical and can influence the success of your partnership and collaboration.
- Receiving guidance and permission from Aboriginal and Torres Strait Islander people and Elders
- Ability to appreciate story telling or yarning
- Requires genuine approach
- Cultural humility
- Capacity to be creative
- Listening, Narrative, Yarning, Story telling, be still.
- Open to working with uncertainty.

(Artist Shirley Minyingarla – Pandandus Dilly Bag)

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Coolamon

- Creation, Connection Culture
- Holding (stories of identity, trauma, resilience, resistance)
- Gathering (practice ideas, frameworks, knowledge)
- Sharing (yarning, knowledge, culture)
- Support (being supported, accountability)

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Yarning Tool

- Health & Antenatal Care
- Transport
- Identity
- Selfcare & Interests
- Family & Cultural Connections
- Child Safety
- Legal
- Housing
- Financial
- Service engagement
- Relationships & Supports

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Skills Applied

- Advocacy
- Complaints
- Checking in (with cultural care)
- Follow up
- Escalating unresolved issues
- Gathering information in a culturally safe way
- Reading the situation /story
- Sharing information /giving answers
- Strength focused
- Collaborating and negotiating (balancing culture and safety – ROSH)
- Being present (including DCJ visits)
- Goal setting /aspirations
- Documentation (hand written on DCJ visits)
- Referrals – knowing the right services / Aboriginal networks

- Cultural Responsiveness
- Connecting culturally
- Being on an equal level
- Approachable
- Care
- Honesty
- Transparency
- Building rapport & trust
- Taking time
- Participation
- Yarning Culture – "it comes with you"
- Personalised service
- Role modelling
- Referrals (eg Post natal)
- Navigating health system
- Positive health service experience – changing the health experience for Aboriginal people
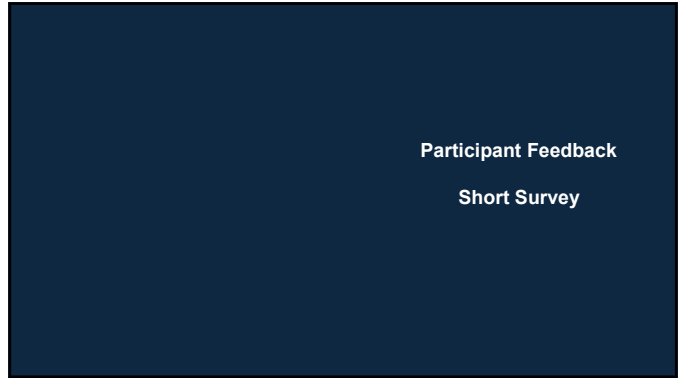- Patience

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Practice Skills:

Methodology:			
Play Therapy	Critical Thinking	Conflict Management	
Attachment Therapy	Assessment	Follow Up	
Micro-Skills	Networking	Information Sharing	
Motivational Interviewing	Clarifying	Ethical Decision Making	
Active Listening	BWays Pedagogy	Transdisciplinary Model	

Doing

Knowledge:

Epistomolgy:	Sources:		Types:	
	Critical Reflection	Curiosity	Rogerian Theory	Trauma Informed
	Supervision	CPD	Attachment Theory	Intersectional Feminism
	Reading	Practice	Systems Theory	Aboriginal Ways of Healing (learning)
	Observation	Allyship	Rights Based	Strengths Based

Knowing

Self:

Axiology:	Values:			
	Safety	Empathy	Non-Judgmental	Perspective Taking
	Integrity	Accountability	Self-Determination	Learning
	Equity	Self-Awareness	Informed Choice	Collaboration

Being

Ontology:	Constructionism	Reality is constructed by and between individuals, however also influenced by systems and power (such as media and education)	Critical Theory
	Subjectivity		Collective Solutions
	Subtle Realism		Radical/Critical SW
	Reflexivity		Systems Focussed

Positionality:	CIS/Hetero Woman	Able-bodied
	Non-Aboriginal/White passing	Privileged
	Married	Team-Leader
	Mother	Clinician

@ Natalie Daniels

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Afternoon Tea

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Participant Feedback

Short Survey

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First Nations Cycles of Healing and Resistance

Social Justice

Human Rights

Truth telling Truth Listening * Rob Waters 2022

Listening

Co-creation

Culture

Connection

Participation

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A few inspirations….

"The moment we choose to love we begin to move towards freedom, to act in ways that liberate ourselves and others" Bell Hooks

"Don't Get Angry, Get Creative" Rowena Lawrie

"Don't get depressed, Get Angry" Dr Mareese Terare, Bundjalung, Goeranpul woman

"You can't break my soul" Beyonce

"Our love will always keep us strong" Archie Roach

"I am not the problem… I AM…" Aunty Rosalie Monuth

"Every living thing is family, and the proof of that is that you are alive" Uncle Bob Randle

SHINE Bright

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What deadly things are happening in your Community?

- Links to Timeline

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- What are the key insights that emerge from our discussions today?

- How is this useful for your practice with First Nations people?

- What will you do as a result of these insights?

- Practise Framework – Review Session

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