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# First Nations Graduate Certificate in Family Therapy:

Mapping Transformations of Self

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Summary Research Findings

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## Acknowledgment of Country

We would like to acknowledge the Wurundjeri People of the Kulin nation as the Traditional Owners/Custodians of the land on which we work. We recognise their continuing connection to land, water, and community. We pay our respect to Elders past, present and the emerging leaders of the future.

## Acknowledgment of lived and living experience

The Bouverie Centre acknowledges people with lived and living experiences as workers, consumers, family members and carers, including those who have gone before us or are no longer with us. It is only by being informed and driven by the voices, collective experience, and wisdom of those with lived and living experience that we may create meaningful change.

## Authors acknowledgments

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## Executive Summary

This report presents findings from a culturally sensitive analysis of reflective essays written by students of the most recent cohort of the Bouverie Centre's *Graduate Certificate in Family Therapy: First Nations* course.

The teaching model used in this course is termed the 'Black and White Model' and involves the delivery of an integrated curriculum that combines mainstream family therapy approaches with Aboriginal culture and Aboriginal wisdom. As part of a major assessment task, students are required to prepare a reflective essay outlining a culturally adapted systemic framework and style of working with Indigenous families including ethics of practice. In reflecting on their learnings, students also describe the transformative impact of the course both individually, and as a practitioner in context.

This project utilises qualitative methodologies to draw out key themes related to the transformative impact both on their professional selves, and on their personal selves, as well as themes related to the alignment of students clinical practice with models and frameworks taught as part of the course.

Findings highlighted the transformative impact of the course on:

- Student's increased insight into self – growth in self-awareness and their capacity for self-reflection
- Developing a deeper understanding and new perspective on inter-generational and community level structures in their lives and how these contribute to the ways in which they now think and work
- Understanding the importance of the flexible application of models and frameworks in order to ensure culturally safe practice – adopting a trauma-informed perspective and maintaining curiosity to understand the best ways of working with Indigenous families and establishing the most suitable model of care
- The significance of allowing families to lead practice, empowering them to facilitate their own change through supporting them in culturally sensitive ways to re-author their story
- Providing students with an organised frame for understanding trauma and healing within their own family and that of their communities – and subsequently, their capacity to work within a trauma-informed space

Overall findings demonstrate how – when taught within a culturally safe process – some of the Western models of seeing align with and support Indigenous ways of knowing. This project yields information that can be used by *all* learning organisations to successfully build and maintain good relationships with First Nations communities. In particular, the respectful methods of teaching and learning described here have the potential to build the capacity of family and community work, and support integrated pedagogies for other relevant tertiary courses for First Nations students.



# Introduction

## Background and context

First Nations communities are deeply affected by present discrimination and past trauma, including state-sanctioned removal of Indigenous children from their families. First Nations children in Australia are 9.7 times more likely to be removed from their families by child protection services than non-Indigenous children (Liddle et al., 2021). Against this backdrop, it's all the more urgent to imagine an alternative future: Indigenous children growing up in safe, well, and happy families (Gerlach et al., 2018).

The Bouverie Centre's First Nations Family Therapy graduates are creating that future. It's a future in which past and present triggers of trauma are addressed directly by compassionate therapy to help families heal and give them hope. Since 2018, the Bouverie Centre has been an integrated Practice-Research Centre in the La Trobe University School of Public Health and Psychology. The Centre draws on 65 years' experience in promoting healthy relationships in families, organisations and communities through family therapy. It has played a leading role in the development of systemic family-sensitive practices and, more recently, trauma-informed approaches in Australia. The Indigenous Team at the Bouverie Centre has built a strong relationship with First Nations communities over the last 13 years. We have established trust and have a reputation for working in culturally safe and respectful ways.

The Bouverie Centre runs Australia's only First Nations Family Therapy award course: the *Graduate Certificate in Family Therapy: First Nations*. Among those who created the course were La Trobe University alumna and lecturer Ms Banu Moloney and alumnus and cultural consultant Shaun Coade. The pair describe the degree as a 'Black and White' model – a course that meets mainstream University requirements, while also being embedded in Aboriginal culture and Aboriginal wisdom (Moloney, 2014). The staff who deliver it combine First Nations communities' histories, cultures, knowledge systems and contemporary experiences with the latest family therapy approaches, creating a uniquely effective practical approach to healing. Teaching and learning in the course engages First Nations students in a culturally safe way.

The 'Black and White' model is one that recognises the critical importance of systemic frameworks and practice when working with First Nations communities. Specifically, this model recognises the interconnectedness of families' and communities' experiences in healing (Garvey, 2008; Pattel, 2007), the critical importance of context, and the central place of relationships in providing a holistic framework for any therapeutic work. The 'Black and White' model is based on mutual learning and knowledge transfer between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander students, and between students and trainers – through this process, a respectful two-way learning environment has been established (Elliott et al., 2015). A further dimension to the First Nations Family Therapy Training Program is that it involves non-Indigenous people working with First Nations families in this complementary learning context. This fosters a significantly deeper understanding of the issues facing Aboriginal communities and families (Elliott et al., 2015).

With a highly engaged Alumni cohort of 172 graduates of the Graduate Certificate program, we are well placed with the 'Black and White' approach to build further knowledge and skills in the Family Therapy course through a First Nations' cultural lens, where First Nations' ways of knowing are accepted and incorporated



into the teaching. One powerful way we can support our First Nations students better is by sharing the wisdom and experience of students, past and present.

## Project scope

Before graduating, the First Nations Graduate Certificate students prepare reflective essays about their learnings and about their work with Indigenous families. Their stories draw on diverse individual and community experiences, creating a kaleidoscope of perspectives to share with new students and potentially with the wider community. One unanticipated consequence of the course has been students' reports of the positive impact it has had on their own lives, which has in turn put them in a considerably stronger position to assist others. In light of limited teaching resources and an essential need for Indigenous-focused learning material, this project aims to use these essays, to create a community of knowledge and practice that will further develop over time. Our hope is that this will in turn, contribute to the development of culturally appropriate support for First Nations students to learn their vital role as Family Therapists.

## Research question

The research question was co-designed between our First Nations and non-Indigenous staff at Bouverie, together with methods of enquiry that deeply reflect Indigenous ways of knowing. The core question was this: In what ways is the *Graduate Certificate in Family Therapy: First Nations* course transformative for the graduate, individually and as a practitioner?





# **Project Methodology**

## **Participants and Recruitment**

Through our co-design process, we determined that students' reflective essays, completed at the end of the course, would provide a rich source of information about potentially transformative aspects of their academic experience. All students ( $n=11$ ) of the most recent cohort of the Graduate Certificate were invited by their cultural advisor to make their reflective essay available for analysis in the current project. In total, nine students consented to share their essays.

## **A design reflecting Indigenous ways of knowing**

This project made use of culturally appropriate qualitative methodologies to understand and analyse students' reflective essays. Prior to analysis, student essays were fully de-identified by a First Nations teacher who had already read the essays and knew the students. Each written essay was given a unique identifier for analysis. Written essays were then given to the qualitative researcher (FP) who tabulated them into standardised tables, and completed grounded theoretical analysis involving open coding, axial coding, and selective coding (Corbin & Strauss, 2014). Each of these steps are briefly outlined below.

**Table 1. Grounded Theoretical Analysis**

<b>Coding</b>	<b>Steps</b>
Open	<ul style="list-style-type: none"><li>• Divide data into small, discrete units of where there is a shift in meaning</li><li>• Code each unit of data with a descriptive label</li></ul>
Axial	<ul style="list-style-type: none"><li>• Find connections between codes</li><li>• Aggregate and condense codes into broader categories</li></ul>
Selective	<ul style="list-style-type: none"><li>• Select core categories that best explain the data</li><li>• Form a cohesive narrative that captures the underlying structure of the phenomenon</li></ul>

## **Data Analysis**

Analysis was carried out by a non-Indigenous Bouverie Centre researcher (FP) and the course co-ordinator of the Graduate Certificate of Family Therapy: First Nations, an Indigenous researcher-practitioner (AE). All essays were double coded. General agreement was achieved across essays and any discrepancies were resolved via conferencing. The coding framework was refined iteratively through extensive consultation between FP and AE, leading to the development and finalisation of themes and subthemes. Importantly, each researcher brought an invaluable lens to each text, with AE helping to identify through a cultural lens implicit meanings revelatory of the core experiences.



## Researcher Description

Alison Elliott is a family therapist and teacher within the Graduate Certificate of Family Therapy: First Nations. Alison has been working with the Bouverie's First Nations Team in the Family Therapy Program for the last 10 years. As part of her role, Alison works with Children and Families in the Workin' with the Mob Clinical Program and in the Strengthening Connections Project in Victoria's Women's Prisons. Since 2018, she has also been involved in The Healing the Past by Nurturing the Future project, an Aboriginal led University research project, which recognises ongoing oppression and intergenerational trauma (particularly forced removal of children) for Aboriginal and Torres Strait Islander communities and aims to actively contribute to recovery.

Felicity Painter is a post-doctoral research fellow, extensively trained in qualitative research methodologies. Felicity works collaboratively across research projects at the Bouverie Centre, contributing to the development of evidence-based practice for family therapy and work with vulnerable populations.

## Ethics

Ethical approval was provided by La Trobe University Human Research Ethics Committee (HREC #23384). All students provided informed consent prior to the transfer of their de-identified essay to the research team for analysis.





## **Key Findings**

In line with the overall aim of the project, findings were organised by themes related to the transformative impact on students both individually, and as a practitioner in context. We also present practice models taught during the course that aligned with students at practitioner and personal levels.

### **Transformative Impact**

*The amount I have learned through the Grad Cert of Family Therapy is almost indescribable. (P4)*

*I walk away from this course a different person and I feel proud within myself to continue even when it challenged me throughout the year. (P1)*

### **Growth in self-awareness and capacity for self-reflection**

Almost all students demonstrated an increased sense of self-awareness resulting directly from course participation. For most, this mental shift was attributed to the genogram assignment, a family mapping exercise that prompts reflection into students' family of origin. Students commonly discussed these reflections in the context of how things are passed down within their own family, and the subsequently the way in which this has impacted how they now think and work.

*These are values shaped through my own family upbringing and lived experience which I have carried into my work with families. (P4)*

Building on this, the significance of self-reflection within one's own family of origin also emerged in the context of subsequent working capacity and ensuring trauma-informed practice:

*The person facilitating these family lead interventions has also done their own extensive reflective work on their family of origin in order to be best suited to support another family without further detriment. (P8)*

Other broader reflections on the course highlighted students' capacity to identify their own trauma and recognise personal triggers. Through this, students described their capacity to now *delve deep inside* (P9) to consider their own lived experience and the need to embrace this in order to heal.

*I found out a lot about myself and how easily I can be triggered. I learned to tackle the trigger head and that it's all part of the healing process. (P1)*

In line with this, one student nominated their *biggest learning* to recognition that *it is ok not to be okay* (P4). Similarly, another student highlighted the importance of self-care as a family therapist as *one of the key learnings* (P9) from the course. A third shared, *I have now learned putting yourself first is okay and to not feel ashamed to do so* (P1). While these were prominent and marked changes for most, one other student acknowledged this transformative impact as something that is still a work in progress:

*I have noticed that I am able to (not always) check-in with myself on what I am feeling and where it has come from. (P2)*



## Growth in personal relationships

Students reflected on the transformative impacts of the course on their personal relationships – both in the context of themselves, as well as in their relationships with others. Students noted change in interactions with others in a general sense, with *openness* and *compassion* frequently highlighted. One student indicated:

*I find myself not as anxious, but a sense of calmness showing more empathy and being more curious and find my listening skills have greatly improved. (P6)*

Transformative impacts at this level, also related to a positive shift in how students communicated with others. For example:

*I have changed the way I communicate to family, friends, community, and work colleagues. (P2)*

Directly related to others in the course, one student reflected on their relationship to their peers and the Graduate Certificate teachers, describing an enabled sense of belonging:

*I have connected with our group and our teachers... the positive impact everyone has had on me gives me a sense of belonging. (P4)*

## Power of Dadirri

Throughout their essays, students also highlighted the transformative impact of Dadirri (see Appendix B). This deep listening practice was conducted as a group exercise at the beginning of each class. Reflective essays showed that this exercise went beyond just encouraging deep listening, and instead also offered guidance on ways of *being* across multiple contexts, both work and personal. For many students, this facilitated a sense of philosophical mindfulness. Students shared a number of ways in which they experienced the power of Dadirri. Specifically, one student attributed the attained capacity to slow down in life to Dadirri:

*The power of dadirri (DEEP LISTENING) ...has been instilled in me to just slowdown in life and not hurry the river. (P1)*

Another student shared gratitude for their capacity in *feeling comfortable in the silence* (P6), as a direct result of Dadirri. In speaking to both a transformative impact on the individual as well as a practitioner, another student indicated they will:

*...draw strength from Dadirri and acknowledge those words within sessions and group work. (P2)*

## Takeaway learnings

### Empowering families

Another key takeaway from the course was empowering families to facilitate change. This theme was commonly endorsed against a background of hierarchy and potential power imbalances that may be perceived between the therapists and the family. This learning has led students to shape their practice in specific ways, including seemingly small but significant changes such as how they introduce themselves



during session. Through this, students are able to represent themselves as just another person in their practice with families – not an ‘expert’ in the room.

Other ways in which students address this potential power imbalance, is through the application of learnings from narrative therapy, allowing the consumer/family to lead or guide the therapeutic practice:

*Traditional narrative practice seems to be a joint partnership between the consumer and the facilitator...moving away from power imbalances (P8).*

Another student discussed the application of collaborative principles of narrative therapy (re-authoring) in their practice to facilitate a sense of empowerment and control for family members:

*As the client puts together their story, they become the observer of their story and we look at it collaboratively by working to identify the common themes. (P5)*

Family empowerment was also discussed in the context of mutual story-telling, using self-disclosure as a tool to address potential power imbalances within the room:

*...I feel this can assist with the relationship dynamic and power balance enabling a family to feel that their experiences are being validated and that they can be empowered to create change. (P7)*

## **Curiosity**

Almost every student reflected on the significance of remaining curious, and the use of questions as a tool in order to maintain curiosity. The power of curiosity was described in the context of students’ transformation both as an individual and as a practitioner in context. Across student essays, curiosity was highlighted as a core component of therapy, particularly in the context of finding a suitable model of working with different families:

*...not all [models] will work with our families but it's about remaining curious ...curiosity is key to therapy and now I found myself being curious about everything I do. (P1)*

One student reflected on the personal alignment of curiosity, in being able to maintain an ‘equal’ position in practice with families, and amongst others discussed its implementation as a tool in practice to work alongside the family to unravel their story.

*...instead playing a curious role alongside the family, supporting the family to unravel their story. (P8)*

## **Flexibility to adapt and combine models**

With reference to preferred models of working, students highlighted that there *isn't a one size fits all family therapy model* (P2). Here, they reflected on the importance of ensuring flexibility in their practice. Student learnings of theoretical models and the various tools/components under each, facilitated the realisation that each person they encounter in their practice is different, and will subsequently require different approaches.

*I have learnt how to swap between therapy models when working with clients and how to draw out helpful information that will support the client. (P5)*



Another student spoke to the flexibility of their therapeutic approach with the reflection that *...It is difficult to be able to put a clear 'recipe' together of approaches and styles that fit me personally.* (P8)

All students offered criticisms of specific approaches, frequently accompanied by integrative ways to address them through flexibly adapting and combining components of other models. One student for example, highlighted how they combine narrative therapy and no bullshit therapy to re-energise and re-focus their practice. Another student, discussed the application of community genograms as a tool in their clinical practice to work in a more culturally meaningful way, acknowledging the broader systems and community/kinship systems that surround an individual.

*... I value the need for this to be culturally adapted to recognise the significance of Aboriginal systems and the importance of cultural traditions and practices alongside the Kinship system.* (P7)

Similarly, several students emphasised the need to exercise caution when applying various models, specifically in the context of understanding whether they are culturally a good fit for the family. This was accompanied by common reflection that, models, in their purest form may not necessarily be culturally safe. Within this, one student provided the example of applying perceivably culturally divergent practices with First Nations families – *We do not interrupt when families are talking – its culturally inappropriate* (P3). Here they noted the importance of needing to have a clear discussion with the family to explain how the session will run. Another student provided the criticism that *Narrative doesn't talk about creating a safe environment* (P6), highlighting the need to adapt their practice to ensure cultural safety for the family in session.

## Alignment of clinical work with theoretical frameworks

### ***Providing an Ethical framework***

All students reflected on their experience of learning family therapy in the context of working within an ethical framework. Particularly common was the importance of culture and culturally informed clinical practice. Within this, students highlighted various family therapy models and methods, and their capacity to enhance culturally safe practices. For example, in utilising a narrative approach, one student indicated the use of genograms can be a culturally safe way in which to draw out *hidden stories* (P2). Another student (P3) indicated how they draw on principles of Milan with families in session to explore cultural differences around conflict.

The importance of environment, and ensuring a safe and comfortable space for families, was also identified as a core component of students' practice. For some, this specifically involved the use of traditional cultural items in session. For example:

*I use the rock as a special sacred item that will keep the family safe as many traditional items are used in Aboriginal Culture and to create a connection.* (P4)

Also common within this theme was respect, discussed both explicitly and implicitly throughout student reflections. Most frequently, students described how respect is interwoven into various models within their practice. Others shared the importance of empowering First Nations families through respecting their right *to lead their decision making and create their own change* (P7). One student also highlighted the importance of ensuring respect both in setting up the session in a *culturally respectful way ... with an Acknowledgment of Country*, and in the respectful engagement in interactions with family members throughout the entire therapeutic process.



Finally, the concept of gratitude was also key to student's practice within an ethical framework, particularly in the context of thanking the family for allowing them to be part of their therapeutic experience.

*Sharing of stories can be a challenge for First Nations people so to have been part of someone's experience in this sharing for a common goal and having use of their time needs to be thanked or acknowledged honorably (P9)*

### **Experiential framework (trauma-informed)**

Almost all students discussed the alignment of their practice with learnings from an experiential (trauma informed) framework. As guided by Judy Atkinson's trauma work concepts, several students discussed the influence on their learning of having a hands-on component within session. Here students noted that these concepts parallel well with Indigenous culture, with one student describing it as a *natural fit* (P2). Two students specifically discussed the implementation of cultural elements like basket weaving into sessions. This hands-on component within practice was discussed as a tool to facilitate *yarning*, offering a *meaningful connection* in the therapy journey for families.

Another tool characteristic of student's trauma-informed practice was the use of a histogenogram to map the trauma story across generations. Here, students reflected how this tool can be used to *explore patterns and behaviours within the family, as well as look at external influences in a broader context* (P8).

### **Alignment of clinical work with family therapy models**

Students identified all models in the course as relevant and important in their evolution as practitioners. A breakdown of relevant models taught throughout the course are provided in Appendix A. Some models appeared to have more of a significant alignment than others. Variation within models pertained specifically to the components that resonated most closely with students work. We expand on each below, with models presented in chronological order.

#### **Transgenerational model**

Several students reflected on their alignment to the transgenerational model, expanding on the exploration of beliefs and patterns and how they can be transmitted over generations. Frequently, this was discussed in the context of students' practice, and less often, in their personal experience.

Within this model two core components were common across essays: differentiation, and genogram/ecomaps. Differentiation was described by one student with reference to their own family of origin and the influential role of cultural values in relationships and the difficulty in being able to maintain healthy emotional relationships when these are not aligned. Another student expanded on this by recognising the importance of differentiating from personal family systems and beliefs in their practice. A third, reflected on the complexity of this concept, describing the deepening of their understanding of differentiation and fusion from simply an aim of a *healthy family unit* (P8) to the main determinant of a sense of *security* in their clinical work. Another student highlighted their reflective self-work on their own family of origin promoted their most suitable practice with families.



The use of community and family genograms in practice were discussed in the context of being able to work in a more culturally meaningful way, helping to map out the relationships between the complex family system and the wider community. Genograms have the potential to illuminate relationships and dynamics (both strengths and challenging behaviours) within the family with a broad focus across multiple generations, one student (P9) specifically indicated its applicability in being able to explore dyadic and triangle relationships within practice:

*I would include the learning of dyadic and triangle relationships as I believe this will support my understanding of the dynamics involved where there are two or three members of a relationship/family to consider. (P9)*

### **Structural family therapy**

Focusing on patterns within the family, five students described their alignment with structural family therapy. Key here was understanding roles and responsibilities within the family. For one student, there was a specific resonance both personally and professionally, with acknowledgement for the longstanding role that family structure has played in Indigenous culture throughout history:

*Within our culture, I feel the structure is what has always been there and what makes our families so strong to this day. (P1)*

A common concept key to student's practice within this model was boundary making:

*it is about acknowledging that there are rules of connection and rules when applied within the family structure with set boundaries that will be beneficial to our mob. (P6)*

Also common was the concept of hierarchy, and the relevance of altering this via the process of restructuring. Less common, one student discussed the applicability of joining as a concept within their practice:

*...‘joining’ in order to create the respect and trust within the therapeutic relationship allows me to value each family member’s view and opinion, supporting them to be heard and feel validated. (P7)*

### **Strategic family therapy**

Three students made reference to the process of reframing, a component of the strategic family therapy model, to provide families with information to create different meaning for a specific context. Only one student explicitly discussed this approach in the context of strategic family therapy:

*I worked towards changing the thoughts of both parents from a negative to create a positive to the situation to looking at a bigger happy picture (P4)*

Remaining students discussed its application as a safe intervention, under a broader narrative style, highlighting the flexibility in student's approaches to ways of working with families. One student discussed the use of reframing as a process to *safely go deeper within the family's story* (i.e., reframing the dominant story). Another described its application from a trauma informed perspective:



*...carefully selected strength based language and reframes can help to avoid triggering and retraumatising consumers. (P8)*

### **Milan systemic model**

Four students named Milan, or concepts of this model as core to their practice, conceptualising its application in exploring the belief system of the family. Within this, students specifically discussed the key role of neutrality as a therapist.

*In my work I am always keeping each family member in mind whilst also looking at the systemic issues that play out for a family through their individual experiences combined with their behavioural and relational interactions. (P7)*

One student also discussed the use of the 6C's to form a hypothesis about the family at the time of engagement:

*...I would use the 6 C's method to hypothesize an idea of the family and its considerations. (P9)*

Under this model, another student noted the importance of circular, curious questioning styles to uncover information held within the family.

### **Solution focused therapy**

Alignment of practice with solution focused therapy was less common, highlighted by only two students. Descriptions under this model predominantly focused on having clear goals and focus on solutions rather than problems within the family. Three specific change techniques of solution focused therapy were described by students: resourcing, miracle questions, and exploring exceptions.

Common to both essays was resourcing families with the tools to enact change, with recognition for the fact that the family already know what the answer is, they just need to be given the resources to find it. For example, one student indicated:

*...Instead of telling people what they need to do, it is giving them the tools and discussing it with them to think about and take home. (P4)*

Another change technique was the use of miracle questions. This was discussed in the context of drawing out information about where the client would like to see change in their life:

*...if you could have one wish what would it be, how would you like the future to look (P5)*

The third change technique involved exploring exceptions. For example, exploring *times when the client has successfully coped with or addressed previous difficulties and challenges* (P5).

### **Narrative therapy**





Over half the student sample highlighted alignment of their practice with narrative therapy. Across each of these reflective essays, there was significant resonance with the process of externalising and the learning that *the person is not the problem, the problem is the problem* (P4). In other words, students frequently emphasised the importance of viewing presenting problems externally, rather than an unchangeable part of the individual.

Another component of narrative therapy that emerged across essays pertained to students' use of this model in practice to work collaboratively with families to provide space to share their stories, both the most common stories and the hidden ones. In line with this, three students specifically referenced the process of re-authoring reality for the family.

*Relative influence questioning, exploring potential different outcomes and uncovering the dominant versus submerged stories, together, is a style that fits in comfortably with my current style of practice. (P8)*

### **No bullshit therapy**

Three students discussed their alignment with No Bullshit Therapy, or 'No Gammin Therapy', as one student referred to it. Common across student reflections was the defining balance of this model in working with honesty and directness whilst embodying warmth and care.

*Being honest and direct with clients is also how I work best and not forgetting to remain warm and caring when the client is feeling vulnerable. (P5)*

One student specifically noted that No Bullshit Therapy resonates closely due to its personal alignment with how they interact with their own family. Importantly, this student recognised in these interactions they were *missing a major ingredient* (P2) – the compassionate side of the balance.

In reference to other key clinical guidelines of No Bullshit Therapy, two students noted how this structure allows them to be upfront with constraints and expectations as a clinician. And a third discussed how they make sure to avoid jargon in their practice with families.

*...avoid jargon. When I'm working with community members, I use Aboriginal English to allow them to feel comfortable and not feel as though there is a power imbalance. (P5)*



## Discussion

Building on the recent recognition of the *Graduate Certificate of Family Therapy: First Nations* as a formal qualification, findings from student's reflective essays build a credible narrative about the transformative ways in which this unique course has positively impacted on their lives, and the ways in which the course has helped their work with Indigenous families.

Findings demonstrate transformative benefit of the course on student's insight into self and their capacity for self-awareness. Importantly, there was general agreement for the value of taking time to focus on the self, for the importance of being able to recognise one's own trauma and what is needed in order to heal. From this position, students subsequently recognised being able to offer their best self in practice. These findings highlight how individual level impacts and experiences of healing promoted in the context of course learnings, have flow on effects to their professional development and the quality of their practice with families.

Learnings throughout the course in the context of family of origin work (i.e., family mapping genogram), also emerged as significant. For many students, developing an understanding of the impact of inter-generational structures and being able to situate their own context within this, was transformative. Students highlighted the ways in which their deepened understanding of the importance of family of origin, and the wider system connections that extend to community had transformative impacts on the personal self and subsequently transformative benefit at the practice level. Beyond this, students also recognised the genogram as a useful tool with Indigenous families in session. These findings collectively speak to the longstanding role that family structure has played in Indigenous culture throughout history and demonstrate students' understanding of trauma informed practice.

Gratitude, respect, and the empowerment of families were also drawn out as key learnings from the course with transformative impacts for students in their practice. Facilitating sessions in a manner that supports families to guide the practice and providing them with the tools to create change for themselves was commonly affirmed as central to ensuring culturally safe clinical practice when working with Indigenous families. In the role as a therapist there was also recognised importance for honouring this position and showing gratitude for being a part of families' healing journeys.

All models taught throughout the course (see Appendix A) were recognised by students, in some way, as suitable for working with First Nations families. It is important to note that while there was significant alignment of students' work with these models, they also offered various criticisms of these approaches. Students elaborated on the need for culturally sensitive adaptations and considerations to be made in their practice. In line with this, the power of curiosity was highlighted as key – with emphasis on the need to remain curious about ways of working, how models best apply to families, and the need to be flexible and adapt current approaches to better suit ways of working. Student reflections demonstrated their capacity to, in the context of course learnings, critically evaluate, adapt, and apply appropriate ways of working with Indigenous families and communities. Embodying the 'Black and White' model, these findings highlight the development of students' skills in building their capacity to work holistically, a critical perspective in addressing the systemic disadvantage of Aboriginal and Torres Strait Islander people.

Beyond the structured models and frameworks taught throughout the course was the significance of an adapted reading of Dadirri (see Appendix B) at the commencement of each class. This demonstrated



positive impacts at both the individual and practitioner level, with students describing its ongoing benefit more generally, as well as on their professional development in their practice with families.

## **Conclusion**

The impact of this project on our main objective: supporting the healing of Indigenous families and communities by educating more Indigenous Family Therapists is evident. Broadly, findings demonstrate the how the *Graduate Certificate of Family Therapy: First Nations* course is providing students with the wisdom needed to work in a culturally meaningful way with Indigenous families – through this research we demonstrate the impact of the course in building core foundations for working with Indigenous families and equipping Indigenous Family Therapists with the tools to facilitate healing and growth both within themselves and within their practice. These impacts are described independent of one another but, more importantly, as contingent, whereby positive transformation of the self, leads to better practice with families. Additionally, we show through student reflections, how the course fits culturally in supporting Indigenous families in their healing and growth.

While the current project was limited in the number of essays available for analysis, the depth of information provided across essays facilitated a rich and diverse understanding of students experience of and learnings from the course – contributing to a comprehensive picture of transformative components of the *Graduate Certificate of Family Therapy: First Nations*. The wisdom and experience of these past students offers valuable information for future cohorts of this course. Future research could build on this through analysis of essays prepared by subsequent cohorts of the Graduate Certificate course. Sustained or ongoing impacts for students following the completion of the course should also receive focused attention.

# Appendices

## Appendix A

	Transgenerational	Experiential	Structural	Strategic (Haley)	Strategic (MRI)	Milan	Sol.Focussed	Narrative
<b>Main Proponents</b>	Bowen	Whitaker	Minuchin	Haley	Watzlawick	Palazzoli, Prata, Boscolo, Cecchin, Miller	De Shazer, Berg, Miller	White
	Boszormenyi-Nagy	Satir	Haley	Madanes	Weakland			Epston
				Fisch				Freedman & Combs, Bird
<b>Focus</b>	Differentiation, triangulation  Balance of fairness  (ethics)	Self-esteem  Integrity  Communication	Structure	Process/  structure	Process	Beliefs	Solutions	Story
<b>Dysfunction</b>	Fusion  Dysfunctional Triangles  Unbalanced Ledgers	Incongruent communication, restriction	Unclear hierarchy	Unclear hierarchy, more of the same solution/problem cycles	More of the same solution/problem cycles	Rigid belief systems	More of the same problem focus	Dominant oppressive stories & discourses
<b>Change</b>	Differentiation from family of origin, reparative moves & exoneration	Spontaneity & Congruent Communication	Alter hierarchy and boundaries (restructuring)	Alter hierarchy and boundaries, interrupt unhelpful problem/solution cycles	Interrupt unhelpful problem/solution cycles	Introduce news of difference (difference that makes a difference)	Discovering and developing strengths/solutions	Unique outcomes leading to restorying



<b>Methodology</b>	Directive, coaching  Exploratory (multidirectional partiality)	Provocative, destabilising, nurturing	Directive	Pragmatic (directive or paradoxical)	Pragmatic (directive or paradoxical)	Curious/strategic	collaborative	Collaborative
<b>Interventions</b>	Working through emotional attachments in Family of Origin (FOO), differentiated relating. Awareness of patterns, one on one relationships. Exploring ledgers, balance fairness.	Spontaneity & congruent communication of therapist encourages clients to be more themselves	Joining, unbalancing, Re-enactments	Do something different, reframing, restrain from change, prescribe behaviour in a different context, with a particular focus on hierarchy	Do something different, reframing, restrain from change, prescribe behaviour in a different context.	Circular questioning, positive connotations of symptom, hypothesising, curiosity	Solution focussed questions, compliments, scaling	Externalisation, mapping effects of the problem, justification, evaluation

# Dadirri

A special quality, a unique gift of the Aboriginal people, is inner deep listening and quiet still awareness.

Dadirri recognises the deep spring that is inside us. It is something like what you call contemplation. The contemplative way of Dadirri spreads over our whole life. It renews us and brings us peace. It makes us feel whole again. In our Aboriginal way we learnt to listen from our earliest times.

We could not live good and useful lives unless we listened.

We are not threatened by silence. We are completely at home in it.

Our Aboriginal way has taught us to be still and wait. We do not try to hurry things up.

We let them follow their natural course - like the seasons.

We watch the moon in each of its phases. We wait for the rain to fill our rivers and water the thirsty earth. When twilight comes we prepare for the night. At dawn we rise with the sun. We watch the bush foods and wait for them to open before we gather them.

We wait for our young people as they grow; stage by stage, through their initiation ceremonies.

When a relation dies we wait for a long time with the sorrow. We own our grief and allow it to heal slowly.

We wait for the right time for our ceremonies and meetings. The right people must be present.

Careful preparations must be made. We don't mind waiting because we want things to be done with care.

Sometimes many hours will be spent on painting the body before an important ceremony.

We don't worry.

We know that in time and in the spirit of Dadirri (that deep listening and quite stillness) the way will be made clear.

*We are like the tree standing in the middle of a bushfire sweeping through the timber.*

*The leaves are scorched and the tough bark is scarred and burnt,*

*but inside the tree the sap is still flowing and under the ground the roots are still strong. Like that tree we have endured the flames and we still have the power to be re-born.*

Our people are used to the struggle and the long waiting. We still wait for the white people to understand us better.

We ourselves have spent many years learning about the white man's ways;

we have learnt to speak the white man's language; we have listened to what he had to say.

This learning and listening should go both ways. We would like people to take time and listen to us.

We are hoping people will come closer.

We keep on longing for the things that we have always hoped for, respect and understanding.

We know that our white brothers and sisters carry their own particular burdens.

We believe that if they let us come to them, if they open up their minds and hearts to us, we may lighten their burdens. There is a struggle for us, but we have not lost our spirit of Dadirri. There are springs within each of us. Within this deep spring, which is the very spirit, is a sound.

The sound of Deep calling to Deep. The time for rebirth is now.

If culture is alive and strong and respected it will grow. It will not die and our spirit will not die.

I believe the spirit of Dadirri that we have to offer will blossom and grow, not just within ourselves but in all.

**Edited version adapted with permission from the writing  
of Miriam Rose Ungenmerr**





## **References**

- Corbin, J., & Strauss, A. (2014). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Sage publications.
- Elliott, A., McIlwaine, F., Stone, N., & Proctor, K. (2015). *The Bouverie Centre: Aboriginal Family Therapy Training Program: Impact Analysis Report: Impact Analysis Report*. Lowitja Institute.
- Garvey, D. (2008). Review of the social and emotional wellbeing of Indigenous Australian peoples.
- Gerlach, A. J., Browne, A. J., & Suto, M. J. (2018). Relational approaches to fostering health equity for Indigenous children through early childhood intervention. *Health Sociology Review*, 27(1), 104-119.
- Liddle, C., Gray, P., Burton, J., Prideaux, C., Solomon, N., Cackett, J., Jones, M., Bhathal, A., Corrales, T., Parolini, A., & Tan, W. (2021). *The Family Matters Report 2021: Measuring Trends to Turn the Tide on the Overrepresentation of Aboriginal and Torres Strait Islander Children in Out-of-Home Care in Australia*.
- Moloney, B. (2014). A black and white model for teaching family therapy: Empowerment by degree. *Australian and New Zealand Journal of Family Therapy*, 35(3), 261-276.
- Pattel, N. (2007). Aboriginal families, cultural context and therapy. *Counselling, Psychotherapy, and Health*, 3(1), 1-24.