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An exploration of interventions for healing intergeneration trauma to develop successful healing programs for Aboriginal Australians: A literature review

Acknowledgements

We would like to acknowledge the traditional owners of all the many Aboriginal and Torres Strait Islander Nations that make up the great continent of Australia. We pay respects to the Aboriginal and Torres Strait Islander Elders past and present, also the young community members, as the next generation of representatives. Disclaimer: In some instances, in this paper the term 'Aboriginal' will be used, this will occur when the author is specifically referring to Aboriginal Australians. 'Indigenous' will be used to describe Indigenous groups globally.

Introduction

Australia has one of the highest life expectancies in the world (Australian Institute of Health and Welfare (2018b), ranked as the second highest quality of life ranking compared to all other countries (United Nations Development Programme, 2016). Australia is ranked as number 1 for civic engagement and 'above average' in other areas such as income and wealth, jobs and earnings, education and skills, housing, health status, subjective wellbeing and social connections (Australian Institute of Health and Welfare, 2018a). However, not all Australians have the privilege of enjoying a high quality of life, Aboriginal Australians have not benefited from Australia's economic success, we should be receiving the highest quality of culturally appropriate health care and education (Australian Institute of Health and Welfare, 2017) and enjoy the socio-economic advantages of a wealthy country (Australian Human Rights Commission, 2014). The 'Report' released in November 2016, shows a 77% increase of Aboriginal Australian adults being imprisoned since 2000 and a 56% increase in hospitalisation due to self-harm and suicide attempts over the last decade. The report also highlights the need to improve psychological status of Aboriginal Australians (Australian Human Rights Commission, 2014; Productivity Commission, 2011). In 2017, the leading cause of death for Aboriginal children between the ages of 5 and 17, and Aboriginal people between the ages of 15 and 34 was suicide, these rates are too high and Aboriginal Australians want to see this improved (Australian Bureau of Statistics, 2018). The 'Australia's Health 2018' report (Australian Institute of Health and Welfare, 2018, p.33), states Aboriginal Australian's want to share the same employment rate, hours worked and household income as non-Aboriginal Australians, closing the current health gap from 27% to 17% (Australian Institute of Health and Welfare, 2018a). Despite ongoing policy attention, there are still many Aboriginal Australians who believe there needs to be substantial improvement with various social and economic issues (Steering Committee for the Review of Government Service Provision, 2016). A decade ago, the Council of Australian Governments (COAG) made an official commitment to improve conditions in Aboriginal communities (FaHCSIA, 2009). The COAG commitment comes in the form of a National policy, the 'Closing the Gap' initiative, with the gap referring to the life expectancy and inequality between Indigenous and non-Indigenous Australians (Australia, 2016; *Closing the Gap Report*, 2019; *Closing the Gap, the Prime Minister's Report*, 2018). The most recently announced national agreement on Closing the Gap from the National Indigenous Australians Agency has increased the number of outcomes to 16 and have a broader focus (National Indigenous Australians Agency, 2020). This new agreement includes targets on reducing levels of incarceration, family violence, self-harm and suicide while improving social

and emotional well-being (National Indigenous Australians Agency, 2020), which in many cases are related to intergenerational trauma.

Improving social and emotional well-being, physical health and the socioeconomic status of Aboriginal Australian's has proved for many years to be an extremely complex task, which is yet to be successfully achieved. This is evident through the results of several 'Closing the Gap' reports that highlights some targets which have stagnated, such as health, education and employment, and others not improving at all and in fact, are going backwards (*Closing the Gap Report*, 2019; *Closing the Gap, the Prime Minister's Report*, 2018; Department of the Prime Minister and Cabinet, 2018). When looking at social and emotional well-being, physical health, and education in Aboriginal communities, it is crucial that we see it through the context of intergenerational trauma (Price-Robertson, 2011). The impact of colonisation has on Aboriginal Australian's health, social and emotional well-being, family violence, suicide, high incarceration rates, as well as children in out of home care, in many cases are linked to intergenerational trauma (Weston, 2018). Over the past few decades, a number of researchers have put forward intergenerational trauma as an explanation for the plethora of health issues which impact on Indigenous communities globally (Menzies, 2010).

The concept of historical trauma was termed in the 1980s from Native American social worker and mental health expert, Maria Yellow Horse Brave Heart. This term, which described a certain trauma that Maria Yellow Horse Brave Heart people in the United States were experiencing. Braveheart describes historical trauma as "cumulative emotional and psychological wounding across generations, including one's own lifespan" (Braveheart-Jordan & DeBruyn, 1995). Evans-Campbell (2008, p. 320), defines intergenerational trauma as "*a collective complex trauma inflicted on a group of people who share a specific group identity or affiliation.... It is the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to such events*" (Evans-Campbell, 2008). What both Braveheart and Evans-Campbell are claiming is that the descendants of those people who have experienced intergenerational/historical trauma are, themselves, more predisposed to pathological dysfunction as a result of the trauma endured by their ancestors and are at least, partly independent of their own traumatic experiences (Gone, 2013). Intergenerational trauma is rightly described by Gagné (1998) as the transmission across generations, of historical oppression and the negative consequences that accompany it (Gagné, 1998). Trauma which is experienced by multiple generations becomes institutionalised within the family unit and has an overflow effect out in the community (Brave Heart, 1998). This type of group trauma can have an overwhelming impact on an individual's health and lifespan

because it is both cumulative and psychological, and has been proven to not only negatively impact on the individual but can also negatively affect future generations (Braveheart-Jordan & DeBruyn, 1995).

When conceptualising intergenerational/historical trauma in an Australian context, we must have a look at what history conveys, not only from a colonial perspective, but with particular focus on government policies. Colonisation and government policies have caused numerous traumatic wounds which have been endured amongst Australia's Aboriginal population for generations (Australians Together, 2018). Dudgeon et al. 2017 states that colonisation characterised by genocide has been collectively traumatic and profoundly disrupted Aboriginal Peoples traditional way of life (Dudgeon, Watson, & Holland, 2017) Hall et al. believes that the source of addiction and the associated issues of addiction in Indigenous communities globally, is colonisation (Hall et al., 2015). Colonisation in Australia combined with government policies have been instrumental in creating systems and institutions that have attempted to eliminate Aboriginal people and their structured systems, which have been in place for thousands of years. These attempts to eradicate an entire race have caused significant trauma for Aboriginal Australians, which has filtered down through generations causing intergenerational trauma (Creely, 2016). Examples of intergenerational trauma caused from colonisation and government policies includes deep-rooted pain from the beginning of colonisation. Jim Morrison, an Aboriginal Australian says, 'Irrespective of whether they are Aboriginal people from Australia, New Zealand, Canada or the United States, colonised people experienced a similar sequence of intergenerational trauma that separates their needs from others' (Butler, 2012).

Government policies overtime have imposed systematic abuse and discrimination upon Aboriginal people over several generations. There was an attempt to assimilate us into the dominant culture through education, law, religion, and theft of land, which have all contributed to the significant and compounding loss for Aboriginal Australians. Loss which has contributed to the erosion of traditional values and structures within Aboriginal society has cumulated to the many health and social issues which we currently face (Butler, 2012). Judy Atkinson mapped six generations of one Aboriginal family and identified transmission of historical trauma related to colonisation (Atkinson, 2002). Eduardo Duran describes intergenerational trauma as being a wound of the soul or 'soul wound'. If a wound of the soul if not healed, it worsens and is passed on to the next generation causing further turmoil and pain (Duran, 1990).

Aim

This paper explores intergenerational trauma healing methods and interventions used for Indigenous people in four countries that share similar colonial histories i.e. Australia, Canada, New Zealand, and the United States. The literature review will focus on identifying the best practice healing methods from these countries and integrate the elements into one healing intervention that has the potential to help Aboriginal Australians to successfully overcome complications of intergeneration trauma.

Method

Literature search

To identify interventions that have been successful in healing intergenerational/historical trauma amongst Indigenous populations globally, a systematic search strategy was conducted using keywords and synonyms related to the topic.

Search Terms

The search terms below were used in each database: “Healing” or “therapy” or “treatment” or “programs” or “methods” or “interventions”, “Intergenerational” or “historical”, “Trauma” or “unresolved grief”, “Indigenous” or “first Nation” or “Aboriginal” or “Torres Strait Islander” or “Native” or “Indian” and “Best practice”.

Inclusion and Exclusion Criteria

Papers published after 2008 were included as this was the time the Close the Gap initiative started in Australia. Papers not in English were excluded, as all countries related to the research are English speaking. To remove irrelevant publications, only papers that had the word ‘heal or healing’ and or two or more of the other key words in the title were included.

Search Results

Peer reviewed academic literature was sourced from four different databases i.e. Ebscohost, PubMed, CINAHL and Medline. The search found 89 citations, and 55 papers were identified as being appropriate to review after duplicate copies of articles were removed. Out of the 55 papers, 23 met inclusion/exclusion criteria and were analysed as part of this literature review.

Appraisal Technique

There were many different tools to critical appraise literature, the Critical Appraisal Skills Programme (CASP) qualitative appraisal tool, the CASP quantitative appraisal tool and the Joanna Briggs Institute (JBI) checklist for text and opinion were used to analyse the papers included in this literature review. The National Health and Medical Research Council (NHMRC)

hierarchy of evidence was used to rank the papers which had been sourced to assess rigour, quality, and credibility of the research.

Discussion

Interventions for healing intergenerational trauma for Indigenous people globally are in its infancy. Whilst there is substantial research done around how intergenerational trauma affects Indigenous people, families, and communities, interventions for healing are limited.

Healing of Intergenerational Trauma

Healing intergenerational trauma comes from strengthening one's own cultural identity. Having a strong cultural identity helps to protect people against the symptoms of mental health and protects them from stress or pain caused from discrimination (Shepherd, Delgado, Sherwood, & Paradies, 2018). Dudgeon et al. 2017 suggests connecting to culture and traditional healing in combination with contemporary clinical therapies as part of holistic care for healing intergenerational trauma (Dudgeon et al., 2017). Milroy et al. for intergenerational trauma healing to accrue, we need to re-establish "community and cultural norms" and support youth (Milroy, Dudgeon, & Walker, 2014). Milroy states there are three main themes for recovery from intergenerational trauma, 1) self-determination and governance, 2) reconnection and community life, 3) restoration and community resilience (Milroy et al., 2014). The premise for the research conducted by Hall et al., is based on the understanding that embedding cultural interventions into treatment for people experiencing trauma enables healing for the whole person, including healing their mind and spirit (Hall et al., 2015). Possessing a positive cultural identity can provide an individual with a strong sense of self-worth, belonging, purpose and social support (Berry, 1999). Duran & Duran (2000) states that having a strong cultural identity not only improves self-esteem, self-worth and sense of identity, it in turn correlates with healthy functioning (Duran & Duran, 2000). As Harold Orten (Peters, 1996, p. 320) clarifies through his quote "*Recovering our identity will contribute to healing ourselves. Our healing will require us to rediscover who we are. We cannot look outside for self-image; we need to rededicate ourselves to understanding our traditional ways. In our songs, ceremony, language and relationships lie the instructions and directions for recovery*" (Peters, 1996).

Traditional healing has been described as practices designed to progress the level of Indigenous peoples mental, physical and spiritual wellbeing based on beliefs and practices which go back to the time before the spread of the Western 'scientific' bio-medical model (Marsh, Coholic, Cote-Meek, & Najavits, 2015). Indigenous people have defined traditional healing as a wide

range of activities (James Charles, Chuter, & O'Brien, 2020; James Charles & O'Brien, 2020). These activities can include the involvement of traditional healers and the use of herbal medicines, physical therapies and treatments (James Charles et al., 2020; James Charles & O'Brien, 2020). The strength of Elders and the sharing of stories; the use of traditional language, song, dance and music; the incorporation of traditional activities, practices and or rituals as well as the participation in traditional ceremonial practices (Marsh et al., 2015). Aboriginal Australians should not be defined by the negative stereotyping and misrepresentation that has occurred over the past 200+ years, rather acknowledgment of Indigenous knowledges and empathy for the impacts of colonisation and government policies. It is envisaged that Aboriginal Australians who participate in successful healing interventions for intergenerational trauma will be able to acknowledge past trauma(s) and be better equipped to cope with it in an effective way (Weston, 2018).

Four Day Psychoeducational Intervention

One of the most successful interventions reviewed in the literature is the work of Brave Heart (1998), who is a leader in this field, and a Lakota woman who coined the term 'historical trauma'. Brave Heart conducted a four-day psychoeducational intervention with 45 Lakota people designed to assist them in the process of healing from intergenerational/historical trauma. The content of the four-day intervention included didactic and videotape stimulus material on Lakota trauma, with small group exercises and sharing. The sessions had a gender balance and were co-facilitated by a Lakota male and female who have experienced similar trauma to the participants. A review of the dynamics of unresolved grief and trauma and participation in a traditional Lakota purification ceremony. The methodology for collecting data from the intervention included assessments which were performed at three different intervals. There was a pre and post-test questionnaire, a self-report evaluation instrument used at the end of the intervention and a six-week follow up questionnaire. None of these assessments were provided with the publication and therefore unfortunately critical analysis on the tools used could not be completed. Out of the 45 participants, 97.8% of them completed the entire study, indicating agreement with the intervention. The results of this study concluded that 100% of the participants had self-reported the following:

- An increase in awareness of historical trauma
- The intervention helped them to resolve grief reactions
- The intervention helped them to feel more positive about being Lakota
- The intervention helped them to feel better about themselves.

Most of the participants indicated that because of the intervention, most grief related affects, besides anger, increased during the intervention (as predicted) and decreased after the intervention. The most significant change of affects experienced by the participants were the feelings of ‘helplessness’ which was at a rate of 54.5% before the intervention and afterwards, there were ‘zero’ feelings of helplessness, and feelings of hopelessness was 45.5% before the intervention and ‘zero’ after the intervention, which is an amazing result for participants (Brave Heart, 1998). The change of affects overtime experienced by the participants are illustrated in Table 1.

Table 1: Affects experienced often over time: before, during and after the intervention

Feelings	Before intervention	During intervention	After intervention
Sadness	66.7%	90.0%	18.2%
Grief	54.5%	78.8%	27.3%
Pride	51.5%	54.5%	81.8%
Anger	69.7%	51.5%	18.2%
Hopelessness	45.5%	12.1%	0.0%
Shame	60.6%	21.2%	6.1%
Helplessness	54.5%	30.3%	0.0%
Joy	45.5%	63.6%	75.8%
Guilt	60.6%	30.3%	6.1%

Source: (Brave Heart, 1998)

The results of this intervention are very impressive and have been to be quite successful. However, the participants only had 6 weeks follow up, post the intervention, which is short follow up time for treatment of intergenerational trauma. The “feelings” were self-reported by participants, with no evidence of anonymous reporting or blinding, which is a limitation of the study. The evaluations could have benefited from anonymous reporting of “feelings” at pre- peri and post evaluation, or if this happen, it should have been reported in the paper. This program also would have benefitted from including some objective measures of “feelings” e.g. depression survey, and the evaluation could have possibly benefited from a long-term follow up e.g. 12 months.

Blending Traditional Aboriginal & Western Healing Methods and ‘Two Eyed Seeing’ Approach

Many of the publications reviewed reported the benefits of blending traditional Indigenous healing methods with Western medical practices. Marsh et al. (2015) explored how a successful Western treatment model, 'Seeking Safety' could be blended with traditional Indigenous healing methods in order to assist in the healing of intergenerational trauma and substance abuse disorders amongst the Indigenous population in Canada (Marsh et al., 2015). 'Seeking Safety' is an evidence-based treatment program, which is aimed at healing people from intergenerational trauma and substance abuse disorders. The implementation of this program has been reported as successful among other minority groups in the US, including African Americans and Hispanics. The program uses well respected Western treatment methods such as an integrative, interpersonal and educational approaches, which are quite similar to the holistic methods used by Indigenous healing practices (Marsh et al., 2015). A literature review looked at interventions used to treat substance misuse disorders in Indigenous populations and found 19 studies in the United States and Canada which integrated both Western and traditional Indigenous methods. The authors stated there was a reduction of substance use in 74% of the studies and that there were benefits in all areas of wellness (Rowan et al., 2014). Indigenous healing methods can be integrated into Western healing practices through a concept called 'Two Eyed Seeing'. Mi'KMaq Elder, Albert Marshall coined the term (or Etuaptmunk in his language) as a guiding principle by which one should live their life (Bartlett, Marshall, & Marshall, 2012). Two-Eyed Seeing recognises the different ways of looking at the world by finding strengths in both Western treatments and combining them with Indigenous perspectives of knowing and doing. Two Eyed Seeing ultimately produces beneficial outcomes in any given situation because it places value on both Indigenous and western world perspectives (Bartlett et al., 2012).

The 'Seeking Safety' program uses the Two Eyed Seeing concept. It's a strength-based, collaborative program that was developed to be inclusive. It is written in a way which is empowering, culturally sensitive, and with an understanding language that can address the needs of those who participate in the program. Although the literature on integrating the 'Seeking Safety' program with traditional healing methods is positive and viable, it may have benefitted from more evaluation of its effectiveness for Indigenous peoples.

The Yupik and Cup'ik (C/Yup'ik) people, native to Alaska, believe that integrating their traditional practices is a way in which they can remember and honour their ancestors and culture will be successful. In Alaska, they are currently integrating traditional practices into their Western mental health and substance abuse treatment plans through a program called the 'Village Sobriety Project' (VSP) (Mills, 2003). This approach has been incorporated into their healing and treatments plans because non-Indigenous approaches to substance

abuse treatment have not been effective (Mills, 2003). One of the underlying principles which supported the integration of traditional Indigenous healing modalities into Indigenous treatment plans, is the use of Western frameworks which incorporate play and or art therapy. Also, incorporating traditional practices into treatment validates the C/Yup'ik ancestral beliefs around living a healthy life (Mills, 2003). Some of the traditional Indigenous healing modalities that have been incorporated in to Western treatment plans include; hunting, fishing, berry picking, gathering edible and medicinal plants, tundra walks, traditional arts and crafts, gathering wood, chopping wood, holding a feast, potlatch, ceremony and steam-bath.

When being assessed, a client has the option to choose and incorporate traditional healing practice within their treatment plan and to what extent they should be incorporated, giving self-determination and ownership of healing. A client could see a counsellor for anger management or substance abuse disorder early in the week, and later in the week they may choose to go on a tundra walk or participate in arts and crafts. Each activity must correlate with the client's identified goals within their personalised treatment plan, which will be sufficiently documented for reimbursement from Medicaid (Australia's equivalent, Medicare) (Mills, 2003). The assessment tools which are used on intake or admission not only contain standard questions which are found in most behavioral intake forms, but additional cultural questions are asked for Indigenous clients (Mills, 2003). The cultural assessment consists of a one-page questionnaire where the client is asked some open-ended questions and to express their agreement to some statements pertaining to their cultural connections and interest in engaging with traditional healing practices. The responses provided by the clients assist the clinician in identifying what traditional modalities would best suit the client (Mills, 2003). Within the treatment plan, there are six domains which underpin the foundation of a client's treatment plan e.g. need/problem, goal, modality, objective plan of action, duration, and dates of activity. The VSP has made significant progression toward integrating traditional modalities into treatment plans for Indigenous people to facilitate a more holistic and culturally appropriate healing intervention. However, it was not clear if the program been evaluated to identify the effectiveness in healing intergenerational trauma in Native Alaskan people. The paper also did not provide a copy of the cultural screening assessment tool, which was discussed, which would benefit the reader.

Healing frameworks in the clinical setting

Some of the literature mentioned healing intergenerational trauma using frameworks and screening tools within clinical treatment settings as opposed to short term, group healing interventions. Trauma and mental health related health

histories and diagnostic assessment tools are rarely completed in health care settings or facilities outside of specific mental health services, even though many people with trauma related issues seek care for physical, emotional and behavioural health from health care services (Hiratsuka et al., 2016). To encourage health care services to better identify and address the needs of Indigenous people with trauma, Hiratsuka et al., conducted a community based participatory action research study. The study was seeking input from patients, providers, administrators, and traditional healers, to develop an appropriate trauma screening, and referral treatment (T-SBIRT) process. This was designed for adults which would be piloted at two large Indigenous specific health services in the US (Hiratsuka et al., 2016). In the first round of data collection, there were 37 participants and 33 participants in the second round. They found that the development of such screening tools was problematic. One of the major concerns was that health services may not be able to adequately manage or effectively treat the large volume of individuals who would be identified as requiring support for their trauma. Especially when many mental health services are currently overburdened (Hiratsuka et al., 2016). Therefore, this could cause more harm to some individuals who may be unprepared or inadequately supported to address their trauma, particularly if the screening questions trigger hostile reactions related to previous trauma (Hiratsuka et al., 2016). The participants of the study stated it was paramount that whomever is using the tools, need specific training in how to ask questions appropriately and what to do if there is an adverse reaction (Hiratsuka et al., 2016). Having strong knowledge of intergenerational trauma and how it significantly and negatively affects Indigenous people would greatly assist in the screening process. The results of the study suggest that the T-SBIRT, was a viable model. The paper provided the data collection framework, which featured the questions asked in the interviews for the patients, providers, administrators, and tribal leaders. The paper was very robust and provided a table highlighting the factors which participants believed influenced screening, brief intervention, and referral for treatment of trauma. The paper also provided the participants feedback on their preferences in relation to the process, which gives the reader a very good understanding of the project. Whilst the model has promise, the paper didn't provide a copy of the T-SBIRT model and screening tools making it difficult to evaluate its use for Aboriginal Australians.

The 'Healing Constellation' is a framework that was developed in Alaska and designed for clinicians working with native people suffering from substance abuse and intergenerational trauma. The framework was intended to be used as a guide or 'prompter' for clinicians when assessing Indigenous people with substance abuse disorders and or intergenerational trauma (Arundale, 2013). The author insists that assessment and treatment needed to be

culturally appropriate but also the clinicians delivering the care must be culturally aware and have an understanding of Indigenous history and how it impacts on current Indigenous society. Arundale (2013), states that the framework's basic principles are grounded in Indigenous knowledge systems and that Indigenous people have shaped the development of the tool, therefore making it relevant to them (Arundale, 2013). Although there may be a need to evaluate the 'Healing Constellation' in healing intergenerational trauma specifically.

Healing interventions in Australia

There was a scarcity of papers related to successful healing interventions for intergenerational trauma in Australia focussing on Aboriginal Australians. Professor Judy Atkinson, an Aboriginal Australian woman who has worked in violence and trauma for over 15 years, describes an Aboriginal program for healing called 'WE AL-LI', which evolved from the participatory action focus of her research (Atkinson, 1994). Professor Atkinson was invited to be involved in assisting a community to develop a program to support Aboriginal families in addressing issues of violence. There was a group which was formed and met for 12 months in the planning and development stages of the program and after 12 months, the group commenced implementing the workshops for the community (Atkinson, 1994). The WE AL-LI program has a series of workshops, the main one is called 'Lifting the Blankets', which was run over nine weekends. Participants were required to identify nineteen different forms of violent or oppressive behaviours and then they were asked to distinguish what they could do, or how they could change the impacts of these experiences from within their lives (Atkinson, 1994). The process of the WE AL-LI workshops allowed the individuals to name and own attitudes and behaviours within their relationships that were abusive, by creating safe healing circles and environments where individuals were able to listen and share their stories together, breaking the cycle of denial which assists in the healing process (Atkinson, 1994). Atkinson's article shares quotes and comments from people who have participated in the workshops and have changed their behaviours and relationships for the better. The WE AL-LI workshops commenced in 1994 and have been successfully operating for the past 25 years in Australia.

A recent critical review by Le Grande et al. (2017) was designed to identify, document, and evaluate the use of social and emotional wellbeing measures within the Australian Aboriginal population. This study was conducted in recognition that mainstream or Western indicators of wellbeing were not relevant or were inadequate to use within an Aboriginal context (Le Grande M. et al., 2017). The le Grande et al. study is important and relevant to the research topic as it identifies the screening tools currently available in

Australia to measure social and emotional wellbeing, which includes mental health and trauma. Without the tools or instruments to identify trauma, it can be hard to treat this problem effectively. Le Grande et al. understands that Aboriginal Australian's approach to health is very different to non-Aboriginal Australians. The paper elucidates the fact that Aboriginal people define health as holistic, not just the physical wellbeing of an individual but rather the social, emotional and cultural wellbeing of the entire community in which the individual lives and belongs (Le Grande M. et al., 2017). The study involved conducting a literature review on social and emotional wellbeing (SEWB) instruments or tools used that were specific for Aboriginal Australians. The study reviewed 165 papers with 33 papers selected for relevancy and 22 instruments identified. The results of the Le Grande et al. study found that there were three major instruments found; (1) standard non-Aboriginal instruments, (2) standard instruments adapted for Aboriginal people and (3) instruments which were specifically developed for use by Aboriginal Australians (Le Grande M. et al., 2017). Based on the Le Grande et al. study, it is evident that Aboriginal Australians, when accessing support for SEWB/mental health, are not always being assessed using Aboriginal specific instruments. Quite often practitioners are not always working within a holistic framework which supports an Aboriginal context of health (Le Grande M. et al., 2017). Le Grande et al. claims that the lack of culturally appropriate instruments for measuring SEWB/mental health amongst Aboriginal Australians is why there is a persistent 'gap' of disadvantage and inequity between Aboriginal and non-Aboriginal Australians (Le Grande M. et al., 2017). It is important to note that Aboriginal Australians working in Aboriginal health spaces have Indigenous knowledge about healing trauma, and there are several successful healing interventions, being implemented in Aboriginal communities across the country helping Aboriginal community members. However, it would be helpful to see formal evaluation conducted on these programs, and have the findings published so these programs may be used more broadly and benefit more Aboriginal communities.

Community Level Healing Programs

The Healing Foundation has worked in collaboration with aboriginal Australians to completed extensive work developing guidelines for community-level programs for healing intergenerational trauma (Testro, Ryan, & Hillan, 2016). The Healing Foundation recommends following the 8 principles below as a guide when developing community-level programs (Testro et al., 2016) which builds on guidelines previously developed by the Healing foundation in 2014.

- 1) Trauma should be understood in the broader context of historical and continuing colonisation and the forced separation of children from their families.
- 2) Aboriginal and Torres Strait Islander peoples have the knowledge and skills to resource healing from trauma.
- 3) Healing involves reconnection to culture and traditions, including ceremony.
- 4) Healing provides a safe place for people to share their stories, gain and sustain hope, develop their sense of identity and belonging, be empowered and seek renewal.
- 5) Healing attends to the needs of both survivors and perpetrators.
- 6) Healing is an ongoing journey to restore and sustain physical, social, emotional and spiritual wellbeing.
- 7) Healing is most effective when designed, developed and delivered by Aboriginal and Torres Strait Islander people with and for their own communities.
- 8) Aboriginal and Torres Strait Islander peoples have shown great resilience over the generations, building on these strengths is critical.

Conclusion

Seeking interventions which are capable of healing intergenerational trauma are imperative for improving the health and wellbeing of Aboriginal Australians, families, and communities. The success of healing interventions is certainly influenced by the environment in which a person lives. Healing interventions are not likely to be successful if the person is living in an environment which is contributing to trauma. Therefore, interventions need to investigate and consider a person's environment as part of the healing program and have a whole of community approach. Long-term follow up of participants is essential to determine the effectiveness of the healing process. Especially as there is a level of personal responsibility and commitment required by the participant to continue their healing journey. Although well intentioned, quite often non-Aboriginal clinicians have limited understanding and awareness of Indigenous people's culture, and how history and past government policies have negatively impacted Indigenous peoples. The literature showed that there is not a 'one program fits all' but a number of tools, models, frameworks and interventions which can be applied throughout an individual's healing journey. There needs to be opportunities for the individual to understand their Indigenous heritage e.g. where they are from, how they connect, knowledge of their culture and traditional practices. Having this knowledge strengthens their cultural identity

and assists in the healing process. Indigenous people need to be employed in care facilities to work with Indigenous healers as an option for alternative therapy and integrating traditional practices with Western practices and the 'Two Eyed Seeing' is a good example. Indigenous people also benefit from being around other Indigenous people, listening and sharing stories, cultural knowledge, and practices.

Recommendations

There needs to be ongoing opportunities for individuals to continue their healing journey without an 'end date', long-term programs will allow individuals the extended support they may require on their healing journey. Screening and assessment tools used by clinicians to assess trauma, social and emotional well-being or mental health issues need to ensure that they are culturally appropriate. Clinicians need to ask additional questions relevant to the individual's cultural background, allowing both the clinician and individual to distinguish gaps in cultural identity and providing a starting point to deliver traditional healing modalities for treatment. The cultural components to screening and assessment tools should be developed in collaboration with Indigenous people to ensure they are culturally appropriate. There needs to be traditional Aboriginal healing modalities integrated into treatment plans as options for people with substance disorders, trauma, social and emotional well-being, or mental health issues.

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