Received: 19 April 2023 | Revised: 13 May 2024 | Accepted: 23 May 2024

DOI: 10.1002/ajcp.12759

EMPIRICAL REVIEW

Healing and wellbeing outcomes of services for Aboriginal people based on cultural therapeutic ways: A systematic scoping review

Sarah Wise[1] | **Amanda Jones**[2] | **Gabrielle Johnson**[2] | **Shantai Croisdale**[2] | **Caley Callope**[2] | **Catherine Chamberlain**[3]

[1]The University of Melbourne, School of Health Sciences, Carlton, Victoria, Australia

[2]The Victorian Aboriginal Child and Community Agency, Practice and Evidence Development and Outcomes and Practice, Preston, Victoria, Australia

[3]The University of Melbourne, School of Population and Global Health, Carlton, Victoria, Australia

Correspondence

Sarah Wise, The University of Melbourne, Level 6, Alan Gilbert Bldg, 161 Barry Street, Carlton, VIC 3053, Australia.
Email: sarah.wise@unimelb.edu.au

Abstract

Aboriginal Australians experience disproportionately high rates of mental health problems as the result of European colonisation, and Western evidence-based treatment has been strikingly ineffective in improving the situation. Cultural Therapeutic Ways is a culturally specific healing and wellbeing practice framework developed by the Victorian Aboriginal Child and Community Agency that focuses on culturally based practices, trauma awareness, and self-determination. Despite wide recognition of the importance of these elements in Indigenous healing and wellbeing programs, its measurable empirical impact is currently unclear. This paper summarises findings from a systematic scoping review to ascertain the published knowledge base for Cultural Therapeutic Ways and the gaps in knowledge that can inform future evaluation. Forty-two studies of programs that applied Cultural Therapeutic Ways with Indigenous participants from Australia, Canada, New Zealand, and the United States of America were identified from the literature search. Services based on Cultural Therapeutic Ways contributed to healing and wellbeing because they create safety, strengthen cultural connections, develop empowerment and provide opportunities to release emotion, and increase social and spiritual support. As the review set out to determine the published evidence base for Cultural Therapeutic Ways, other effective approaches may have been overlooked. To develop the evidence base for Cultural Therapeutic Ways, service design must clearly describe target groups, whether the program is delivered by Aboriginal people, the processes of Cultural Therapeutic Ways utilised in service delivery, and how they are blended with Western approaches. Research efforts could also productively be focused on identifying or constructing culturally appropriate outcome measures.

KEYWORDS

community mental health, culture-as-treatment, Indigenous

Highlights

- Western treatment does not lower high rates of mental health problems among Aboriginal Australians.
- Services that engage with culture, trauma, and self-determination can enable Indigenous healing.
- Culture, trauma, and self-determination can be applied in many ways and blended with Western therapy.

Superscript numbers in bracket in Result and Discussion section indicate Study ID in Supporting Information Material: S1.

- Culture, trauma, and self-determination may not be the definitive elements in Indigenous healing.
- To build the evidence-based service design must clearly describe all program elements.

BACKGROUND

The disruption to Australian Aboriginal[1] people's culture and self-determination as the result of European colonisation and ongoing stressors has led to a raft of mental health problems, including disproportionately high rates of psychological distress, harmful alcohol and other drug use, child abuse, violence, and suicide for Aboriginal compared to non-Aboriginal Australians (Milroy et al., 2014). While it appears that much is being done, epidemiological evidence indicates that decades of Australian government policy and conventional (Western) evidence-based treatment have been strikingly ineffective in improving the situation (Australian Bureau of Statistics [ABS], 2021; Dudgeon, Derry, et al., 2022; Zubrick et al., 2014).

The failure of mainstream mental health and other social care systems to critically engage divergent cultural practices and power inequities in their ways of knowing, knowledge, and practices has perpetuated the legacy of colonisation (Zubrick et al., 2014). Many Aboriginal people reject professional help, or do not adhere to treatment and follow-up, because mainstream services problematise and disempower Aboriginal people and communities, fail to reflect social and cultural phenomena that are identified as important and real for Aboriginal people or incorporate an understanding of the pervasive, transgenerational impact of colonisation upon Aboriginal peoples' individual, family and community social and emotional wellbeing and mental health, often compounding the trauma of already distressed lives (Luke et al., 2022).

Repositioning the place of culture and colonialism in service delivery is a relatively new policy approach to maintain engagement in treatment, ameliorate high levels of distress in Aboriginal communities and uphold the rights of Aboriginal Australians to self-determination (Dudgeon, Derry, et al., 2022; Milroy et al., 2014). It involves Aboriginal community control of programs and services at the community level that incorporate Aboriginal knowledge, resonates with Aboriginal people's lived experience, and affirms and re-establishes their Aboriginal identity. Self-determination is at the heart of Australia's new National Agreement on Closing the Gap developed between all Australian governments and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations (Joint Council on Closing the Gap, 2020).

Cultural Therapeutic Ways (CTW)

The Victorian Aboriginal Child and Community Agency (VACCA) is the lead Aboriginal child and family welfare agency in Victoria formed in 1976 to provide service delivery to Aboriginal children, young people, families, and communities. In 2017, within a context of increasing empowerment of Aboriginal Community Controlled Organisations (ACCOs), VACCA began to develop a culturally specific practice framework to enable healing and wellbeing for Aboriginal people who encounter its services. The framework, called CTW, focuses on cultural compatibility, trauma awareness, and self-determination in service delivery, and is based on Aboriginal theories, beliefs, and experiences about the underlying causes of psychological distress and related harms in Aboriginal communities and what is needed to bring about change.

Across the United States of America (USA), Canada, Australia and New Zealand, there is strong conceptual support, practice wisdom, as well as community and cultural testimony, for services that incorporate culture, trauma awareness and self-determination (e.g., Fiolet et al., 2022; Gone, 2007, 2013, 2022; Gone & Alcantara, 2007; Gone & Calf Looking, 2011; McKendrick et al., 2013). Recent scoping reviews have helped clarify the components of culture-based programs for Indigenous populations designed to enhance mental wellness (Venugopal et al., 2021), and social and emotional wellbeing (Gupta et al., 2020; MacLean et al., 2017), as well as prevent substance misuse (Snijder et al., 2019), and treat addictions (Rowan, Poole, Shea, et al., 2014). In some cases, these reviews examined the benefits of evaluated programs (MacLean et al., 2017; Rowan et al., 2014; Venugopal et al., 2021), suggesting that culture is an effective form of health promotion and healing. Yet, knowledge has not been synthesised on the form and effects of services that incorporate CTW principles and practices (individually and in combination) on aspects of healing and facilitating social-emotional wellbeing among Indigenous service users including treating and preventing wellbeing problems such as family violence and child abuse.

The purpose of this systematic scoping review is to explore evaluated healing and wellbeing interventions for recently colonised Indigenous peoples in Australia, New Zealand, Canada, and the United States based on CTW. Specifically, it aims to describe CTW aspects of

[1]The term "Aboriginal" is used to refer to people who identify as Aboriginal, Torres Strait Islander, or both Aboriginal and Torres Strait Islander. "Indigenous" is used when referring to Indigenous populations internationally. This is for ease of reading in this article only, and we respectfully acknowledge the diversity and autonomy of different communities.

programming and the sources and scope of evidence connecting these elements to improvements in healing and wellbeing. The three theoretical domains of CTW, and how related concepts and ideas are applied in practice, is articulated first. This is followed by the specific research question and the search method and results. To guide practice in this area, the discussion includes recommendations for future evaluation and theoretical development.

Theoretical domains of CTW

CTW is a framework for Aboriginal program development that builds on the strong cultural connections Aboriginal people have and strengthens cultural reclamation and empowerment. Although there is considerable overlap within the three domains, CTW enunciates a theory of change based on an understanding that cultural compatibility, trauma awareness, and self-determination are central to good outcomes in Aboriginal wellbeing care. These three theoretical domains reflect practice knowledge and lived experience expertise that has emerged from VACCA's service delivery over decades as well as what has become recognised as best practice principles in Aboriginal mental health and wellbeing (Brockman & Dudgeon, 2020; Commonwealth of Australia, 2017; Dudgeon, Derry, et al., 2022; Family Safety Victoria, 2020; Milroy et al., 2014). The drivers behind CTW are also consonant with a commitment of community psychology to critically reflect how culture and colonialism has been approached in the discipline and to develop a transformative community psychology that contributes to decolonisation and empowerment (Cruz & Sonn, 2015). Figure 1 below shows the connections between CTW domains, cultural reclamation and empowerment and healing and wellbeing.

Culture

Western psychologies implicate a biomedical view about health that is different to Indigenous constructions. Aboriginal concepts of health and wellbeing are holistic, integrating cultural, spiritual, physical, and emotional dimensions and emphasise wellness, harmony, and balance rather than clinical concepts of physical illness and symptom reduction (Dudgeon, Derry, et al., 2022; Milroy et al., 2014). Australian Aboriginal people also have a worldview that kinship systems, the organisational scaffolding for social roles and authority, and the bonding of people to one-another, play a critical role in wellbeing, as does their spiritual connection to Country (Parker & Milroy, 2014). Consequently, empirically supported treatments, and the norms of psychiatry and psychology in Western culture have frequently been experienced as alienating, assimilative, or otherwise harmful by Aboriginal community members (Dudgeon, Walker, Scrine, Shepherd, et al., 2014).

Culture in service delivery means engaging with the unique and valid worldview of Aboriginal people; reflecting the values and cultures of local Aboriginal communities by incorporating "cultural elements" so that approaches are locally meaningful or culturally compatible (Gone, 2009; Huriwai, 2002). Cultural compatibility ensures services meet the values and expectations of Aboriginal service users, and allows full expression of Aboriginal identity, which assists with

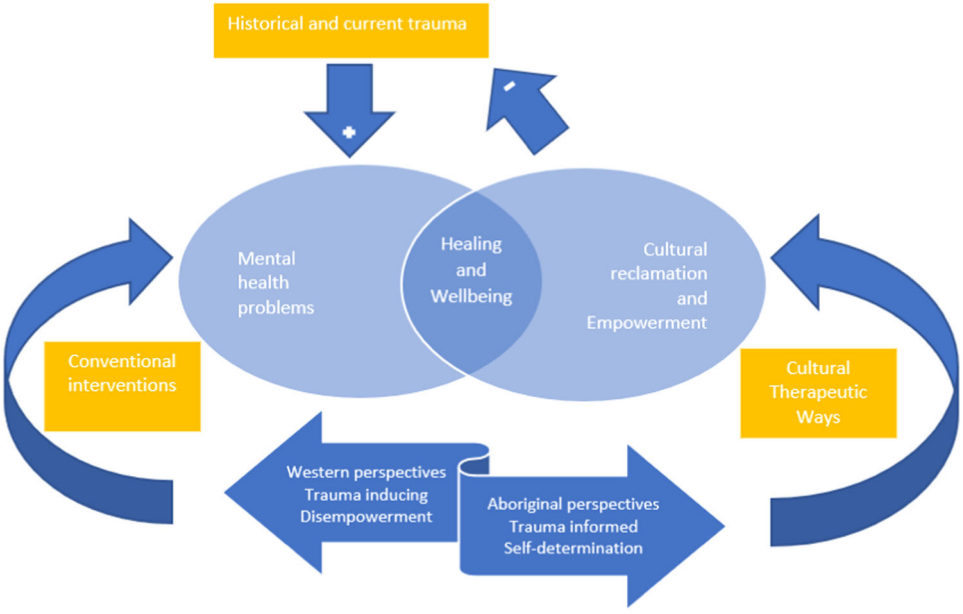

FIGURE 1 Cultural Therapeutic Ways theory of change.

comfort in service settings, rapport-building, engagement, and retention in treatment (Commonwealth of Australia, 2017).

Culture also revives valuable cultural elements of traditional Aboriginal societies that form cultural connection and cultural identity, or the "cultural determinants of health" that act as protective factors of wellbeing (Dudgeon et al., 2012; Dudgeon, Bray, et al., 2022; Dudgeon, Walker, Scrine, Cox, et al., 2014; Tsey et al., 2010). There is a consensus among researchers and practitioners that recovering and strengthening traditional values, customs, and practices provides a buffer to mitigate risks of poor mental health and is key to healing from the personal and social effects of colonisation, sometimes referred to as culture-as-treatment (Brady, 1995; Commonwealth of Australia, 2017; Department of Health and Human Services, 2017; Dudgeon et al., 2012; Dudgeon, Bray, et al., 2022; Dudgeon, Walker, Scrine, Cox, et al., 2014; Gee et al., 2014; Gone, 2013; Tsey et al., 2010). Several researchers have even made a link between a renewed or strengthened cultural identity and participation and reduction of family violence, alcohol and drugs, and nonrecidivism due to revitalisation of the spirit, shifts in or recovery of values and norms and reconnection with oneself, their history, family, community, and land (Shepherd et al., 2018).

Anchoring culture in practice can entail the integration of essential values developed by Australian Aboriginal people into programs and services, including a holistic sense of oneness (working on connections to the body, mind and emotions, and culture), interdependence, empathy, respect, collective ownership, extended kinship, reverence for land and Country and a responsibility for others. It can also involve the use of traditional and contemporary cultural skills, practices, socialisation processes, and ritual participation, such as oral cultural communication (yarning or "clinical yarning" as an approach to communication or delivering content by using the oral history of storytelling), Aboriginal childrearing, song, dance, Aboriginal art, making a possum skin cloak,[2] weaving and didgeridoo making, verbal narratives of creation stories, local Aboriginal cultural protocols such as acknowledgement of Country and Elders and formal ceremony.

Responding to the whole person, reinforcing Aboriginal family and community connections and systems of care, support, responsibility, and respecting the authority of Aboriginal Elders are concrete actions service providers can take to reflect core cultural values and achieve good mental health outcomes for Aboriginal people. Cultural activities such as traditional music, art, and dance, can be used to help people experiencing trauma connect with their bodies and calm the mind before attempting to process trauma. In the Koori[3] Court, for example, a possum-skin cloak created by Koori children from the region, features in the centre of the table often with fresh gum leaves, which is touched by family members to ease nerves and tension (Arabena et al., 2019).

Traditional customs and practices used for healing and spiritual renewal are also cultural elements. Researchers have found that traditional healing practices can be incorporated in services as the primary or treatment of choice or to support Western therapeutic processes (Asamoah et al., 2022; McKendrick et al., 2013). Australian Aboriginal healing practices include Yarning Circles, renewed contact with the land, "going to country" (Prehn, 2022) or "going bush" away from family and community, experiencing dadirri, smoking ceremonies, as well as traditional dispute resolution processes and ceremonies that "heal" conflicts and relationship problems (see Brady, 1995 for a fuller description of Australian Aboriginal healing practices).

Trauma

Colonisation of Australia has caused (and continues to cause) trauma for Aboriginal people, resulting in the transmission of emotional and psychological injury across generations, via parent–child attachment relationships, parenting, family functioning, and disconnection from extended family, culture, and society (Atkinson, 2002). Aboriginal people also experience ongoing stress in their everyday lives and layers of trauma through their own direct and secondary exposure to trauma, such as discrimination, racism, physical or sexual assault, traumatic removal, and within-community lateral violence. Aboriginal people experiencing complex trauma have often been misdiagnosed, and re-traumatised by inappropriate programs or service delivery and have become understandably mistrustful and fearful of contact with such services (Atkinson et al., 2014).

The depth and pervasiveness of trauma in the lives of Aboriginal people and the challenges of engaging with Aboriginal communities requires that people working with Aboriginal people be "trauma informed." There are many definitions of trauma-informed care and various models for incorporating it in service delivery, but services for Aboriginal people that are trauma-informed understand trauma and its impact on individuals, families and communal groups, create environments that are physically, emotionally, and spiritually safe, support relationship building with service providers, and support people to regain a sense of control over their daily lives and social and emotional wellbeing care

[2]Possum skin cloaks are one of the most sacred expressions of traditional south-eastern Aboriginal peoples.

[3]An Aboriginal person, especially one from Victoria and southern New South Wales.

(e.g., Atkinson, 2013; Castellano, 2006a, 2006b; Cubillo, 2021; Huang et al., 2014).

A trauma-informed approach to service delivery also brings attention to traumatic experience as a key therapeutic strategy, and in an Aboriginal service delivery context this means recognising, acknowledging, and responding to the historical determinants of health and wellbeing. The therapeutic benefits of exploring the long-term consequences of trauma across generations and understanding how the past impacts Aboriginal people's present lives by "sharing knowledge" through dialogue, story, and cultural and personal narratives, or using the healing process of "Aboriginal education" has been confirmed in research (e.g., Atkinson et al., 2014; Dudgeon, Derry, et al., 2022).

Self-determination

Powerlessness and chronic feelings of helplessness and hopelessness is one of the legacies associated with colonisation, and redressing powerlessness through social and individual self-determination is believed to be an appropriate and effective strategy for promoting healing and wellbeing among Aboriginal people (Tsey et al., 2009). At a community level, self-determination means that Aboriginal people are fully involved in any mental health activity aimed at them and have the training, decision making power, and resources to determine, drive, and own desired goals in the provision of mental health services for their community (Dudgeon, Rickwood, et al., 2014). Self-determination and community governance consistent with traditional cultural practices and values is a cornerstone of the Indigenous rights framework grounded in the idea that Indigenous peoples are entitled to control over their lives and destines (UN General Assembly, 2007), and there is strong evidence linking Aboriginal controlled health systems to a community's capacity to retain their cultural values, principles, practices, and traditions and improved outcomes for Indigenous communities (Behrendt et al., 2017).

Self-determination at a personal level means services support peoples' ability to make their own choices about how to undertake their healing journey, or the nature of support they receive, and to rebuild agency over their personal life. There is ample evidence that having a sense of competence and control over one's life is related to better health and life outcomes, and important research highlights the numerous positive flow-on effects arising from programs that seek to empower Aboriginal individuals, families, and communities to cultivate and restore a strong sense of self, identity, and control (Dudgeon et al., 2012; Tsey et al., 2010). Empowerment is critical for Aboriginal self-determination, and approaches that build empowerment include affirming cultural identity, focusing on inherent strengths, positive feedback, conveying warmth, empathy, respect, and value (Tsey et al., 2009) and teaching life skills to promote positive change (e.g., problem-solving, conflict resolution, communication, and goal setting) (Dudgeon, Bray, et al., 2022, Dudgeon, Derry, et al., 2022).

Specific question

The broad question examined in this scoping review was framed by VACCA practitioners to test VACCA's thinking and programming in an Aboriginal service delivery setting. The question is "How do services for recently colonised Indigenous people based on culture, trauma-informed care and self-determination impact healing and wellbeing?" To help inform practice, the review also aimed to identify how CTW domains have been translated in practice, the service context within which approaches are implemented, the target groups, as well as any implementation barriers and enablers. In exploring the breadth of knowledge related to the impact of CTW on health and wellbeing, the review also aimed to highlight types and sources of evidence and directions for future research.

METHODS

Eligibility criteria

We aimed to include all evaluated healing and wellbeing programs for Indigenous people based on tenets of CTW from countries that have a comparable history of colonisation and dispossession to Australia. Services that addressed wellbeing difficulties such as substance use, domestic/sexual violence, homelessness, and child abuse were included. There was no restriction on who managed the delivery of the program; that is, programs that were managed by mainstream and Indigenous organisations were in scope. To give weight to evidence about interventions generated by, or in partnership with, Indigenous communities and organisations that are informed by Indigenous epistemologies and data collection techniques based on Indigenous ways of sharing knowledge, such as storytelling, all forms of knowledge generation were considered.

Inclusion criteria were guided by the participant, intervention, comparator, outcome, and study design tool (PICOS) (Moher et al., 2009). Specifically, studies were eligible if (i) they included interventions where one or more domains of CTW had been used in service delivery, (ii) they included interventions aimed to increase healing from/or prevent a wellbeing problem (including mental ill-health, drug and alcohol misuse, family violence, child abuse, recidivism, and suicidality), or increase resilience (including confidence, self-worth, self-esteem) and a healing or wellbeing outcome was measured at a point which occurred after the intervention, (iii) they included interventions that were

developed for Indigenous participants from Australia, Canada, New Zealand, or the United States, (iv) the objectives and methods of evaluation and the findings were described (v) they were available full text in English, and (vi) they were published after 2000 (to ensure currency).

The study authors had to specifically mention that one or more tenets of CTW were applied in service delivery, or approaches that embed culture, reflect principles of trauma-informed care, or develop self-determination were clearly described. Systematic reviews and other meta-analyses were excluded to avoid duplication. Yet, primary articles were included if they matched the objectives and inclusion criteria for this scoping study. Services that focused on physical health outcomes (the physical health of a person as indicated by illness and disease) were excluded. Studies that did not meet the eligibility criteria were excluded from further consideration.

Information sources

We conducted an electronic database search of the following databases: Medline (Ovid), EMBASE (Ovid), PsycInfo (Ovid), ATSIhealth (Informit), Family-ATSIS (Informit), HealthInfoNet, CINAHL (EBSCO), IBSS (ProQuest), and OpenGrey. These databases were selected because they are the key citation sources in the area, covering both Australian and international literature and including high-quality abstracts. A preliminary exploration of resources (GoogleScholar/Medline [Ovid]) was undertaken to refine search terms/key concepts. A combination of the following terms were used: Aborigin* or Torres Strait Islander* or Maori* or American Indian* or Alask* Nativ* or Nativ* Alask* or Nativ* Hawaiian* or Hawaii* Nativ* or Nativ* Americ* or Americ* Nativ* or Americ* Samoa* or Samoa* Americ* or Eskimo* or Inuit* or Aleut* or Metis or First Nation or First Nations or Indigenous AND cultur* OR trauma* OR self-determination OR empowerment AND practice OR approach OR tool OR casework OR program OR service AND healing OR wellbeing OR well-being OR welfare NOT wound healing. We also scanned reference lists of included studies, systematic reviews and meta-analyses, and scoping reviews, and searched the grey literature through relevant clearinghouses or websites of relevant organisations in the four countries.[4]

[4]Australia: Australian Indigenous HealthInfoNet, The Lowitja Institute, Closing the Gap Clearinghouse, Australian Institute of Family Studies publications library, Analysis and Policy Observatory, Indigenous Legal Clearinghouse, the Healing Foundation (Australia), Secretariat of National Aboriginal and Islander Child Care, Canada: Canadian Child Welfare Research Portal, the Healing Foundation (Canada), The First Nations Child and Family Caring Society (Canada); New Zealand: Māori Health; USA: American Indian Health.

Search results

Using our database search protocol, 1165 citations were identified and imported into Covidence[5] for screening. A further 18 studies were identified from other sources. A total of 198 duplicates were removed, and 983 studies were screened based on abstract content. Of these, 850 were considered irrelevant and 133 full-text studies were assessed for eligibility. Forty-two[6] studies were included in the review (Figure 2). Author 1 conducted the review in consultation with all coauthors.

Key information was extracted from each study, including target group, service type, study aims and description, healing, and wellbeing objectives and measures, number of participants, evaluation findings and enablers, and barriers to effective implementation (see Supporting Information Material: S1).

RESULTS

What do interventions based on domains of CTW Look Like?

The studies included in the review include interventions from Australia (33.3%), New Zealand (7.1%), Canada (28.6%), and the United States (31.0%). Group-based programs were the most prominent service type[1,8,10,14,21,22,24,31,34,35,41,42]. Residential treatment[4,5,9,20,32], outdoor/on-country programs[26,27,41], workshops[6,12,23], camps[1,25], and multilevel interventions[29,36,37,39,40] were other service types, with many also incorporating group-based work or circles in their programming. Domains of CTW were also incorporated into a case management service[18], a home-based service[3], gathering places[17], an emergency department-based intervention[30], a youth centre[38], and a whole family healing service[40].

Interventions were for "survivors" of institutional child sexual abuse[1,35] and residential schools in Canada[9,24], young people at risk of suicide[22,25,27,29,30,38], young people and adults with (or at risk of) substance misuse problems[4,5,9,15,18,19,20,31,32,34,42] and mental illness[2,3,7,10,33]. Wellbeing/resilience interventions were targeted at whole communities and/or specific cohorts including men in prison, young people, Elders, and men[3,6,8,10,12,13,16,17,21,23,26,28,36,37,39,41,42].

Program components

Program components are based on descriptions provided in the studies, which were not always detailed or rich.

[5]Covidence is a web-based collaboration software platform that streamlines the production of systematic and other literature reviews.

[6]Most studies excluded in the full-text review were because a healing or wellbeing outcome was not measured at a point which occurred after the intervention.

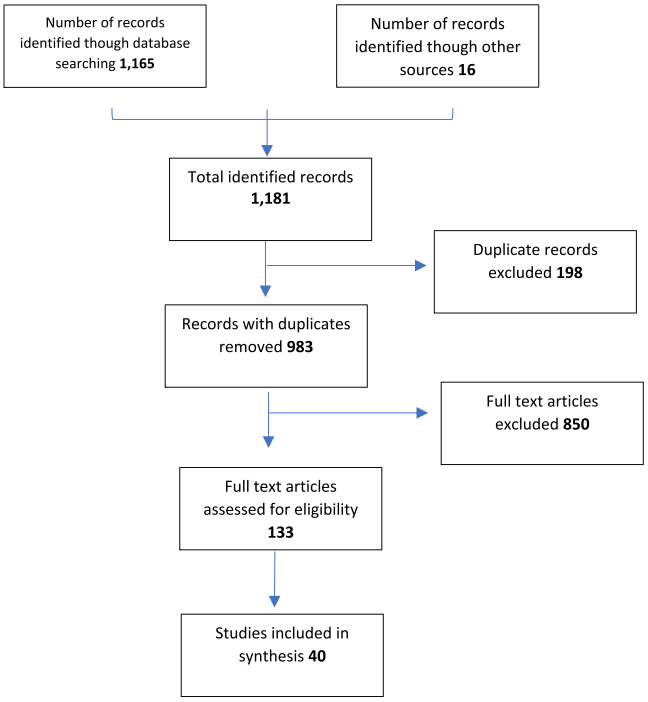

FIGURE 2 PRISMA flowchart of study selection.

Cultural elements were clearly apparent in all programs and included traditional activities and practices in natural settings or on-country (such as hunting), storytelling, ceremonies, celebrations, song and dance, arts, crafts, use of vernacular language, teaching about traditional values, beliefs, and worldviews,[7] as well as traditional healing practices and traditional healing practitioners. Canadian Aboriginal healing techniques included sweat ceremonies (a cultural practice performed in a heated, dome-shaped lodge that uses heat and steam to cleanse toxins from the mind, body, and spirit), smudging, the burning of sacred herbs in a small bowl to purify people and places, Elder teachings and Sharing Circles (a healing method in which all participants are viewed as equal and information, spirituality and emotionality are shared) (Marsh et al., 2015).

It has been noted that traditional Australian Aboriginal healing techniques have been less amenable to adaptation into treatment programs than communal healing techniques of North American Indians, partly because they are so intimately bound up with features of the landscape (Brady, 1995). Yet, circles were used in several programs in Australia, Canada, and the United States to facilitate group work, and counselling by Elders was commonly used across countries. Several programs were guided by a traditional or holistic view of health and healing, such as the Four Directions of the Medicine Wheel[4,5,26] and the Aboriginal Social and Emotional Wellbeing (SEWB) Framework[8].

In terms of self-determination, cultural programs and services are developed and delivered in partnership with community, and several studies included programs that specifically mentioned Indigenous control as a feature of service delivery[7,8,10,14,19,22,30,31,32]. The use of cultural elements also builds strong cultural identity, which is identified with becoming or being empowered. Five studies also included programs that were self-described "empowerment programs"[6,8,36,37,38]. Four of these empowerment programs were targeted at young people, and a further six programs for youth[5,10,14,17,26,41] captured related concepts of "self-esteem" or "resilience" as an outcome measure. One program targeting men in prison[12] also measured self-esteem as a program outcome. Strategies used in these programs to develop skills, mastery, and empowerment included traditional outdoor activities/experiential learning,[8] mentorship, education, inspirational stories, knowledge, and skill sharing from Elders, and circles. Similar approaches were used in several programs targeted at different cohorts that were not identified as empowerment-based programs. For example, New Hope in the United States used Elders to impart messages about the seriousness of suicide, its impact on the community, their concern for the adolescent, and traditional beliefs about resilience and communal importance of every individual's life[30]. Motivational therapy[32], problem solving[33,35], goal setting[33], and psychoeducation[10] were mainstream individual empowerment approaches used in programs to strengthen readiness for change and responsiveness to programs.

Although only one program was self-described as "trauma informed"[18], and personal and cultural safety was not measured as an outcome in any of the programs included in the review,[9] cultural activities and practices align with the principles of trauma-informed service delivery by establishing cultural safety and affirming cultural identities which have been forcibly suppressed. Being with other Indigenous people (Elders, workers, participants) is a specific mechanism of cultural safety in culturally compatible programs. Indigenous therapeutic approaches, such as the use of storytelling, and cultural activities and rituals, can also be considered trauma-informed because they are gentle processes that don't look or feel like "treatment." Talking Circles combine all domains of CTW, as participants are learning in the context of a culturally grounded approach within the safety of a group. Group processes also provide opportunities for connection and peer support and therefore build empowerment.

As discussed above, using culture in service delivery can also bring about healing, and several of the studies blended traditional practices designed to treat trauma

[7]For example, the seven Midewin teachings of the Anishnabe people[40].

[8]Including one program adapted from the Outward-Bound Process Model[26].

[9]Participants in one intervention talked about "safety" being a main motivation to program participation[12].

and Western therapeutic approaches. In these programs, traditional healing methods included traditional healing circles and healing ceremonies [2,4,7,9,28,35,40], teaching the relationship between the historical legacy of loss and current emotional distress, and shared stories of the impact of past policies and loss, survival, and resilience[1,4,41]. Western therapies included cognitive therapies[2,11,31,35,39], pharmacotherapy [20], and narrative and art therapy[39]. Cultural elements were also used to "adapt" mainstream models and approaches, such as the Alcoholics Anonymous 12-step process,[4] a brief program for suicidal American Indian adolescents[30], and a brief program for Aboriginal people with chronic mental illness in three remote island communities in the top end of Australia's Northern Territory[33].

Implementation issues

Only a small number of the included studies discussed enablers and barriers to effective implementation. Sustainability was a common challenge, relating to scarce resources and a lack of continuous funding[4,17,25,28]. Workforce challenges, particularly a lack of trained staff, as well as difficulty locating Elders with knowledge and skills, was another consistent theme across studies that reported implementation challenges[17,19,28.36].

Sources and scope of evidence

In keeping with the aim of developing a comprehensive overview of the evidence for CTW, all research approaches were included in the scoping review. Most studies included less than 50 participants[1,2,4,5,6,8,9,10,11,13,14,19,20,21,24,25,27,28,30,31,35,36,37,38,39,41,42], and more than half of the evaluations (61.9%) included qualitative data collection methods[1,2,4,5,6,9,11,12,13,15,17,19,20,21,24,25,27,28,32,35,36,37,38,39,41,42] such as participant interviews and yarning circles, either as a single method or as part of a mixed-method single point in time study to evaluate program outcomes. The remainder of the studies compared participants before and after an intervention to assess change[7,8,14,16,18,22,23,26,30,40] or compared participants to other groups who did not receive an intervention to determine differences between them[3,10,29,31,33,34]. This included one study that compared participants from a culturally grounded program with participants from a nonculturally based program for Indigenous people[34].

Can programs based on domains of CTW Enhance and sustain healing and wellbeing?

All the included studies concluded that participation in the program or service had a positive impact on some measure of healing and wellbeing, which ranged from reduction in suicides and attempted suicides, recidivism, violence, psychological distress, depressive symptoms, alcohol and drug use and increased self-esteem, confidence, pride, and caregiver capability. For those studies that included a before-and-after comparison, or an untreated comparison group, the differences were mostly significant. Participation in a ranger program[14] (Australia), was not associated with general health or psychological wellbeing (but was significantly associated with life satisfaction and family wellbeing). Intensity (frequency and quantity of services) in the Qungasvik program (USA) did not predict alcohol risk (but did predict protection from suicide)[29]. Six of the included studies with a before-and-after comparison followed participants after program completion. In five studies, positive impacts were sustained in the short-term[8,30,31,33,34]. For the Canadian Outdoor Adventure Leadership Experience program (OALE),[26] resilience scores returned to preprogram levels 1 year after the OALE. Several studies explicitly concluded that positive healing and wellbeing outcomes were attributable to the "cultural safety," "cultural connectedness," or "cultural affirmation"[1,3,10,11,12,13,15,20,24,35,39] participants experienced.

DISCUSSION

While conducting our search of the literature, we came across many citations that provided descriptions of healing and wellbeing programs for Indigenous people based on CTW, suggesting that the importance of cultural elements, trauma awareness and self-determination in Indigenous healing and wellbeing programs is already well recognised. Yet, there were relatively few citations that fell within the scope of this review.

Cultural elements linked to healing and wellbeing were applied in a wide variety of tribally specific ways, such as being "on Country," Elder engagement, cultural arts and crafts activities, family involvement, and talking circles, to achieve different goals and objectives for very specific people. Many of the included studies also harmonised cultural elements of practice with Western therapeutic processes and other practices to ensure a trauma-informed and empowering approach in service delivery. This makes it difficult to articulate what intervention components (or combination thereof) might be linked to defined areas of wellness for specific Indigenous populations and whether, and to what extent, integration of nontraditional therapies and approaches into services for Indigenous people amplifies the engagement and healing power of culture. Limited process evaluation also makes it difficult to ascertain the extent to which implementation challenges such as a lack of trained staff and Elders with knowledge and skills, impacted program outcomes.

Although it is not possible to delineate the precise form or components of programs based on CTW that benefit healing and wellbeing for Indigenous people, or their relative importance in observed changes on these

dimensions, there is sufficient evidence from the included studies to conclude that CTW elements performed common functions that benefit healing and wellbeing. First, CTW elements engendered safety and comfort and developed trust, contributing positively to help-seeking intentions, satisfaction with services as well as participation in, and effectiveness of, treatment[15,23,24,27,35,36]. Second, learning and practicing culture, particularly when "on Country," strengthened cultural pride, engagement in traditional cultural practices, and identification with culture (re-traditionalisation or enculturation),[10] which, among other CTW strategies, increased resilience and individual empowerment, as measured by resources developed within an individual such as "pride," "self-esteem," "confidence," "connectedness," "spirituality," "motivation," "hope," and "optimism"[4,6,12,14,17,20,24,25,26,31,36,39]. Third, specific cultural interventions such as talking circles and spending time with Elders benefited healing and wellbeing because they enabled emotional release, helped participants to express their feelings and tell their stories, brought attention to and critical awareness of the consequences of historical trauma, and increased social and spiritual support[1,3,4,11,12,17].

Although a rigorous method was used to comprehensively identify all the relevant literature, it is possible that this review may have missed some relevant studies due to database selection and the broad focus. Yet, by scanning the reference lists of included studies, systematic reviews, and meta-analyses, and scoping reviews, we saw the same citations repeat on a regular basis. Furthermore, although programs included a wide variety of cultural elements, we saw the same themes emerge in terms of their contribution to health and wellbeing, which led us to feel confident that the search had been saturated. Even though this scoping review provides knowledge about the importance of CTW in healing and wellbeing programming for Indigenous people, there is much that can be done to develop an evidence-informed body of knowledge about the impact of CTW components on treatment outcomes for community members. Future evaluations could aim to address questions about program design such as how CTW affects outcomes for people of various genders and people of different ages with different cultural needs and realities, the benefits of CTW in different types of services, such as mandated and statutory services including Indigenous child protection and family violence case management services, and which CTW components work and how and why they work (see also Rowan et al., 2014). In this regard, it will be important to clearly describe the target groups and those delivering programs (such as the inclusion of Indigenous practitioners and Elders), the processes of CTW utilised in service delivery, and if and how CTW is blended with mainstream processes and healing methods.

To enable comparability across programs, and further validate how CTW works, it is also important that future evaluations describe or assess outcomes associated with different CTWs functions, such as cultural safety and engagement, enculturation, cultural identity (including shifts/development of norms and values based on Indigenous principles), connection, resilience, and empowerment, as well as treatment outcomes such as changes in mental health, alcohol and drug use and suicidality.

Most evaluations included in this review gathered qualitative perspectives on outcomes, and relatively few used quantitative measures for interventions. Among these, only a handful of studies included Indigenous specific measures, such as the Aboriginal Resilience and Recovery Questionnaire[8], the Native American Enculturation Scale[10], the Western Australia Aboriginal Child Health Survey Family Functioning Scale[16], the Westerman Aboriginal Symptom Checklist[22], and the Cherokee Self-Reliance Questionnaire[34]. This reflects an apparent absence of culturally appropriate measures of CTW outcomes and meaningful measures of healing and wellbeing for Indigenous people in the literature. Where quantitative evidence is the aim of evaluation, such as pilot programs which are due to be significantly scaled up, or interventions for which there is scant evidence given the context, research efforts could productively be focused on identifying the best instruments to measure key outcomes or developing culturally based instruments to meaningfully measure outcomes arising from CTW for Indigenous people.

This scoping review aimed to examine the evidence for an established framework that was created largely from practice wisdom. It consolidated existing research and found that services for recently colonised Indigenous people based on culture, trauma-informed care, and self-determination contribute to healing and wellbeing. This finding is practically useful to VACCA and other agencies providing or in support of culture-based approaches to Indigenous healing and wellbeing. Yet, there remains the question as to whether there are other effectiveness elements for healing and wellbeing services for Indigenous people, or a better way of organising them conceptually. From this standpoint, CTW should not be regarded as definitive. The evidence base for CTW could also be productively expanded to clarify design questions such as which CTW components work, in which services and for whom, and how and why they work, including the potential of integrated approaches. In quantitative and mixed-method evaluations, this requires a focus on identifying and developing culturally appropriate instruments to measure outcomes that capture the benefits of CTW.

[10]The study of the Holding Up our Youth Curriculum and Navigating Life the S'Klallam Way curricula (USA) was an exception, as participation was not associated with higher levels of cultural identity or participation in cultural activities.

ACKNOWLEDGMENTS

Open access publishing facilitated by The University of Melbourne, as part of the Wiley - The University of

Melbourne agreement via the Council of Australian University Librarians.

ORCID

Sarah Wise http://orcid.org/0000-0003-2824-136X

REFERENCES

Joint Council on Closing the Gap. (2020). *National agreement on closing the gap*. Australian Government. https://www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf

Australian Bureau of Statistics (ABS). (2021, January 25). National Aboriginal and Torres Strait Islander Social Survey, 2018–19 financial year. https://www.abs.gov.au/statistics/people/

Asamoah, G. D., Khakpour, M., Carr, T., & Groot, G. (2022). Exploring indigenous traditional healing programs in Canada, Australia, and New Zealand: A scoping review. *EXPLORE. 19*(1), 14–25. https://doi.org/10.1016/j.explore.2022.06.004

Atkinson, J., Nelson, J., Brooks, R., Atkinson, C., & Ryan, K. (2014). Addressing individual and community transgenerational trauma. *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, *2*, 289–307.

Atkinson, J. (2013). *Trauma-informed services and trauma-specific care for Indigenous Australian children* (p. 2013). Australian Institute of Health and Welfare, Canberra, Australian Institute of Family Studies.

Atkinson, J. (2002). *Trauma trails, recreating songlines: The transgenerational effects of trauma in Indigenous Australia*. Spinifex Press.

Arabena, K., Bunston, W., Campbell, D., Eccles, K., Hume, D., & King, S. (2019). *Evaluation of Marram-Ngala Ganbu, prepared for the Children's Court of Victoria*. https://www.childrenscourt.vic.gov.au/sites/default/files/Evaluation%20of%20Marram-Ngala%20Ganbu%20November%202019%20%28web%20version%29_0.pdf

Behrendt, L., Jorgensen, M., & Vivian, A. (2017). *Self-determination: Background concepts. Scoping paper 1: Prepared for the Victorian Department of Health and Human Services*. University of Technology Sydney.

Brady, M. (1995). Culture in treatment, culture as treatment. A critical appraisal of developments in addictions programs for indigenous North Americans and Australians. *Social Science & Medicine (1982)*, *41*(11), 1487–1498.

Brockman, R., & Dudgeon, P. (2020). Indigenous clinical psychology in Australia: A decolonising social–emotional well-being approach. In P. Rhodes (Ed.), *Beyond the psychology industry: How else might we heal?* (pp. 83–93). Springer. https://doi.org/10.1007/978-3-030-33762-9_8

Brodsky, A. E., & Cattaneo, L. B. (2013). A transconceptual model of empowerment and resilience: Divergence, convergence and interactions in kindred community concepts. *American Journal of Community Psychology*, *52*, 333–346.

Castellano, M. B. (2006a). *Final report of the Aboriginal Healing Foundation volume I—A healing journey: reclaiming wellness*. Aboriginal Healing Foundation.

Castellano, M. B. (2006b). *A healing journey*. desLibris.

Commonwealth of Australia. (2017). *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing*. Department of the Prime Minister and Cabinet. https://www.niaa.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf

Cruz, M. R., & Sonn, C. C. (2015). (De)colonizing culture in community psychology: Reflections from critical social science. In R. D. Goodman & P. C. Gorski (Eds.), *Decolonizing "multicultural" counseling through social justice* (pp. 127–146). Springer Science + Business Media. https://doi.org/10.1007/978-1-4939-1283-4_10

Cubillo, C. (2021). Trauma-informed care: Culturally responsive practice working with Aboriginal and Torres Strait Islander communities. *In Psych*, *43*(3). https://psychology.org.au/for-members/publications/inpsych/2021/august-special-issue-3/trauma-informed-care

Department of Health and Human Services. (2017). *Balit Murrup: Aboriginal social and emotional wellbeing framework 2017–2027*. Department of Health and Human Services, Victoria State Government. https://www.health.vic.gov.au/publications/balit-murrupaboriginal-social-emotional-wellbeing-framework-2017-2027

Dudgeon, P., Bray, A., Blustein, S., Calma, T., McPhee, R., Ring, I., & Clarke, R. (2022). Connection to community. *Produced for the Indigenous Mental Health and Suicide Prevention Clearinghouse. Australian Institute of Health and Welfare, Australian Government. Cat. no. IMH 9*. AIHW.

Dudgeon, P., Derry, K. L., Mascall, C., & Ryder, A. (2022). Understanding Aboriginal models of selfhood: The National Empowerment Project's Cultural, Social, and emotional wellbeing program in Western Australia. *International Journal of Environmental Research and Public Health*, *19*(7), 4078.

Dudgeon, P., Rickwood, D., Garvey, D., & Gridley, H. (2014). A history of Indigenous psychology. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (2nd ed., pp. 39–54). Department of the Prime Minister and Cabinet. https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/wt-part-6-chapt-24-final.pdf

Dudgeon, P., Walker, R., Scrine, C., Cox, K., D'Anna, D., Dunkley, C., & Hams, K. (2014). Enhancing wellbeing, empowerment, healing and leadership. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (2nd ed., pp. 437–448). Department of the Prime Minister and Cabinet. https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/wt-part-6-chapt-24-final.pdf

Dudgeon, P., Walker, R., Scrine, C., Shepherd, C., Calma, T., & Ring, I. (2014). *Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people* (p. 2014). Australian Institute of Health and Welfare.

Dudgeon, P., Cox, K., D'Anna, D., Dunkley, C., Hams, K., Kelly, K., & Walker, R. (2012). *Hear Our Voices: community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia* (p. 124). Centre for Research Excellence, Aboriginal Health & Wellbeing, Telethon Institute for Child Health Research.

Family Safety Victoria. (2020). *The Nargneit Birrang framework: Aboriginal holistic healing framework for family violence*. Government of Victoria.

Fiolet, R., Woods, C., Moana, A. H., Reilly, R., Herrman, H., McLachlan, H., & Chamberlain, C. (2022). Community perspectives on delivering trauma-aware and culturally safe perinatal care for Aboriginal and Torres Strait Islander parents. *Women and Birth*, *36*(2), e254–e262.

Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Aboriginal and torres strait islander social and emotional wellbeing. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (2nd ed, pp. 55–60). Commonwealth of Australia.

Gone, J. P. (2007). "We never was happy living like a Whiteman": Mental health disparities and the postcolonial predicament in American Indian communities. *American Journal of Community Psychology*, *40*, 290–300.

Gone, J. P. (2009). A community-based treatment for Native American historical trauma: Prospects for evidence-based practice. *Journal of Consulting and Clinical Psychology*, *77*(4), 751–762.

Gone, J. P. (2012). Indigenous traditional knowledge and substance abuse treatment outcomes: The problem of efficacy evaluation. *The American Journal of Drug and Alcohol Abuse*, *38*(5), 493–497.

Gone, J. P. (2013). Redressing First Nations historical trauma: Theorizing mechanisms for indigenous culture as mental health treatment. *Transcultural Psychiatry*, *50*(5), 683–706.

Gone, J. P. (2022). Re-imagining mental health services for American Indian communities: Centering indigenous perspectives. *American Journal of Community Psychology*, *69*(3–4), 257–268.

Gone, J. P., & Alcántara, C. (2007). Identifying effective mental health interventions for American Indians and Alaska Natives: A review of the literature. *Cultural Diversity and Ethnic Minority Psychology*, *13*(4), 356–363.

Gone, J. P., & Calf Looking, P. E. (2011). American Indian culture as substance abuse treatment: Pursuing evidence for a local intervention. *Journal of Psychoactive Drugs*, *43*(4), 291–296.

Gupta, H., Tari-Keresztes, N., Stephens, D., Smith, J. A., Sultan, E., & Lloyd, S. (2020). A scoping review about social and emotional wellbeing programs and services targeting Aboriginal and Torres Strait Islander young people in Australia: Understanding the principles guiding promising practice. *BMC Public Health*, *20*(1), 1625.

Hartmann, W. E., Saint Arnault, D. M., & Gone, J. P. (2022). Conceptualizing culture in (global) mental health: Lessons from an urban American Indian behavioral health clinic. *Social Science & Medicine (1982)*, *301*, 114899.

Huang, L. N., Flatow, R., Biggs, T., Afayee, S., Smith, K., Clark, T., & Blake, M. (2014). *SAMHSA's concept of truama and guidance for a trauma-informed approach*.

Huriwai, T. (2002). Re-enculturation: Culturally congruent interventions for Mäori with alcohol-and drug-use-associated problems in New Zealand. *Substance Use & Misuse*, *37*(8–10), 1259–1268.

Luke, J., Verbunt, E., Zhang, A., Bamblett, M., Johnson, G., Salamone, C., Thomas, D., Eades, S., Gubhaju, L., Kelaher, M., & Jones, A. (2022). Questioning the ethics of evidence-based practice for Indigenous health and social settings in Australia. *BMJ Global Health*, *7*(6), e009167.

MacLean, S., Ritte, R., Thorpe, A., Ewen, S., & Arabena, K. (2017). Health and wellbeing outcomes of programs for Indigenous Australians that include strategies to enable the expression of cultural identities: A systematic review. *Australian Journal of Primary Health*, *23*(4), 309–318.

Marsh, T. N., Coholic, D., Cote-Meek, S., & Najavits, L. M. (2015). Blending Aboriginal and Western healing methods to treat intergenerational trauma with substance use disorder in Aboriginal peoples who live in Northeastern Ontario, Canada. *Harm Reduction Journal*, *12*(1), 14.

McKendrick, J., Brooks, R., Hudson, J., Thorpe, M., & Bennett, P. (2013). *Aboriginal and Torres Strait Islander healing programs: A literature review*. Healing Foundation. https://healingfoundation.org.au/app/uploads/2017/02/Aboriginal-and-Torres-Strait-Islander-Healing-Programs-A-Literature-Review.pdf

Milroy, H., Dudgeon, P., & Walker, R. (2014). Community life and development programs: Pathways to healing. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 419–435). Department of the Prime Minister and Cabinet. https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/wt-part-6-chapt-24-final.pdf

Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & PRISMA Group*. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *Annals of Internal Medicine*, *151*(4), 264–269.

Parker, R., & Milroy, H. (2014). Aboriginal and Torres Strait Islander mental health: An overview. *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, *2*, 25–38.

Prehn, J. (2022). The benefits of on-country activities for the health and wellbeing of Aboriginal men. *The Male*, *7*, 28–29.

Rowan, M., Poole, N., Shea, B., Gone, J. P., Mykota, D., Farag, M., Hopkins, C., Hall, L., Mushquash, C., & Dell, C. (2014). Cultural interventions to treat addictions in Indigenous populations: Findings from a scoping study. *Substance Abuse Treatment, Prevention, and Policy*, *9*(1), 34.

Snijder, M., Lees, B., Ward, J., Stearne, A. E., Newton, N. C., & Stapinski, L. (2019). Developing an ecological framework of factors associated with substance use and related harms among Aboriginal and Torres Strait Islander people: protocol for a systematic review. *BMJ Open*, *9*(5), e024418.

Shepherd, S. M., Delgado, R. H., Sherwood, J., & Paradies, Y. (2018). The impact of indigenous cultural identity and cultural engagement on violent offending. *BMC Public Health*, *18*(1), 50.

Tsey, K., Harvey, D., Gibson, T., & Pearson, L. (2009). The role of empowerment in setting a foundation for social and emotional wellbeing. *Australian e-Journal for the Advancement of Mental Health*, *8*(1), 6–15.

Tsey, K., Whiteside, M., Haswell-Elkins, M., Bainbridge, R., Cadet-James, Y., & Wilson, A. (2010). Empowerment and Indigenous Australian health: A synthesis of findings from Family Wellbeing formative research. *Health & Social Care in the Community*, *18*(2), 169–179.

UN General Assembly. (2007). United Nations Declaration on the Rights of Indigenous Peoples: Resolution/adopted by the General Assembly, 2 October 2007, A/RES/61/295.

Venugopal, J., Ninomiya, M. E. M., Green, N. T., Peach, L., Linklater, R., George, P., & Wells, S. (2021). A scoping review of evaluated Indigenous community-based mental wellness initiatives. *Rural and Remote Health*, *21*(1), 1–13.

Zubrick, S. R., Holland, C., Kelly, K., Calma, T., & Walker, R. (2014). The evolving policy context in mental health and wellbeing. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (2nd ed., pp. 69–89). Department of the Prime Minister and Cabinet. https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/wt-part-6-chapt-24-final.pdf

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Wise, S., Jones, A., Johnson, G., Croisdale, S., Callope, C., & Chamberlain, C. (2024). Healing and wellbeing outcomes of services for Aboriginal people based on cultural therapeutic ways: A systematic scoping review. *American Journal of Community Psychology*, *74*, 5–15. https://doi.org/10.1002/ajcp.12759