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## Where knowledge systems converge: collaborating to co-design decolonized psychology curricula in Australia

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### ABSTRACT

Barriers to decolonizing mental health training and dismantling institutionalized racism are multifaceted and involve institutional and individual factors. For example, non-Indigenous academics may lack the confidence and capability to develop and/or to teach decolonized curricula and may be reluctant to reflect on ways they may inadvertently perpetuate institutionalized racism. In 2021–2022, two Australian higher education institutions worked to decolonize two accredited Level 2 ('pre-professional') psychology programs. The process involved institutional reform of curriculum development procedures through co-design with Aboriginal knowledge holders. This process and the resultant curricula and assessment were co-designed by a panel of Aboriginal expert partners that included one clinical psychologist and academic, three graduate students, and an Honours student; as well as four non-Indigenous academics. We engaged in the co-design process from the perspective of 'two-way' learning, recognizing we were meeting at what Nakata refers to as a cultural interface, a complex space where knowledge systems were converging. We provide educators with a model to inform how they might approach efforts to decolonize curricula and examples of resources we introduced in the curricula. This model has cross-disciplinary applicability for undergraduate and graduate-level courses in mental health disciplines.



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Most conceptualizations of mental health have been established through a colonial lens that pathologizes many non-white perspectives and experiences. Professional training for mental health practitioners (e.g., psychologists, counselors) continues to privilege

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western perspectives and to uphold interlocking patriarchal, capitalistic systems that oppress all peoples (Liu, 2017; Wilcox, 2023). People who are Black, Indigenous, and/or Persons of Color (BIPOC)<sup>1</sup> are marginalized by the dominant culture and systematically excluded from the academy and from training in mental health. These same systems of oppression place members of these communities at increased risk of harm when accessing mental health services from ill-equipped professionals.

Indigenous peoples comprise approximately 6.2% of the global population (Dhir et al., 2019) and have been ‘objectified, marginalised, racialised, and otherwise oppressed through the dominant lens of psychology’ (Dudgeon & Walker, 2015, p. 276). Organizations, such as the Australian Psychological Society (2016) and the American Psychological Association (2021), have apologized for psychology’s complicity in perpetuating racism, discrimination, and systematic inequities through actions, such as inappropriate assessment approaches, therapeutic practices that devalue cultural wisdom, and harmful research practices. Organizational apologies are necessary but on their own are insufficient. Action is needed at multiple levels, including in educational spaces, where historical and contemporary wrongdoings must be named and a more structurally competent workforce cultivated.

Psychologists and other mental health professionals have a responsibility to work toward dismantling the institutionalized racism endemic in higher education institutions (Bodkin-Andrews & Carlson, 2016; Lincoln & Stanley, 2021) and to strive actively to decolonize mental health training (Dudgeon & Walker, 2015). This work demands reckoning with legacies of colonization, including racism, which continue to marginalize peoples, identities, and knowledges. Decolonization and anti-racism are inextricably linked. Decolonizing psychology must occur at personal (e.g., staff, students), institutional (e.g., admissions, accreditation), and curricular levels (Cullen et al., 2020). This necessitates ‘critiquing racist discourses founded on an ideology of individualism to reveal the role of power, oppression, and resistance in psychology as well as the pervasive impacts of “institutional racism” in society’, while not dismissing or oversimplifying intersectional identities (Dudgeon & Walker, 2015, p. 288). This process demands that non-Indigenous educators and practitioners build awareness of, and acknowledge, the ways they may be inadvertently perpetuating historical harms through their teaching and/or practice (Francis-Cracknell et al., 2023). However, non-Indigenous academics may be reluctant to reflect on ways they may be maintaining institutionalized racism (Bullen & Flavell, 2017; Francis-Cracknell et al., 2023; Wolfe et al., 2018), while also being fearful of misappropriating knowledges or experiences in ways that cause harm (Raciti et al., 2018). As a result, they may lack the capability and confidence to teach in this space.

Aboriginal and Torres Strait Islander peoples, the Indigenous Peoples of the lands now known as Australia, represent hundreds of groups with unique languages, histories, and cultures. Today, Aboriginal and/or Torres Strait Islander people comprise approximately 3.8% of the Australian population (Australian Bureau of Statistics, 2021), but only 311 (0.7%) registered psychologists identified as Aboriginal and/or Torres Strait Islander in 2023 (Australian Health Practitioner Regulation Agency and the National Boards, 2023). Aboriginal and/or Torres Strait Islander peoples<sup>2</sup> are estimated to experience anxiety and mood disorders at 1.6 and 3.3 times the national prevalence, respectively (Page et al., 2022), but the proportion who receive clinical mental health services that are Medicare or Department of Veterans Affairs-subsidized is only marginally higher than non-Indigenous Australians (12.0% vs 10.4%, respectively; Australian Government,

2025). These statistics reflect diagnoses and treatment within a Western, biomedical framework and are not necessarily consistent with Aboriginal conceptualizations of mental health, which are holistic and encompass Social and Emotional Wellbeing (SEWB). Gee and colleagues (2014) acknowledged diversity in the way SEWB, mental health, and mental health disorders are understood by Aboriginal and Torres Strait Islander communities. SEWB emphasizes interconnectedness with community, land, culture, and spirituality, contrasting with Western frameworks' primary focus on the individual. This disconnect can lead to culturally inappropriate care that fails to address sociocultural contexts central to Aboriginal wellbeing. Recognizing that cultural bias presents a risk to Aboriginal peoples who seek psychological services and that Aboriginal psychologists bring unique experiences and leadership (Clark & Hirvonen, 2022), the Australian Psychological Society established a goal of representational parity in the profession (Dudgeon et al., 2014).

Racism in higher education, which Aboriginal students continue to experience (Fredericks et al., 2023), is a barrier to increasing the number of Aboriginal psychologists. In a recent study, 85.8% of Aboriginal students reported exposure to racism at university, with the highest levels of racism coming from course content and curricula, and from fellow students (Gibbs et al., 2022). Even in institutions where Indigenizing work is being undertaken globally (e.g., Canada), Indigenous students, faculty/staff, and community members receive contradictory messages, wherein their cultures being valued at some moments and disrespected in others (Steinman & Kovats Sánchez, 2023). The ongoing effects of settler colonialism and white supremacy are also evident in the experiences of BIPOC people who seek health (e.g., Graham & Masters-Awatere, 2020) and mental health services internationally (e.g., DeBlaere et al., 2023; Hook et al., 2016) and who are confronted by explicit and implicit racism. Similar experiences have been reported among BIPOC students in higher education (e.g., Black women college students in the United States [US]; Patton et al., 2023) and among African American and Southeast Asian counselors in the US (Branco & Bayne, 2020), for example. Collectively, these studies highlight the urgent need to embed anti-racist (e.g., structural competence; Wilcox, 2023) and decolonial (e.g., Liberation Psychology; Martín-Baro, 1994) pedagogies in psychology globally and to acknowledge the harm that is done when practice is based solely on the dominant perspective and settler colonialism is not acknowledged and addressed (Bubar et al., 2022).

The weight of the work to decolonize curricula in mental health professions is often shouldered by the very people whose oppression these systems maintain. Aboriginal academics in Australia have described 'racialised power imbalances' that impose a colonial burden 'to be the consulted, collaborator, mentor, developer and deliverer' (Thunig & Jones, 2021, p. 8). In the US, this burden has also been described by BIPOC doctoral students who manage the often-invisible labor of supporting fellow students and of educating white academics on anti-racism (Ocampo & BlackDeer, 2022). Making the work of decolonizing mental health training the responsibility of academics and students who have historically been – and who continue to be – oppressed and marginalized by it, is among the ways colonial systems are sustained. It is incumbent on white academics to equip themselves to share the responsibility of decolonizing mental health training and to forge safer learning spaces that graduate professionals who are responsive to the lived realities of mental health service users from minoritized communities. In the

absence of this work, painful feelings and experiences of BIPOC academics, students, and clients may be silenced, invalidated, or even punished (Markin et al., 2023). Moreover, psychologists may matriculate into the workforce ill-equipped to explore clients' multiple marginalized identities *and* the overlapping systemic inequities (Adames et al., 2018; Moradi & Grzanka, 2017) that affect their wellbeing. White people who aspire to allyship have a responsibility to decolonize themselves (Krusz et al., 2020) and to use their privilege to remove obstacles that impede minoritized scholars' paths into higher education and up the rungs of the professional ladder (Holmes et al., 2022; Ohan et al., 2023). Power must be redistributed and self-determination prioritized (Dudgeon & Walker, 2015; United Nations, 2007). Western knowledge systems propagate colonizing worldviews (Akena, 2012) and must be challenged and disrupted, and learning spaces that celebrate Indigenous ways of knowing, being, and doing must be created.

In recent years, health-related disciplines have been at the forefront of efforts to decolonize curricula in Australia (e.g., Delbridge et al., 2022; Forsyth et al., 2022; Francis-Cracknell et al., 2019; Mills et al., 2018). Calls by eminent Aboriginal scholars and psychologists have emphasized the need to decolonize psychology (e.g., Dudgeon & Walker, 2015), and additional examples of how this work might unfold in practice are needed.

### Current project

Given the diverse experiences of colonization on Indigenous peoples globally, localized initiatives are needed to avoid 'homogeni[zing] experiences of oppression' (Al-Natour & Fredericks, 2016, p. 196). This article describes efforts that two Australian higher education institutions undertook in 2021–2022 to decolonize two accredited Level 2 ('pre-professional') psychology programs, with a focus on two semester-long classes (i.e., Counselling and Interventions, Psychological Assessment) that are delivered in online and on-campus modalities. The process involved institutional reform of curriculum development procedures through co-design with Aboriginal knowledge holders. The aim of this collaborative process was to work toward decolonizing the curricula in these classes and to introduce Aboriginal ways of knowing, being, and doing.

### Theoretical underpinning

We conceptualized our collaborative work as occurring at a *cultural interface*, which Professor Martin Nakata, a Torres Strait Islander academic, described as a contested and complicated space by where two knowledge systems were converging (Nakata, 2002, 2010). In this space, 'histories, politics, economies ... social practices and knowledge technologies' influence how we interpret and understand our world (Nakata, 2007, p. 9). Neither knowledge system is viewed as dominant at the cultural interface. Building students' capacity to consider multiple knowledge systems is critical if they are to work effectively with clients whose worldviews and lived experiences differ from their own. This work was also informed by principles of justice and self-determination (i.e., including political status and pursuance of economic, social and cultural development; United Nations, 2007) and by resources from the Australian Indigenous Psychology Education Project (<https://indigenoupsyched.org.au>).

## Co-design process

The curriculum development process and the resultant curricula were co-designed by a team of Aboriginal expert partners (ED, AG, JG, AC, JT) that included a clinical psychologist and academic, three graduate students, and an Honours student, as well as four non-Indigenous academics in psychology and counseling (JLM, CO, PTC, MT). All stakeholders engaged in the co-design process from the perspective of ‘two-way’ learning (reciprocal and respectful learning; Harris, 1990; Purdie et al., 2011), and it was explicit that Aboriginal and/or Torres Strait Islander ways of knowing, being, and doing were equally as valid as western approaches (Nakata, 2010).

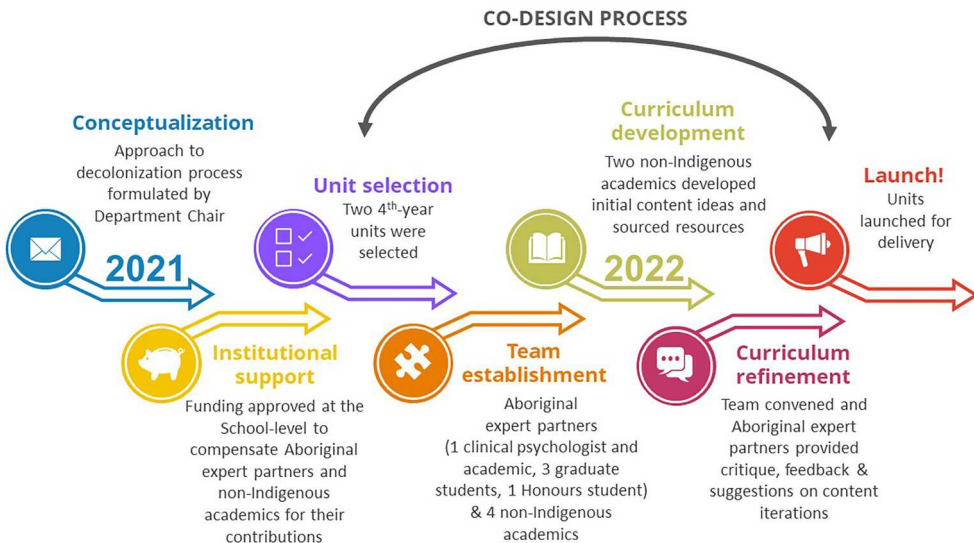
In her 1998 Wentworth Lecture, Dr. Raymattja Marika AM, a Yolngu woman from Arnhem Land who was a scholar, linguist, and advocate, used the metaphor of *Ganma* to describe learning practices at the Yirrkala school where she had negotiated successfully for community input into the teaching and learning environment and curriculum. *Ganma* is a Yolngu word that describes the area within mangroves where salt water and fresh water meet. Both water sources are preserved and respected, just as both knowledge systems must be preserved and respected in ‘two-way’ learning:

The salt water coming in from the sea meets the stream of fresh water coming down from the land. *Ganma* is a still lagoon. The water circulates silently underneath, and there are lines of foam circulating across the surface. The swelling and retreating of the tides and the wet season floods can be seen in the two bodies of the water. Water is often taken to represent knowledge in Yolngu philosophy. (Marika, 1999, p. 7)

The two-way learning process between non-Indigenous academics and expert Aboriginal partners was prioritized to reduce the burden on Aboriginal academics and students and to ensure that all stakeholders’ needs were met. Compensation was provided for the expert perspectives that contributors brought to the project, including students, who often shoulder a burden of anti-racism work that ought to be – but often is not – compensated (Ocampo & BlackDeer, 2022).

The process of curriculum development was iterative. First, two non-Indigenous academics (JLM, CO) reviewed in detail the content covered in each week and the associated assessment tasks. They identified points where Aboriginal knowledges and perspectives might be woven into the content and sought potential resources (e.g., readings, podcasts, videos) to support student learning. Learnings from participating in the Australian Indigenous Psychology Education Project (AIPEP) Community of Practice and the Victoria Aboriginal Health and Education Network were helpful in guiding the non-Indigenous academics’ efforts, as were trainings created by the Moondani Toombadool Centre at Swinburne University of Technology and the Koorie Heritage Trust. Having non-Indigenous academics comb through the curricula and propose initial ideas reduced the cultural load on the Aboriginal academics and students and encouraged the non-Indigenous team members to engage in reflection (individually and together) and to deepen their knowledge and cultural humility (i.e., process of lifelong learning, critical self-reflection, consideration of power imbalances, and accountability; Tervalon & Murray-Garcia, 1998).

Next, the topics were storyboarded into the 12-week semester structure. Aboriginal content to augment student learning was mapped across the weekly learning modules, rather than situated in a single week to emphasize the importance of Aboriginal



**Figure 1.** Curriculum development process Aboriginal expert partners and non-Indigenous academics used to co-design curricula.

perspectives to *all* topics covered in both units of study. The proposed content, resources, and activities were reviewed during live virtual co-design sessions by the panel of Aboriginal experts, who offered feedback that led to expansion, revision, or removal of proposed content (see Figure 1). Informal consultations between Aboriginal and non-Indigenous members of the team occurred between these sessions. Ultimate decision-making power for what was retained, revised, or removed was held by Aboriginal experts, which prioritized self-determination and reduced the cultural load borne by the Aboriginal academics and students. Once the content and structure were finalized, the content was built on the learning management system (i.e., Canvas) by non-Indigenous academics and learning designers from Swinburne Online. It was then presented again to the panel of experts for additional feedback and refinement.

### Curriculum modifications

It is important for students (and academics) to engage with Australia's colonial history, and psychology's place in it (Cullen et al., 2020). Thus, we co-designed curricula to build students' knowledge of the ways in which psychology as an academic discipline and a clinical practice has harmed (and continues to harm) BIPOC communities, in general, and Aboriginal peoples in colonized Australia, specifically. We provided resources and activities that aimed to increase their awareness of, and responsiveness to, mental health service users' experiences of racism (Bartholomew et al., 2023), that celebrated the strength and resilience of Aboriginal communities, and that acknowledged the contributions of Aboriginal psychologists. Because the curricula were to be delivered online and on-campus to students across Australia, we chose resources produced by Aboriginal and Torres Strait Islander people from various parts of the continent.

This co-design process resulted in modifications to weekly learning objectives, teaching modules (e.g., readings, videos, podcasts/interviews, conceptual activities, case examples, reflective activities; see examples in Supplemental Figures 1 and 2), and assessments. As examples, we included an interview of Dr. Tracy Westerman, a proud Nyamal woman and psychologist from the Pilbara region of Western Australia, who discussed microaggressions and culturally unsafe practices that confront Aboriginal peoples when they attempt to access mental health services (Qadar, 2020). We introduced students to the concept of *Dadirri*, a word belonging to the Ngangikurungkurr people of the Daly River area of the Northern Territory, that means to listen to one another the Aboriginal way. This was accompanied by a TEDx Talk by Emeritus Professor Judy Atkinson, a Jiman (central west Queensland) and Bundjalung (northern New South Wales) woman, that discussed the importance of this deep listening practice to healing intergenerational trauma (Atkinson, 2017). We familiarized students to assessment measures that were developed with and for Aboriginal peoples (e.g., Kimberley Indigenous Cognitive Assessment; Russell et al., 2021) and interrogated culturally biased assessment practices (e.g., use of genograms, which can be dismissive of dynamic kinship structures). See Supplemental Figure 3 for a diagram by the Gay'wu Group of Women that illustrates Gurrutu, Yolŋu Kinship (Burarrwanga et al., 2019). These resources were accompanied by reflective activities that encouraged students to contemplate historical and contemporary factors that influence the lived experiences of Aboriginal people and maintain culturally unsafe psychotherapeutic practices. We hope these modifications encourage trainees to begin to cultivate an attitude of cultural humility (Tervalon & Murray-Garcia, 1998) and to build capacity for reflexivity (Smith et al., 2022) and structural competence (Wilcox, 2023), such that they will be better prepared to work respectfully and safely with Aboriginal service users and those with other minoritized identities.

## Discussion

Acknowledging that racism persists in mental health training and seeking actively to 'decenter whiteness' (Smith & Tuck, 2016, p. 20) in the service of creating safer spaces for confronting racism and oppression in higher education is one step toward preventing mental health professionals from perpetuating historical harms in contemporary practice. This article provides educators with a model to inform how they might use a co-design process when striving to decolonize curricula. This model emphasizes principles of justice and self-determination, minimizes the burden of structural change on Aboriginal academics and students, and has applicability for undergraduate and graduate-level courses in various mental health disciplines and cultural contexts.

Our approach toward decolonizing curriculum, wherein we acknowledged our work was occurring at a cultural interface, a place where Indigenous and western knowledge systems were converging (Nakata, 2002, 2007, 2010) and 'two-way' learning was occurring (Harris, 1990; Purdie et al., 2011), shared similarities and differences with other efforts described in the literature. For instance, consistent with Gone's (2021) recommendation, we strived to honor the therapeutic expertise of Aboriginal people by sharing content created by Aboriginal people (e.g., TEDx Talk on deep listening by Emeritus

Professor Judy Atkinson); however, our model involves a less-embodied approach than decolonizing work described by Fellner (2018).

Sustained commitment to anti-racist practices that foster safer learning environments is necessary to unseat colonial systems, pedagogies, and deficit narratives that are entrenched in higher education. It is essential for mental health professionals to develop awareness of ways in which inequalities and ‘invisibilized’ processes of dominance and power can – and are – re-enacted in training, such as in psychology assessment and intervention. Teaching and research pedagogies that interrogate deficit-based narratives that advance colonial agendas are needed (see examples from Aotearoa New Zealand; McNamara & Naepi, 2018). It is also important to reckon with power structures within higher education that influence resourcing for such initiatives. Instrumental support (i.e., time allocation, compensation) for this work is often lacking and goes uncompensated (Ocampo & BlackDeer, 2022). Resourcing at the school- and departmental-levels were critical to our success. We also benefitted from established relationships with the on-campus center for Indigenous matters, ongoing engagement with the AIPEP Community of Practice, and an active Indigenous psychology committee within our psychology department.

As a team comprising Aboriginal and non-Indigenous academics, psychologists, and students, our collective efforts to decolonize curricula required us to step into a vulnerable space where discomfort is arguably integral to the work, and not to be shied away from (Hamm & Boucher, 2017; Krusz et al., 2020). While writing this paper, Aboriginal authors shared that through this way of working, they felt Aboriginal self-determination and justice were prioritized. Alongside cultural, familial, and personal responsibilities they were navigating at the time, some Aboriginal authors reflected that the cultural load of this work, though present, felt lighter and more manageable than it might have otherwise. They described feeling a safe, collaborative space was cultivated over the course of the project, wherein reciprocity was valued and their thoughts, feedback, and knowledge were considered deeply and respected. Non-Indigenous academics reflected on feelings of trepidation as each co-design session approached. Not unlike other non-Indigenous scholars (e.g., Schmidt, 2019), these authors grappled with tension between wanting to do this work well and worry about treading into a space where perhaps they did not belong. Dual relationships may also have influenced how the process unfolded. One of the non-Indigenous academics was course director for the program in which some of the Aboriginal students were enrolled, another was Department Chair; other non-Indigenous academics were teachers in the program. The Aboriginal academic was a research or clinical supervisor for some participating Aboriginal graduate students. These relationships may have created a sense of safety among the group, but it is also possible the hierarchical university context discouraged disagreement among the team, despite our efforts to share power and to privilege perspectives of the Aboriginal expert partners.

## Limitations

The redesigned classes have been delivered for two years. Through teaching the content, supporting students to complete the learning and reflective activities, and reviewing their assignments, it should come as no surprise that we have identified aspects of the curricula that will benefit from further revision. Most significantly, we have come to see we focused

on psychoeducation about the socio-political-cultural context within which the students receive training and minoritized communities access services. Although we endeavored to introduce strategies to avoid perpetuating historical harms, in future deliveries, we will provide explicit instruction in, and modeling of, the *processes* that we ourselves relied upon when undertaking this work: ‘two-way’ learning and cultural humility (Tervalon & Murray-Garcia, 1998). With these skills, graduates will be better equipped to understand, and to engage in, culturally responsive practice as a lifelong learning process that relies on self-evaluation and reflexivity. Finally, we have yet to explore students’ experience of the curricula, which would be a meaningful next step.

As for limitations, we acknowledge that although we strived to demonstrate respect for participants of the studies cited herein and to be sensitive to ways in which the findings (e.g., experiences of minoritized people in one cultural context) might or might not generalize to other contexts, using broad categorizations, such as BIPOC and Culturally and Linguistically Diverse (CALD), risks homogenizing diverse communities and minimizing their distinct histories, cultures, and experiences of oppression. The limitations of such terms are apparent in the peer-reviewed literature. For instance, studies that explore the experiences of BIPOC and CALD mental health service users, mental health professionals, and psychology trainees often do not describe how inclusion criteria were developed, nor how participants identify themselves (Renzaho, 2023). Moreover, reliance on labels may imply erroneously that findings from one study will generalize to different minoritized groups, when unique historical and contemporary challenges must be considered.

## Conclusion

Fellner (2018) described decolonizing as a ‘verb’ and asserted ‘it is an active, intentional, moment-to-moment process that involves critically undoing colonial ways of knowing, being, and doing’ (p. 284). We imagine a future where the work of decolonizing mental health training is shared genuinely by Indigenous scholars and non-Indigenous allies alike – where salt and fresh water meet and swirl in Ganma – and wherein shared commitment dismantles unjust power structures in higher education that disproportionately benefit non-Indigenous people.

We hope efforts to decolonize mental health training programs, including the one described herein, will contribute to greater success in recruiting and retaining Indigenous students in mental health disciplines; to richer diversity in the academy and among the mental health workforce; and, ultimately, to safer therapeutic spaces for BIPOC communities. As psychologists, academics, and psychology trainees, we collectively echo the words of Dudgeon et al. (2023) and affirm that we ‘must interrogate how social and political systems and ecologies interact with Indigenous experiences and expressions to strengthen or hinder wellbeing and commit to work in culturally safe and trauma-informed ways with Indigenous people’ (p. 260).

## Notes

1. Acronyms, such as BIPOC (United States of America, Canada, and United Kingdom) and CALD (Culturally and Linguistically Diverse; Australia and New Zealand), are used to describe oppressed groups collectively. Members of marginalized communities have some

shared experiences of oppression, however, acronyms invisibilize the common cause of these groups' oppressive experiences (i.e., white supremacy) and maintain white, western culture as the referent 'norm.' Throughout this paper, we generally use the terminology adopted by the scholars we cite. When discussing our own work, we specify the peoples about whom we are speaking and aim to offer contextual details, where needed. When we use the term 'Indigenous', we are referring to Indigenous communities globally, unless otherwise noted. We emphasize the role of white supremacy when referring to findings that *may* generalize.

2. We acknowledge the immense diversity among Aboriginal and Torres Strait Islander cultural groups across Australia. Hereafter, we use the term 'Aboriginal' when speaking of Aboriginal and Torres Strait Islander peoples (Gibbs et al., 2022).

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## Disclosure statement

No potential conflict of interest was reported by the author(s).

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