

# ‘Ask someone, what is their Dreaming?’: Exploring occupational performance coaching with service providers supporting Aboriginal and Torres Strait Islander families

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## Abstract

**Introduction:** Culturally responsive health services have been highlighted as a national priority in Australia. Yet, Aboriginal and/or Torres Strait Islander families still experience notable challenges accessing and engaging in culturally responsive health and community services across states and territories in Australia.

**Methods:** Aboriginal and/or Torres Strait Islander health service providers partnered with researchers to consider the alignment of occupational performance coaching (OPC) with current practice and its potential applicability when working with Aboriginal and/or Torres Strait Islander families. Yarning Circle methodologies were adopted to support data collection, with main themes analysed using a blend of evidence-based approaches from Indigenous and Western cultures, including Thought Ritual and reflexive thematic analysis.

**Consumer and Community Involvement:** Description and depiction of themes were co-developed by members of the research team, including researchers and service providers from Aboriginal and/or Torres Strait Islander and white cultural backgrounds from Australia and New Zealand.

**Findings:** Four key themes emerged from the Yarning Circles and were described and depicted iteratively until agreement was reached. The themes, which intersect around concepts of Dreaming, relationship-building, system disruption, and moving forward, describe how Aboriginal and/or Torres Strait Islander health service providers consider their ways of working in response to prompts around the three domains of OPC. The imagery of a river depicts the links between, and flow of, themes that emerged from the data, with synergy with OPC domains described.

**Conclusion:** OPC holds promise as an approach for family support, from the perspective of Aboriginal and/or Torres Strait Islander health service

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providers. Further work is needed to explore its feasibility and applicability from multiple perspectives, including family and community members across all regions of Australia.

### PLAIN LANGUAGE SUMMARY

Aboriginal and/or Torres Strait Islander families wanting or needing health services are best helped by those who respect their culture. This study looked at whether a support, known as Occupational Performance Coaching (OPC), might be a good fit for Aboriginal and/or Torres Strait Islander families and services. OPC has helped parents and caregivers from different backgrounds support their family members to do the things they want to do in life. Instead of giving advice, coaches and families work together to find what works best for them.

Health workers who support Aboriginal and/or Torres Strait Islander families joined researchers in group talks called Yarning Circles. Yarning means listening and sharing stories and knowledges. The Yarns helped health workers share how OPC fits with current or best ways of supporting families. Four main ideas that came out of the Yarns were the importance of Dreaming, building respectful relationships, working to change systems that do not meet needs, and moving forwards. A picture of the local river helped to show how these ideas fit together.

Health workers, many of whom are Indigenous, said that OPC matches their current ways of working, with both focussing on deep listening. But some terms used in OPC, like 'goals', need to be changed so they make more sense for Aboriginal and/or Torres Strait Islander families. This study had some limits. It only included health workers from one place, so more research is needed with other communities across Australia. Further, it is important to listen to families directly about their views on OPC.

### KEYWORDS

Aboriginal and Torres Strait Islander families, culturally responsive ways of working, Indigenous research methodologies, occupational performance coaching, occupational therapy, Yarning

## 1 | INTRODUCTION

Australia's Aboriginal and/or Torres Strait Islander peoples have the oldest continuing culture in the world (Study Australia, 2025), with its population growing by 25.2% (163,557 people) since 2016. Aboriginal and/or Torres Strait Islander concepts of health are conceived of as 'holistic, encompassing mental, physical, cultural and spiritual health and land is central to wellbeing' (Salmon et al., 2018, p. 1). Despite this, its population has experienced ongoing health inequities as a result of colonisation and oppressive systems that continue to re-inscribe racism (Reid et al., 2019), with elevated risk of chronic health conditions and lower life expectancy compared with Australia's non-Indigenous population (Australian

### Key Points for Occupational Therapy

- Occupational performance coaching (OPC) appears to align with health workers' ways of working as they support Indigenous families, particularly in relationship building and family empowerment.
- Adaptations in the language of OPC are important, such as replacing 'goals' with more culturally meaningful terms.
- Further research across diverse regions and the viewpoint of Indigenous families is needed to better support the broader use of OPC.

Bureau of Statistics, 2021; Gardiner, 2021). There are ongoing and widespread disparities in health status and access to health care for Aboriginal and/or Torres Strait Islander peoples (Wise et al., 2024), despite repeated calls for action to address the multiplicity of issues that contribute to these disparities (Joint Council on Closing the Gap, 2020). Supporting and strengthening the cultural responsiveness of health services is one action that can improve the relevance, and subsequent uptake, of health services among Australian Aboriginal and/or Torres Strait Islander families (Joint Council on Closing the Gap, 2020).

Changes to health services should be informed by research that evolves from partnerships between Aboriginal and/or Torres Strait Islander communities, health workers, researchers, and other key stakeholders (Meechan et al., 2024; Wise et al., 2024). This involves the facilitation of responsive health-care relationships with Aboriginal and/or Torres Strait Islander peoples which can, in turn, support their direct participation in the development of health service guidelines and culturally responsive interventions (Wilson et al., 2020). Such actions may address existing power imbalances that have been a long-existing barrier to health service access and efficacy for Aboriginal and/or Torres Strait Islander Peoples. Investigations into the cultural responsiveness of approaches, before implementation, support the rights of Aboriginal and/or Torres Strait Islander Peoples and ensure language, knowledge, practices, and customs are appropriately considered in relation to service design and delivery (Meechan et al., 2024; Wise et al., 2024).

Indigenous research paradigms and approaches are considered critical when undertaking research with Aboriginal and/or Torres Strait Islander individuals and communities (Atkinson et al., 2021; Pidgeon & Riley, 2021). An Indigenous Research Paradigm supports 'Aboriginal relational ways of knowing, being and doing, as opposed to colonial methods' (Atkinson et al., 2021, p. 195). The fundamental difference between Western and Indigenous Research Paradigms is that knowledge is considered relational in an Indigenous paradigm, namely that knowledge is shared rather than individually owned (Pidgeon & Riley, 2021; Wilson et al., 2020). Using Yarning, for example, as part of an Indigenous Paradigm, involves building ideas together and coming to an agreement on the knowledge (Atkinson et al., 2021; Kennedy et al., 2022). Whereas coaching has been investigated as a broad approach to consider for health service providers working with Aboriginal and/or Torres Strait Islander peoples (Brown et al., 2021; Quinn et al., 2017), existing coaching approaches have not yet been preliminarily discussed, by adopting Yarning Circle methodologies, with Aboriginal and/or Torres Strait Islander health

service providers or families. The initial consideration of the appropriateness of a health service approach, from the perspective of Aboriginal and/or Torres Strait Islander community members, is of critical importance according to key documents guiding culturally responsive health service delivery in Australia (Indigenous Allied Health Australia, 2019; Muller et al., 2024).

Occupational Performance Coaching (OPC) is an evidence-based approach (Graham et al., 2020) that has the potential for uptake by those working with Aboriginal and/or Torres Strait Islander families; however, this approach requires consideration within an Indigenous Research Paradigm. OPC has been implemented and evaluated with parents and primary care providers in numerous contexts, with positive findings described in relation to goal attainment, parental sense of competence, and behavioural change (Bernie et al., 2023; Chilman et al., 2024; Graham, Kessler, et al., 2024). OPC aligns with self-determination theory (Ryan & Deci, 2000), occupational participation, and adult learning theories, and can be flexibly implemented by various health professionals (Graham et al., 2020). Considerable attention is drawn towards addressing power imbalances and on relationship development between the client and the coach that positions autonomy over reflection and decision making with the client rather than the coach (Graham, Williman, et al., 2024). Through therapeutic alliance building and providing clients, including parents, with more active control over their wellbeing and that of their family, we can strengthen community capacity, which in turn benefits society and the health-care system.

OPC has three domains that are essential components for fidelity to the approach: Connect; Structure; and Share (Graham et al., 2020). In the *Connect* domain, empathy, mindful listening, and building partnership each provide a solid grounding for high-trust relationships and collaborative, solution-focussed strategy development. In the *Structure* domain, envisaging of preferred futures is undertaken within activity and participation-focussed goal setting. These envisioned changes drive collaborative performance analysis, specified actions, and discussions of generalisation that are led by the client, with the support of the therapist. In the third *Share* domain, information is exchanged in a way that supports client autonomy, sense of competence, and client-led problem solving, and continues to maintain a sense of partnership as the client takes action and reflects upon strategies implemented to achieve desired goals. OPC holds promise as a culturally responsive approach for uptake by Aboriginal and/or Torres Strait Islander health service providers. This is due to its relational focus and an emphasis on listening, while supporting clients to take



time to consider responses and actions. These mechanisms support autonomy and decision making to sit with clients in their contexts, not health service providers, in line with existing best practice and cultural capability frameworks (Aboriginal and/or Torres Strait Islander Cultural Capability Team, 2014; Indigenous Allied Health Australia, 2019; Muller et al., 2024). Whereas Graham's seminal work is now being extended to investigate its use with Māori caregivers (Graham, Kessler, et al., 2024), OPC has yet to be explored using culturally appropriate methodologies for use with Aboriginal and/or Torres Strait Islander children, caregivers, families, or service providers.

This study aimed to explore the applicability and acceptability of OPC from the perspective of community health service providers at an Aboriginal and/or Torres Strait Islander Health Service. The objectives of this study were to

1. Consider the alignment between OPC domains and current ways of working with children, families, and communities, from the perspective of health-care providers at an Aboriginal and/or Torres Strait Islander Health Service; and
2. Explore service providers' ways of working and factors that may influence the implementation of OPC with Aboriginal and/or Torres Strait Islander children, families, and communities.

## 2 | METHODS

### 2.1 | Development of study design

This study sought to adopt Indigenous methodologies to draw on the knowledge of service providers at the community-based health service for Aboriginal and/or Torres Strait Islander families. Yarning Circle methodologies were explored, with consideration given to different Yarning approaches, as relevant to the research questions and participant group (Atkinson et al., 2021; Kennedy et al., 2022). Yarning involves a purposeful sharing of stories (Kennedy et al., 2022), allowing for a flexible and collaborative interchange of ideas between researchers and participants (Atkinson et al., 2021).

The specific Yarning Circle approaches adopted for this project were developed utilising a co-design approach (Slattery et al., 2020) inclusive of service providers from an Aboriginal Community Controlled Organisation (CCO) and health service based on Gubbi Gubbi Country in South East Queensland, Australia, and researchers from Australian and New Zealand universities. University and health service-based authors

contributed to all stages of the study design, including ethics application, data gathering, analysis methods, and the compilation and editing of this manuscript. Data analysis methods, including reflexive thematic analysis (Braun & Clarke, 2021) and Thought Ritual (Yunkaporta & Moodie, 2019), were included in the design and implementation stages of the study.

### 2.2 | Ethics approval

Ethical approval was obtained from the University of the Sunshine Coast (UniSC) Human Ethics Committee (ethics no: A242054), with locality approval from the participating health service. As a condition of the study, and in line with the Participant Information Sheet, quotes are not linked with demographic details and neither codes nor pseudonyms are adopted for the study.

### 2.3 | Recruitment and participants

A local community stakeholder, REFOCUS, and an Aboriginal Practice Manager who supports Aboriginal and/or Torres Strait Islander families within a community-based service, expressed an interest in being involved in research regarding the potential use of coaching with caregivers of children accessing their services. The Yarning Circles were attended by three to four members of the research team, including S. D., who supported cultural brokerage and safety for the Yarning Circle participants and participants from the Aboriginal and/or Torres Strait Islander health service working with Indigenous families. Forty-seven staff were eligible to participate, meeting the criteria of being over 18, currently employed with the service, and recently working with families of children or adolescents under 16. Exclusion criteria included insufficient English proficiency to provide informed consent. A plain language summary of the study was provided, and inclusion criteria were reviewed before each Yarning Circle. Recruitment occurred via approved flyers and internal emails to service employees, with an aim of approximately 4–15 participants. There were 12 health service providers who participated across the three Yarning Circles.

### 2.4 | Study methodology

In line with additional methodology recommendations from Atkinson et al. (2021), reflexivity statements and a description of the topics and Yarning Circle approaches adopted are further described.

## 2.5 | Positionality and reflexivity statement

The research team included a diverse mix of cultures and backgrounds. S. D. is a Gamilaroi woman and practice manager at REFOCUS, bringing rich knowledge about the organisation, its employees, and the communities it supports. Further, she was integral in providing a connection to others from the service and modelling ways of knowing and being that were culturally appropriate and expected while the team worked together in this space. This mentorship and guidance, and specifically the connection she had to her own staff, combined to lay foundations that encouraged staff to trust the external members of the research team and be open to engaging in the Yarns. This strong connection created an environment where staff felt confident in sharing their stories in great depth. The other five members of the project team are researchers based at universities in Australia ( $n = 4$ ) or New Zealand ( $n = 1$ ) and are non-Indigenous. All five are female, White, and middle-class occupational therapists, with extensive experience in both clinical practice and research.

## 2.6 | Yarning types and topics

This project used a flexible and sequential combination of Yarning types within the context of Yarning Circles. First, *Social Yarning* was used to develop trust and build relationships, allowing participants and researchers to share relevant social information about themselves (Bessarab & Ng'andu, 2010). *Social Yarning* was combined with *Family Yarning* to identify personal relationships and connections (Atkinson et al., 2021). *Cross-cultural Yarning* facilitated discussions about personal and cultural backgrounds to promote intercultural understanding (Coff & Lampert, 2019), including an understanding of adopted methodologies.

*Research Topic Yarning* was used to gather information on the research topic, specifically current approaches to interventions and OPC. Service staff shared current practices when working with parents, caregivers, and/or kinship carers supported by prompts around OPC domains (see Appendix A). OPC knowledge was shared in relation to and its use with Māori and Pasifika caregivers. There was an opportunity for service staff to share their thoughts on OPC and its potential application with Aboriginal and/or Torres Strait Islander families, including any necessary adaptations.

Finally, *Collaborative Yarning* was used by researchers and participants to interpret data and stories discussed, identifying new understandings about the research topic and information shared (Bessarab & Ng'andu, 2010) using

visual participatory mapping (Robinson et al., 2016). The key interconnected aspects of the Yarning methodologies were voice, experience, knowledge, and relationships. Combining these aspects contributed to the cultural safety and authenticity of the data (Atkinson et al., 2021).

## 2.7 | Data collection

Data collection occurred across three Yarning Circles in May 2024, facilitated by L. C., F. G., and L. B., and conducted in the health workplace familiar to participants. Some procedures occurred at the beginning and end of each Yarn. Participants received the project summary, consent form, and demographic data survey, with completed forms collected at the end. However, there were other considerations of setting: Participants would be in an environment where they were more familiar than the other external members of the Yarning Circles. Throughout the Yarns, the Aboriginal research team member (S. D.) was always present, which reassured participants that they were always in the company of someone they knew well, with the number of staff members from the service always exceeding the number of non-Indigenous researchers. There were logistical considerations which included varying times of the Yarning Circles to allow different team members to be available, and all participants were welcome at each Yarning session. To help create an environment where no one held power over the proceedings, it was important that all participants sat around a table in a circular formation to symbolise equality of all members. During the social Yarning phase, food was included to reduce the feeling of 'officialdom', and steps were taken to ensure no one member of the non-Indigenous research team 'ran' the Yarn. Both the workers from the service and the external researchers led the conversation, and as the trust between participants grew, there were stretches of time where Yarn members conversed between themselves—without all comments being 'made sense of' or summarised through the lens of one of the non-Indigenous researchers. Preliminary summaries from previous sessions were shared at the beginning of subsequent Yarning Circles. A visual summary of key themes was presented towards the end of the third Yarning Circle, with opportunities provided for all participants to comment and add to the image from their perspective.

## 2.8 | Data analysis

The study focussed on qualitative analysis of data collected from the Yarning Circle discussions, emphasising understanding over sample size. Audio recordings from

the Yarns were transcribed using an online tool, Otter.ai. Codes were generated independently by two authors (L. B. and L. C.), using NVIVO software (version 14). Data analysis was carried out by blending commonly implemented thematic analysis techniques with Indigenous analytical methods. An adapted Thought Ritual methodological approach (Yunkaporta & Moodie, 2019) was undertaken to draw out and discuss themes during Yarning Circles and following their conclusion. A summation of draft themes was developed using inductive thematic analysis (Braun & Clarke, 2021) to support further Thought Ritual (Yunkaporta & Moodie, 2019) steps to take place inclusive of an exploration of the way themes connect and interact, via a visual modality (computer-generated painting) and adopting metaphorical expression (imagery). Following the first three principles of the Thought Ritual approach, this image was co-developed, co-created, and modified through explorations of connection, diversity, and interactions between research team members, data themes, and subthemes. Themes and subthemes, as well as imagery and metaphor, were further developed by an Aboriginal research team member reflecting on meaning, wording, and depiction of main messages from the data.

Once preliminary consensus on themes and subthemes was reached, all themes, imagery, and connectivity between themes, quotes, and OPC tenets were provided to research participants and members of the research team not involved in the initial analysis for further exploration and agreement.

### 3 | FINDINGS

Twelve participants took part in three Yarning Circles and discussed their insights relating to the use of a coaching approach (OPC) in the context of health service provision. Two of these participants attended more than one of the Yarning Circles. Participants worked 4 days a week, primarily with Aboriginal and/or Torres Strait Islander families. The demographic details for the study sample are summarised in Table 1.

Several key themes were identified during Topic Yarning within each of the Yarning Circles. These themes and their connection and interaction are depicted in Figure 1.

The themes were ‘The Land of Dreaming’, ‘Creating that Relationship’, ‘Navigating Challenges and Disrupting the Systems for Change’, and ‘Movement: Healing and Moving Forward’. These themes, and their relationship to OPC core tenets, as understood by participants and researchers present at the Yarning Circles, are presented as distinct, non-hierarchical groupings.

**TABLE 1** Demographic and work details for participants (n = 12).

Variable	n	%	Mean (%) (SD)	Range (%)
Percentage of caseload working with Aboriginal and/or Torres Strait families with children.	12	100	73% (20.1)	30–100
Age	12	100	36.8 (8.6)	28–55
Ethnicity				
Indigenous <sup>a</sup>	8	67		
Non-Indigenous	4	33		

<sup>a</sup>Indigenous = Aboriginal and/or Torres Strait Islander.

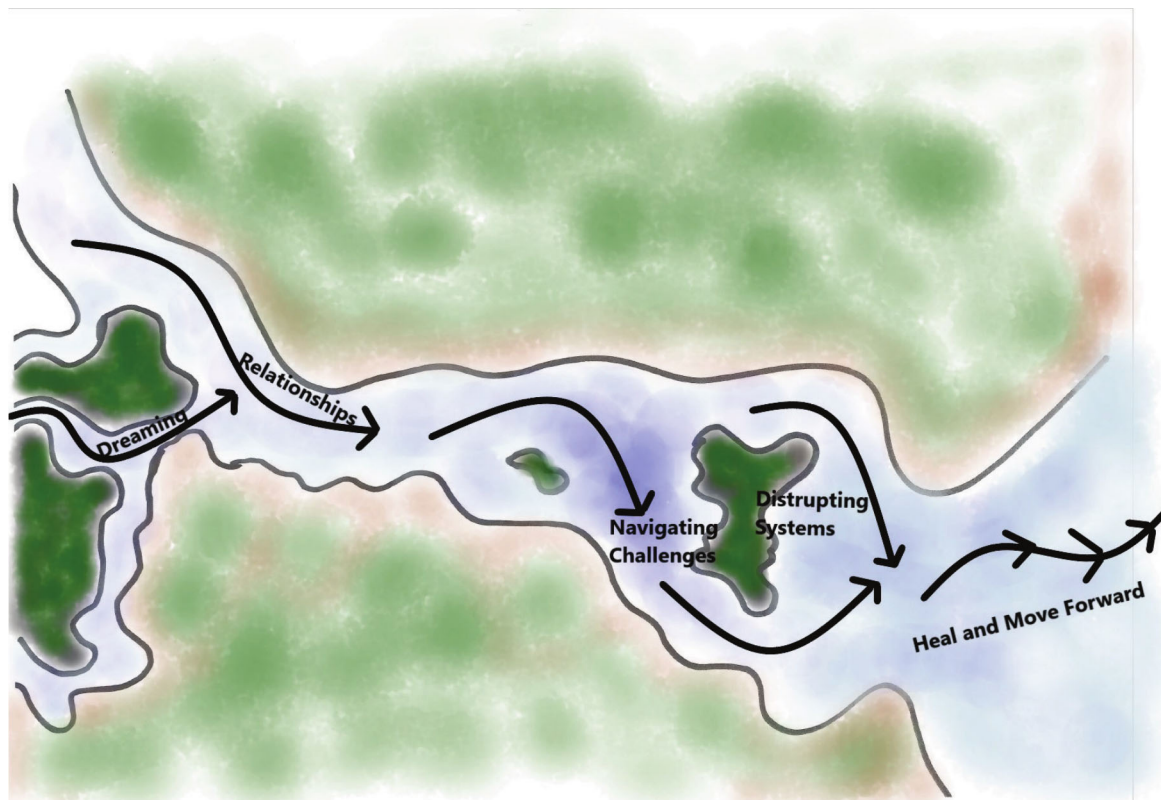
#### 3.1 | ‘The Land of Dreaming’

When prompted to consider concepts around the Connect and Structure domains of OPC, particularly around envisaging a preferred way of being or doing in the future, participants described the congruence with the concept of ‘Dreaming’ for Aboriginal and/or Torres Strait Islander individuals. As one participant from the health service identified:

You know the Dreaming? For First Nations Mobs, we have desires that we want for our families and that journey pathway to get to the land of Dreaming is really important ... so if you ask someone what is their Dreaming, they’ll tell you exactly what it is.

Participants from the health service suggested that, for Aboriginal and/or Torres Strait Islander Peoples, engaging families in health services can be supported by acknowledging their own desires. Connecting Aboriginal and/or Torres Strait Islander Peoples to their dreaming was highlighted, with thoughts shared around the need to help them observe their own strengths and recognise the notion that they have their answers within themselves. Another participant stated:

Families are the experts of their own lives. They actually know what they need, but they don’t know how to get out of the hole of poverty and despair ... so how do you get out of a pit if you don’t have a ladder. Every step in that ladder is a step forward towards their Dreaming.



**FIGURE 1** Themes and river imagery presented here are based on a topographic map of the eastern section of the Maroochy River, Gubbi Gubbi Country.

Participants from the health service also suggested that goal setting and use of the word ‘goal’, as described in the Structure domain of OPC, was at odds with language used by Aboriginal and/or Torres Strait Islander Peoples accessing their services. One participant explained:

Some people don’t even really understand the term goal in that context ... it comes back to language, some people just can’t relate to the word goal. So, if you frame it differently, you probably get more of an honest answer.

In clarification of the finality of goals as opposed to ongoing Dreaming, another participant added:

The word goal ... once you get there, then that’s it. So, goals, I think there is a better word for it ... goals never finish, they just keep going ... For families it’s a progression of life and living and moving to the next level. I don’t know what those words are, but goal is kind of final ... I reckon, as a collective, we could come up with something.

### 3.2 | ‘Creating that Relationship’

A second theme that emerged from the Yarning Circles in response to prompts around the Connect and Share domains of OPC was the importance of building relationships with Aboriginal and/or Torres Strait Islander people over time. One participant from the health service described this as ‘When I first started that connection, that walking through town, sitting with the community too, that has been what put me in this position now to have these great relationships’. Relationship and rapport with Aboriginal and/or Torres Strait Islander Persons is intentionally developed by service providers over time. Participants described the need to ensure a level of comfort when working with people and the community, because such actions can result in individuals ‘opening up’, that is, going deeper with what they are willing to share. As reported by one participant, this is consciously managed through listening and conveying interest and investment through body language. ‘Because when someone’s talking ... they may get very deep, sharing some things with me and unloading ... I’m very like, 100% invested. I’m thinking that. And my body language says that.’

Participants described the importance of both listening and cueing into others, as well as outward communication inclusive of word choice and body language. These are perceived as being inherent or foundational to connection and relationships. One participant from the health service described this as: ‘You know, there is that connection there. So sometimes, you know, it can be really subtle. But it’s also me open to being able to like pick up on cues as well.’ Another health service participant stated: ‘Someone hears my words, that resonates with them forever and so I have to really get my words across.’

### 3.3 | ‘Navigating Challenges and Disrupting the Systems for Change’

An additional theme, centred around system disruption, emerged from comments made by health service providers in response to the description of OPC’s structure domain. In essence, participants described the need to work against systems that are not built to support best outcomes for Aboriginal and/or Torres Strait Islander peoples, and families. As one participant stated:

... we slow systems down when they are moving too fast, we call it that systems disrupter, we slow that ship down, ... we stall it, we say let’s just breathe, let’s work out a better way ... and so we allow people to have space ... we know how it works well in community and we stick to our model.

Participants from the health service reflected on their perceived role in changing systems for a better fit to address the short- and long-term support needs of Aboriginal and/or Torres Strait Islander Persons. One participant from the health service shared the following in relation to how challenges are managed and systems are disrupted for change:

You know, I often think about a river and, you know, how a river starts over thousands of years; it just starts off as a little pool and then it gets stronger and stronger and the way that water can actually move mountains.

### 3.4 | Movement: Healing and Moving Forward

The final theme emerging from the comments made by health service participants in response to the introduction of Share and Structure domains was the idea of being on

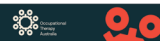
a journey with the service user. Participants spoke about what their hopes were for the families as they engaged with their health service. As one participant noted while reviewing the visual representation of the Yarning Circle themes (an earlier version of the image presented in Figure 1), he remained hopeful that the workers at the service would support healing and that clients could move forward. Another participant from the health service stated, ‘It’s about being fluid too, like you can’t get stuck on things ... Solutions-focused is what we called it, and focus on continuing the flow of movement and finding ways through.’

Participants from the health service discussed the prioritisation of meeting people ‘where they were at’. One participant noted that this is when service users had the best outcomes. Participants elaborated about when they had experienced the flow that comes from being present and genuine when supporting people. Participants from the health service further noted that, once you had trust and some understanding with the person or families that were supported by the service, healing and moving on can occur. ‘Because part of the healing process is going through the steps ... its kind of like, it’ll present again in the future, and I want to leave someone knowing that they won’t need me again.’

In summation of data themes, the image of a river (Figure 1) was formulated, discussed, and revised through the iterative Thought Ritual process, in collaboration with authors who were study participants from the health service and from Aboriginal and/or Torres Strait Islander backgrounds. The themes matched various points of the flow of the river, which in turn were supported by analyses of various dialogues from perspectives of the research team members. This river (metaphorical imagery) also summarises the interconnection between the themes.

## 4 | DISCUSSION

This study aimed to explore the applicability and acceptability of Occupational Performance Coaching (OPC) from the perspective of community health service providers at an Aboriginal and/or Torres Strait Islander Health Service. Integrated data collection and analysis methods, building upon established Indigenous and non-Indigenous methodologies, were adopted in this study, in line with respectful cross-cultural research approaches (Kennedy et al., 2022; Pidgeon & Riley, 2021). This is the first study to explore the potential of OPC as a support approach for Aboriginal and/or Torres Strait Islander families, incorporating Indigenous methods that are unique to the Australian context (Atkinson et al., 2021; Pidgeon & Riley, 2021).



Each of the domains established in OPC (i.e., Connection, Structure, and Share) was discussed with the health service participants in the Yarning Circles. The themes of 'The Land of Dreaming' and 'Creating that Relationship' aligned with the Connection domain, with notable congruence with Indigenous ways of working, according to the study's health service participants, and a regionally applicable service guideline (Aboriginal and/or Torres Strait Islander Cultural Capability Team, 2014). Listening, empathising, and partnering were each evident as being integral to relationship building and connection within Indigenous ways of knowing and approaching health provider and client interactions. This was reflected in comments made by participants highlighting the importance of asking about, and hearing about, others' Dreaming, understanding their points of view, sitting with clients, and hearing their stories before implementing other supports, that is, listening with genuine empathy and non-judgement at length before, if at all, offering any health expertise. There is demonstrated alignment in OPC and data points from Yarning Circles relating to the conscious emphasis on building connection and its facilitation of inclusive of strategies around tuning in to and communicating effectively with service users. Data from the Yarning Circles suggest that no further adaptations would be needed in relation to the Connection domain of OPC to support the approach to be implemented in a culturally responsive manner. The comments made supporting the theme of 'Creating that Relationship' map directly to the Connect domain's tenets of listening, empathising, and partnering. This finding is unsurprising, given OPC's Connect domain encourages coaches to attune to each client's needs through mindful listening, sharing of empathy, and creation of a partnership. This includes the recognition of a client's personal needs that, when stated by themselves, may differ from the coach's perceptions of need, acknowledging potential differences that may exist due to cultural, societal, environmental, or personal considerations.

The concept of Dreaming also aligns with an explicit component of the Structure domain of OPC where clients are encouraged to consider activity and participation aspirations. There is described value from the participants' perspective in supporting clients to connect to their preferred future through Dreaming. A critical difference between goal setting in the Structure domain of OPC and envisaging through Dreaming according to study participants from the health service, however, is terminology use around the word goal and its interpretation. Whereas commonplace in OPC, participants clearly described challenges around such terminology for Aboriginal and/or Torres Strait Islander peoples. The

development of finite goals, as suggested within the Structure domain of OPC, does not demonstrate synergy with the described Aboriginal and/or Torres Strait Islander ways of knowing, doing, or becoming. The language of goals was not in keeping with ways of working with Aboriginal and/or Torres Strait Islander families, considered to be at odds with culturally responsive drivers for change. Adaptations to this feature of OPC would need to be considered, perhaps with language around Dreaming, as opposed to goals, considered more appropriate from the perspective of health service participants in this study.

Other features of the Structure domain (e.g., 'act, evaluate, generalise') were not so overtly reflected as key ideas supported in relation to Aboriginal and/or Torres Strait Islander ways of working, although 'Navigating challenges and disrupting systems for change' could be considered a way in which health service providers see themselves as supporters of change for individuals, families, and systems, collectively. This theme acknowledges that possible areas of change go beyond that of just the individual themselves. Coaching in OPC supports an exploration of contextual bridges and barriers, not just personal ones, in addition to potential task or activity-related changes that may support the individual to move towards their preferred vision. System disruption and supporting change to occur, in recognition of, and partnership with, individuals and their unique desires for the future, are inherent characteristics for OPC and the health service participants described ways of working with Aboriginal and/or Torres Strait Islander service users. Further exploration of other ways in which the 'Structure' domain could be adapted to more closely align with Aboriginal and/or Torres Strait Islander Peoples' ways of progressing towards their Dreaming is warranted from study findings.

The Share domain in OPC demonstrated alignment to ways of working from the viewpoints of health service participants and the themes elicited. In particular, the themes of 'Creating that Relationship' and 'Movement: Healing and Moving Forward' mapped to the tenets adopted in OPC's Structure and Share domains, particularly about maintaining high trust relationships without power imbalances that allow for forward movement and a shared exploration of what might work for families and communities.

Interconnectedness between and across themes, in keeping with the concept and metaphorical imagery of a river, is a key finding from analysed data yielded in the Yarning Circles. This finding was supported by the adoption of an Indigenous research method, known as Thought Ritual. In contrast with Western methods, this form of data analysis allows for an in-depth consideration



of data themes and linkages, through cyclical, iterative processes and imagery refinement, in collaboration with health service participants. Such methods allowed for a deeper understanding of the way in which themes intersected and supported understanding of alignment with OPC domains and tenets. This exploration, in combination with the Western-based reflexive thematic analysis adopted, allowed preliminary conclusions to be drawn around broad applicability and acceptability of OPC in working with Aboriginal and/or Torres Strait Islander families. Whereas themes broadly aligned with OPC domains of Connect, Structure and Share, indicating potential acceptability and applicability, language refinement around goal terminology is critical to explore before broader application of OPC with Aboriginal and/or Torres Strait Islander families can be further considered.

Whereas this study has provided unique insights into OPC's applicability and acceptability in relation to the provision of services to Aboriginal and/or Torres Strait Islander peoples, from the perspective of health service providers from various backgrounds, some limitations are noted. All study participants were from one region in Australia, and one large, multisite health service. Caution is required before findings could be generalised to other Aboriginal and/or Torres Strait Islander families in different regions or countries across Australia. Studies with different health services and providers across Australia, as well as consideration from the perspectives of families and communities, are suggested in future studies to support generalisation of findings. Authors also acknowledge the challenges that present with researchers from multiple backgrounds engaging in combined methods from both Indigenous and non-Indigenous contexts. Whereas efforts were made to uphold the authenticity of these methods, blending of such methods requires careful reflection in relation to positionality, interpretation and implementation. This is in keeping with current guidance on methodological approaches in research, when collaborating cross-culturally on research projects with a focus on health service provision for Aboriginal and/or Torres Strait Islander community members (Atkinson et al., 2021; Kennedy et al., 2022; Wise et al., 2024).

## 5 | CONCLUSION

Occupational Performance Coaching holds promise as a culturally responsive approach, from the perspective of Aboriginal and/or Torres Strait Islander health service providers in a regional area of Queensland. Consideration of the adaptation of language around personal goals is warranted, as is further exploration of the ways in which Aboriginal and/or Torres Strait Islander families can be

supported to act and reflect on strategies discussed in coaching sessions. Further investigations around both potential and actual delivery of OPC, with direct input from the perspective of Aboriginal and/or Torres Strait Islander families, are warranted based on findings from this preliminary study, as is exploration of health service provider perspectives from other regions across Australia. It is hoped that such research around the potential of OPC with Aboriginal and/or Torres Strait Islander families can support health service providers, including occupational therapists, to more seriously consider the cultural responsiveness of this support before its implementation. Such approaches can enable therapists to have confidence in the delivery of evidence-based and culturally responsive supports in their practice. These steps are essential to support ongoing activities and policy development aimed at closing the gap and increasing the uptake of health services among Aboriginal and/or Torres Strait Islander families.

## AUTHOR CONTRIBUTIONS

All authors contributed to the writing and interpretation and are accountable for and have approved the final published work. In addition, Laine B. Chilman: Project administration, methodology, investigation, funding acquisition, conceptualisation. Laura Burritt: Investigation and funding acquisition. Sharnna Duncan: Methodology and investigation. Pamela J. Meredith: Funding acquisition. Fiona Graham: Investigation.

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## CONFLICT OF INTEREST STATEMENT

The authors have no conflict of interest to declare.


## DATA AVAILABILITY STATEMENT


Research data are not shared.

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## APPENDIX A: OVERVIEW OF YARNING CIRCLE PROMPTS

### 1. Social/family Yarning:

Share relevant social information about themselves and their families

### 2. Cross-cultural Yarning:

Discuss each other’s personal and cultural backgrounds to facilitate intercultural understanding e.g., FG describing her cultural experiences in New Zealand

And researchers sharing Western research methodologies (e.g., data collection, analysis, confidentiality)

3. Research Topic Yarning: Today we wanted to Yarn about how you work with caregivers—What defines these parameters will first be discussed.

### General discussion prompts:

- Can you describe ways you encourage parents to try something new? Or how do you share knowledges with parents?
- How do parents you work with ask questions or seek support?
- How do you work alongside families to support them?
- What does goal setting with families look like for you in your work?
- How do you understand if a parent is willing to change?
- How do you seek an understanding from parents about what is going well and what isn’t going well? What do you ask and how do you ask it?
- How do you seek an understanding of the caregiver’s understanding or knowledge of something? For example, how do you know if a caregiver has understood the information the doctor might give them? How do you check they understand? What questions might you ask?
- How important is it that the whole family is involved? How is this encouraged?

OPC: We also wanted to yarn about OPC (introduce)

- Does OPC sound similar to approaches you currently use when working with your families? Seek details.
- How is OPC different to the approaches you currently use when working with your families? Seek details.
- What would you want to learn more about to be able to use this approach with families? What isn’t clear? Which bits are clear?

### 4. Collaborative Yarning

At the end of the Yarn some of the main thoughts/ideas about OPC will be revisited to check understanding, using words and mapping.