Youth Rising: Spirit, Song, and Resistance

African-Centered Cultural Practices, Activism, and Holistic Healing in Youth-Focused Social Work

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Acknowledgements

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Module Description (Instructor Overview)

a. This course prepares social work students to work with children and adolescents across youth-serving systems. Emphasis is placed on developmentally appropriate, culturally responsive, and justice-oriented approaches to care that promote identity, resilience, and autonomy.
b. This module invites students to engage African-centered approaches to youth wellness through cultural expression, spiritual knowledge, activism, and joy. Drawing from Zulu and broader African worldviews, the module highlights traditional practices such as music, rites of passage, and ancestral connection as culturally embedded protective factors.
c. Students will explore how spirituality and neurodivergence can be interpreted through non-Western frameworks and learn to build ethical collaborations between biomedical and traditional care systems. Emphasis is placed on affirming youth leadership and resisting carceral or surveillance-based roles in social work practice.

Learning Objectives:

By the end of this module, students will be able to:

d. Identify and support youth activism and cultural expression as protective factors in mental health.
e. Apply culturally rooted modalities in youth programming, education, and clinical work.
f. Examine the intersections between spirituality, neurodivergence, and mental health in non-pathologizing ways.
g. Understand their role as social workers in upholding or challenging oppressive systems, especially regarding youth surveillance.
h. Explore ethical and effective collaboration between biomedical systems and traditional knowledge practitioners.

Core Resources and Rationale

Resource	Rationale
Thabede, D. (2008). *African worldview as the basis of practice in the helping professions.*	Dorismith Thabede's seminal article articulates the foundational elements of African ontology, including holistic health, communal interconnectedness, and the integration of spiritual and affective knowledge in social work practice (Thabede, 2008). It challenges Western individualism and reductionism by presenting a worldview in which ancestors and community are central to healing. This resource anchors Session 1's exploration of paradigm contrasts, enabling students to identify the limitations of biomedical models and appreciate Afrocentric ethics.
Bent-Goodley, T., Fairfax, C. N., & Carlton-LaNey, I. (2017). *The significance of African-centered social work for social work practice.*	This article offers a concise overview of Afrocentricity as both theory and praxis in social work, emphasizing African values, history, and epistemologies (Bent-Goodley et al., 2017). It situates African-centered approaches alongside Eurocentric models, advocating for the inclusion of indigenous healing and social justice frameworks in clinical and community settings. By foregrounding African cultural strengths, the text provides theoretical justification for culturally responsive youth interventions across the module.
Tapala, K. (2025). Cleaned transcript on ancestral calling and trance.	Katlego Tapala's personal narrative and transcript provide an insider's perspective on how behaviors labeled pathological in Western psychiatry can signify ancestral calling in southern African traditions (Tapala, 2025). The detailed descriptions of divination ritualssuch as *Ukuvula ikhanda nesifuba* and trance trainingequip students with concrete examples of ritual modalities. This first‑hand account grounds Session 2's ritual design activities, illustrating the ethical and practical considerations of incorporating sangoma practices into youth work.

Blackie, D. (2025). Cleaned transcript on multisensory healing and neurodiversity.	Dr. Dee Blackie's lecture transcript expands our understanding of multisensory engagement and a six-part trauma response spectrum, integrating neurodiversity into holistic healing (Blackie, 2025). By critiquing both biomedical and social models, the text underscores the need for sensory-rich, culturally attuned environments. This resource is essential for Session 3, guiding students to design sensory toolkits that honor trauma histories and cultural values in youth programming.
Mnyani, N. (2025). IAM Transcription Project transcript.	Nandipha Mnyani's account of the Indigenous African Music Transcription Project illustrates a community‑anchored methodology for preserving musical heritage (Mnyani, 2025). It highlights the process of transcribing indigenous instruments, annotating cultural context, and resisting colonial erasure of African art forms. This case informs the module's digital archival scavenger hunt and underscores the role of music as both ritual resource and activism tool in Session 1 and Session 5.
Ngcobo, M. (2025). Lecture notes on Africanisation of medicine.	Dr. Miungisi Ngcobo's lecture notes contextualize the legal and institutional integration of African traditional medicine within KwaZulu‑Natal's public health systems (Ngcobo, 2025). He outlines ontology, cosmology, and epistemology frameworks that reclaim indigenous healing as systemic knowledge rather than folklore. These notes support Session 2 and Session 6 debates on policy integration, cross‑referral structures, and ethical governance of traditional and biomedical collaborations.
Ugwanyi, A. (2025). Notes on IKS in medical education.	Dr. Anastasia Ugwanyi's curriculum reform notes provide a blueprint for equitable knowledge co‑creation in medical and allied health education (Ugwanyi, 2025). She details shared‑knowledge pedagogy, narrative practice, and community placements with traditional healers to promote epistemic justice. This guidance enriches Session 4's co‑design simulation and the module's pedagogical approach to integrating IKS alongside Western biosciences.

Invernizzi, L. (2025). Traditional medicine and bioscience integration notes.	Dr. Luke Invernizzi's summary of key medicinal plants and biopiracy ethics (Invernizzi, 2025) bridges ethnobotany and policy. He highlights plant species such as *Helichrysum*, *Devil's Claw*, and *Siphonochilus aethiopicus*, and discusses corporate exploitation versus ancestral stewardship under the Nagoya Protocol. Session 4's school‑based plant medicine lesson draws directly on these notes, teaching students to incorporate local herbal knowledge responsibly.
Mothibolwa, L. (2025). IKS curriculum reform notes.	Dr. Leepile Mothibolwa traces the evolution of South African education from the Bantu Education Act through #RhodesMustFall and CAPS implementation (Mothibolwa, 2025). She emphasizes community co‑design and avoiding tokenistic curriculum inclusion by partnering with elders and artisans. This historical and policy overview frames Session 4's power‑sharing debrief and informs the module's strategies for authentic IKS integration in formal schooling.
Mkhize, N. (2025). Social work and Ma'atian model notes.	Professor Nhlanhla Mkhize introduces Afrikan and Ma'atian ethical frameworks, truth, justice, balance, harmony, and reciprocity to guide community psychosocial services (Mkhize, 2025). He defines *umphefululo* (soul) cosmology and stresses relational care over detached objectivity. Session 6's bias acknowledgment and ethical power mapping draw upon these virtues, helping students craft community-centered, Ma'at‑aligned interventions.
Zibane, S. (2023). Information on Ma'at Institute co-founder and programs.	Dr. Sibonisile Zibane's work co‑founding the Ma'at Institute exemplifies applied African‑centered social work leadership (UKZN, 2023). The Institute's internships and cross‑disciplinary research models demonstrate how students and professionals can engage IKS in practice and scholarship. This resource inspires the module's capstone portfolios and provides examples of institutional structures supporting IKS innovation.

Hlongwane, A. K., & Ndlovu, S. M. (2021). *Public History and Culture in South Africa: Memorialisation and Liberation* (Chapter 4: Hector Pieterson Museum).	Ali Khangela Hlongwane and Sifiso Ndlovu's chapter analyzes the Hector Pieterson Museum memorial as liberation heritage and educational resource (Hlongwane & Ndlovu, 2021). It reveals how memorialization empowers youth activism, collective memory, and identity formation. Session 5's narrative mapping and photo‑analysis assignments draw on this work to connect public history with psychosocial healing strategies.
Onyeba, C. (2020). *Under-Education in Africa: From Colonialism to Neoliberalism.*	Comfort Onyeba's edited volume confronts colonial and neoliberal legacies in African education systems, advocating for curriculum decolonization and IKS integration (Onyeba, 2020). It provides historical context for the persistence of Western paradigms and the need to reframe pedagogy around indigenous worldviews. The module leverages this book in Session 4's critique of educational inequities and the design of culturally responsive lessons.

Additional Resources and Rationale

Resource	Rationale
Sue, D. W., & Sue, D. (2016). *Counseling the Culturally Diverse.*	Derald Wing Sue and David Sue offer comprehensive frameworks for cultural competence, bias recognition, and microaggression awareness (Sue & Sue, 2016). Their exploration of cultural humility and ethical practice provides essential tools for managing counter-transference and maintaining reflexivity in cross-cultural settings. This text underpins the module's bias acknowledgment section and guides students in reflective supervision practices.
Kadouri, K. (2019). *Clinical Supervision Essentials.*	Kadouri's manual outlines best practices for clinical supervision, emphasizing ethical reflection, managing counter-transference, and professional self-care (Kadouri, 2019). It offers structured models for supervision that can be adapted to Indigenous–Western collaboration contexts. The module references this resource in Session 6's discussion of ongoing bias monitoring and ethical decision-making.

Council on Social Work Education. (2015). *Educational Policy and Accreditation Standards (EPAS)*.	The CSWE EPAS standards define core competencies and ethical guidelines for social work education (CSWE, 2015). Mapping the module objectives to these accreditation criteria ensures that learning outcomes align with professional expectations. This alignment section demonstrates how the module supports competency development in diversity, ethics, and policy practice.
IAM Transcription Project website.	The Indigenous African Music Transcription Project online archive (iamtranscriptions.org) provides free access to sheet music, audio files, and performance notes for traditional instruments. It exemplifies digital decolonization by making community-validated resources widely available (Mnyani, 2025). The scavenger hunt activity leverages this platform to build students' digital literacy and archival research skills.

Session Plans

This module comprises six three-hour sessions carefully structured to guide students from theoretical foundations through applied practice and critical reflection. Each session opens with a concise mini-lecture that introduces the core concepts drawn from the module's foundational texts and South African field materials. Following the lecture, small-group discussions engage students in critical dialogue, allowing them to interrogate assumptions, surface biases, and deepen their conceptual grasp. Hands-on experiential activities, ranging from systems mapping and ritual design workshops to sensory toolkit labs and co-design simulations, encourage learners to embody Indigenous knowledge systems, Afrocentric worldviews, and neurodiversity affirming practices in real-time scenarios. Each session also introduces or advances one of the module's major assignments, providing clear instructions, time management guidelines, and preparatory resources to support student success. Targeted module enhancements are woven throughout: bias recognition and counter transference prompts, guided reflective journaling, local language practice exercises, and iterative feedback loops ensure sustained reflexivity and incremental skill development. Curated readings, case vignettes, audiovisual excerpts, and facility guides for each class session align directly with the learning objectives, ensuring that every activity is grounded in scholarly evidence and pedagogical best practices.

Session	Facilitation Guide
Session 1: Worldview in Dialogue	**Learning Objectives:** ● Compare African and Western worldviews on mental health and healing. ● Identify the implications of each paradigm for youth practice. **Module Enhancements Integration:** ● **Pre-Module Survey:** Results inform emphasis on paradigms. ● **Digital Archival Scavenger Hunt:** Starts here as asynchronous prep. ● **Guided Reflective Journal Prompt:** Bias recognition and objectivity discernment. **1. Mini-Lecture (30 minutes)** Facilitator presents core dimensions from Thabede (2008) on holistic ontology, communal ethos, ancestors, and affective knowledge. Contrasted with Western biomedical dualism and DSM-centered pathology. Introduce Ma'atian ethics (Mkhize, 2025) and Ubuntu as ethical frameworks guiding clinical judgment and youth practice. **2. Comparative Discussion (20 minutes)** Small triads discuss: ● How does reductionism shape clinical encounters?

	● What is lost when spiritual or communal dimensions are ignored? **3. In-Class Exercise: Systems Mapping (40 minutes)** Using a fictional youth vignette with spiritual experiences and neurodivergent responses, groups map supports: family, traditional healer or spiritual guide, clinician, peer. Annotate each system's strengths, risks, and propose an integrated plan centering youth agency. **4. Reflection Circle (20 minutes)** Prompt: "How do personal biases toward objectivity limit cultural humility? Where might counter-transference emerge?" Students write 2-minute reflections and share one insight aloud. **5. Assignment 1 Introduced: Joy, Spirit, PowerVisualizing Youth Resistance and Wellness** ● **Instructions:** Select 2–3 public images of youth cultural, spiritual, or activist expression (e.g., Hector Pieterson Museum visuals). Write a 300–400 word reflection per image addressing: cultural protective factors; possible clinician misinterpretations; the social worker's affirming role. ● **Preparation Resources:** Hlongwane & Ndlovu (2021); Mnyani (2025); Hlongwane museum site.
Session 2: Ancestral and Ritual Modalities	**Learning Objectives:**

	● Understand ancestral calling frameworks and ritual practices as therapeutic tools. **Module Enhancements Integration:** ● **Community Partnership Checklist:** Provided for ethical engagement planning. ● **Journal Prompt:** Reflect on ritual ethics and non-appropriation. **1. Mini-Lecture (30 minutes)** Detailed exploration of Tapala's ancestral calling symptoms and divination/healing rituals (Tapala, 2025). Explain *Ukuvula ikhanda nesifuba*, *Ingoma*, *Ukukhala*, *Ukulungisa*, and trance training. Contrast these with Western clinical interviews. **2. Instrument Demonstration & Sensory Lab Visit (50 minutes)** Students examine video and photos of uhadi, umakhweyana, mbira (Mnyani, 2025). Discuss vibrational healing and its multisensory overlap with Blackie's trauma response spectrum. **3. Ritual Design Workshop (40 minutes)** Groups create a brief ritual integrating singing, drumming, and wailing to address youth emotional challenges. They draft steps, materials, facilitation notes, and align with the Community Partnership Checklist. **4. Ethical Debrief (20 minutes)** Reflect on consent, youth agency, non-appropriation, and collaboration with

	traditional healers, referencing Ugwanyi (2025) on co-design. **5. Assignment 2 Introduced: Critical ReflectionSpirit or Symptom?** ● **Instructions:** Read a fictional case of a non-white adolescent experiencing spiritual visions and trauma responses. Write a 700–900 word reflection on assessment, bias, cultural humility, and collaboration between biomedical and cultural practitioners. ● **Preparation Resources:** Tapala (2025); Blackie (2025); Sue & Sue (2016).
Session 3: Neurodiversity, Trauma, and Sensory Healing	**Learning Objectives:** ● Integrate neurodiversity theory with Indigenous modalities. ● Design culturally and developmentally appropriate sensory environments. **Module Enhancements Integration:** ● **Oral History Digital-Storytelling Workshop:** Launch and planning. ● **Journal Prompt:** Weekly trauma response reflection. **1. Mini-Lecture (30 minutes)** Review Blackie's six-part trauma spectrum and model critiques (Blackie, 2025).

	Emphasize mind-body unity and Ubuntu's collective regulation principles. **2. Sensory Space Case Study (40 minutes)** Examine Sensory Space design plans, video excerpts, and identify how tactile, olfactory, auditory elements correspond to trauma responses. **3. Sensory Toolkit Lab (50 minutes)** In pairs assemble a prototype sensory kit with textiles, diffusers, musical instruments. Justify each item via Blackie (2025) and Invernizzi (2025). **4. Oral History Workshop (60 minutes)** Students learn oral history ethics and digital recording techniques. In small teams they interview a guest elder or knowledge keeper and record 2-minute segments on a healing practice. They submit audio files for Session 5 screening. **5. Assignment 3 Begins: Program DesignCulturally Attuned Youth Wellness** ● **Instructions:** Draft a 5–7 page youth program proposal including: an expressive modality; ancestral/spiritual practice; youth-led activism component. Provide a two-paragraph rationale resisting Eurocentric paradigms. ● **Preparation Resources:** Blackie (2025); Ugwanyi (2025); Invernizzi (2025).

Session 4: School and Community Co-Design	**Learning Objectives:** ● Apply IKS in educational settings through equitable partnership. **Module Enhancements Integration:** ● **Local Language Practice:** Warm-up with isiZulu, Sesotho terms. ● **Community Partnership Checklist:** Applied to lesson planning. **1. Mini-Lecture (30 minutes)** Present Khumalo's multisensory math and science methods (Inhlanhlayethu High, 2025) alongside Ugwanyi's shared-knowledge spaces for co-constructed pedagogy (Ugwanyi, 2025). **2. School Visit Case Study (40 minutes)** Review transcripts from Principal Dlamini and Khumalo. Map how terminology songs, kinesthetic geometry, and cultural heritage modules strengthen identity and learning. **3. Co-Design Simulation (50 minutes)** In role-based teams (educator, sangoma, social worker) co-design a life sciences lesson integrating herbal knowledge (*Devil's Claw*, *Gunnera perpensa*) with traditional metaphors (Invernizzi, 2025) and basic isiZulu phrases. **4. Power-Sharing Debrief (20 minutes)** Discuss Mothibolwa's guidelines to avoid tokenism and ensure community ownership (Mothibolwa, 2025).

	5. Assignment 4 Introduced: Cultural Healing Activity ● **Instructions:** Outline a one-hour youth healing activity (e.g. plant bath ritual, drumming circle) in 2 pages. Explain indigenous theory, therapeutic aims, and ethical engagement steps from the checklist. ● **Preparation Resources:** Invernizzi (2025); Ngcobo (2025); Community Partnership Checklist.
Session 5: Activism, Memorialisation, and Liberation Heritage	**Learning Objectives:** ● Situate youth cultural expression within liberation struggles and healing. **Module Enhancements Integration:** ● **Digital Archival Scavenger Hunt Debrief:** Students share findings. ● **Feedback Loop 1:** Stop, Start, Continue form after Session 4. **1. Mini-Lecture (20 minutes)** Frame Hlongwane & Ndlovu's analysis of the Hector Pieterson Museum as liberation memorial and therapeutic space (Hlongwane & Ndlovu, 2021). **2. Virtual Museum Tour (40 minutes)** Students navigate the museum archive,

	noting how images, songs, and narratives are curated to affirm youth agency. **3. Narrative Mapping (40 minutes)** Each student writes a first-person account from a 1976 youth perspective. In small groups they identify themes of resistance, grief, and communal healing. **4. Peer Workshop: Assignment 1** (20 minutes) Students exchange drafts of photo-analysis reflections and apply a rubric emphasizing cultural humility, accurate sourcing, and affirming language.
Session 6: Integration, Ethics, and Capstone	**Learning Objectives:** ● Synthesize module concepts into a comprehensive youth social work portfolio. ● Reflect critically on bias and power dynamics in practice. **Module Enhancements Integration:** ● **Post-Module Assessment:** Administered. ● **Ethical Power Mapping Exercise:** Core activity. ● **Feedback Loop 2:** Stop, Start, Continue after Session 6. **1. Bias Acknowledgement Mini-Lecture (30 minutes)**

	Discuss limits of neutrality, importance of bias awareness, and counter-transference management (Sue & Sue, 2016; Kadouri, 2019). Introduce Ma'atian virtues (Mkhize, 2025) as counterpoints to detached objectivity. **2. Power Mapping Debate (40 minutes)** Teams debate how to ethically integrate sangomas in clinical assessments. They use Ngcobo (2025) on governance and Ugwanyi (2025) on shared-knowledge spaces to support arguments. **3. Capstone Assignment 5 Introduced: Professional Portfolio** ● **Instructions:** Submit a 10–12 page portfolio including: revised Program Design (Assignment 3); community partnership plan; bias reflection; ethical code for Indigenous-Western collaboration. Use CSWE EPAS mapping table to demonstrate competency alignment. **4. Closing Reflection Circle (20 minutes)** Each student shares one enduring insight and one ongoing learning goal.

Bias Acknowledgment and Counter-Transference

Social workers must balance professional objectivity with holistic, culturally attuned practice. This requires

- Self-reflection on cultural lenses and implicit biases (Sue & Sue, 2016).
- Active management of counter-transference through supervision and journaling (Kadouri, 2019).
- Embracing communal ethics of Ubuntu and Ma'atian reciprocity to guide ethical decisions (Mkhize, 2025).

Appendix A: Assignment Rubrics

Assignment 1: Joy, Spirit, Power: Visualizing Youth Resistance and Wellness Rubric

Criteria	Exceeds (4)	Meets (3)	Developing (2)	Beginning (1)
Ethical & Relevant Image Selection	Chooses 3 highly relevant, publicly available images; all ethically sourced and cited.	Chooses 2 relevant images; sources cited accurately.	Chooses 1 relevant image or limited citation detail.	Image selection is unclear or citation missing.
Cultural Insight	Provides deep analysis of cultural protective factors and contextual nuance.	Addresses key cultural factors with sound interpretation.	Partial identification of cultural factors; lacks depth.	Minimal or incorrect cultural insights.
Reflexivity & Bias Awareness	Demonstrates sophisticated reflexivity; explicitly identifies and critiques potential biases.	Shows clear reflection on bias and its impact.	Mentions bias but analysis is superficial.	No evidence of reflexivity or bias consideration.

Professional Affirming Role	Clearly articulates the social worker's affirming role with concrete strategies.	Describes affirming role appropriately.	Suggests general supportive actions without specificity.	Fails to articulate the social worker's role or mischaracterizes it.
Academic Style & Citation	Writing is clear, well organized; all sources cited in APA format.	Writing is coherent; minor citation errors.	Some organizational issues; multiple citation mistakes.	Writing unclear; no or incorrect citations.

Assignment 2: Critical Reflection – Spirit or Symptom? Rubric

Criteria	**Exceeds (4)**	**Meets (3)**	**Developing (2)**	**Beginning (1)**
Case Conceptualization	Provides a nuanced understanding of the youth's experiences, integrating cultural and clinical frameworks.	Demonstrates solid case understanding with cultural context.	Basic case summary; cultural context is limited.	Misunderstands case or omits cultural considerations.
Cultural Humility & Engagement	Proposes respectful, culturally grounded engagement strategies; demonstrates deep humility.	Offers appropriate cultural engagement approaches.	Limited strategies for cultural engagement.	No or inappropriate cultural engagement approaches.
Collaboration & Referral Plan	Presents an actionable plan involving biomedical and cultural practitioners with clear roles.	Suggests collaboration with roles defined generally.	Vague collaboration; roles not well defined.	No collaboration plan or misaligned referrals.

Reflexive Awareness of Bias	Insightfully examines personal biases and outlines strategies to mitigate them.	Reflects on bias with some mitigation strategies.	Mentions bias superficially without clear plan.	No reflection on personal bias.
Writing Quality & APA Compliance	Exceptionally clear, organized, with flawless APA formatting.	Well written; minimal APA errors.	Moderate writing issues; APA inconsistencies.	Writing is unclear; major APA errors or missing.

Assignment 3: Program Design – Culturally Attuned Youth Wellness Rubric

Criteria	**Exceeds (4)**	**Meets (3)**	**Developing (2)**	**Beginning (1)**
Expressive Modality Integration	Seamlessly incorporates a culturally relevant expressive modality with clear implementation steps.	Integrates a modality with defined steps.	Modality inclusion is mentioned but lacks detail.	No expressive modality or inappropriate choice.
Ancestral/Spiritual Component	Embeds a meaningful ancestral/spiritual practice with ethical engagement guidelines.	Includes spiritual component with basic ethics.	Spiritual element present but underdeveloped ethically.	Missing ancestral or spiritual component.
Youth Activism & Civic Engagement	Designs a robust activism element empowering youth voices and social change.	Provides an activism component.	Activism mentioned but not clearly operationalized.	No activism or superficial mention.
Anti-colonial Rationale	Articulates how the program resists colonial paradigms with concrete examples.	Explains anti-colonial stance generally.	Rationale present but lacks clear anti-colonial analysis.	No anti-colonial rationale.

Feasibility & Clarity	Program proposal is highly feasible, well organized, and clearly articulated.	Proposal is feasible and organized.	Organization or feasibility issues present.	Proposal is disorganized or not feasible.

Assignment 4: Cultural Healing Activity Rubric

Criteria	**Exceeds (4)**	**Meets (3)**	**Developing (2)**	**Beginning (1)**
Cultural Relevance	Activity is deeply rooted in specific Indigenous principles and local context.	Demonstrates appropriate cultural relevance.	Cultural relevance is generic or partially aligned.	Lacks cultural grounding or misappropriates practices.
Therapeutic Rationale	Provides a clear, theory-informed rationale linking activity to well-being outcomes.	Rationale present; links activity to outcomes.	Rationale is vague or loosely connected.	No therapeutic rationale.
Ethical Engagement	Follows Community Partnership Checklist; outlines consent, co-design, and benefit-sharing steps.	Addresses basic ethics and consent.	Ethics mention limited; lacks process details.	Omits ethical considerations.
Instructional Clarity	Instructions are precise, step-by-step, and accessible to facilitators and participants.	Instructions are clear with minor ambiguities.	Instructions lack detail or clarity.	Instructions are confusing or missing.
Use of IKS Sources & Citation	Integrates multiple IKS references with accurate citations in APA format.	Uses IKS sources; minor citation errors.	Limited use of sources; citation issues.	No IKS sources or incorrect citations.

Assignment 5: Professional Portfolio Rubric

Criteria	Exceeds (4)	Meets (3)	Developing (2)	Beginning (1)
Revised Program Design	Significantly refines initial proposal with advanced integration of feedback and theory.	Revises proposal adequately based on feedback.	Revision present but lacks depth.	No revision or ignores feedback.
Community Partnership Plan	Develops a detailed plan with specific engagement steps, mutual benefit, and sustainability considerations.	Partnership plan is solid with general steps.	Plan is outlined but lacks details or sustainability focus.	No community partnership plan.
Bias & Counter-transference Reflection	Provides profound insight into personal biases, emotional triggers, and supervision strategies.	Reflects on bias and counter-transference with some strategies.	Reflection is superficial with limited strategies.	No reflection on bias or counter-transference.
Ethical Code for Collaboration	Articulates a comprehensive ethical code grounded in Ma'atian and Ubuntu principles.	Ethical guidelines align with principles.	Ethical code mentioned but underdeveloped.	No ethical code or misalignment with principles.
EPAS Competency Alignment	Clearly maps each portfolio component to specific CSWE EPAS competencies with explanations.	Provides competency mapping with minor omissions.	Mapping is incomplete or cursory.	No EPAS alignment.

Appendix B: Welcome & School Visit Transcription

Location: Inhlanhlayethu High School

Good morning and thank you for welcoming us into your school. My name is Principal Xaba, and I have been serving here since 1996. This school was established in 1989 with just six learners and one educator; today we have 1,045 learners and 49 educators.

Context & Community

- Most of our learners come from single-parent or grandparent-headed households.
- Many arrive without breakfast; we provide meals on site.
- We are a public school (category C) and rely entirely on government funding; no school fees are collected.

Curriculum & Results

- Sciences: Mathematics, Life Sciences, Physical Sciences, Geography
- Commerce: Accounting, Business Studies, Economics
- Arts & Services: Dramatic Arts, Tourism, Consumer Studies
- Humanities: History, Life Orientation
- Technology: CAT, Engineering Graphics & Design
- Performance: Participation in regional/national sports tournaments; B-team represented South Africa in Singapore (2016) and Korea (donor-sponsored).
- Academic Achievements: 94% pass rate for Grade 12 in 2022, with 14 distinctions. Over the past five years, pass rates have remained above 90%.

Community Partnerships

- Close ties with Manapo Foundation, which arranges our visits.
- Collaboration with local health clinics for medication drives.

Appendix C: Dr. Anastasia Ugwanyi

Topic: Integrating Indigenous Knowledge Systems (IKS) into Medical Education

Location: University of Witwatersrand

1. IKS Foundations
    - Definition: Localized healing & medical knowledge embedded in cultural lifeways
    - Holistic: Combines spiritual, ecological, social, and biomedical insights
    - Transmission: Oral narratives, rituals, apprenticeships using context over textbooks
2. Rationale for IKS in Curriculum
    - Epistemic Justice: Validates non-Western ways of knowing
    - Social Accountability: Prepares students to serve diverse, rural, and Indigenous communities
    - Decolonization: Shifts power from Eurocentric medical paradigms to equitable partnerships
3. Teaching & Learning Strategies
    - Narrative & Reflective Practice
        - Patient encounter journals: document cultural beliefs & healer practices
        - Reflective seminars: compare biomedical & traditional explanations

- Community-Based Placements
    - Village immersion: shadow traditional healers for 6–8 hours
    - Co-design community health projects (e.g., medicinal plant inventories)
- Interdisciplinary Collaboration
    - Joint modules with Anthropology, Sociology, Public Health
    - Case studies: “Integrating sangoma referrals into hospital protocols”
- Dialogical Workshops
    - Trust-building exercises with elders & healers
    - Role-plays on cross-cultural communication & power dynamics

4. Assessment & Reflection
    - Portfolio: Reflective essays, community project reports, herbarium samples
    - Oral Viva: Panel including a traditional healer and a clinician
    - Peer Review: Group debriefs to discuss ethical dilemmas
5. Common Challenges
    - Faculty unfamiliarity with non-Western paradigms
    - Risk of tokenism (superficial curriculum add-ons)
    - Difficulty in standardizing assessment of relational competencies

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Appendix D: Dr. Mlungisi Ngcobo

Topic: Africanisation of Medical Practice & Role of Traditional Medicine

1. Psychosomatic Beliefs & “Witchdoctor” Paradigm
    - Community attribution of certain diseases (e.g., unexplained epilepsy) to spiritual imbalance or witchcraft
    - Importance of culturally sensitive inquiry before biomedical intervention
2. Reclaiming “Fathers of Medicine”
    - Colonial suppression: Herbalist practices were outlawed or appropriated
    - Call to “re-modernize” traditional medicine labs: integrate laboratory analysis with ritual protocols
3. IKS as Public Health Asset
    - Preventive Measures: Seasonal herbal tonics to bolster immunity
    - Local Adaptation: Therapies tailored to regional flora & community dietary practices
4. Indigenous Knowledge ≠ “Old”
    - “Traditional” = living, evolving practices
    - Practitioners innovate (new formulations, dosages) based on ecological feedback
5. Policy & Legal Framework
    - Need for benefit-sharing agreements under Nagoya Protocol
    - Accreditation pathways for registered traditional health practitioners

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Appendix E: Dr. Luke Invernizzi

Topic: From Tribal Knowledge to Bioscience: South African Medicinal Plants

1. Holistic IKS Transmission

- Contextual Learning: Apprenticeship under a sangoma (initiation rites)
- Body-Spirit Integration: Rituals (e.g., ndzundza) accompany materia medica

3. Ethical Considerations

- Biopiracy Risks: Patenting of indigenous phytochemical knowledge
- Ancestral Ownership: Community protocols for informed consent & benefit-sharing

4. Practitioner Training

- Nagaga Rites: Structured, multi-stage initiation for healer certification
- Scope: Some specialize in divination, others in pharmacognosy, many combine both

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Appendix F: Dr. Leepile Mothaha

Topic: Decolonizing Curriculum Development & Community Engagement

1. Apartheid Exclusion
    - Bantu Education Act (1953): Structured to marginalize African languages & worldviews
    - Invisible curricula: Indigenous histories & healing arts omitted
2. Curriculum Reform Timeline
    - Outcome-Based Education (1997-2002): Skill-driven but still Eurocentric
    - National Curriculum Statement (2003, 2005): Piloted cultural content; gaps persisted
    - Revised Statement & Assessment (2011-2012): Life Skills & guardrails for local knowledge

3. Community Engagement Model
    - Elders & Historians: Teach pre-colonial philosophies
    - Healers & Artisans: Demonstrate traditional crafts, plant gathering, healing ritual
    - Participatory Planning: Students co-design school projects (e.g., herb gardens)

Appendix G: Prof. Nhlanhla Mkhize

Topic: Afrikan-Centred Psychosocial Practice & Social Work

1. Umphefululo (“Soul”) & Ancestor Relations

- Death ↔ Ancestorhood: Soul joins ancestral realm; ongoing liaison with living
- Ritual Honour: Libations, ancestral altars, communal remembrance

2. Afrikan Paradigm vs. Western Objectivity

Dimension	**Western Model**	**Afrikan Paradigm**
Objectivity	Neutral observer	Engaged, relational witness
Transference	Clinical counter-transference	Shared ritual mourning & catharsis
Trauma Re-traumatization	Pathologize symptoms	Ritualized catharsis, communal integration

3. Psychosocial Tools & Rituals

- Spiritual Ceremonies: Group prayers, cleansing dances
- Music & Dance Therapy: Releases tension, fosters solidarity
- Storytelling: Testimony circles as narrative healing

4. Disaster & Crisis Response

- Embed Ma'at ethics (justice, harmony, reciprocity) into relief efforts
- Use kin-based networks for rapid mobilization & culturally consonant support

5. Engagement Techniques

1. Name Reclamation: Restores lineage pride & identity
2. Family-Tree Mapping: Mobilizes extended kin for wrap-around support
3. Native Tongue Schools (Iziko Method): Prevents re-traumatization, fosters belonging
4. Community-Led Design: Ensures rituals & interventions are co-owned

6. Ma'at Institute Model

- Principles: Justice, moral order, reciprocity
- Pillars:
    1. Afrikan-centred psychosocial services
    2. Community engagement & co-research
    3. Innovation & social entrepreneurship

4. Integrated practicum for students/graduates

7. Practice Scope

- Tele-debriefings: For frontline workers (e.g., COVID response teams)
- School-Based Workshops: Matric learners on mental-health, advocacy, emerging issues
- Court & Career Counseling: Youth navigating legal & employment systems

8. COVID-19 & Decolonial Healing

- Mental-health burden: 2nd leading cause of disability in SA
- True healing: Integration of body + mind + spirit + soul grounded in justice
- 29 years post-1994: many constitutional promises remain unfulfilled

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Appendix G: African Institute for Indigenous Knowledge Systems (AIKS)

Presenter: Prof. Sibonisile Zibane, University of KwaZulu-Natal

1. Policy Imperatives

- Socioeconomic Levers: IKS for poverty alleviation, inequality reduction, unemployment solutions
- Agenda 2063 Alignment: Sustainable livelihoods through IKS

2. Executive Management Role

- AIKS Hub: African scholarship & restoration of dignity
- Global Pool: Documenting & sharing IKS via open digital platforms

3. Digitalisation & Theory of Change

- Paradigm Shift: Digital libraries of oral traditions, tribal songs, healing chants
- Early-Warning Systems: IKS-informed indicators for disaster risk, climate resilience

4. Digitalisation & Theory of Change

Theme	Examples
Biocultural & Spiritual	Sacred groves mapping; ritual protocols
Indigenous Info & Communications	Community radio archives; oral history digitization
Peace, Culture & Youth Education	Intergenerational forums on heritage & identity
Environmental Governance	IKS-based water management; community land stewardship rites
Trade & Midwifery	Best-practice exchanges for traditional birth attendants
Mental-Health Comparatives	IKS vs. biomedical psychosocial models

5. Wellness & Emerging Sectors

- Pharma ↔ Ethnobotany Mapping: Align active phytochemicals with clinical trials

- Language Preservation: Zulu, Xhosa, Sesotho terminology for plants & rites
- Food Sovereignty: Revival of heirloom grains & healing diets
- Spiritual Tourism: Community-run healing retreats with protocol safeguards

Appendix H: Full Transcript - Katlego Tapala

(Sangoma & M.A. Anthropology, University of South Africa)

Katlego Tapala:

Historically, psychiatry in Europe classified many of my behaviors as "pathological," yet in my own community these same behaviors are understood as early signs of an ancestral calling; something to be honored, not pathologized. My research began with my own journey:

As a child I exhibited traits that today might be diagnosed as autism spectrum and severe social anxiety. I underwent therapy and was medicated for anxiety and depression. Around age nineteen, I began experiencing vivid, recurring dreams and spontaneous trance‑states. My psychiatrist increased my medication, which relieved panic attacks, but the dreams persisted and I began to have inexplicable physical ailments such as paralysis episodes, and severe pain with no biomedical explanation.

I asked myself: where do mental‑health symptoms end and an ancestral calling begin? In Southern African tradition, a calling is an inherited gift passed through family lineages. Early "symptoms" of a calling often mirror psychiatric diagnoses:

1. Emotional volatility: One day elated, the next inexplicably tearful or irritable.
2. Intense isolation: A drive to withdraw from social contact.
3. Unexplained physical ailments: Paralysis or pain with normal medical tests.
4. Psychic phenomena: Hearing ancestral voices, seeing visions in dreams.
5. Life instability: Jobs lost, relationships frayed, a sense of being "hijacked."

Biomedical Limitations
Western mental‑health practitioners view these as purely biological brain disorders like anxiety, depression, panic disorder and prescribe medication accordingly. Yet medication does

not address trance states or ancestral visions. This reductionist approach overlooks spiritual dimensions and ignores cultural resources for healing.

Ancestral Diagnosis & Healing

In our tradition, healing begins with divination, an inquiry into the whole person: body, mind, community, and spirit. Key rituals include:

- Ukuvula ikhanda nesifuba ("opening the head and chest"): Releases blocked emotions, receives ancestral wisdom, expands sensitivity to guidance.

- Ingoma (singing & drumming): Rhythmic vibration harmonizes body and spirit, builds confidence, and fosters community through call‑and‑response.

- Ukukhala (ritual wailing): Structured crying three times daily to build emotional tolerance and symbolically release what no longer serves.

- Ukulungisa ("to seek out"): Gathering and preparing plant medicines under ancestral guidance.

- Ukugona ("to draw out"): Ritual extraction of harmful spirits, akin to removing a toxin.

- Trance Training: Learning to enter and exit altered states safely, distinguishing benevolent ancestral voices from malevolent ones.

Rites of Passage & Rebirth

The culminating initiation rite is called "ukufa" ("death"). This is an ego‑death, the end of one identity and the rebirth of another. After this rite, the new healer emerges, socially recognized and empowered to minister to others.

Toward Integration

Up to 80 percent of South Africans consult traditional healers. An integrated model would train psychiatrists and social workers in basic divination principles, and teach sangomas to recognize when to refer clients for biomedical conditions such as hypertension or diabetes. Both systems agree: the mind, body, and spirit cannot be fully separated.

Conclusion

Interviews with fellow initiates confirm that what biomedicine labels "symptoms" can also be ancestral calls to service. By honoring those signs and providing safe initiation rites with ongoing ritual practice, we can transform what was once considered pathology into a profound resource for individual and community well‑being.

Appendix I: Full Transcript - Dr. Dee Blackie

(CEO, Sensory Space, Children's Memorial Institute)

Dr. Dee Blackie:

Multisensory Engagement
At the Sensory Space, we believe healing begins by engaging all six senses: sight, sound, touch, smell, taste, and proprioception. We use courageous play and what we call "death-laughter" (radical joy) to help reset the nervous system.

Neurodiversity & Trauma
Many children in the child-protective system are neurodivergent as a direct result of adverse childhood experiences (ACEs). We must recognize that ACEs don't just cause harm, they also create diverse neurodevelopmental profiles.

Critique of Dominant Models

- The biomedical model focuses on brain pathology and often stigmatizes individuals, ignoring social determinants.

- The social model highlights stigma but can overlook barriers to accessing care.

  At the Sensory Space, we bridge both models, affirming mind-body unity. For example, some narcoleptic manifestations are actually trauma responses rather than primary sleep disorders.

Autistic Identity & Ideological Safety
I identify as autistic, please feel free to ask me about it. Neurodivergent people need a secure, predictable framework: what we call "ideological safety", along with deep self-knowledge to accomplish everyday tasks.

Mapping Trauma Responses
Traditional "fight-or-flight" is too narrow. We use a six-part spectrum of trauma responses:

1. Fight

2. Flight

3. Flop (immobilization)
4. Fawn (people-pleasing)
5. Freeze
6. Fib (masking or fabricating to avoid perceived danger)

Recognizing each person's primary survival strategy allows us to tailor sensory tools such as weighted blankets, movement breaks, safe spaces, to help them regulate and thrive.

Practical Applications

- We design rooms with tactile materials, calming scents, and gentle sounds to soothe.
- We schedule movement-based "sensory circuits" and joy-focused routines.
- We train caregivers and teachers in consistent sensory supports that build regulation, agency, and resilience.

Closing Thoughts
Healing is not one-size-fits-all. By honoring each child's sensory profile, trauma history, and neurodivergent strengths, we create pathways to resilience and flourishing.

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