

Tikanga Takirua: A Framework for Bi-cultural Practice in Psychology

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This paper aims to highlight and begin to address the need for enhanced bi-cultural practice within psychology in Aotearoa New Zealand. We will first consider the contemporary context, with a focus on the importance of bi-cultural practice in this field. We then propose a preliminary framework, named Tikanga Takirua, to guide practice in this space. We introduce the metaphor of a waka hourua (double hulled canoe) as the foundation of this approach and then outline the six phases of Tikanga Takirua, which are adapted from the five steps of the evidence-based practice inquiry process. Our aim is to provide a way forward to ultimately achieve equity between ngā pūkenga Māori (Māori expertise) and Western psychological approaches in collaborative practice, to enhance the wellbeing of our people.

Key words: *Bi-cultural, Māori, Psychology, Culture.*

INTRODUCTION

Aotearoa's bi-cultural identity can be traced back to its founding document, *Te Tiriti o Waitangi*, the Māori language version of the Treaty of Waitangi (a formal document designed to facilitate a mutually beneficial relationship between indigenous Māori and European settlers in 1840). This document set out an intended partnership, where Māori retained *tinō rangatiratanga* (absolute sovereignty, the right to live autonomously on their own terms) and were afforded the same rights as British citizens. However, subsequent years saw the privileging of European ways of being and knowing and the suppression of Māori language and knowledge, as well as the confiscation of natural resources. It is well established that colonisation and the resulting marginalisation of indigenous knowledge systems over time (e.g., the Native Schools and Tohunga Suppression Acts) has contributed to poorer outcomes for Māori across numerous wellbeing indicators (e.g., mental health, criminal justice; Waitangi Tribunal, 2017; Wilson et al., 2021). Given these areas of pronounced need, there is a high likelihood of Māori interacting with Psychologists and other rehabilitative and health practitioners. Further, outcomes of mental health interventions are worse for Māori than the general population (Government Inquiry into Mental Health and Addiction, 2018). It has been suggested that "at the heart of current Māori 'un-wellness' is colonisation, institutionalised racism, unconscious bias and a western model of wellbeing, with systems that strengthen that model and perpetuate further inequity than those already experienced by Māori" (Government Inquiry into Mental Health and Addiction, 2018, p. 40). We suggest that to address this issue we need to uplift indigenous knowledge within the social sector in Aotearoa, including psychological services (Macfarlane et al., 2011).

In recent years there has been an increase in attention towards the spaces between indigenous and Western

streams of knowledge within the field of psychology in Aotearoa (e.g., Jordan et al., 2021; Macfarlane et al., 2011; Macfarlane & Macfarlane, 2019; Martel et al., 2021). This has prompted the development of several frameworks and suggestions for research and practice which can uplift Māori knowledge in a more authentic and equitable way, by avoiding assimilation or tokenism and using complementary research methodologies. Similar developments are taking place within Governmental agencies, as they aim to address inequities and operate in a more bi-cultural way (e.g., Department of Corrections, 2019). The strategies and initiatives implemented have yet to establish their efficacy in terms of resulting in systemic changes that benefit Māori, but they are a step in the right direction. Unfortunately, high level strategies can be challenging to implement within day-to-day practice without adequate practical guidance and operationalisation. We suggest that there is a need for a bespoke framework for bi-cultural psychological practice, to ensure its relevance in terms of the core tasks, ethical responsibilities, and challenges of the role.

Cultural capability and responsiveness to clients' diverse needs and ways of seeing the world is a cornerstone of psychological practice in Aotearoa (Code of Ethics Review Group, 2012; Macfarlane et al., 2011). While it is widely acknowledged that Aotearoa is a bi-cultural country and a commitment to equitable outcomes is important, mental health professionals often do not feel adequately equipped to work with Māori (Johnstone & Read, 2000; Sawrey, 1993). We suggest that one reason for this is the heavily Westernised curriculum within tertiary education. Despite on-going efforts to decolonise psychology in Aotearoa, there is an emphasis on diagnosis and standardised assessment, and internationally developed and researched interventions, and, while there is some attention paid to bi-cultural or indigenous issues, this is secondary (King et al., 2017; Levy, 2002; Levy & Waitoki, 2015). This means that many Psychologists

begin their careers with substantial Western psychological expertise, and a paucity of knowledge and experience of Te Ao Māori (a Māori worldview); they are under-prepared to work with a large proportion of their client base (Macfarlane et al., 2011; Masters-Awatere et al., 2003).

Several recent events have brought these issues into stronger focus. Firstly, in a 2018 Waitangi Tribunal claim, Dr Michelle Levy (a Māori Clinical Psychologist) cited a failure on the part of the Crown to ensure that Psychology in Aotearoa meets the needs of Māori (Waitangi Tribunal, 2018). This includes the failure to ensure that Psychologists are culturally competent to work with Māori and the recommendation that the Crown implement practices to address the disparities between Māori and Tauwi (non-Māori) in the field of psychology and elevate the use of mātauranga. It is important to note that these criticisms are not universally accepted within the discipline; others have suggested that Psychologists within Corrections are meeting the cultural needs of Māori (Castell et al., 2018). While Castell and colleagues (2018) acknowledge that we can and should strive to do better, they highlight a reduction in reoffending for Māori following treatment and five qualitative studies where most Māori participants perceived treatment positively and as meeting their cultural needs. This suggests that there is likely variability in both practitioner perspectives of practice (i.e., in terms of whether it meets the needs of Māori) and the quality of bi-cultural psychological practice occurring across settings.

Secondly, a recent letter by seven prominent University of Auckland academics, entitled *In Defence of Science* (Radio New Zealand, 2021) was published in *The New Zealand Listener* (a current affairs magazine) in July 2021. This letter was a response to criticisms of the use of science to suppress indigenous knowledge and calls to make changes to Aotearoa's secondary school curriculum which elevate mātauranga (Māori knowledge) and Te Ao Māori (a Māori world view). The letter claimed that mātauranga Māori "falls far short of what can be defined as science itself" (Radio New Zealand, 2021). The resulting controversy included statements from The University of Auckland, The Royal Society Te Apārangi (of which three of the letter's authors were members), and the New Zealand Psychological Society (as two of the academics were Psychology Professors), disagreeing with the claims made in the letter (Radio New Zealand, 2021). This interaction brought the issue of epistemic primacy (discussed further below) into public awareness and highlighted the perceived superiority, by some researchers, of Western scientific paradigms.

Thirdly, an apology to people of colour issued in October 2021 by the American Psychological Association (APA) acknowledged their role in "promoting, perpetuating, and failing to challenge racism, racial discrimination, and human hierarchy" (APA, 2021, para. 1). The APA acknowledged their failure to lead the discipline of psychology in many ways, including an admission of failing to appropriately support research concerning communities of colour. They further acknowledged a failure to adequately report on and include these research participants, and that Euro-centric research standards had dictated the analysis of data and

reporting of results. This approach to research has both perpetuated the invisibility and marginalisation of these individuals' perspectives and led to a paucity of sound research to inform the implementation of psychological practice which can benefit these communities. Importantly, the APA acknowledged that Psychologists had been involved in the development and widespread promotion of psychometric tests and tools which are often used in ways which disadvantage ethnic minorities. It was recognised that Western diagnostic methods and categories do not necessarily reflect the lived experiences of people from minority cultures. In terms of psychology within Aotearoa, this issue cannot be disentangled from the practices of diagnostic and risk assessment (i.e., prediction and classification) and case formulation (i.e., individualised explanations for dysfunctions/behaviour) with Māori and other minorities. In our view, developing a framework to guide practitioners and build the knowledge base for effective bi-cultural practice represents an opportunity for Aotearoa to become a world leader in this area, and to uplift the oranga (wellbeing) of our indigenous and non-indigenous people.

Some elaboration on epistemic primacy is warranted at this point in our discussion. What we are referring to here is the prioritization of one knowledge system over another. In some of the earliest writings on this topic, the French Sociologist, Pierre Bourdieu (1991) coined the term "symbolic violence" to refer to a type of non-physical violence (i.e., the reification of one knowledge system) which manifested in a power differential between social groups. To better explicate the link between knowledge and power, French Philosopher Michel Foucault (1980) used "power/knowledge" to signify that power is constituted through accepted forms of knowledge, scientific understanding, and 'truth'. With reification of certain knowledges comes the marginalization of other forms of knowing. The Indian postcolonial theorist, Gayatri Spivak (1994) used the term "epistemic violence" to expand on Foucault's power/knowledge couplet in her famous essay "Can the Subaltern Speak?". She used the term to characterize a process whereby the knowledge, beliefs, traditions, and language of marginalized indigenous groups were suppressed through the process of colonization. It is within this context that we mobilize the term epistemic primacy in this paper, namely, as a means of signifying a process where Western knowledge systems are deemed superior to Māori ways of knowing. The framework presented here aims to challenge epistemic primacy and offers a way to capitalise of the strengths of indigenous and Western forms of knowledge.

It must be acknowledged here that there are examples of bi-cultural initiatives and cultural competence on the part of Tauwi practitioners. However, we suggest that a myopic view on what constitutes evidence may result in an over-reliance on well-researched international approaches and an under-investment in learning and implementing indigenous knowledge. We further suggest that if we continue to overlook mātauranga Māori, we will fail to achieve equity and uplift wellbeing for Māori. In particular, there are certain aspects of a person which are at risk of being neglected if we take a purely Western

approach to psychology. Nathan and colleagues (2003) note that:

“When tikanga Māori processes are applied to Māori individuals certain things happen to their wairua, hinengaro and tinana. What happens has never really been acknowledged within a Pākehā paradigm as a scientifically credible intervention in the psychology of human behaviour” (p. 3).

In line with this idea, a recent Governmental inquiry into mental health and addiction in Aotearoa surveyed the voices of numerous practitioners, service users, their whānau (family), and the general public, and generated a report which called for significant shifts in practice. *He Ara Oranga* called for approaches to Māori mental health which include a “recognition of ... the importance of cultural as well as clinical approaches, emphasising ties to whānau, hapū and Iwi” (Government Inquiry into Mental Health and Addiction, 2018, p. 9). Māori participants highlighted the importance of Te Ao Māori for their wellbeing and the shortcomings of the Western model of mental health when it comes to understanding Māori experience. Further, it was suggested by Māori that, as they currently exist, mental health services fall short of an equitable partnership between Māori and the Crown. These findings suggest that, in order to ensure equal access to and outcomes of psychological intervention, psychology in Aotearoa needs to commit to increasing practitioners’ knowledge of Te Ao Māori and their competence and confidence to put this into practice.

While, in our experience, Psychologists have certainly displayed a willingness to uplift their cultural competency and practice in a bi-cultural way, there are significant challenges to overcome. As stated above, many Psychologists have had limited exposure to Te Ao Māori throughout their lives and their clinical training. The balance is already skewed towards Western approaches, given the disproportionate degree to which these have been researched, reviewed, and documented. We are not suggesting that these approaches are ineffective, rather highlighting that the research base for indigenous interventions is still in its infancy and not always amenable to standard methods of validation (i.e., quantitative indices of effects size). The prominence of the evidence-based practice (EBP) model within the profession of psychology is undoubtedly a strength, as it ensures that practitioners are making well informed practice-based decisions that are most likely to lead to desired outcomes. The EBP model contains three overlapping circles containing: the best research evidence, practitioner expertise and experience, and client priorities and values, with the context surrounding these three circles and best practice occurring within their intersection (Spring & Neville, 2011). In addition to these core elements of best practice, the ethical principles that govern the profession of psychology require practitioners to develop and display cultural competence when working with diverse cultural groups, including Māori (Code of Ethics Review Group, 2012). These ethical principles and the EBP model have informed the development of the framework, alongside Kaupapa Māori values, qualitative research, and the developers’ own experiences attempting to work bi-culturally in this space.

It is acknowledged that there are varied understandings of what bi-cultural practice means, however, for the purpose of this paper we define it as:

“a complex and multifaceted subject, focused on relationships between indigenous Māori and non-indigenous Pākehā (white New Zealanders), as well as relationships across different Māori groups. It brings together indigenous and non-indigenous knowledge and practices that enhance people’s wellbeing. It is crucially concerned with being culturally responsive and sensitive.” (Eketone & Walker, 2015, p. 103)

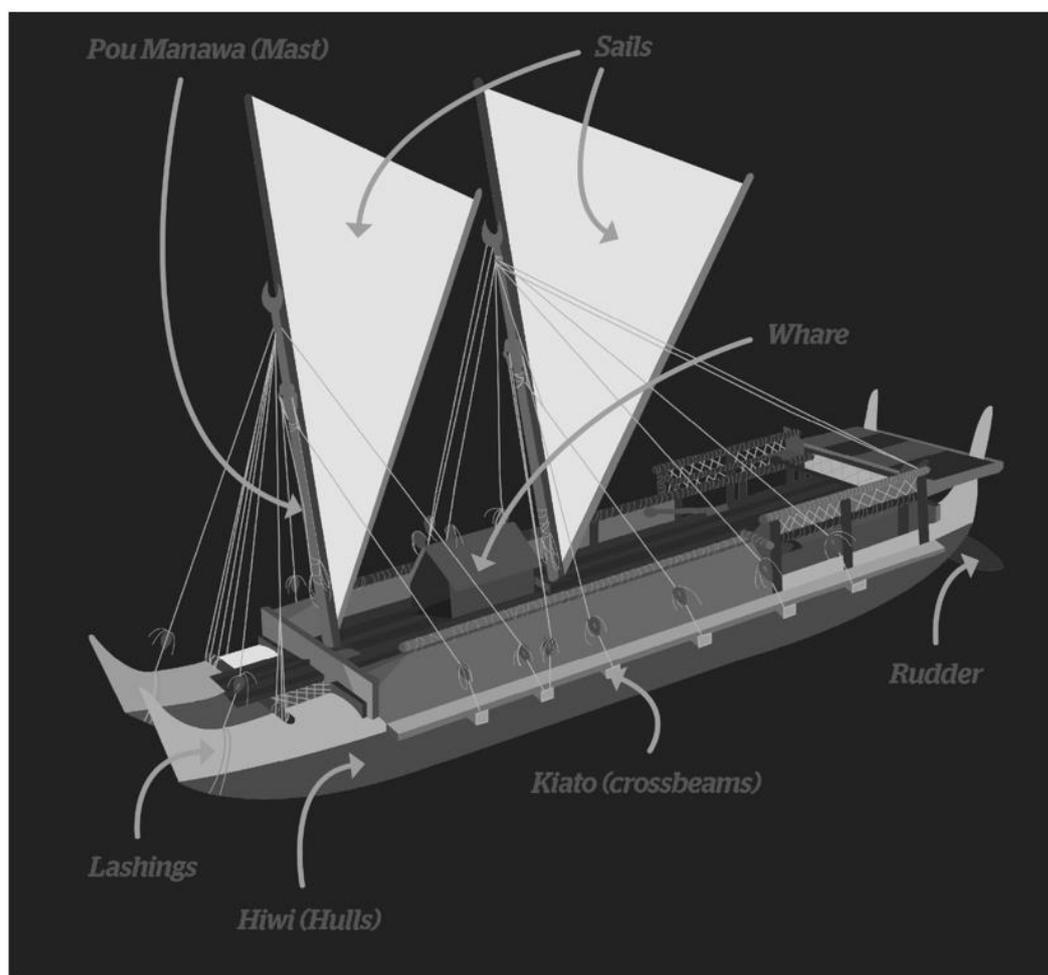
This definition suggests that bi-cultural practice exists within the relationships between practitioners, knowledge systems, and clients (i.e., it involves collaboration), requiring cultural competence (at the individual practitioner level) to effectively weave knowledge together. Cultural competence can be defined as an awareness of one’s own cultural background, world view, and sources of bias, paired with knowledge about the history, values, and practices of other relevant cultures, and the skills to put this into practice with members of that culture (Heppner et al., 2012). A requirement of the framework we set out below will be a commitment on behalf of practitioners to develop cultural competence through collaborative practice, self-reflection, supervision, and other educational avenues (e.g., learning Te Reo / language, Aotearoa’s history / Te Tiriti o Waitangi, etc.). The framework we present here represents one attempt at bringing together Māori and Tauīwi practitioners, with their specialised expertise and knowledge, to elevate mātauranga Māori alongside Western psychology and support authentic bi-cultural practice.

A Way Forward: Developing a Framework

In line with the issues and suggestions discussed above, a fruitful way forward is to draw equally on the strengths of Western psychology and mātauranga Māori. There have been a number of suggestions put forward in recent years to advance this vision. A relevant model here is Macfarlane and colleagues’ (2015) *He Awa Whiria* (the braided rivers). This model aims to shift thinking away from a ‘one-stream’ paradigm, where dominant or ‘mainstream’ knowledge is considered universal. The approach taken by *He Awa Whiria* does not exclude other cultures or worldviews, rather, it provides a platform for them to be woven into any programme or system. Equity in perspectives is necessary according to *He Awa Whiria* (Macfarlane & Macfarlane, 2019). However, we suggest that this does not mean that both streams will always meet or run parallel and equally strong for a specific task. For example, there may be particular tasks for which one stream is better equipped to provide guidance at any given time. However, equity means that both streams are considered equal in terms of being able to provide valid and useful knowledge for the task at hand. Our framework is informed by this model and to some extent operationalises it.

An important consideration when designing a framework is the risk of misappropriating mātauranga Māori or only using it in a tokenistic way. This can be

Figure 1. Waka Hourua, a double hulled canoe



mitigated through the equal involvement and power of those who hold mātauranga in the design, review, and piloting of initiatives. It can also be achieved through the dual focus on oranga, or Māori conceptions of and indicators of wellbeing, and promoting behavioural change. The framework should empower and support practitioners to consider diverse and, at times, competing sources of evidence and knowledge. To enable bi-cultural practice, organisations will need to create the conditions that support an awareness and understanding of Māori approaches. As discussed above, a potential barrier to truly equitable bi-cultural practice is epistemic primacy, or prioritising certain types of knowledge over others. Instead, the framework aims to support practitioners to adopt a plurality of perspectives, worldviews, and practice frameworks (Strauss-Hughes et al., 2021). This means that practitioners must be willing to fully consider the merits of different perspectives. The framework will guide practitioners to work through tensions between perspectives or sources of evidence when they arise, both within and between persons. A focus on plurality and equity will ensure the framework is able to bring together a range of models, concepts, and knowledge, from Te Ao Māori and Western psychology.

This framework was designed by four practitioners, two Māori and two Tauīwi, with experience and expertise in

Western psychology and Te Ao Māori within a Correctional rehabilitation context. While a framework can take many forms, we believe that it should clearly spell out the steps practitioners must take to uplift Te Ao Māori within any particular task, and how they can navigate the challenges which arise. The development and implementation of the framework should not be the final step in our endeavours to embed mātauranga Māori within psychological practice. Foreshadowing the final phases of the framework described below, the evaluation of any initiatives utilising it is paramount. We have seen too many promising strategies and frameworks abandoned due to inadequate investment in follow through and a lack of accountability in terms of measuring outcomes.

The Framework: Tikanga Takirua

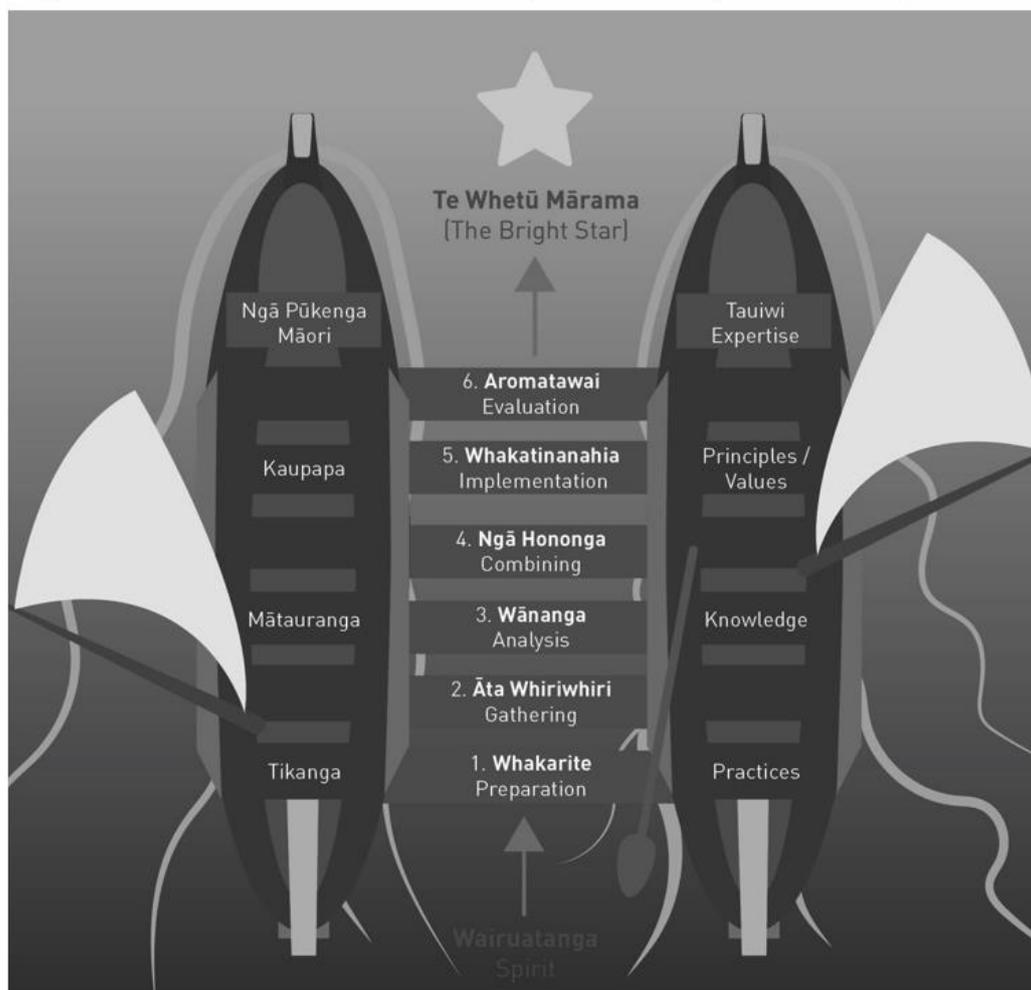
Prior to presenting Tikanga Takirua in its entirety, it is important to outline its aims and scope. Tikanga Takirua does not aim to define or guide bi-cultural practice at the individual level, within practitioners. Rather, it will assist practitioners to work together in a bi-cultural way. It will provide guidance, in terms of an over-arching metaphor and practical steps, which practitioners can use to weave together Māori and Tauīwi perspectives as they navigate any project (e.g., intervention or training design, provision of supervision, working with clients). At the individual practitioner level, it necessitates cultural capability,

including reflective practice (i.e., awareness of personal biases/assumptions) and developing relevant knowledge (i.e., mātauranga) and practical skills (i.e., tikanga). Only when practitioners can fully appreciate the value added by both perspectives, can they identify when additional support/expertise is needed and consider alternative approaches which may previously have been overlooked. The bi-cultural practice promoted through Tikanga Takirua will involve holistic, individualised, and multi-modal approaches, rather than ‘one size fits all’. For this reason, it contains guidance to support practitioners to make decisions in an ethical and equitable way, while allowing enough flexibility to adapt to various tasks and constraints. It is intended for use by practitioners who need to combine Māori and Western knowledge, and who have access to ngā pūkenga Māori and Tauwiwi expertise, whether this is in the form of clinical or Māori cultural supervision, collaboration with colleagues, or enlisting the expertise of iwi Māori.

In line with a number of recent strategies and initiatives within the public sphere, we have adopted the analogy of a *Waka Hourua* (a double hulled canoe, see figure 1) as the foundation for Tikanga Takirua. The following is based on descriptions by Evans (2015; 2021) and Spiller, Barclay-Kerr, and Panoho (2015). The *Waka Hourua* represents the two bases of knowledge and expertise

(Māori and Tauwiwi) working together, it is about connecting cultures and reclaiming knowledge. *Te Whetū Mārama* (the bright star) represents the over-arching kaupapa values which guide practitioners on their journey towards their intended outcomes (e.g., increasing wellbeing, changing behaviours). The crew represents the team of practitioners who will work together, moving between knowledge bases to achieve these aims. This team are responsible for navigating knowledge streams, and they receive guidance from others along the way, for example, through supervision and leadership. The project leads/captains are the *kaitiaki* (guardians) responsible for the direction of the project (i.e., the rudder), while the rest of the crew guides navigation through providing expertise. Early on, team members need to identify their levels of expertise (and its limits) and any support they need for the journey. The two hulls represent mātauranga (knowledge) bases; two broad perspectives and the models, approaches, and skills contained within each. Practitioners move between the hulls to gather knowledge from either side. The two masts in the middle of the *waka* represent supervision, both clinical and cultural/Māori. These conversations guide the direction of the journey through reflective deliberation. The masts must be secure to keep the sails safe, they provide unwavering support, and hold the team when motivation or *wairuatanga* (spirit) is strong

Figure 2. Six *Kīato*, crossbeams which represent the six phases of Tikanga Takirua



and when it is lacking. The sails represent the collective motivation or mauri (energy) and will to move forward, they are supported by the masts (i.e., supervision).

The six kīato (cross-beams which connect the hulls) keep the hulls aligned by providing contact points for sharing knowledge and resources. These kīato are planks of connectivity, they attach values and principles to practice and support a holistic approach. The kīato enable practitioners to deepen their practice and enact their values through connecting with both hulls. In Tikanga Takirua these represent six phases of a project or practice-related task. The lashings which connect the kīato to each hull are flexible enough that each can work with the other side. The lashings hold the hulls together through reflection on what binds us together (i.e., shared purpose, values). Everyone is responsible for these, and they need to be attached early in the journey. There is a small whare in the middle of the waka, which represents the space for collaboration, learning, and collective decision-making (i.e., wānanga). The environment (e.g., the ocean, wind, current) is complex and variable, necessitating flexibility and willingness to change the course or return to shore in response to unexpected variables. Practitioners will encounter challenges on this journey and will navigate these together as Māori and Tauīwi, as well as sharing victories.

The six phases of Tikanga Takirua are adapted from a revised model of the five step inquiry process of evidence-based practice in psychology (Prujean et al., 2021). This revised framework aimed to resolve several shortcomings in the standard model, including the lack of a clear target or question to guide inquiry and the neglect of values (Prujean et al., 2021). According to this revised model, a critical first step is to clearly formulate the target or question for inquiry, in our framework this means that we set the intention clearly in the first phase to define the aims of the project and the logic of its particular task (e.g., the programme, training, etc.). This logic then guides the following phases. In terms of values, Tikanga Takirua requires the open communication of one's own values within phase one (through whakawhanaungatanga) as well as on-going reflection throughout the project.

The name *Tikanga Takirua* was suggested by Rikirangi Gage, CEO of Te Rūnanga o Te Whānau a Apanui (an iwi trust located in the Bay of Plenty) and the third author of this paper, who is also of Te Whānau a Apanui descent. The name reflects the collaboration between two approaches to practice: mātauranga Māori and Western psychology. Tikanga means the correct way to do things and Takirua means two working together, side by side. We believe that Tikanga Takirua represents one way for Māori and Tauīwi within the field of psychology to undertake the core tasks of their role together, in a fair and equitable way. This means that in tasks where collaboration is possible, practitioners who hold expertise in each world can contribute, with both kinds of knowledge and expertise considered equally valid and relevant. It is possible that the framework could be applied to work with individual clients, however, collaboration between practitioners is necessary to ensure that both kinds of expertise are represented appropriately. We have chosen to use both Māori and English terms for all phases

of Tikanga Takirua, to reflect the bi-cultural nature of the framework.

Phase 1: Whakarite / Preparation

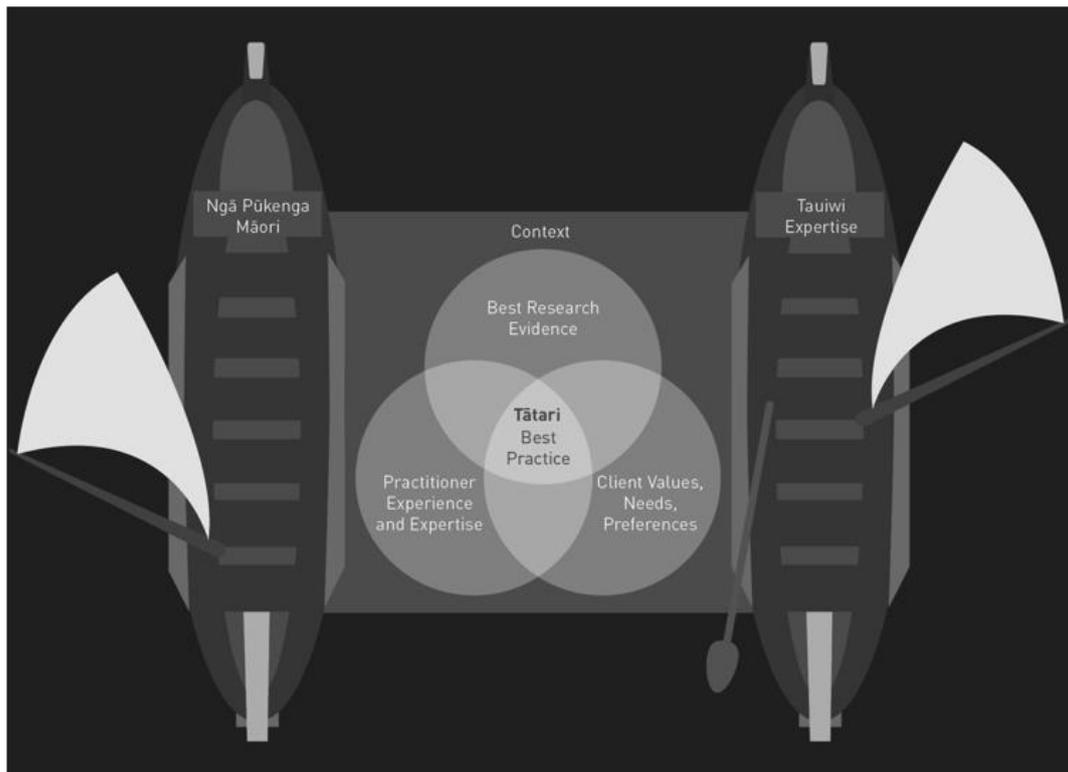
The first phase has two parts, these can be completed concurrently or one after the other, depending on the project. The aim of the first phase is to prepare for the journey (i.e., project) ahead, through both making sure the appropriate team have been identified and that there is a clear direction to move in together.

Whakariterite - considered planning and strategic design. The aims, tasks, and intended outcomes of the project are described in detail in the first phase. The key project tasks will vary, for example, the design of a new rehabilitation programme, assessment process, practitioner training package, or provision of supervision to practitioners. However, the aims and outcomes will always be centred upon the wellbeing of people. This means that throughout the project, practitioners will consider the impacts of the decisions they make on the 'end users'; the intended outcomes will be client-centred. Crucially, this phase includes the development of a logic model, built upon a sound theory of change which "explains the process of how a change will occur; it illustrates the relationships between actions and outcomes and how they can work together to bring about a desired change" (Pennsylvania Coalition Against Rape, 2018, p. 1). Key considerations in this phase include the impact of the current piece of work on clients (e.g., how does it enhance wellbeing?), how this is proposed to occur, and how we will know if we are successful (i.e., what would a strong evaluation look like, what are we measuring?).

Whakawhanaungatanga – coming together as a team. In this phase, key people on the project team are identified and their roles are outlined. Practitioners must understand what is expected of them as a team and as individuals. It is important at this phase that there is explicit partnership (kotahitanga) between Māori and Tauīwi, this needs to be equal across levels (including leadership) and cannot be an afterthought. The concepts of Mana Ōrite (equal/shared power to determine outcomes) and Mana Taurite (co-governance or balance in power at the highest levels of decision-making and resource allocation) are crucial within this phase. It is important to note that this process of shared power extends well beyond the initial step of co-design, to critical later steps, including implementation and evaluation. For example, rehabilitation programmes often have face validity through the inclusion of Māori concepts, but their evaluation methodology often derives from a purely Western perspective (i.e., pre-post significance testing, programme effect sizes, etc.). Mana Ōrite highlights the importance of partnership from inception to completion of the project, whereas Mana Taurite highlights the need for leaders, both Māori and Tauīwi, to be empowered equally throughout the phases of *Tikanga Takirua*.

Once the team is formed, they need to spend time reflecting on the aims of the project (and the plan) and connecting with a shared purpose. This may include developing a kawa (set of guidelines to work together) and planning for how they will ensure respect, trust, and equal ability to influence outcomes. Individuals may share their

Figure 3. Āta Whiriwhiri, gathering knowledge, guided by the principles of evidence-based practice



reasons for engaging in this project, cultural background, values, expertise, and any biases or limitations in knowledge. Key considerations include what role each person will take on the journey (i.e., tasks and responsibilities), personal strengths and expertise, and gaps in knowledge. Explicitly considering personal and collective values at this phase means that practitioners are less likely to fall into the trap of assuming that their decisions, as well as the evidence and models which they base them on, are value free (Ward & Heffernan, 2017).

Phase 2: Āta Whiriwhiri / Gathering

In the second phase, practitioners with expertise in Psychology and ngā pūkenga Māori gather relevant information from both hulls (i.e., knowledge-bases). It is helpful at this phase to begin with a relatively blank slate, without assumptions about what the end product will look like. This helps to ensure equity of perspectives and broadening of knowledge. The intent is that Te Ao Māori is elevated alongside psychology, rather than being an afterthought or grafted on to existing processes. During this phase practitioners will make informed and transparent decisions about what knowledge or expertise from each hull is relevant, by collectively considering the key aims and the logic model. In addition, the gathering of relevant information is guided by the evidence-based practice model.

In the field of psychology, evidence-based practice refers to “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA Presidential Task Force, 2006, p. 271). It is important to remember that, rather than adopting an ‘evidence

hierarchy’ perspective, grounded in Western epistemic values such as objectivity, consistency, etc., “what constitutes best evidence will vary according to the specific inquiry task, as will the kind of knowledge required” (Prujean et al., 2021, p. 2). International research undoubtedly forms part of the picture, but on its own is not enough. There is a growing evidence-base for kaupapa Māori initiatives and interventions, and this evidence base will grow further if we are able to appropriately implement and evaluate Māori approaches according to Māori and Western methodologies (e.g., Martel et al., 2021). As above, evidence is considered broadly, for example, treatment outcome studies, psychological theories, qualitative studies, smaller scale case studies, and mātauranga Māori are all considered relevant sources of information. The question is whether and how they fit with the task at hand, the logic model can guide these conversations and decisions. We must also consider the values and perspectives of the client population and the expertise of practitioners, and then look to the available evidence and knowledge concerning what works to bring about the changes we want to see. This phase is complete when all team members are satisfied that enough relevant information has been gathered. Once again, ensuring that there is a balance in power and decision-making between Māori and Tauiwi practitioners.

Phase 3: Wānanga / Analysis

In the third phase, practitioners come together in wānanga to develop a shared understanding of relevant knowledge. The first aim of this phase is mutual understanding and learning. This can occur through use of

examples, metaphor, gaining an experiential or applied understanding of unfamiliar concepts (rather than academic learning), and avoiding basic translation and one-to-one thinking (i.e., assimilation or misappropriation) about concepts (Togni, 2017). Once this is achieved, practitioners collectively make decisions about what knowledge to utilise within the project. For example, considering what is the most relevant, where there may be overlap, redundancy, or tensions between models. These decisions involve evaluating the knowledge from both Māori and Tauwiwi perspectives, suspending biases, and seeking to understand through stripping concepts back to their basic components (i.e., conceptual analysis). It is important to return to the logic and consider which knowledge best meets the project aims, but it is also important to ensure that both Māori and Tauwiwi practitioners are empowered to make these decisions. This phase ends with a plan for which Māori and Western psychological concepts and models will be used together in the project.

Phase 4: Ngā Hononga / Combining

The fourth phase requires practitioners to collaborate and combine (i.e., weave together) Māori and Tauwiwi models or concepts which will be used to meet the aims of the project. It is critical here that there is a mutual understanding of the models/concepts to be used, so all practitioners understand what each has to offer the project (in terms of its logic) and how it relates to other models or concepts. Learning can continue at this phase, to deepen practitioner understanding of new approaches. It is important to allow models and concepts to sit alongside each other, rather than trying to reduce one to the other. It is also important to consider whether they fit together in a logical order and if similar or complementary concepts can be used together to reduce repetition. Making these decisions will mean returning to the logic and considering how the different approaches work together to create change. It is important to note that this phase may involve multiple designs and revisions, practitioners must not be afraid to return to earlier phases if needed (e.g., reviewing the kawa, the logic, considering new knowledge from either hull where needed). This phase is complete when the project design has occurred, the core tasks of the plan are complete and ready to implement.

Phase 5: Whakatinanahia / Implementation

The fifth phase involves piloting and rolling out the project. The team need to consider how the product (e.g., intervention, training) will be received and how best to support its integration within existing practice. For example, considering what level of training, supervision, and on-going support is needed to ensure that it is delivered as intended, whether there are any tensions or inconsistencies with current practice or processes. The team also need to ensure that any monitoring mechanisms and outcome measures are in place to capture important information about how the project is received and implemented. This phase also involves embedding any monitoring measures that are necessary for the final phase.

Phase 6: Aro Matawai / Evaluation

The sixth and final phase is on-going, from the time of roll out. Depending on the project, the evaluation may continue for as long as the product is in use. The aim of this phase is to gather information relevant for ensuring fidelity, enable on-going improvements or refinements, respond to implementation issues (i.e., formative and process evaluations), and justify continued use in practice through achieving its intended outcomes (i.e., impact evaluation). This might involve gathering feedback from the project team, people who are delivering/using the product, and/or clients who engage with it. It is important to use the logic again here to determine intended outcomes and information relevant for tracking this over time. A strong commitment to evaluation will mean that teams are building up their own knowledge base and learnings for future projects, rather than reinventing the wheel or relying on international evidence alone.

It is critical to be clear about what the intended outcomes are at the outset and be realistic about the sorts of benefits which may be realised in the short and longer term. This requires attention to the mechanisms which underpin change and the relationships between these. For example, the team might propose that the product will support psychologists to deliver treatment more bi-culturally, elevating the use of mātauranga Māori within interventions. This may be a short-term outcome which can be evaluated through piloting and on-going feedback from those using the product. Secondly, one might expect that this elevation of mātauranga will result in Māori clients being able to connect with their culture through interaction with practitioners and interventions which authentically understand and represent Te Ao Māori. It will be necessary to design outcome measures that can track progress towards this goal (i.e., experiences, level of engagement measured through attendance/progress) over time. Thirdly, we may expect that if this goal is realised (even partially), then we will see differences in outcomes of interest (i.e., wellbeing indicators, behavioural change).

It is important that these outcomes and the hypothesised mechanisms of change are explicitly articulated and brought together within a coherent and achievable plan for evaluation, which is properly resourced. Further, the methodologies used to evaluate initiatives must be focussed broadly on numerous outcomes of interest and employ mixed methodology which draws from both Western and Kaupapa Māori approaches to research (e.g., Martel et al., 2021). It is inappropriate to evaluate a bi-cultural piece of work solely through Western methodologies. Importantly, the evaluation must be used to further refine the product and respond to the needs of those using it (e.g., clarification, training, resource). Otherwise, there is a risk of expecting unrealistic short-term outcomes and abandoning new initiatives before they have a chance to be embedded in a meaningful way.

Conclusions and future directions

In this paper we have outlined the rationale for and development of a bi-cultural framework for psychological practice, Tikanga Takirua. We briefly explored some of the challenges faced by psychology in Aotearoa and then suggested some ways forward in the form of a preliminary framework. A core issue when implementing Tikanga

Takirua will be the magnitude of the international psychological evidence in comparison with the small, but growing, evidence base surrounding indigenous approaches (e.g., Castell et al., 2018; Chalmers, 2014; Grace, 2019; Nathan et al., 2003; Shephard, 2018; Soto, 2018; Walton & Martin, 2021). We argue that the prioritisation of empirical/statistical evidence over indigenous perspectives has led to the transportation of Western psychological interventions into a context where they are not, on their own, fit for purpose. Practitioners need a way to navigate the challenging task of weaving together Māori and Western psychological perspectives. We believe that there is currently a significant opportunity for the field of psychology in Aotearoa to become world leading in terms of bi-cultural practice, this is exciting, and we hope that we, as a discipline, can rise to the challenge.

We also hope that Tikanga Takirua signals the beginnings of a more equitable representation of Māori knowledge and participation in the field of psychology. We are stronger together and the time is now opportune to capitalise on the strengths of these two knowledge bases. It is our intention to further refine the framework in response to feedback and following a pilot project. We realise that if Tikanga Takirua is to achieve its aim, to

References

- American Psychological Association (2021). *Apology to People of Color for APA's Role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S.* Retrieved from: <chrome-extension://efaidnbmninnbpcjpcglclefindmkaj/https://www.apa.org/about/policy/resolution-racism-apology.pdf>
- American Psychological Association Presidential Task Force on Evidence-Based Practice (2006). Evidence-based practice in psychology. *American Psychologist*, 61, 271–285. doi.org/10.1037/003-066X.61.4.271
- Bourdieu, P. (1991). *Language and Symbolic Power*. Cambridge, MA: Harvard University Press
- Castell, B., Kilgour, G., & Tamatea, A. (2018). Are psychologists meeting the needs of Māori? A perspective from Psychological Services. *Practice: The New Zealand Corrections Journal*, 6(2), 14-19.
- Chalmers, T. (2014). *Exploring Māori identity behind closed doors: An investigation of Māori cultural identity and offender change within Waikeria Prison's Māori Focus Unit, Te Aō Marama*. Unpublished Doctoral Thesis, Massey University.
- Code of Ethics Review Group. (2012). *Code of ethics for Psychologists working in Aotearoa/New Zealand*. <https://www.psychology.org.nz/members/professional-resources/code-ethics>
- Department of Corrections. (2019). *Hōkai Rangi: Ara Poutama Aotearoa strategy 2019-2024*. Retrieved from: chrome-extension://efaidnbmninnbpcjpcglclefindmkaj/viewer.html?pdfurl=https%3A%2F%2Fwww.corrections.govt.nz%2F_data%2Fassets%2Fpdf_file%2F0003%2F38244%2FHokai_Rangi_Strategy.pdf
- Eketone, A., & Walker, S. (2015). *Bicultural practice: Beyond mere tokenism*. In *Social Work for Sociologists* (pp. 103-119). Palgrave Macmillan, New York.
- Evans, J. (2015). *Hekenukumai Busby: Not here by Chance*. Huia Publishers, Wellington.
- Evans, J. (2021). *Reawakened: Traditional navigators of Te Moana-nui-a-Kiwa*. Massey University Press.
- Foucault, M. (1980). *Power/Knowledge: Selected Interviews and Other Writings 1972-1977*. Harvester Press, London.
- Government Inquiry into Mental Health and Addiction (2018). *He Ara Oranga*. Retrieved from: www.mentalhealth.inquiry.govt.nz/inquiry-report/
- Grace, R. (2019). *Outcome evaluation of the Te Piriti Special Treatment Unit for men who have sexually offended against children*. Unpublished Report.
- Johnstone, K., & Read, J. (2000). Psychiatrists' Recommendations for Improving Bicultural Training and Māori Mental Health Services: A New Zealand survey. *Australian & New Zealand Journal of Psychiatry*, 34(1), 135–145. <https://doi.org/10.1046/j.1440-1614.2000.00683.x>
- Jordan, L. S., Seponski, D. M., Hall, J. N., & Bermúdez, J. M. (2021). 'Hopefully you've landed the waka on the shore': Negotiated spaces in New Zealand's bicultural mental health system. *Transcultural Psychiatry*. <https://doi.org/10.1177/13634615211014347>
- King, P., Hodgetts, D., Rua, M., & Morgan, M. (2017). Disrupting being on an industrial scale: Towards a theorization of Māori ways-of-being. *Theory & Psychology*, 27(6), 725-740.
- Levy, M. P. (2002). *Barriers and incentives to Māori participation in the profession of psychology: A report for the New Zealand Psychologists' Board*. <https://researchcommons.waikato.ac.nz/handle/10289/457>
- Macfarlane, A. H., Blampied, N. M., & Macfarlane, S. H. (2011). Blending the Clinical and the Cultural: A Framework for Conducting Formal Psychological Assessment in Bicultural Settings. *New Zealand Journal of Psychology (Online)*, 40(2), 5–15.
- Macfarlane, A., & Macfarlane, S. (2019). Listen to culture: Māori scholars' plea to researchers. *Journal of the Royal Society of New Zealand*, 49(sup1), 48-57. DOI: 10.1080/03036758.2019.1661855
- support collaborative bi-cultural practice which uplifts mātauranga Māori alongside psychology, practitioners will need additional support. There will likely be issues relating to time and resource, but we strongly believe that this is a promising way forward, and we welcome practitioners from a range of professional roles to draw from Tikanga Takirua in their work.
- To conclude, the following whakatauki illustrates the analogy of the waka and the importance of aiming high and choosing a course of action which will benefit all people.
- “Kimihia e te iwi te ara o te tikanga kia noho i te ao nei no reira. Me herea to waka ki nga whetu o te rangi kaua ki ngā toke o te whenua”
- “Seek an appropriate path so everyone will benefit in this world. Set your goals high and attach your waka to the stars, not with the worms on the ground”.
- (Rikirangi Gage, 2010)
- This whakatauki speaks to the lofty aims of Tikanga Takirua and the challenges which lay ahead for Māori and Tauīwi practitioners. In our opinion, if we want to achieve real change and realise the long-held goal to uplift oranga for Māori and Tauīwi, we need to aim high.

- Macfarlane, S., Macfarlane, A., & Gillon, G. (2015). Sharing the food baskets of knowledge: Creating space for a blending of streams. In A. Macfarlane, S. Macfarlane, & M. Webber (Eds.), *Sociocultural realities: Exploring new horizons* (pp. 52–67). Christchurch, New Zealand: Canterbury University Press.
- Martel, R., Shepherd, M., & Goodyear-Smith, F. (2021). He awa whiria—A “Braided River”: an indigenous Māori approach to mixed methods research. *Journal of Mixed Methods Research*, 16(1), 17-33. DOI: 10.1177/1558689820984028
- Masters-Awatere, B., Trynes, M., Karapu, R., Robertson, N., & Waitoki, W. (2003). *An evaluation of the cultural supervision prototype undertaken within the Department of Corrections*. Hamilton. <https://researchcommons.waikato.ac.nz/handle/10289/85N>
- Nathan, L., Wilson, N.J., & Hillman, D. (2003). *Te Whakakotahitanga: An evaluation of the Te Piriti special treatment programme for child sex offenders in New Zealand*. Psychological Service Report, Department of Corrections. Wellington, New Zealand.
- Pennsylvania Coalition Against Rape (2018). Theory of change and logic models. Retrieved from: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://pcar.org/sites/default/files/resource-pdfs/tab_2018_logic_models_508.pdf
- Prujean, C., Ward, T., & Vandeveld, S. (2022). Translating science to clinical practice in correctional settings. *Aggression and Violent Behavior*, 63, 101703. doi.org/10.1016/j.avb.2021.101703
- Radio New Zealand. (2021, July 28). *University academics' claim mātauranga Māori 'not science' sparks controversy*. <https://www.rnz.co.nz/news/te-manu-korihi/447898/university-academics-claim-matauranga-maori-not-science-sparks-controversy>
- Sawrey, R. (1993). *A survey of psychologists' opinions and behaviours on aspects of Māori mental health*. Paper presented at the New Zealand Psychological Society's Annual Conference in 1991 held at Massey University, Palmerston North.
- Shephard, S.M., Delgado, R.H., Sherwood, J. & Paradies, Y. (2018). The impact of indigenous cultural identity and cultural engagement on violent offending. *BMC Public Health* 18:50. DOI 10.1186/s12889-017-4603-2A.
- Soto, T.B. Smith, D. Griner, M. Domenech-Rodríguez, G. (2018). Cultural adaptations and therapist multicultural competence: Two meta-analytic reviews. *Journal of Clinical Psychology*, 74(11), 1907 -1923.
- Spiller, C., Barclay-Kerr, H., & Panoho, J. (2015). *Wayfinding leadership: Ground-breaking wisdom for developing leaders*. Huia Publishers, Wellington.
- Spivak, G. C. (1994). *Can the Subaltern Speak?* In P. Williams, & L. Chrisman (Eds.), *Colonial Discourse and Post-Colonial Theory: A Reader* (p. 93). Hertfordshire: Harvester Wheatsheaf.
- Spring, B., & Neville, K. (2011). Evidence-based practice in clinical psychology. In D. H. Barlow (Ed.), *The Oxford handbook of clinical psychology* (pp. 128–149). Oxford University Press.
- Strauss-Hughes, A., Ward, T., & Neha, T. (2021). Considering practice frameworks for culturally diverse populations in the correctional domain. *Aggression and Violent Behavior*, 101673. doi.org/10.1016/j.avb.2021.101673
- Togni, S. J. (2017). The Uti Kulintjaku Project: The path to clear thinking. An evaluation of an innovative, Aboriginal-led approach to developing bi-cultural understanding of mental health and wellbeing. *Australian Psychologist*, 52(4), 268-279.
- Waitangi Tribunal. (2017). *Tū mai te rangi! Report on the Crown and disproportionate offending rates*. Retrieved from: Chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/viewer.html?pdfurl=https%3A%2F%2Fforms.justice.govt.nz%2Fsearch%2FDocuments%2FWT%2Fwt_DOC_121273708%2FTu%2520Mai%2520Te%2520Rangi%2520W.pdf&clen=2469042&chunk=true
- Waitangi Tribunal (2018). WAI 2725 #1.1.1, *The Psychology in Aotearoa Claim: Statement of Claim*. Wellington, New Zealand: Author.
- Waitoki, W., & Levy, M. P. (2015). *Māori Psychology Workforce & Māori-Focussed Course Content Review*. Retrieved from: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://researchcommons.waikato.ac.nz/bitstream/handle/10289/9847/Maori%20Psychology%20Workforce%20Data%20Report%20May%202015.pdf?sequence=2&isAllowed=y
- Walton, D., & Martin, S. (2021). *The Evaluation of Te Ara Oranga: The Path to Wellbeing. A Methamphetamine Harm Reduction Programme in Northland*. Wellington: Ministry of Health.
- Ward, T., & Heffernan, R. (2017). The role of values in forensic and correctional rehabilitation. *Aggression and violent behavior*, 37, 42-51. doi.org/10.1016/j.avb.2017.09.002
- Wilson, D., Moloney, E., Parr, J. M., Aspinall, C., & Slark, J. (2021). Creating an Indigenous Māori-centred model of relational health: A literature review of Māori models of health. *Journal of clinical nursing*, 30(23-24), 3539-3555. DOI: 10.1111/

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