# **CLINICAL DIVISION FORUM**

## **EDITORIAL**

## Clinical Psychology and Kaupapa Maori

Clinical psychologists in practice and in training, the University Diploma programmes and the Psychologists Board, all need urgently to attend to bicultural issues.

For too long there has been little, if any, meaningful or active acknowledgement of the particular cultural concerns and needs of Maori by practitioners and teachers in the field of Clinical Psychology. This despite the fact that clinicians working in welfare, health and corrections environments typically have a high proportion of Maori clients. As a profession, we have an ethical responsibility to be culturally sensitive and to be responsive to cultural differences. As citizens, we have responsibilities under the Treaty of Waitangi. It is unlikely that we can fulfill either role effectively if we remain largely ignorant of the culture and language of the Maori.

Further, many of the concepts and assumptions of Western psychology most likely have little, if any, generality to the Maori cultural milieu. And, the bulk of assessment instruments, devised and normed in the USA or Britain, probably have minimal validity when applied to Maori clients.

With these handicaps, it is to be expected that Maori are unlikely to benefit greatly from contact with clinical psychology as it is taught and practised today. What is needed is a determined effort by the NZPsS, the Universities and the Psychologists Board, to enlighten practitioners.

Incorporation of Kaupapa Maori into undergraduate and graduate courses in psychology; offering post-graduate and continuing education programmes for those already in the profession; and setting guidelines for continuing competence that include education in Maori culture and language, represent possible approaches to reducing the level of ignorance and increasing cultural sensitivity.

Another is to increase the relevance and value of clinical training programmes to Maori students. The best qualified people to work with Maori are Maori. Currently, Maori students express views indicating that the domination of western (typically US) cultural values and knowledge in course teaching, literature, and clinical theory and proce-

dures, offers little of relevance in a clinical training for working with their people. They rightly feel that their culture is dismissed as non-significant or ignored by academic and applied psychology. This needs urgent attention through active collaboration with, and support of, Maori people working to bring together the corpus of knowledge that represents a Maori perspective on psychology.

There also needs to be a move toward encouraging active research and scholarship directed at enriching and expanding our knowledge and understanding of Maori psychology and its points of similarity to, and difference from, its western counterpart. And there should be Maori input into the content, focus and teaching of clinical training programmes. The consequences would benefit psychology, psychologists and the client populations with whom we work. New ideas, knowledge, understanding, challenges and procedures may arise.

We in the profession have to create the openings and opportunities.

What are you prepared to do?

#### **Barry Parsonson**

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## Interested in Joining the Clinical Division

Intending members should write to:
Sue Treanor, Membership Secretary
Specialist Services Unit, DSW
112 Market Road, Epsom, Auckland

Requirements for membership are:

Full Member NZPsS, and one of the following:

- (a) Postgrad qualification in clinical psychology, and practicum experience recognised by CD Committee.
- (b) Postgrad qualification in educational psychology recognised by CD Committee, plus 2 yearsÆ training or clinical experience under supervision, to the satisfaction of a supervisor appointed by the CD Committee
- (c) Masters or B.Hons degree with clinical orientation in either papers or thesis, plus 2 year's training and supervision to the satisfaction of a supervisor appointed by the CD Committee.
- (d) Qualifications considered by the CD Committee equivalent to one of the above.