rug company reps and consider ways o reduce or eliminate these, and as vell find ways to reduce the pressure n psychiatrists by helping them feel OK about sharing decision-making. When things go wrong, as they nevitably will sometimes, everyone hould share responsibility, and upport one another.

The review would need to explore the recovery model" recently introduced n many other countries, including New Zealand. (No, I am not saying New Zealand is superior to Australia except, of course, when it comes to ugby.)

Further, the review would need to earn from the many innovative non-government organisations, such as Voices Vic and Mind, and study ways o prevent mental health problems leveloping - perhaps by focusing on providing safe and nurturing nvironments in the first few years of ife. Also, simply listen to the public. Finally, *The Age* can assist by reporting he issues without exaggerated eadlines such as "1000 DEATHS".

Dr John Read advises that no one should reduce or come off medication on the basis of information in this article but should, if they have concerns, consult the prescribing doctor.

Read more: http://www.smh.com.au/opinion/society-and-culture/with-more-talk-in-mind-20110914-1k9m2.html#ixzz1XyhOa4Ed

Toward cultural safety: clients –Part I

Marianne Lammers

Marianne Lammers, received her PhD in social psychology in 2002 from the University of Waikato. She co-ordinated the first year social psychology course at the psychology department of the university for six years, after which she accepted a position in the Hamilton Court managing the Restorative Justice Pilot Programme; a position she kept for five years. In January 2008 she started working for the Department of Corrections in Waikeria Prison as a facilitator in the Special Treatment Rehabilitation Programme for violent recidivist offenders who are mainly Māori; a position she still holds. Marianne noticed that in order to have a therapeutic alliance with her Māori clients she needed to become acquainted with kaupapa Māori, and to put that into practice in her work with her Māori clients.

Marianne was chair of the Waikato/BOP branch of the NZPsS from 2004 -2008 and is still on the executive. This year she organised and led the ethics workshop for the NZPsS Waikato branch in her region. She was also chair of the Institute of Counselling Psychology from 2007 to 2008 and is currently chair of the membership committee of the Institute.

Experiences of a non-Māori

This paper will be published in two parts. Part-one will incorporate a literary review of culture and how New Zealand's political and social history negatively impacted Māori identity formation. Part-two of this paper will be published in the next issue of Psychology Aotearoa. It will look at the values and practices of Māori culture, and how to incorporate these values and practices in treatment, so that culturally responsive interventions are delivered to Māori clients.

Abstract:

This study evaluates how a non- Māori practitioner finds ways to respectfully work with Māori clients. The author researches how New Zealand's political and social history has impacted on Māori identity formation. Furthermore, the deleterious developmental outcomes for Māori as a result of colonisation are discussed. This author learned to consider the psychological difficulties of Māori in the wider context of socio-political influence.

The writer identifies ways in which she familiarised herself with the values and practices of Māori culture and gained an understanding of the meaning of these practices. She comes to the understanding that if practitioners are committed to best practice, they will commit to a culturally responsive intervention for Māori clients, and show a willingness to understand and experience Māori culture so that they can deliver culturally safe treatment. Practical ways to incorporate Māori concepts and values into day-to-day work with Māori clients are discussed.

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Experiences of a non-Māori therapist working with Māori

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Declaration:

I am a group facilitator in a New Zealand prison in a Special Treatment Unit for recidivist violent offenders that offers a nine-month intensive group based cognitive behavioural treatment programme. I declare that I am a mature European woman, born into a middle-class family, have lived in New Zealand for over 40 years and feel that New Zealand is my home. Nevertheless, I am aware that the lens through which I view culture is coloured by the values, practices, biases and judgments related to my background that have helped shape my interpretation of the literature I hereunder review.

> ...we as non-Māori practitioners, need to familiarise ourselves with the values and practices of Māori culture, and have an understanding of the meaning of these practices, to the point where we feel comfortable working with people from both cultures

Literature Review

Researching Māori cultural approaches to evidence-based psychological treatment requires knowledge of the concepts of culture and biculturalism, as well as an understanding of Māori values and practices.

Culture is the learned, socially acquired traditions and lifestyles of members of a group (Nikora, 2001a) and refers to customs, practices, languages, values and worldviews that define social groups such as those based on ethnicity, region, or common interests; age or generation; iwi, hapu and tribal links; gender or sexual orientation; religious or spiritual beliefs; and disability (NZ Psychologists Board, 2006). In order to effectively work with people of another culture one needs to not only have an understanding of what the values and practices of that culture are, but to also have an understanding of the meaning of these values and practices. In Aotearoa/ New Zealand, "cultural competence includes biculturalism and also other differences in culture, ethnicity, age, gender, ability, religion, and so on" (Department of Corrections, June 2008, p. 44).

Biculturalism specific to Aotearoa/ New Zealand gives expression to the Treaty of Waitangi, the nation's founding document, and its principles of partnership, protection, and participation (NZ Psychologists Board, 2006). This partnership agreement, where two peoples met to sign an agreement for essentially two different groups to live together in respect and harmony is the basis of our work as therapists.

The New Zealand Psychologists' Code of Ethics (2002) stipulates that therapists working in New Zealand need to recognise that the Treaty of Waitangi sets out the basis of respect between Māori and non-Māori in this country. Showing respect for each other means needing to understand each other's culture so that one does not unintentionally disrespect the other out of ignorance. It also means that in everything we do as therapists, we need to see Māori and Pakeha values and practices as equal but

different (Nairn, in Evans, Rucklidge, & O'Driscoll, 2007). This means that we do not take Western values and practices as the reference point for Māori practices. For this reason we, as non-Māori practitioners, need to familiarise ourselves with the values and practices of Māori culture, and have an understanding of the meaning of these practices, to the point where we feel comfortable working with people from both cultures. Cultural safety needs to be incorporated in every interaction we have with our clients. It is not something to be put aside when the going gets tough and real issues are addressed. Only when culture is central to our work will we honour our obligation to show respect and grant dignity to all peoples as part of our common humanity, under the Treaty of Waitangi (NZ Psychologists Code of Ethics, 2002).

Ko te mea nui, he tangata (humanity is paramount) (Macfarlane, 1998).

Studies on Māori culture from a psychological perspective only commenced in the 20th century and are historically and culturally embedded. They have changed over time as New Zealand's values and political priorities shifted.

Only when culture is central to our work will we honour our obligation to show respect and grant dignity to all peoples as part of our common humanity, under the Treaty of Waitangi.

In the pre-colonial period Māori psychological forms were taken for granted, as they were the norm. Māori social policies were also well developed and had clear structural frameworks such as whanau, hapu and iwi (Young; 2005). With the advent of colonisation Māori psychological knowledge was usurped by Western knowledge bases and institutions (Herbert & Morrison; 2007). Their prejudices and discrimination against Māori, resulting in loss of land, and loss of rangatiratanga through the introduction of several Acts, was reflected in the social failure of Māori people and the undermining of chiefly leadership (Young; 2005).

While in the first half of the 20th century psychological research on Māori perpetuated inequality, from the 1970s onward psychological research started to inform social policy that began to honour the Treaty.

The first studies conducted by Pakeha on Māori were studies from an outsider's perspective where Māori were studied as objects to be "acted upon" (Mead, 2003; Nikora, 2001b). These studies then informed New Zealand social policy at that time. The Hunn report is a well known example of assimilationist research that impacted negatively on Māori because of its Eurocentric focus.

The main danger of Eurocentric hegemony in psychology is the lack of attention to alternatives to mainstream knowledge. Moreover, the dominance of Eurocentric psychology acts to legitimise inequality. Howitt & Owutso-Bempah (1994) point out that the discounting of Māori worldviews in New Zealand perpetuated inequality in areas such as health, education, and crime (cited in Macfarlane, 2008). This came at great physical, spiritual, and psychological cost and impacted gravely on family structure (Mead, 2003) with consequences such as disproportionate representation in the criminal justice system and in negative health statistics (Robertson, Futterman-Collier, Sellman, Adamson, Todd, Deering, & Huriwai, 2001) - issues therapists are still dealing with in their work with Māori.

While in the first half of the 20th century psychological research on Māori perpetuated inequality, from the 1970s onward psychological research started to inform social policy that began to honour the Treaty.

From the 1970s psychological research with a Māori focus started to be conducted by Māori graduates in psychology, and this started the onset of psychological studies of Māori from an insider's perspective. These studies highlighted how Māori were marginalised, stigmatised, and discriminated against; how they lost their land and language; and how this negatively impacted on identity, mental health, and on developmental outcomes (McFarlane-Nathan, 1994).

Mason Durie, leader in the areas of Māori health and development, contended that by the 1970s Māori had increasingly become more dependent on the State due to the upheavals of nineteenth century policies (Durie, 2003). The State was primarily committed to policies and programmes that would continue to assimilate Māori into the dominant systems of colonial New Zealand. However, research done by Māori on Māori highlighted the anomalies and we saw changes in governmental policies, such as the setting up of the Waitangi Tribunal in 1975 to deal with land claims, and the Department of Māori Affairs' setting up of Te Kohanga Reo in 1981 as a way towards honouring the Treaty principle of protecting Māori taonga, such as land and language. A start was made towards recovering Māori identity.

The late 1980s saw the introduction of Taha Māori and professional psychology training (Abbott & Durie, 1987).

You may ask why I revisit New Zealand political and social history when I am investigating how to respectfully work with Māori.

The answer is that New Zealand history puts in context how political acts diminished, demeaned, and disempowered the cultural identity of the Māori population through oppression, prejudice and discrimination, with detrimental effects on their psychological wellbeing (McFarlane-Nathan, 1994). Durie stated: "Identity is not primarily an inner experience or personal conviction, rather it is a construct derived from the nature of relationships with the external world" (2003, p. 50). Devaluing Māori as a race therefore impacted their identity formation, their developmental outcomes and manifested through symptoms of mental illness (McFarlane-Nathan, 1994, 1997; New Zealand Psychologists Board, 2006).

However difficult it is to reconcile clinical values with indigenous values, an interface is possible if practitioners bring their professional expertise, together with the best available research evidence, and have developed socio-cultural expertise, so that they can deliver culturally safe treatment.

Inadequate attention has been paid to psychological stresses arising from being belittled, in spite of the widespread sociological problems such as poverty, poor education, and unemployment faced by Māori (Macfarlane, 1998). This needs to be borne in mind when working with Māori, as it puts the psychological difficulties of Māori into the wider context of socio-political influences, rather than placing them in the basket of personal deficits.

The 1990s saw the onset of the development of Kaupapa Māori research, which is a research approach that validates indigenous ways of knowing and being (Macfarlane, 2006). It was a response to the inadequacy of recognition afforded Māori culture and cultural knowledges as contributors to change (Durie, 2003). This type of research shifted dominant individualistic values to a communal view of people where individuals are responsible to and for others in the community. Although psychological theories about Kaupapa Māori are still in their infancy, we can interpret universal concepts in terms of local cultural patterns, and elaborate psychological concepts derived from Māori culture (Nikora, 2001b) through knowledge of Māori and other cultural styles, by focusing on what is meaningful and important to Māori. Herbert and Morrison (2007) stated that understanding and inclusiveness of Māori worldviews does not exclude standard treatment.

Angus Hikairo Macfarlane (Te Arawa) presented an evidence-based practice model that brings the divergent clinical and cultural streams together in his keynote address to the New Zealand Psychological Society's (NZPsS) 2008 Annual Conference. Because it takes account of clinical as well as cultural approaches, it has the potential to be stronger than either on its own (Macfarlane, 2008).

Clinical values, competencies, and approaches to knowledge that underpin New Zealand's societal institutions, professional practice, and scientific endeavours are not always readily reconciled with the indigenous values, knowledge and practices of Māori (Durie, 2007, cited in Macfarlane, 2008). An example of a clash of values in New Zealand between the clinical values of psychologists' professional practice Code of Ethics and indigenous values of Māori was discussed by Nairn and Lammers (1999). These authors reflected on the divergent values of the Psychologists' NZPsS Code of Ethics prior to 2002 which supported the rights of the individual adult in terms of rights to privacy and confidentiality, as compared to the Māori value of supporting the rights of the community where an individual and their whanau are responsible to and for each other (Te Wiata, 2006). Individual rights to privacy and confidentiality are therefore unhealthy in Māori terms (Durie & Hermansson,1990) as they fail to acknowledge the responsibility that the whanau has to support a family member in need, and the healing that comes from that support. In 2002 the Code of Ethics was revised, through input from the Society's National Standing Committee on Bicultural Issues (NSCBI) and the preamble now includes the following declaration, "In giving effect to the Principles and Values of this Code of Ethics there shall be due regard for New Zealand's cultural diversity and in particular for the provision of, and the spirit and intent of, the Treaty of Waitangi" (New Zealand Psychological Society, 2002, p.3).

These authors [Love & Waitoki] further stated that essential aspects of culturally safe and competent practice allows for feedback from ethno-cultural peoples, and client feedback ought therefore to be part of treatment, together with cultural supervision.

However difficult it is to reconcile clinical values with indigenous values, an interface is possible if practitioners bring their professional expertise, together with the best available research evidence, and have developed socio-cultural expertise, so that they can deliver culturally safe treatment. Cultural safety relates to the experience of clients of psychological services and extends beyond cultural awareness, cultural sensitivity, and as

Love and Waitoki stated, "arguably, cultural competence approaches that lack a cultural safety analysis ... are 'profession-centred' – in that the arbiters of sensitivity – awareness and competence are within the profession itself." (Love & Waitoki, 2007). These authors further stated that essential aspects of culturally safe and competent practice allows for feedback from ethno-cultural peoples, and client feedback ought therefore to be part of treatment, together with cultural supervision.

Furthermore, therapists need to take into consideration the dangers of using psychometric tests on populations that differ from the normative group, and make themselves familiar with culture-specific assessment procedures, tools and their empirical (or lack of) background (New Zealand Psychologists Board, 2006). Being able to function effectively and well as a non-Māori therapist in Māori cultural environments entails a lot more than just valuing culture. As Macfarlane (1997) points out, being able to switch between two sets of values and attitudes is even more important when working with people who have emotional and behavioural difficulties, such as our client base in Corrections.

Part two of this paper will be published in the next issue of *Psychology Aotearoa*. It will look at the values and practices of Māori culture, and how to incorporate these values and practices in treatment, so that a culturally responsive intervention is delivered for Māori clients.

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