

Whai tikanga: The application of a culturally relevant value centred approach

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This article presents and discusses the development of a kaupapa Māori (Māori centred) values based intervention, Whai Tikanga. The article briefly describes western perspectives of values based practice utilised within psychology, and discusses Māori perspectives of values as kaupuripuri (holders of traditional knowledge) with a deep connection to whakapapa kōrero (traditional Māori narratives). The application of the Whai Tikanga Values Card Sort (WT-VCS) will also be introduced. The authors propose that the WT-VCS exemplifies the importance of values centred approaches to engagement within the therapeutic context with Māori, building shared cultural understanding, and engaging in the transmission of Māori knowledge in the therapeutic context as a source and method of traditional healing

Key words: Mātauranga Māori, Kaipuripuri, Te Whare Tapa Wha, Ngā Take Pū, Values, Valued-living

Culturally congruent interventions have been noted to contribute to enhanced engagement, and assist in the development of competencies linking indigenous theory and clinical practice (Britt, Gregory, Tohiariki and Huriwai, 2014). Muriwai, Houkamau and Sibley (2015) have also demonstrated the importance of connection to one's cultural values and practices (cultural efficacy) as a protective buffer to psychological distress for Māori experiencing psychological distress. To date, there are very few examples of indigenous values being applied in the context of clinical practice on this basis. Currently psychological literature has a tendency to frame values based interventions on dominant western European values without acknowledging the importance of indigenous knowledge and the values based practices that reside therein.

Western European values based treatments are influenced by a standard belief that there are a set of values that are cross cultural and universal. Ultimately, this position denies the uniqueness and utility of indigenous history, practices, aspirations and experiences in the process of treatment and change. This focus on the universality of values and denial of the uniqueness and utility of indigenous values can increase the risk of treatment disengagement, treatment failure, or culture-related stereotypes (Centre for Substance Abuse Treatment, 2014; Guo & Hanley, 2015). Additionally, it has been argued that psychological therapies such as Cognitive Behaviour Therapy (CBT) do not acknowledge the importance of values and their influence on the therapeutic relationships and processes, primarily focusing on the amelioration of symptoms or the development of new skills (Plumb & Stewart, 2009; Asnaani & Hofmann, 2012). Mason Durie (2003) argued that this approach was inwards and downward, making traditional mainstream psychological approaches less likely to address the symbiotic relationship between the individual, the collective, the environment and te ao wairua (the spiritual world). This narrowed approach to treatment fails to acknowledge and address the pervasive nature of historical and intergenerational trauma, which occurred as a consequence of colonisation, and has systematically exacerbated a range of psychological and social conditions

for Māori (Pihama, Reynolds & Smith et al., 2014; Wirihana & Smith, 2014; Center for Substance Abuse Treatment, 2014).

This article aims to clarify how, by using a Māori centred psychological approach to therapy, and by integrating values based methods, practitioners can use traditional Māori concepts of health and promote the transmission of Māori values in order to enhance engagement, therapeutic alliance and psychological outcomes. These concepts will be drawn together and presented within a therapeutic tool that integrates an established approach to exploring values—a Values Card Sort (VCS); traditional approaches to the transmission of Māori values—whakatauki; and a Māori model of health - Te Whare Tapa Whā. This tool has been developed as part of a wider resource for Māori practitioners contained within 'He Puna Whakaata: Therapeutic Activities to Guide Change' (McLachlan & Huriwai, 2016).

A Māori centred psychological approach to therapy

Identifying a Māori centred approach to psychological therapy requires consideration of several important factors. First, traditional Māori approaches to wellbeing existed in the context of a complex collective tribal society that upheld a strong relationship with the natural environment and, was founded on the basis of extensive genealogical oral traditions (whakapapa kōrero). These oral traditions were transmitted across generations using pūrākau (storytelling), waiata (song), whakairo (carving), rāranga (weaving), moteatea (chants), oriori (lullabies) and pepeha (genealogical narrative) (Lee, 2009; Pihama, Te Nana & Cameron et al, 2015; Smith, 2008; Wirihana, 2012). Second, there is significant diversity within the Māori community regarding identity as based on tribal affiliations and this diversity was exacerbated by Māori experiences of historical trauma (Pihama et al., 2014; Reid, Varona, Fisher & Smith, 2016; Wirihana & Smith, 2014). Third, Māori experiences of historical trauma, and the ongoing systemic and individual racism that has occurred as a result, have severely impacted the oral intergenerational transfer of Māori values, beliefs and practices across generations. As a consequence, Māori experience varying degrees of enculturation (learning group's culture, through experience,

observation, and instruction) and acculturation (learning and adaptation to another culture), which shape levels of affiliation, identity and access to te ao Māori. These in turn have a direct impact on the application of kaupapa Māori (Māori centred) practices within therapy.

Reid, Varona, Fisher and Smith (2016) advised that assimilative practices by Māori were a 'survival response' to historical trauma, which facilitated the internalisation of 'negative views' of Māori ways of being. Hence, it cannot be assumed that those identifying as Māori will have an understanding of te reo Māori me ōna tikanga (Māori language and customs), or that they will have access to knowledge of their whakapapa (genealogical) connections and subsequent associated bodies of knowledge. As a result, the utilisation of te reo Māori me ōna tikanga in psychological practice may have the potential to facilitate a state of whakamā (embarrassment and or sadness) in those who lack confidence in engaging with Māori practices, values and experiences. However, when Māori engage in kaupapa Māori activities in environments that are non-judgemental and are founded on a basis of manaakitanga, healing of whakamā can occur (Wirihana, 2008).

Literature regarding Māori models of health has been growing steadily over the past three decades. For example, Te Wheke developed by Pere in 1984, Ngā Pou Mana developed by Henare in 1998 and the Meihana Model developed by Pitama and colleagues in 2007. Te Whare Tapa Whā, first developed in 1982 by Mason Durie during a Māori health workers hui (meeting) (Durie, 1994) is one of the most commonly applied Māori models of health applied in mental health and addiction setting in New Zealand. Te Whare Tapa Whā is both a framework and metaphor for viewing a range of personal and social health domains important to Māori, as a unified and holistic model. As a metaphor, the model posits four domains of health important to Māori, as taha (sides) of a whare (house). These are Taha Hinengaro (Mental Wellbeing), Taha Whānau (Social Wellbeing), Taha Tinana (Physical Wellbeing) and Taha Wairua (Spiritual Wellbeing). This model has been applied in guiding both assessment and treatment approaches, assisting both practitioner and whānau to explore areas important to wellbeing in order to identify challenges, strengths and goals. Balance across these taha is seen as vital for wellbeing, with illness being a manifestation of a break down within or across these domains (Glover, 2005). The metaphor of the whare itself is argued to align with 'fundamental tenants of Māori epistemologies' (Glover, 2005, pg14). Moreover, McLachlan and Huriwai (2016) impart that the whare metaphor can 'evoke notions of history, identity, connectedness and collaborative effort' (p11). Conversely, as a model, it is has been argued that it 'does not define the uniqueness of Māori as a cultural entity' (McNeill, 2008, p102); yet its simplicity is argued to provide broad appeal and versatility for working with Māori (Durie, 1994; McNeill, 2008).

Māori models of practice have evolved alongside Māori models of health. The application of tikanga (protocols) consistent practice such as the Pōwhiri Poutama Model (Huata, 1997) and the therapeutic benefits of tikanga and mātauranga Māori (Māori knowledge) in the context of therapy have been emphasised when working with Māori (Huata, 1997;

Drury, 2007; Pomare, 2015). Although research regarding the application of these theories in clinical practice continues to remain limited and very little of this is evident in clinical practice (Muriwai, Houkamau & Sibley, 2015). Additionally, Durie (2003) identified that within Māori-Centred approaches 'Māori concepts and values form basis for interventions' (Durie, 2003, p47). He proceeded to develop a Māori centred counselling model in response to the limited focus of western psychological practice - Paiheretia. The model has three broad aims including developing a secure cultural identity, establishing balanced relationships, and achievement of reciprocity with wider environments. It reflects the socially mediated nature of wellbeing and highlights the importance of cultural identity within the Māori community.

A Māori centred psychological approach to therapy, therefore, is one based upon Māori concepts and values and requires Māori therapists to have access to Māori networks and knowledge of Māori custom and language (Durie, 2003; Pomare, 2015).

Whakapapa korero as the foundation for kaupapa Māori based therapeutic activities

The term 'values' has been defined in various ways. For example, Bonow and Follette (2009) state that values are present when 'something (e.g., a specific object, a state of being, or a way of life) is important because it is what is good to pursue or possess' (Bonow & Follette, 2009, p69). Values are so integral to human relationships that they have been examined by poets and philosophers and utilised by spiritual and indigenous healers for millennia (Coyte, Gilbert & Nicholls, 2007).

Acceptance and Commitment Therapy (ACT; Hayes, 2004) is a third wave behaviour therapy that has a values focus as a distinct area of difference from earlier Behavioural Therapies and subsequent Cognitive Behaviour Therapies (Hayes, 2004). ACT incorporates a range of metaphors and experiential exercises within therapy. One such metaphor highlights values as a compass or a north star where values are seen as the bright star ahead in the distance, points on the compass, or the direction in which we head. This view acknowledges that we may achieve goals along the way, and proposes that these are part of the journey of valued living (Bach & Moran, 2008). This highlights two important roles played by values. Firstly, they are important and desirable and, secondly, values guide behaviour. This highlights a further theoretical and clinical development within ACT, which focuses on committed action and value-directed living. Committed action represents a process by which whānau are encouraged to engage in behaviour in service of their values and, which requires flexible persistence (a process of reflection and adaptation of behaviour and reinforcement). Committed action is an important part of engaging in value based behaviour. This has also been referred to as value-directed living, 'engaging in an ongoing stream of desired, personally worthy actions' (Bach & Moran, 2008, p146). The following summary of values and valued living is provided by Flaxman, Blackledge and Bond (2011):

- Values are not feelings; they are about what you do; valued living (or valuing) means pursuing what matters to you with your hands and feet. Values are personally chosen life directions, rather than what you feel you should, must, or have to do.
- Values provide the direction, while goals and actions help you move in that direction.
- Valuing tends to bring a sense of vitality, purpose, and meaning to life.
- Unlike goals, values have no end point; they reflect the quality of your actions (e.g. how you choose to be in your various relationships and roles) (Flaxman, Blackledge & Bond, 2011, p38).

Motivational Interviewing (MI; Miller, 1983) and ACT are argued to both share common features, including enhancing commitment to behavior change, using a client's values as a means for enhancing this commitment, and specifically working in the medium of client's language processes to achieve this goal (Bricker & Tollison, 2011). A wide range of tools and activities are utilised within ACT to help clarify values and the level by which someone is living by these values. These include: the Valued Living Questionnaire (Wilson, Sandoz, Kitchens, & Roberts, 2010); The Bull's-Eye worksheet (Lundgren, Dahl, Melin, & Strosahl, 2008); and Epitaph and Eulogy exercises (Hayes et al., 1999). MI engages in values clarification in order to explore how living by these values may be affected by specific target behaviour such as alcohol or other drug use.

The primary exercise for clarifying values within MI is the Values Card Sort (VCS) exercise. The VCS activity was developed for people with substance use problems by Miller, C'de Baca, Matthews and Wilbourne (2001). It was designed as an activity intended to explore the discrepancy between a person's values and their substance use behaviour (Moyers & Martino, 2006). A VCS is a fairly simple activity to facilitate, and it is dependent on practitioner knowledge and application, and the therapeutic relationship as to the depth and direction the activity can take. There are a range of cards available that are utilised within a card sort approach. Each card has a value label and a brief description of the related value. Changes are often made to the content of the values for specific populations, such as people experiencing schizophrenia (Arkowitz, Westra, Miller & Rollnick, 2008; Moyers & Martino, 2006).

In general, a practitioner provides a whānau with a set of values cards and asks them to read them and separate them according to how important they are along a sliding scale from not important; important; and very important. In this way, whānau are affirmed that different people may value different things, and deciding between values may be difficult. The practitioner is observant throughout the selection process and can enquire when a person may be having difficulty deciding between cards. They may not understand the meaning of the card, or the value may bring up important stories or conflicts for them. At this stage a discussion takes place and the practitioner explores how the person is living by their most important values and how successful are they at living by these values. This provides the foundation for developing discrepancy as the practitioner is able to explore,

for example, the relationship between their substance use behaviour and their ability to successfully live by these values. The practitioner can then clarify what living by these values may look like for the person, identify barriers and create an action plan.

Kaipuripuri: the transmission of Māori values

Several terms have been used to reflect the concept of values from a Māori perspective including kaingakau, which could be seen as nourishing ones desires, or *take pū*, which can be noted as the source of issues of importance and whai tikanga, which can be translated to mean seeking what is correct or appropriate (Pohatu, 2005; Whaanga, 2012). Ritchie (1992) argued that it is difficult to portray Māori values in simple or analytic terms as they often transcend the material world and reflect the interrelated and symbiotic nature of Māori beliefs. As an example, Māori values such whanaungatanga (relationships) has been cited as the 'the basic cement that holds things Māori together' (Ritchie, 1992, p67), however, a broad range of values are encapsulated within whanaungatanga, including: whakapapa (genealogy), manaakitanga (hospitality), wairuatanga (spirituality), rangatiratanga (status) and kotahitanga (unity). Each of these values and concepts also includes, and are related to, other values and concepts reflected in tikanga (protocols). Tikanga has been explained as doing what is right or correct - tika (right) ngā (plural). For example, reciting a pepeha is the correct process of claiming and transmitting ones whakapapa in meeting new people within formal settings, and offering kai (food) is part of the correct process for welcoming guests. Moreover, tikanga Māori have emerged and adapted over time and are maintained by a dynamic and evolving process, which is required to respond to new challenges, needs and ideas (McLachlan & Huriwai, 2016; Reid, Varona, Fisher & Smith, 2016).

The term kaupuripuri (to contain, hold in memory) has been used to reflect the objects or process by which ancestral voices are transmitted across generations (Pohatu, 2005), such as those within pūrākau and waiata (Marsden, 2003; Rameka, 2016). Similarly, Wirihana and Smith (2014) used the term whakapapa kōrero to reflect the knowledge that is transmitted within and across whānau, hapū and iwi. Whakapapa kōrero are held within a wide range of cultural practices and are noted to be 'rhetorical in that the telling is a means of preserving moral and historical messages and values' (Rameka, 2016, p392). As discussed earlier, several Māori traditional oral practices have been identified as transmitting ancestral voices, these include, but are not limited to: te reo Māori (Māori language), whakapapa (genealogy), karakia (incantations), whakairo (carving), ta moko (tattoo), tukutuku (panel weaved patterns), waiata (song), haka (posture dance), oriori (laments), pōwhiri (formal engagement process) and tangihanga rituals (funeral).

These practices can be used to facilitate healing and promote healthy expression of emotions (Wirihana & Smith, 2014). Sadly, however, due to the range of systemic and intergenerational problems that have occurred as a result of historical trauma, tikanga, reo (language) and mātauranga Māori (Māori knowledge) have been stripped away (Muriwai,

Houkamau & Sibley, 2015; Reid, 2016; Reid, Varona, Fisher & Smith; Smith, 2016; Wirihana & Smith, 2014). Nonetheless, increasingly research has shown that the use of mātauranga Māori has a direct therapeutic benefit in the context of clinical practice (Pomare, 2016; Te Nana, 2016).

Whakataukī, along with whakatuākī and pepeha are part of a collection of traditional proverbs that are used to convey thoughts, values and advice, particularly of past generations (McLachlan & Huriwai, 2016). A whakatuākī is associated with its author, place of origin, original audience and reason of formulation. Pepeha are iwi or hapū oriented, and more concerned with identity and connection. Whereas whakataukī are more generalised. Despite its use being wide spread, the author of the whakataukī and initial purpose may be unknown. Although a disconnection from the original author and purpose may be true, the teachings within a whakataukī are still evident. Whakataukī have been identified as another method of kaupuripuri 'handing down ancient wisdom and knowledge through the generations to guide people's lives, and treasures from the past to support our aspirations for today and the future' (Rameka, 2016, p.394). They have been cited as transmitting ancestral 'valued characteristics, personal virtues, modes of behaviour, life lessons and appropriate courses of action' (Patterson, 1992 cited in Rameka, 2016, p.394).

The use of pūrākau within psychological therapy with Māori has been increasingly discussed within the literature (Cherrington, 2003; 2016; Tamanui, 2016). Cherrington (2003) stated that pūrākau 'must have a place in the kete of Māori psychology' (p.117). Characters within pūrākau (Māori legends) have been identified as possessing both mythical like powers, yet also human like experiences such as love, loss, struggle and achievement (Rameka, 2016). These narratives add to the appeal and enhance the ability to connect with these stories. Rameka (2016) identified pūrākau as having two functions, firstly, as an outward ideal that one can work towards and measure performance, and secondly, as a means of instruction and validation. Cherrington (2003) identified that despite the use of pūrākau and pakiwaitara (stories) as a therapeutic medium, little had been written or researched about them.

More recently, research has highlighted the benefits of using these mediums to support the process of healing from trauma (Te Nana, 2016; Wirihana & Smith, 2014; Cherrington, 2016; Tamanui, 2016). However, the application of pūrākau and other mediums of transmitting values and tikanga continue within the community by experienced cultural practitioners, and by leaders in hauora Māori such as Mark Kopua and Dr Diana Kopua in their work on Mahi-a-nga-atua (pūrākau of atua as the basis for transmitting values and healing). The approach used by Diana and Mark Kopua is described by Cherrington as 'te taha wairua, and the belief that as descendants of ngā atua we often display characteristics or traits that reflect different atua' (p.118). Cherrington (2016) provided recommendations for the training of practitioners in the learning and application of pūrākau within psychological therapy, and exemplified the importance of the practitioner nurturing their own in-depth understanding, and experiential knowledge of ngā atua and te taha wairua.

In summary, there are similarities between Māori and

dominant culture concepts of values and value-related behaviour as discussed earlier. There are likely broad values which may transcend cultures, however, it is evident that Māori prefer and prioritise those values which reflect tribal and ancestral values, characteristics and worldviews. Values that are sourced from the deeds of atua (gods) and the words and actions of tūpuna (ancestors) are held and transmitted through engagement with whakapapa kōrero and kaupuripuri such as whakataukī, waiata and pūrākau. Engagement in culturally bound values contributes to a strengthening of identity and continues the thread of whakapapa and transmission across time. The term take pū (source of the issue/importance) is appropriate for values, whereas Whai Tikanga (pursuing correct behaviour/what is right) is appropriate for valued-related behaviour, or value-based living. The following section explores how whakapapa kōrero and a Māori model of wellbeing, Te Whare Tapa Whā (Durie, 1994), have been integrated into a Values Card Sort exercise (VCS) in the form of the Whai Tikanga Values Card Sort (WT-VCS) and related therapeutic activities.

The Whai Tikanga Values Card Sort (WT-VCS)

The Whai Tikanga card sort (WT-VCS) is aligned with the basic tenants of the Values Card Sort (VCS); however the WT-VCS has had significant adaptations made to both content and process to align with Māori preferences for culturally based practice consistent with whakapapa kōrero and Māori models of wellbeing. These adaptations adopted similar previous adaptations of psychological treatment approaches and resources for working with Māori (Bennett, Flett & Babbage, 2008; Mathieson, Mihaere & Collings et al., 2012). The WT-VCS has four distinct differences from a standard VCS which are described further in the following sections. These are:

1. Ngā Take Pū: Māori specific values.
2. Kaipuripuri: whakataukī in the transmission of whakapapa kōrero
3. Incorporation of metaphor and whakapapa kōrero
4. Application of Māori models of wellbeing to practice

Ngā Take Pū: Māori relevant values

The content of the WT-VCS came directly from mātauranga Māori; they are not translations of 'western' values. An initial list of 34 Māori values was drafted by the author Andre McLachlan. The drafting of this list was to provide an initial set of values for further consultation and development. This initial set of values was drafted from the author's experience of 25 years working within kaupapa Māori mental health and addiction services. This initial list of values was evolved through consultation with two kaumātua (both with extensive experience in mātauranga Māori, education and health care) and three Māori Health practitioners, with leadership roles within the mental health and addiction workforce. These kaumātua and Māori Health practitioners had strong whakapapa to iwi within and across the Rangitikei and Whanganui regions.

Respondents were asked to comment on the values, description of the value, and whakataukī (tribal saying or proverb) associated with the each value. Each person was then met with individually to discuss the content and identify those to be retained, excluded, adapted or added. A workshop was also conducted with 25 Māori psychologists, including clinical, community, education and organisational psychologists; and 22 Māori psychology students from throughout Aotearoa (New Zealand) at the inaugural He Paiaka Totara (National Māori Psychology Body) wānanga (workshop) at Tokorangi Marae in June 2016 (Waitoki & Rowe, 2016). These meetings were conducted to gather feedback on both the content and the process of the WT-VCS. Based on feedback from these processes, a second draft of values and associated whakataukī were developed by Terry Huriwai at Te Rau Matatini, a Māori workforce development organisation.

Kaipuripuri: whakataukī and the transmission of whakapapa korero

Each card has a whakataukī (proverb or saying) or whakatauāki on the back of the card (see image 1). Whakataukī and whakatauāki are important kaupuripuri (holders and distributors) of ancestral knowledge, values and behaviour.

Not only does the *whakataukī* stress the importance of a secure Māori identity to the well-being of the individual, but it also highlights an interpretive system that frames Māori world views, including the spiritual origins and direct connections to the gods (Berryman, 2008, cited in Rameka, 2016, p.394).

The placement of the whakataukī and whakatauāki on the cards allows for more in-depth kōrero (whitiwhiti kōrero), along with a deeper understanding of each value and provides a direct link between the value and one of the traditional kaupuripuri - Māori approaches for promoting traditional ancestral knowledge, values and behaviour.

in the future; those which are important (hira) will be placed in their bag to take with them; and those of the highest importance (whakahirahira), are kept close to their heart in their chest pocket, as seen in image 2.



Image 2. Example of Values Cards sorted according to importance



Image 1. Front and reverse of Whai Tikanga Values Card

Incorporating metaphor and whakapapa korero

The WT-VCS process utilises the metaphor of taking a journey and by doing so acknowledges the importance of all values. Whānau are asked to imagine they are going on a journey, and to consider those values that are less important (ehara i te aha) and can be left at home on the table for use

As with a traditional VCS, whānau are then tasked with further narrowing their selection of most important values. Within the WT-VCS process, whānau are asked to reduce the list to 20. These values are then explored and discussed in the process of narrowing down to a list of five. At this point the practitioner begins to take this opportunity to engage

in further whakawhanaunga. This is done by exploring the connection of the value to whakapapa kōrero and what this value means to the whānau and how they would like to live by this value. This also facilitates the process of whakawhitiwhiti kōrero (shared in-depth exploration). For example, whānau are encouraged to share their experiences and whakapapa kōrero associated with these values from their whānau, hapū and iwi. These can be done by discussing personal memories, pakiwaitara, waiata and pūrākau. Discussion can take place between practitioner and whānau to share different perspectives of these values and whakapapa kōrero. This can aid in creating a shared understanding of the value, add richness to the understanding of the value and, due to disclosure regarding values from both the whānau and the practitioner, a deeper level of whanaungatanga (relationship) can occur. This is especially important when working with Māori as the process of whakawhanaungatanga is integral for facilitating engagement with Māori and developing a therapeutic alliance (Pomare, 2015). Whānau are then asked the following questions:

- What does this value mean?
- What does living by this look like for you?
- Who have you seen live by this value?
- How did they show it?

Following this, more standard VCS questions addressing discrepancy between take pū and whai tikanga (valued related behaviour) can take place, such as:

- How do you think you are living up to this in your life?
- How can you action this Take Pū in your life?
- What might get in the way of living by this Take Pū?

These are some of the most important steps in moving values clarification into Whai Tikanga, or what ACT terms committed action.

Applying Māori models of wellbeing to practice

Te Whare Tapa Whā (Durie, 1994) has been incorporated within the WT-VCS by thematically connecting each take pū to one of the four taha. Within the WT-VCS, this is represented by the placement of a symbol on the corner of each card. These symbols represent which of the four taha they connect to (refer to image 1 and 3).

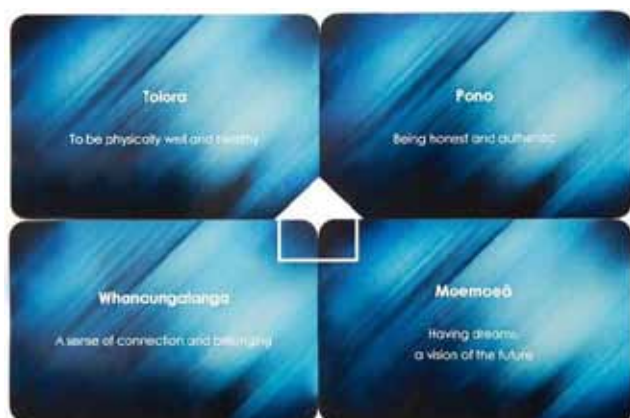


Image 3. Whai Tikanga Values Card formed as a Whare (house)

Within the WT-VCS process, whānau are encouraged to return to their initial top twenty values. They are then introduced to the Te Whare Tapa Whā model of wellbeing, and are directed to re-order their top twenty cards according to which taha they are associated with. They will therefore have four quadrants of cards according to which symbol they are related to, providing a visual representation of their whare. This demonstrates to the whānau the strength of each taha, and the balance across the four taha.

Once the cards are laid out in this way, whānau can be guided to explore the balance present, or the lack thereof, which can be done by asking the following questions:

- How are their taha balanced?
- Where are their strengths?
- What are their views on where the strengths lie in comparison to the other domains, and
- Are there changes they would like to make?

The Te Whare Tapa Whā component of the WT- VCS opens up a range of therapeutic activities for identifying behaviours that strengthen each taha. In addition, the identification of barriers to wellbeing in each taha will assist towards establishing goals to live by their values, strengthen their taha and draw closer to people who support them in this journey. These activities include the Whai Tikanga Pleasant Events Schedule (also aligned with Te Whare Tapa Whā) and a Korurangi (a culturally relevant sociogram for identifying supports and quality of relationships). These activities and resources are contained within 'He Puna Whakaata: Therapeutic Activities to Guide Change' (McLachlan & Huriwai, 2016). This manual outlines different ways the processes can take place and be adapted for different populations as well as discussing the important aspects of cultural practices that support the application of the WT-VCS and associated therapeutic activities.

Since the development of the Whai Tikanga Values Card Sort (WT-VCS) resource over 200 practitioners (pre dominantly Māori) across alcohol and other drug, harmful gambling, justice, mental health and social services working in both youth and adult settings and geographically spread from Kaitiāia to Dunedin have received introductory training in the use of the Whai Tikanga cards. Generally, feedback at the workshops has been enthusiastic, particularly with the anticipated benefit of being able to utilise a Māori centred vehicle in promoting and supporting change. Practitioners using the cards have reported being able to explore thinking, emotions and behaviours in a more extensive and relevant way for the Māori they are working with than using 'standard' value card sorts. They have also feedback that working within a context of whakaaro Māori (Māori ideas/thoughts) and taking the opportunity to explore these using whakataūāki and traditions has helped engage whānau in a process of cultural linkage and re-enculturation (see Sellman, Huriwai, Ram & Deering, 1997; Huriwai, 2002), which in turn has enhanced consideration and maintenance of change. Another common report has been the satisfaction of practitioners who find themselves engaged in working with positive aspirations rather than focussing on ameliorating symptoms of distress and focused on deficit modes of thinking.

Finally, this resource was developed in response to the

need for therapeutic activities, which promote kaupapa Māori based methods of engagement with Māori experiencing psychological difficulties. It was developed to contribute to the growing depth of skill and knowledge that continues to advance in the field of kaupapa Māori psychology. Most importantly, it is hoped that it will contribute to the ongoing advancements kaupapa Māori mental health and addictions services are making within Aotearoa for Māori who access these services. To summarise, it was the goal of the authors to encourage Māori clinicians to begin a process of shifting from knowledge, to understanding, to depth, in our work with whānau Māori (Huriwai, 2017).

Discussion

This paper sought to explore how Māori values could be integrated into the context of psychological practice in order to support a culturally congruent therapy approach. Utilising knowledge based in take pū (Māori values; the source of issues/things of importance) and whai tikanga (seeking what is correct or appropriate) reflects and extends upon ACT concepts of values and value-related behaviour in current western based psychological approaches. The incorporation of whakapapa korero through the use of whakataukī within the Whai Tikanga Values card Sort (WT-VCS) has the potential to highlight how values can provide a central motivating force in identifying meaning and making change. In addition, this tool has the potential to provide a central point for measuring action towards change, and to inform the ability to promote the search for meaningful engagement in the process of facilitating change. Moreover, using values as the basis of this resource exemplifies the link whakapapa korero can provide to Māori creation stories, which honour and respect the traditional Māori narratives maintained by kaupūri. Research highlighting cultural identity as a protective factor provided the basis for the development of this resource and will ideally encourage the development of future resources utilising whakapapa korero in the therapeutic context. Values based interventions within current psychological practice present as universally accepted. As a consequence, current values and subsequent practice interventions tend to overlook and, at times, minimise the unique history and whakapapa of Māori. Unfortunately, this has the potential to increase poor engagement and treatment failure and can exacerbate racial stereotyping and whakamā (shame).

Calls have been made for more inclusion of whakapapa korero and Māori models of health in therapy and, although there has been progress in this regard, more research is required, which explores the clinical application of these processes in the field of psychological research and practice. The Whai Tikanga resource also extends on the use of Te Whare Tapa Wha Model as a practice based intervention. It demonstrates how this model of practice can provide a rich context for the development of shared values, understanding of health and wellbeing and the development of therapy goals that align values with behaviour and wellbeing. It is the aim of the authors to contribute to this process and to encourage the use of the Whai Tikanga resource to reinforce the pursuit of wellbeing through the lens of whakapapa kōrero using a Māori framework of health – Te Whare Tapa Whā.

Finally, the WT-VCS resource contributes to the development and enhancement of the practice of both MI and ACT with Māori, by Māori practitioners. Due to the inclusion of whakapapa korero within the resource, these cards have been considered a taonga by nature when in use by Māori practitioners. However, as a resource they will require ongoing review and discussion regarding their utility and the application of whakapapa korero within the therapeutic context. A review of this application is envisioned in future, which will explore the impact of the use of the WT-VCS in the therapeutic relationship, and will examine how the resource has increased therapeutic alliance, motivated change, and improved engagement in value-related behaviour.

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