

# **Te Huanga o te Ao Māori**

**Adapting Cognitive Behaviour  
Therapy for Māori Clients  
Implications for Addiction Services**

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KO WAI AHAU? WHO AM I?



# PRESENTATION FORMAT

1. The Powhiri: A metaphor for therapeutic engagement and connection
  - a. Te Marae Ātea
  - b. Ko wai koe? Ko wai au?
  - c. Koha
2. The Science
  - a. The Research
  - b. The Adaptations
  - c. Case Studies
  - d. Findings
3. Implications for Addiction Services

# The Powhiri

## MAJOR FUNCTIONS

- A Māori ritual ceremony of initial encounter.
- A system for ascertaining the intentions of people who you are meeting for the first time.
- A way of establishing the basis for meeting and the parameters for an ongoing relationship.
- Powhiri also facilitates the removal of tapu or sacredness surrounding visitors allowing them to become one with the tangata whenua (i.e., a state of noa) thus allowing the relationship to progress from a state of tentative caution and uncertainty to one of mutual understanding.

Additionally:

- A way of making visitors feel comfortable and welcomed.
- A way of making visitors feel respected and validated

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# The Powhiri

## Processes

TE MARAE ĀTEA - The Domain of Space



# Te Marae Ātea

## Implications for Therapists

- Managing physical and emotional space in sessions.
- Ensuring that the terms of the relationship are established before proceeding to formal assessment/therapy.
- Ensure appropriate process has been followed before proceeding to more intimate questions.

# The Powhiri

## Processes

Ko wai koe? Ko wai au?  
Who are you? Who am I?





# Ko wai koe? Ko wai au? Who are you? Who am I?

## Implications for Therapists

- Whakawhānaungatanga – the role of self disclosures in facilitating the establishment of a relationship.
- Being mindful that the conversation doesn't end at “who are you?”
- Establishing credentials
- Where are you from?
- Collective concepts of identity.
- Metaphorical style of communication

# The Powhiri

## Processes

Koha & Manaakitanga  
Reciprocity and Generosity



# Koha & Manaakitanga

## Implications for Therapists

- Dealing sensitively and respectfully with acts of reciprocity.
- Humility
- Understanding the role of kai in facilitating the transition from tapu to noa.

# CBT in the New Zealand Context

*....it is hoped that the future of clinical psychology in this country will be one in which ideas, innovations, and empirical knowledge will be increasingly unique. It would be foolish not to borrow..... scientifically-derived practices from overseas, but let's ensure their integration with, and availability to, the local cultures.... we are still some distance from having a clinical psychology that is truly indigenous to Aotearoa/ New Zealand.*

Evans, 2002

*It is critically important that CBT achieve a local accommodation in New Zealand to ensure that it more effectively meets the needs of the Māori population.*

Blampied, 1999

# CBT and Māori

*It might be argued that Cognitive-Behavioural strategies are effective among all cultures if effectively adapted to the belief system of the cultural group concerned. However many so-called rational or logical beliefs innate in the approach are only considered so within a specific cultural context (i.e., Western world views) and may not translate comfortably to other cultures.*

Hirini, 1997

*(It) is not to suggest that Cognitive-Behavioural interventions cannot be effectively modified and utilised with Māori clients, but rather that limitations need to be addressed at an assumptive level for the approach to be potentially effective for all Māori clients.*

Hirini, 1998

## FORMULATION OF RESEARCH IDEAS

# Key Issues

Disproportionately high rates of mental illness among Māori

Poor utilisation of mental health services by Māori

Lack of empirical validation of psychological treatment with Māori

The need for CBT to be modified to make it more appropriate for Māori

## FORMULATION OF RESEARCH IDEAS

# HE PATAE - RESEARCH QUESTIONS

- *How* can CBT be adapted to make it more appropriate for use with Māori clients?
- *How effective* can cognitive behavioral therapy be, in the treatment of Māori clients with a diagnosis of depression?

## DEVELOPMENT OF METHODOLOGY

# Nga Tikanga

1. Consult with Kaumatua, Clinical Psychologists, Māori cultural advisors and Māori clinicians to develop a CBT treatment protocol for depression that reflects both the contemporary delivery of CBT as well as the current state of knowledge with regards to working effectively with Māori clients.
2. Deliver this 'culturally adapted' protocol to community-based adult clients currently receiving treatment for depression through Māori Community Mental Health Services in Wellington DHB's. Within-subject design with all participants receiving identical treatment.



# The Research Phases

## STAGE 1 - PROTOCOL DEVELOPMENT

- Review of literature pertaining to cultural adaptation of CBT protocol.
- Consultation with key informants (e.g., Maori clinicians, Maori clinical psychologists)
- Development of Treatment Protocol

## STAGE 2 - CLINICAL TRIAL OF PROTOCOL

- Consultation with key stakeholders (Maori Mental Health Services).
- Participant Recruitment
- Delivery of treatment protocol.
- Post-treatment psychometric assessment.

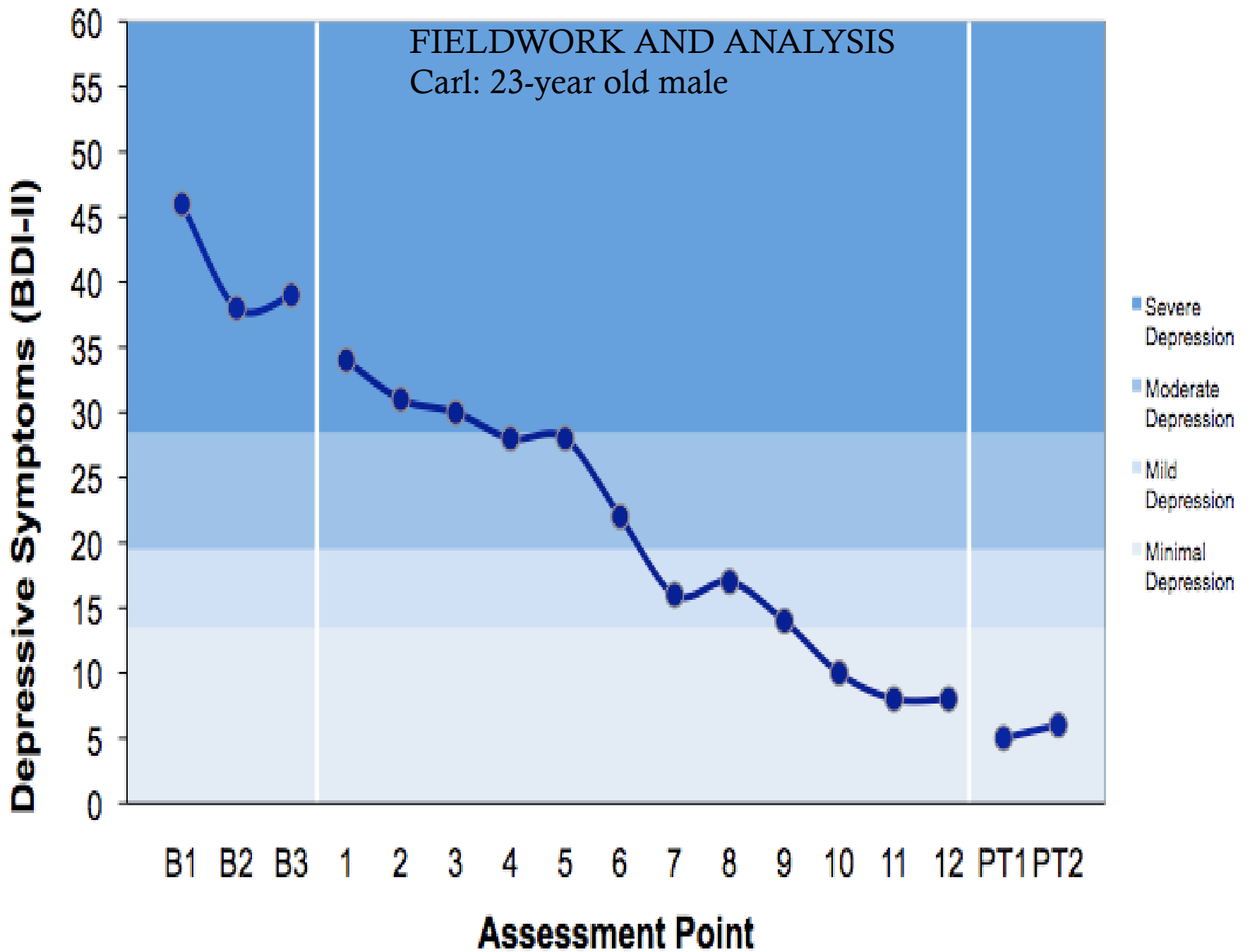
Consultation

# Nga Runanga

- IWI – Tribal Consultation
  - Te Ati Awa and Ngati Toa
- District Health Boards
  - Capital and Coast and Hutt Valley
- Consumer Groups (Matahauariki)
- Kaumatua Kaunihera – both DHB's
- Clinical Psychology Consultation Group

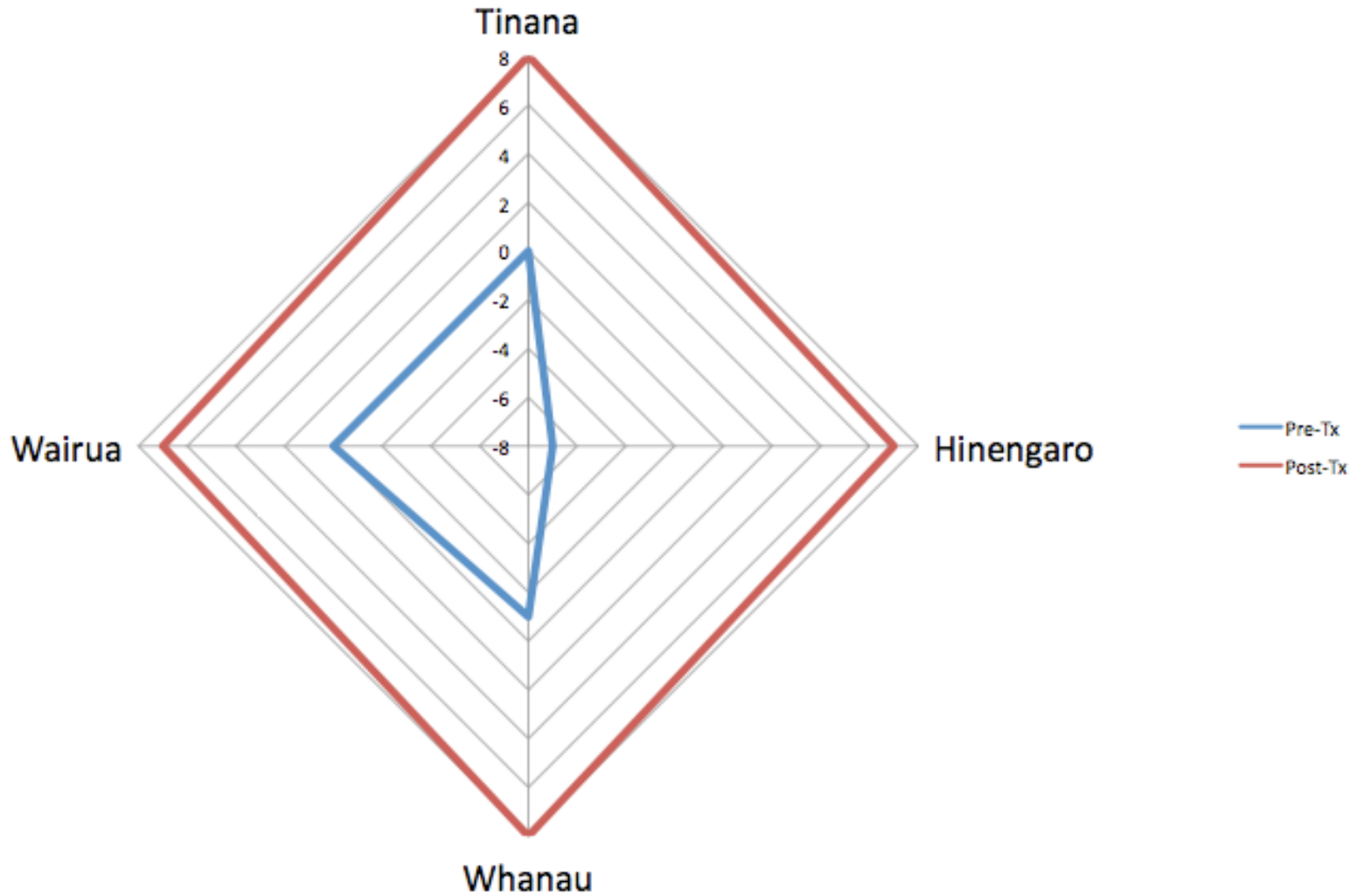
## Case Study One – ‘Carl’

- 23 year old male. Building apprentice, very intelligent, heavy cannabis user.
- Acknowledges Māori identity in a notional sense although limited knowledge of iwi and hapu. Pakeha father who brought Carl and his siblings up after his mother “ran off” with another man.
- CORE BELIEFS: Everyone else is out for themselves; I can’t rely on anyone else.
- Initially sceptical about process and expressed considerable doubt as to whether CBT could work for him because he had “always been sad”.



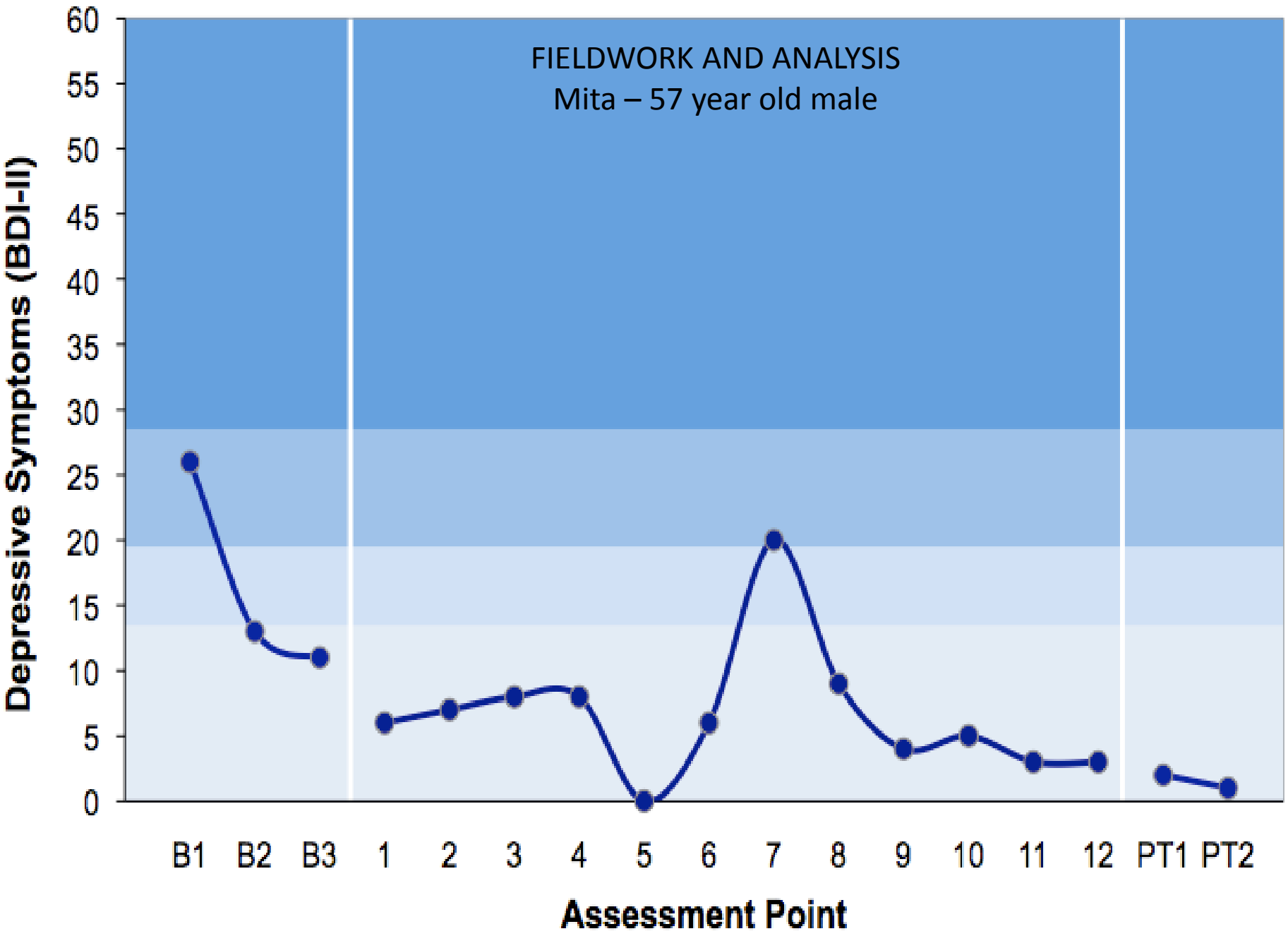
# FIELDWORK AND ANALYSIS

## Carl: Hua Oranga – Pre-treatment scores



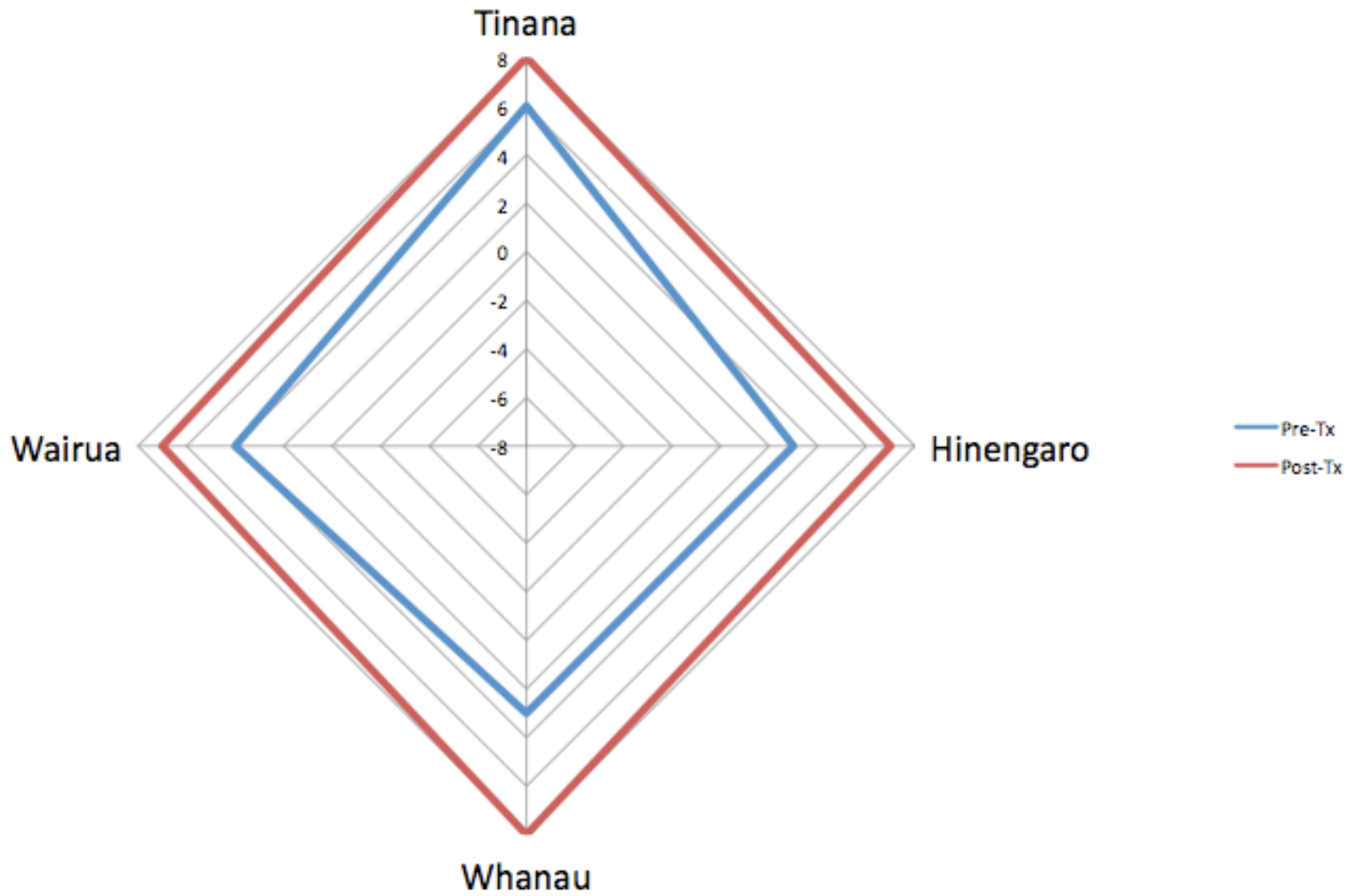
## Case Study Two - Tane

- 57-year old kaumatua. Strong sense of Māori identity (fluent in Te Reo Māori).
- Physically and emotionally abusive childhood. Father an alcoholic, mother unable to protect children.
- CORE BELIEFS: Nothing I do is good enough; People I trust will let me down.
- Flow-on effect to Tane's adult relationships with both partners and children.



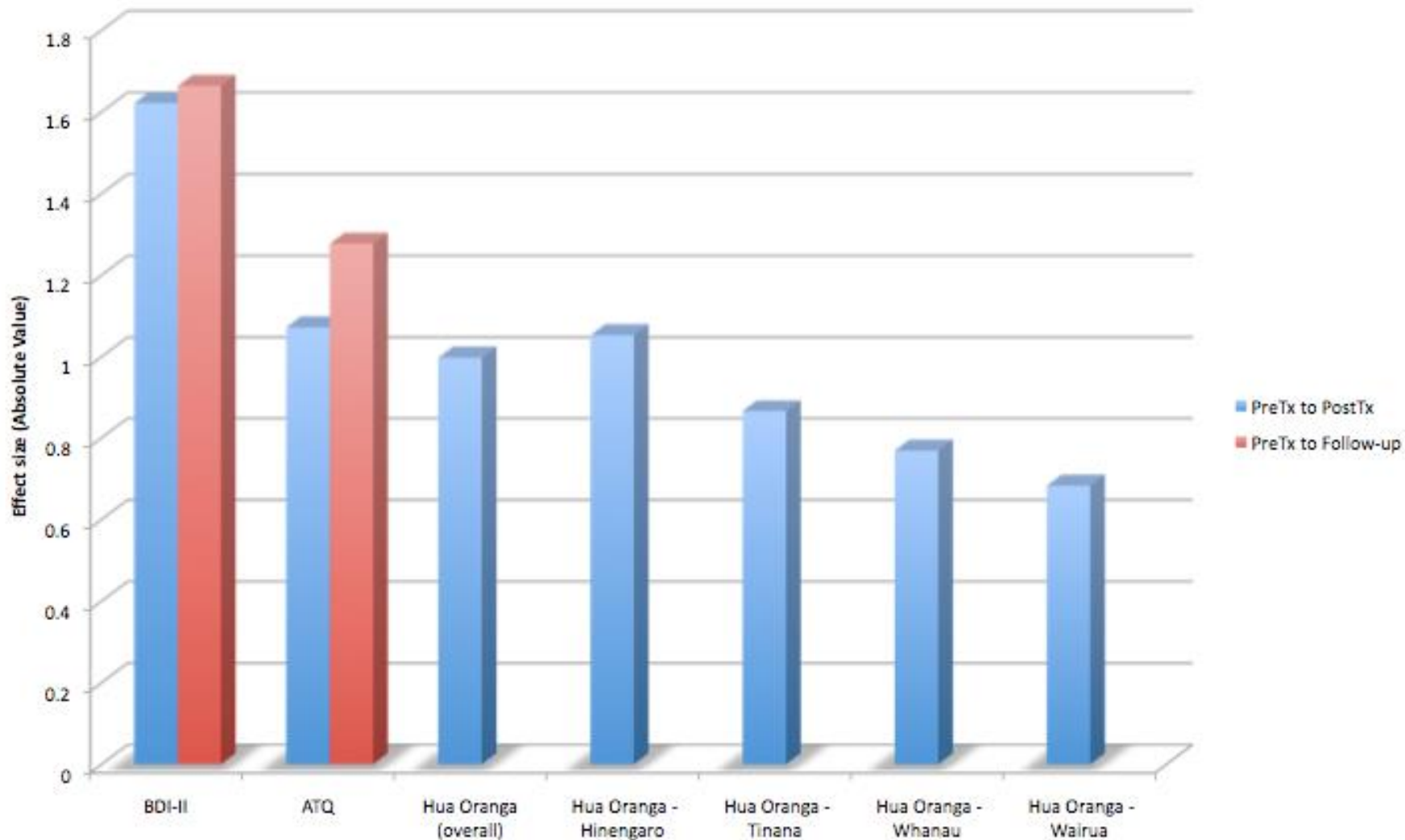
# FIELDWORK AND ANALYSIS

## Mita: Hua Oranga





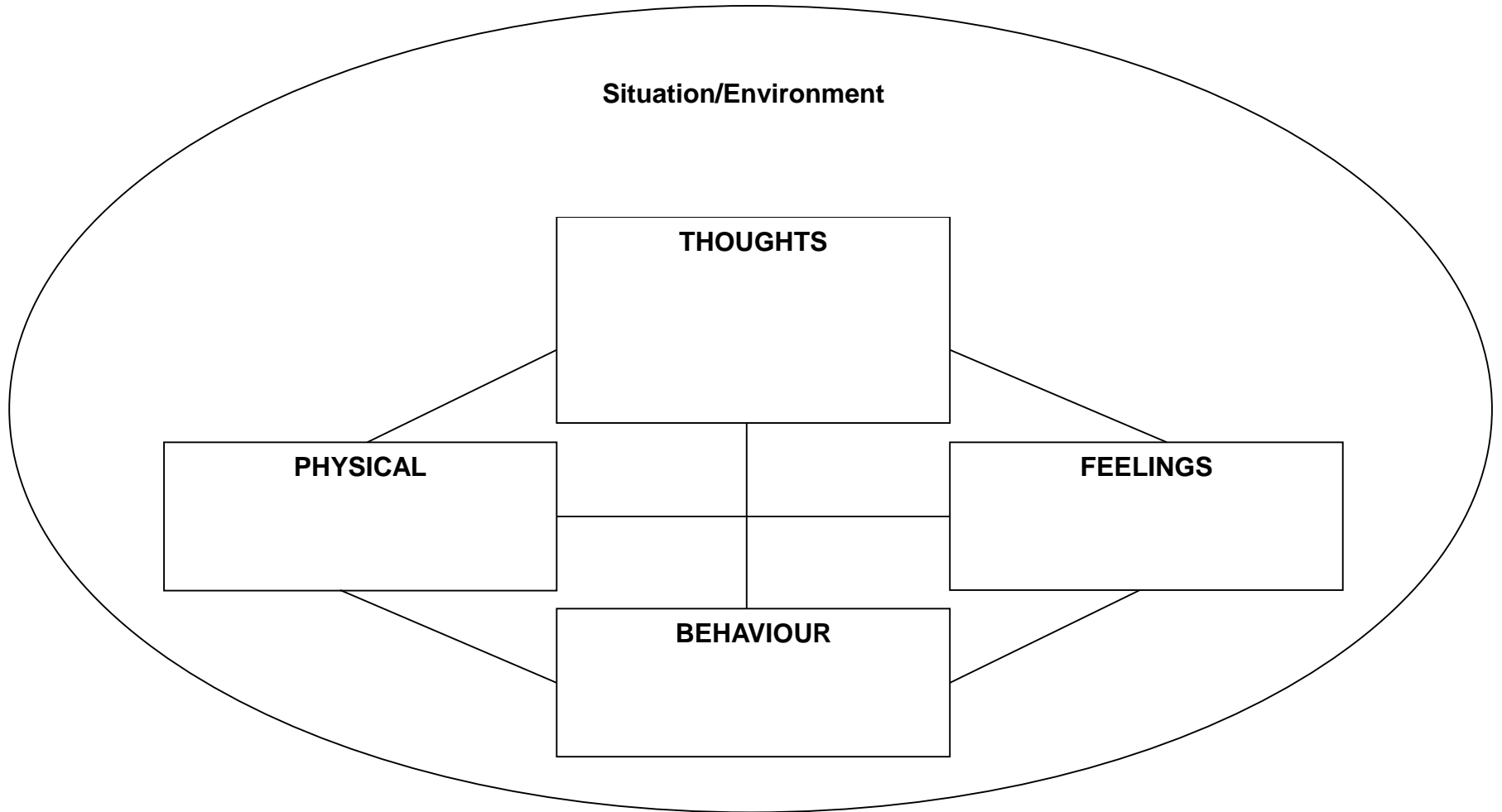
# EFFECT SIZE GRAPH



# Cultural Adaptations

- Use of culturally relevant examples within psycho-educational material.
  - Referral to a Māori model of health (Te Whare Tapa Wha).
  - Opening and closing session with karakia or whakatauki.
- Greater degree of self-disclosure on the part of the therapist.
  - Deeper exploration of whakapapa (genealogy).
    - Use of Māori language.
- Use of Māori metaphor in the form of whakatauki (Māori proverbs) to guide sessions.
  - Encouraging whanau involvement in sessions and treatment objectives.

# The 5-Part Model



# Adapted 5-Part Model

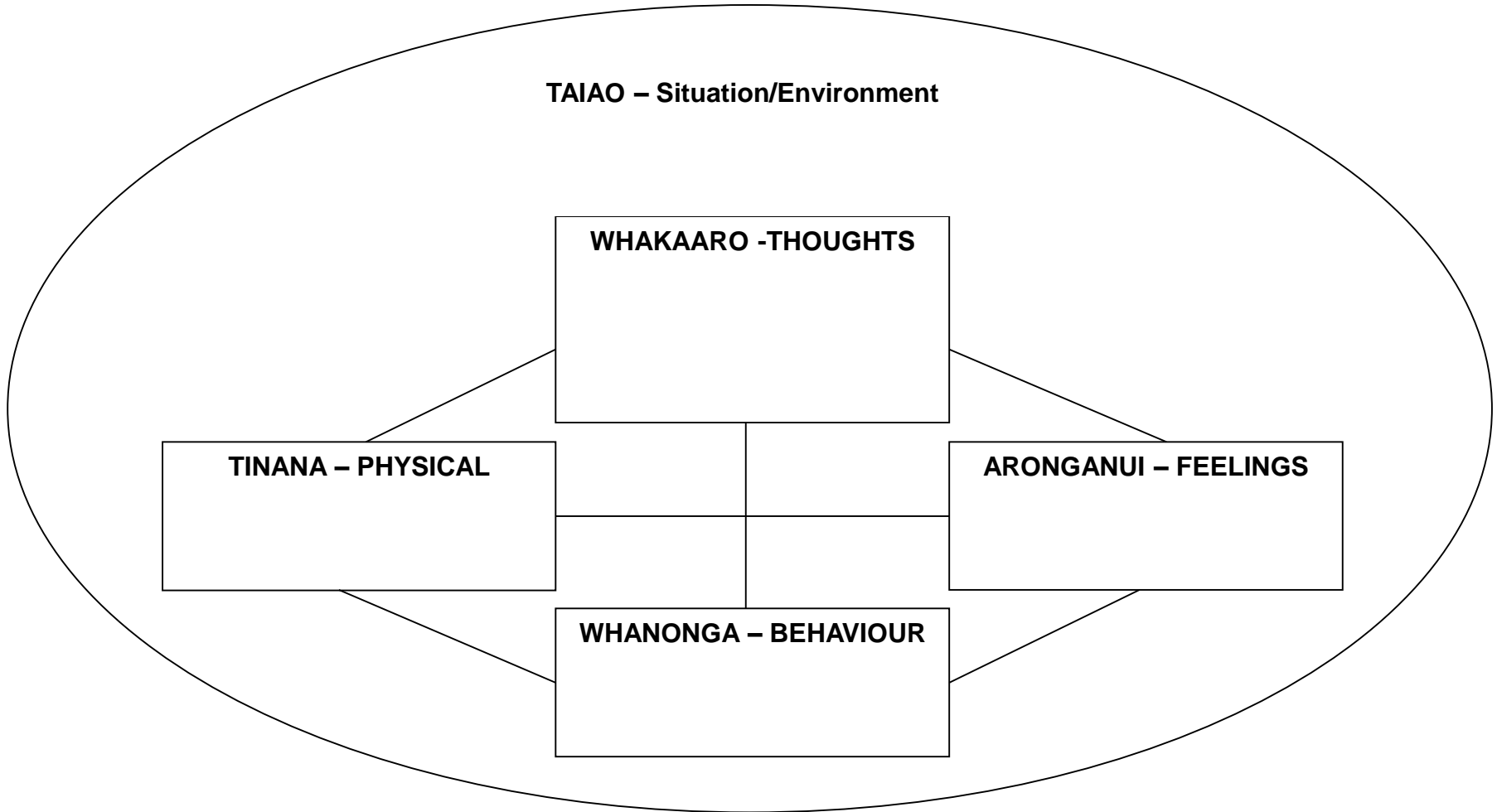
**TAIAO – Situation/Environment**

**WHAKAARO -THOUGHTS**

**TINANA – PHYSICAL**

**ARONGANUI – FEELINGS**

**WHANONGA – BEHAVIOUR**



# Whakatauki

The use of metaphor

**He manga awa koia kia kore e whitikia.**



**It is a big river indeed that can not be crossed.**




**He moana pukepuke e  
ekengia e te waka.**





**A rough sea can still be navigated**



A night sky filled with stars, with the silhouettes of trees visible at the bottom. The stars are scattered across the dark blue and black sky, with some appearing brighter than others. The trees at the bottom are dark and out of focus, framing the sky.

**He maramatanga tō tēnei whetū.  
He maramatanga anō tō tērā whetū.**

A photograph of a starry night sky. The stars are scattered across the dark blue and black expanse, with some appearing as bright white dots and others as fainter, colored points. The bottom of the image is framed by the dark, silhouetted branches of trees.

**Each star has its own luminescence  
or presence in the sky.**

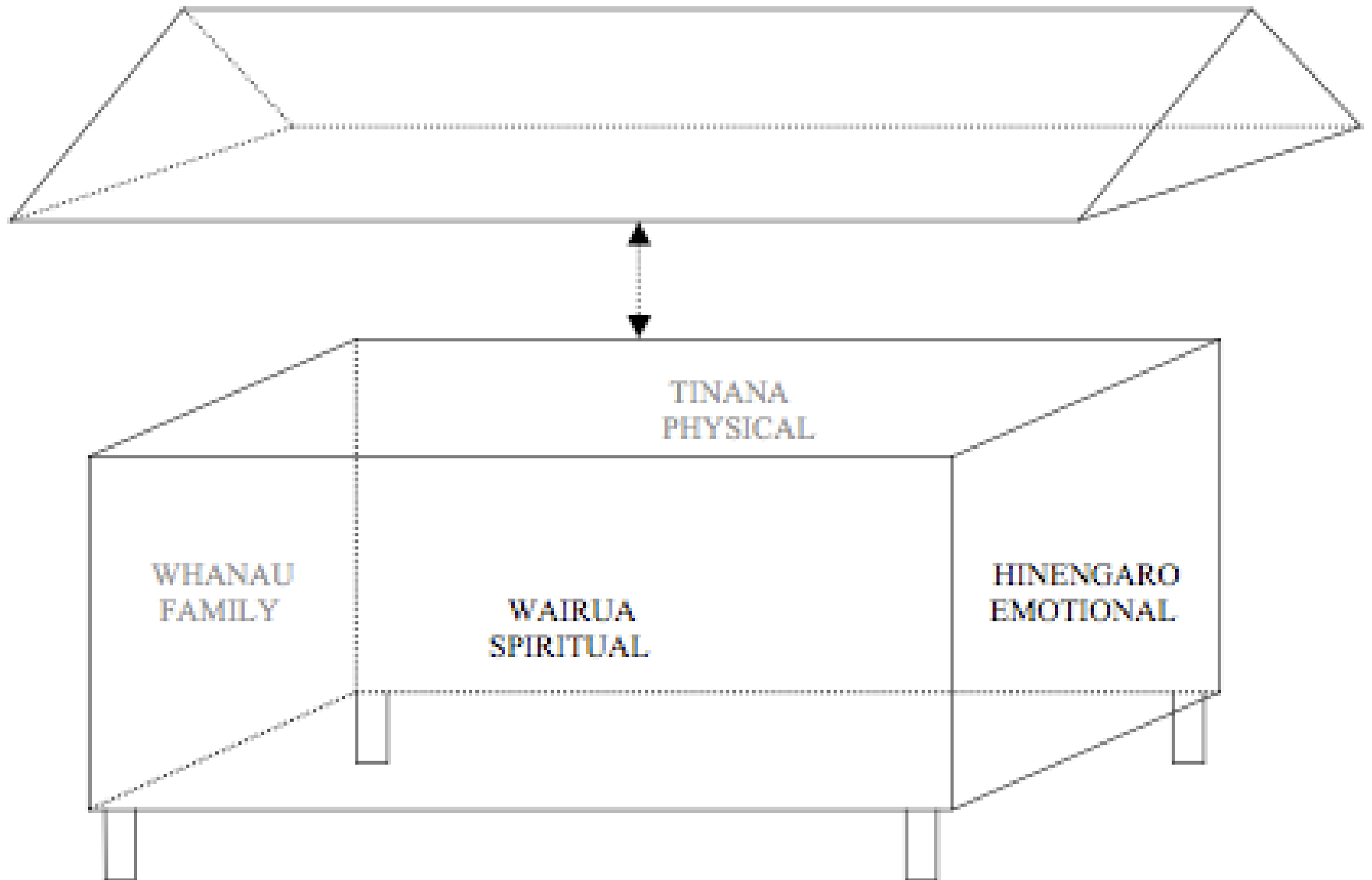
**Whaia e koe ki te iti kahurangi;  
ki te tuohu koe, me maunga teitei**



**Seek the treasure you value most dearly;  
if you bow your head, let it be to a lofty  
mountain.**



# Te Whare Tapa Wha



# TANE WORKING FORMULATION

## COPING STRATEGIES

Meticulous with regards to mahi  
Cut others off before they can express themselves  
Don't trust adults, remain suspicious of their intentions

## INTERMEDIATE ASSUMPTIONS - RULES FOR LIVING

If I want something in life, I can't rely on others to help me.  
If I trust others they will just end up hurting me.  
No matter how hard I try or how good a job I do others will always try to be critical of me.  
If I get too close to people/partners they will hurt and criticise me

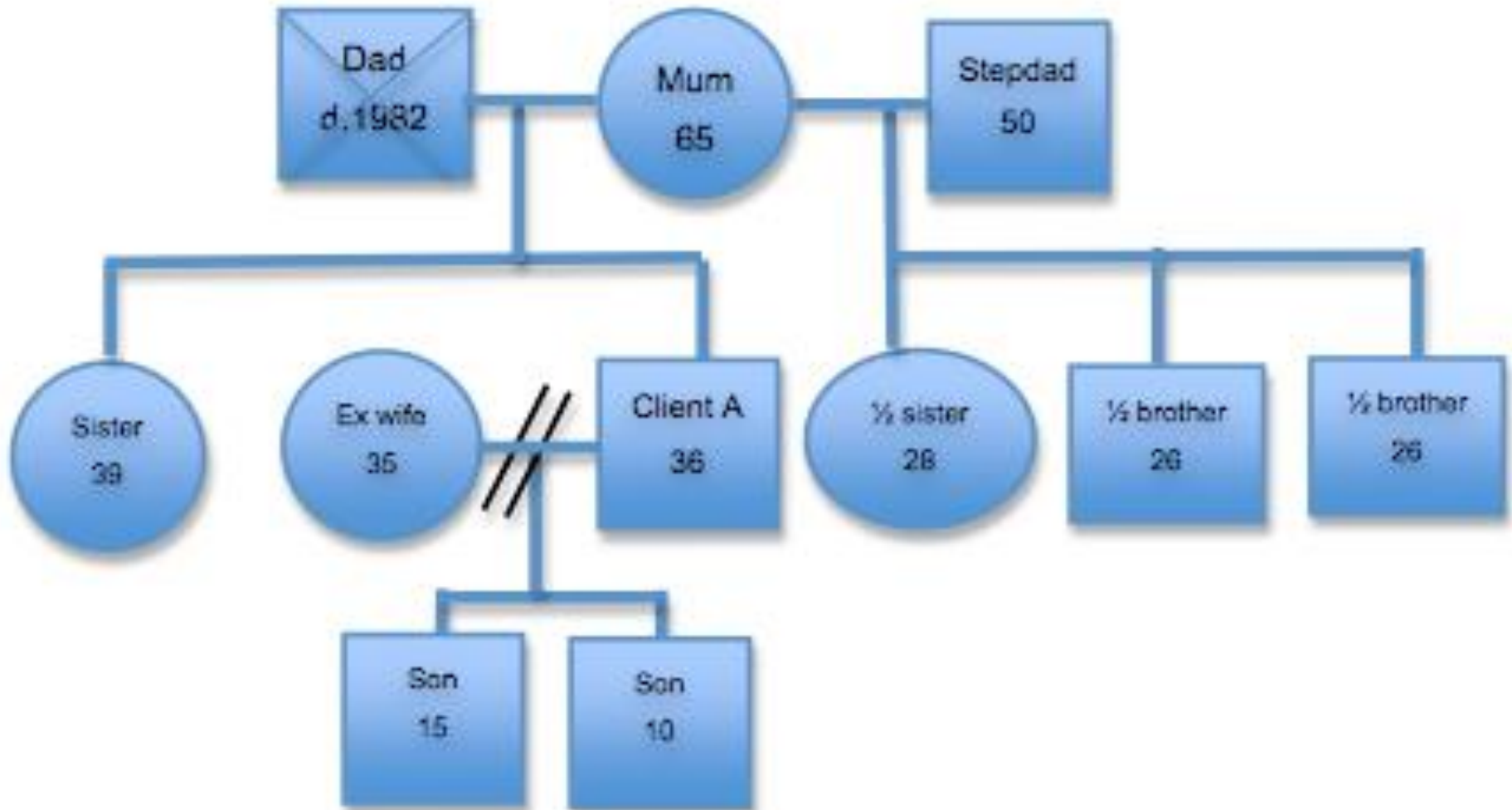
## FORMATION OF CORE BELIEFS

Nothing I do is good enough  
I will be criticised/abused/hurt by people who I am close to.  
I can't trust/rely on anyone else

## THE FOUNDATION – SIGNIFICANT EARLY EXPERIENCES

Grew up in large well known Northland whanau, 2nd of 10 children. Significant physical abuse from father fuelled by alcohol (Tane a particular target of his father's anger), also observed significant domestic abuse. Tane considered himself the "Black sheep". Mother protective however unable to leave the relationship, mother was also manipulative and would often blame Tane leading to him being beaten by his father. Parents highly critical and had high expectations for Tane. Left home at 16 moving to Wellington, on a building apprenticeship. Father passed away around the same time. Lack of affection or pride expressed by Tane's parents toward him and little acknowledgement of his achievements in leaving home and building a successful life in Wellington. Tane forced to be extremely independent and given huge responsibility as a provider for the whanau. Tane was not supported by his whanau to pursue an education, sporting endeavors and has had to work very hard on his own for things that he has achieved.

# Genogram





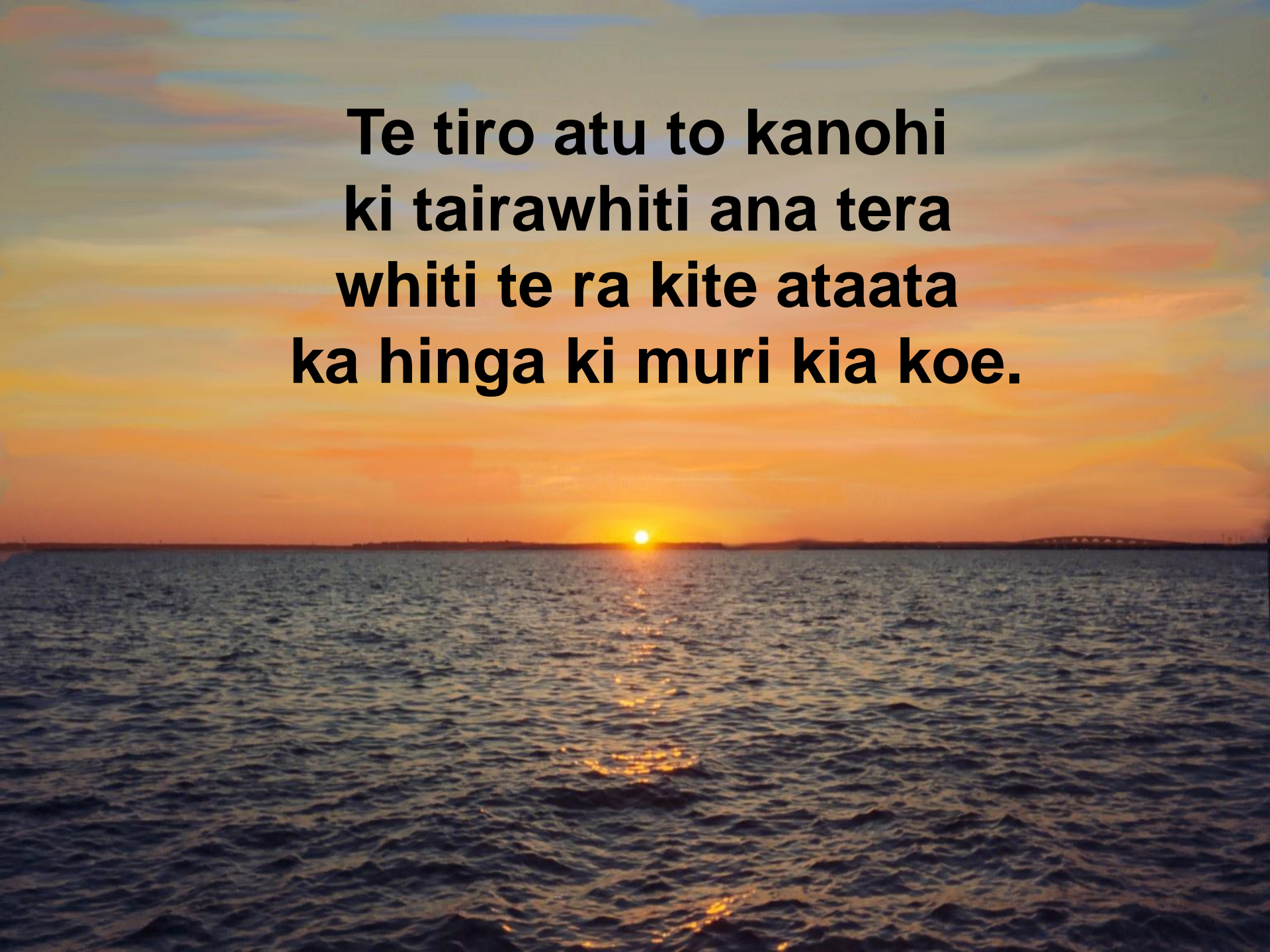
# Treatment Phases



# Implications for Addiction Services

- Importance of nurturing the therapeutic relationship
- Joining and establishing commonalities
- Identifying meaningful metaphor
- Understanding and harnessing collective strengths of the client

**Te tiro atu to kanohi  
ki tairawhiti ana tera  
whiti te ra kite ataata  
ka hinga ki muri kia koe.**



**Turn your face to the sun,  
and the shadows will fall  
behind you.**

