

# A proposed hauora Māori clinical guide for psychologists: Using the hui process and meihana model in clinical assessment and formulation

Suzanne G. Pitama<sup>1</sup>, Simon T. Bennett<sup>2</sup>, Waikaremoana Waitoki<sup>3</sup>, Tracy N. Haitana<sup>1</sup>, Hukarere Valentine<sup>2</sup>, John Pahina<sup>2</sup>, Joanne E. Taylor<sup>2</sup>, Natasha Tassell-Matamua<sup>2</sup>, Luke Rowe<sup>2</sup>, Lutz Beckert<sup>1</sup>, Suetonia C. Palmer<sup>1</sup>, Tania M. Huria<sup>1</sup>, Cameron J. Lacey<sup>1</sup> & Andre McLachlan<sup>4</sup>

<sup>1</sup>University of Otago, Christchurch, <sup>2</sup>Massey University,

<sup>3</sup>Waikato University, <sup>4</sup>Waikato Institute of Technology  
New Zealand

This paper documents a joint initiative of clinical practice educators from four tertiary institutions and their engagement in the design and development of a proposed Hauora Māori Clinical Guide for Psychologists, which outlines how to apply the Hui Process and Meihana Model to applied psychology. It describes the ability for this proposed Hauora Maori Clinical Guide for Psychologists to assist clinicians, professional psychology training programmes and institutions in meeting the expectations of the Health Practitioners Act and The New Zealand Psychologists Board's (NZPB) Standards and Procedures document. It presents how this proposed guide can support the implementation of clinical and cultural competence and the Code of Ethics for Psychologists Working in New Zealand. It also provides an opportunity for the psychology profession to demonstrate responsiveness to Te Tiriti o Waitangi obligations.

Keywords: Māori, clinical assessment, clinical practice, formulation

## Background

Māori mental health inequities are well documented (Baxter, Kingi, Tapsell, Durie, & McGee, 2006; Baxter, Kokaua, Wells, McGee, & Oakley Browne, 2006a; Harris, Tobias, Jeffreys, Waldegrave, Karlsen, & Nazroo, 2006; Baxter, 2008; Newton-Howes, Lacey, & Banks, 2014; McLeod, King, Stanley, Lacey, & Cunningham, 2017). Despite this, universities and professional bodies have demonstrated marked variation in the way professional psychology training programmes prepare students and clinicians to work with Māori clients and whānau. Because of this it is difficult to ascertain the profession's ability to contribute to the reduction of mental health inequities (Levy & Waitoki, 2016; Masters, Nikora, Waitoki, Valentine, Macfarlane, & Gibson, 2016; Waitoki, 2016; Bennett, 2016).

The introduction of The Health Practitioners Competence Assurance Act in 2003 (HPCA, 2003) was designed to provide governance of clinical training programmes. The HPCA 2003 signaled a departure from the Psychologist's Act 1981 through increased scrutiny of professional training programmes. Public protection is the primary purpose of the HPCA, with section 118(i) of the Act mandated cultural competency through "setting standards of clinical and cultural competence, and ethical conduct to be observed by health practitioners of the profession" (HPCAA, 2003, p. 87). Although there is no specific mention of the Treaty of Waitangi, or Māori, in the HPCA Act, the New Zealand Psychologists Board (NZPB), the New Zealand Psychological Society, and the College of Clinical Psychologists have documented opportunities for psychologists to be responsive to Māori. The NZPB Standards

and Procedures document, written in collaboration with the Society and College, articulates guidelines for the accreditation of programmes and schemes leading to registration as a psychologist in Aotearoa/New Zealand (NZPB, 2016). The core competencies stand alongside *The Code of Ethics for Psychologists Working in Aotearoa/New Zealand* (New Zealand Psychological Society, 2002) which includes a value statement that encourages psychologists to apply the principles of Te Tiriti o Waitangi to their work and "seek advice and undertake training in the appropriate way to show respect for the dignity and needs of Māori in their practice." (New Zealand Psychological Society, 2002, p. 6)

The Standards and Procedures document requires that professional training programmes (and supervision to registration schemes) meet the needs and aspirations of both Treaty/Te Tiriti o Waitangi partners' worldviews (NZPB, 2016 p.14). This includes specific clauses related to Māori health curriculum as follows:

"2.1.3. The teaching and learning methods include consideration of cultural frame of reference, values and world views, including those of Māori.

2.2.1. The curriculum is based on principles of scientific method and evidence-based practice, fosters the development of analytical and critical thinking, and includes consideration of indigenous psychologies.

6.2.5 In particular, where possible, students shall have the opportunity to undertake placements within Māori services and/or be supervised by Māori psychologists." (NZPB, 2016, pp 21-24).

However, the repercussions of not meeting these standards is not well documented, and without a clear statement supporting the recruitment of staff who are experts in Māori health curriculum it is unclear how the above clauses will be met (NZPB, 2016, p 24). For those practising psychology, it is not mandatory that Māori health competencies are required as an ongoing competence measure as a registered psychologist (NZPB, 2011, p.2).

Despite enhanced cultural competencies as one of the central premises of the HPCA Act (HPCAA, 2003) and the Standards and Procedures document (NZPB, 2016) a recently published review of professional psychology training programmes identified that time assigned to Māori health learning outcomes had actually reduced since the HPCAA Act was implemented (Levy, 2002; Levy, 2007; Levy & Waitoki, 2016). In spite of this, clinical practice educators have developed, researched, practiced and published on the importance of curricula/training to improve psychological care for Māori clients/whānau (Palmer, 2004; Levy, 2007; Pitama et al, 2007; Levy & Waitoki, 2016; Waitoki & Rowe, 2016; Bennett & Liu, 2017). To date, there have been efforts to provide guidelines for working with Māori within psychology (Pakeha Treaty Action, 1997; Durie & Kingi, 1997; Best Practice Journal, 2008;), however a lack of clarity on how to apply these practically to clinical assessments and/or treatment has been a major limitation.

The purpose of this paper is to document recent efforts to adapt the Hui Process (Lacey, Huria, Beckert, Gillies & Pitama, 2011) and Meihana model (Pitama, Huria and Lacey, 2014) to the training and practice of psychology, in order to support psychologists to be responsive to Māori clients/whānau and contribute to the reduction of current mental health inequities.

### The Hui Process and Meihana Model

The Hui Process (Lacey, Huria, Beckert, Gillies & Pitama, 2011) and the Meihana model (Pitama, Huria & Lacey, 2014) were developed as part of a Māori health medical curriculum at the University of Otago Christchurch. The goal of these teaching tools is to translate cultural competency principles into an approach that clinicians can use to augment their existing clinical practices, to improve their responsiveness to Māori clients and their whānau.

The Hui Process (figure 1) adapts the structure of the hui to clinical interaction. The Hui Process is comprised of four components, which align with engagement strategies from Te Ao Māori and documents how these apply to clinical interactions. The four components are: **mihimihi** (initial greeting engagement), **whakawhanaungatanga** (making a connection/building relationships), **kaupapa** (attending to the purpose of the encounter) and **poroaki/whakamutunga** (closing the session).

The Meihana Model (figure 2) builds on the earlier work of Durie's Te Whare Tapa Whā model (Durie, 1999). It provides definitions specific to this model as a way of providing a clear shared language for those using the model. These definitions do not encompass the full meaning of the Māori language terms being used in other settings/occasions. The Meihana Model comprises four specific elements.

Figure 1: Hui Process (Lacey et al, 2011)

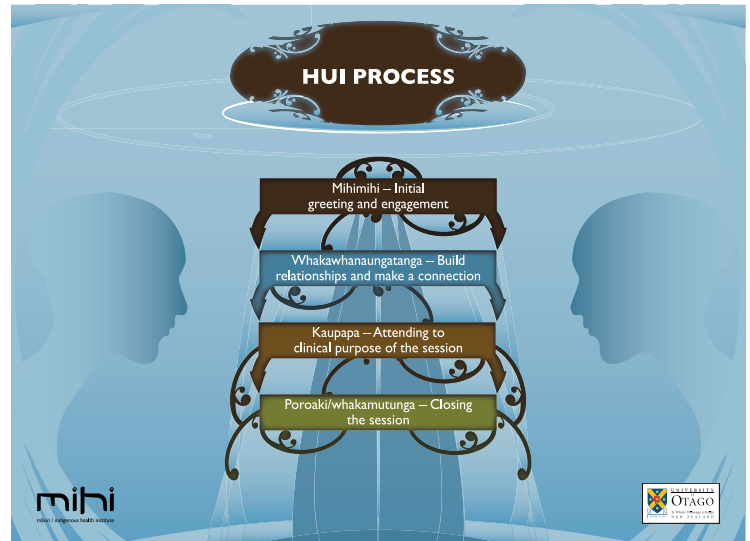
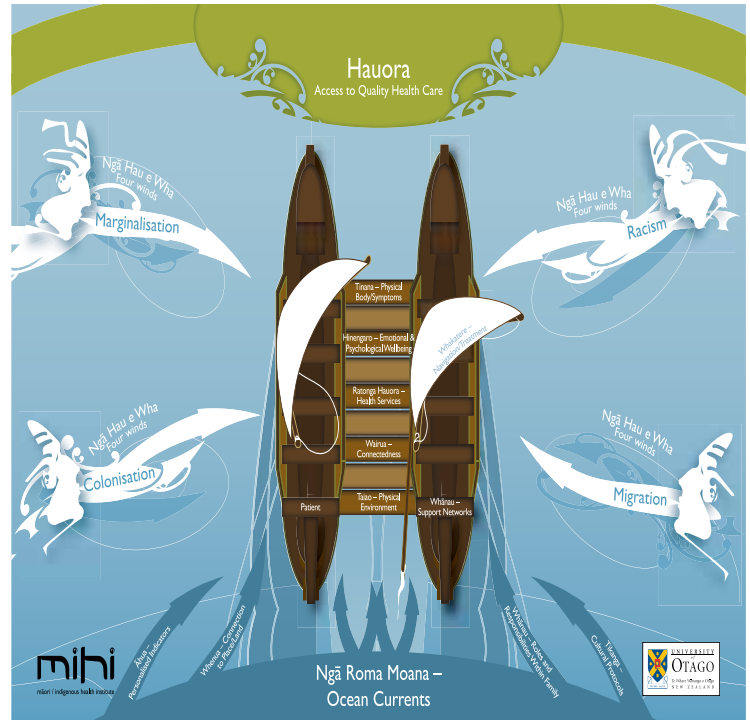


Figure 2: Meihana Model (Pitama et al, 2014)



1. *The Waka Hourua* (double-hulled canoe) identifies the importance of the client/whānau relationship and its relevance to the presenting issue(s) and future treatment plans. The framework invites and reminds the clinician, to work alongside the client/whānau to explore the dimensions of **tinana** (physical body), **hinengaro** (psychological/emotional), "**ratonga hauora**" (previously iwi katoa) (access to quality health services), **wairua** (connectedness) and **taiao** (physical environments) and their relevance to clinical care and decision-making with client/whānau.

2. *Ngā Hau e Whā* (representing the four winds of Tawhirimātea) identifies components that reflect both the historical and current societal influences on Māori as the indigenous peoples of Aotearoa/New Zealand. The four influential and interrelated winds are: **colonisation**, **racism**, **migration** and **marginalisation**.

3. *Ngā Roma Moana* (representing the four ocean currents) identifies specific components from Te Ao Māori (Māori world view) that may influence a client/whānau in different contexts. The four components of Ngā Roma Moana are **āhua** (personalised indicators), **tikanga** (Māori cultural principles), **whānau** (relationships, role and responsibilities of the patient within Te Ao Māori including whānau, hapu, iwi and other organisations) and **whenua** (specific genealogical or spiritual connection between client and/or whānau and land). The influence on these ocean currents varies greatly due to the diversity of individual client/whānau experiences in Te Ao Māori and the effects of colonisation, racism, marginalisation and migration (ngā hau e whā).

4. *Whakatere* (navigation) draws together the relevant information from the *Waka Hourua*, *Ngā Hau e Whā* and *Ngā Roma Moana* and integrates this information within the formulation, diagnosis and treatment processes. *Whakatere* also challenges and supports clinicians to acknowledge and mitigate personal and institutional biases within assessment, formulation and treatment.

The combined Hui Process and the Meihana Model represent a significant addition to the way in which the psychology training and practice can be responsive to the diverse needs of Māori (Pitama, Robertson, Cram, Huria & Dallas-Katoa, 2007). Further details of the Meihana Model and its components can be found in Pitama et al. (2014).

At the University of Otago, the Hui Process and Meihana Model have been successfully implemented within the medical curriculum (Jones, Pitama, Huria, Poole, McKimm, Pinnock & Reid, 2010; Pitama, Ahuriri-Driscoll, Huria, Lacey & Robertson, 2011; Pitama, 2012; Huria, 2012; Huria, Lacey & Pitama, 2013; Pitama, 2013; Pitama, Huria and Lacey, 2014; Huria, Palmer, Beckert, Lacey & Pitama, 2017; Huria, Lacey, Melbourne-Wilcox & Pitama, 2017A). The teaching of the models has moved beyond the limitations of didactic teaching, and instead the combined models use learning methods that encourage transformative practices (e.g. flipped classroom, team based learning activities, simulated patients, online learning modules and student-led clinics). Transformative learning opportunities have been measured through formative and summative learner assessments including; patient interviews presented in written and oral media, Observed Clinical Simulated Exams (OSCE) and multiple choice questions and logbooks (Pitama, 2012). This differs from current psychology training/accreditation requirements that favour the use of self-reflective methods such as reflective journals, self-rating assessments, and checklists as the 'standard' for evaluating one's competency. There is concern that self-assessment methods are both unsafe in determining clinical and community safety, and may instead only measure data for other phenomenon, such as the rater's self-awareness, self-esteem, and honesty.

Within the University of Otago Christchurch a cultural safety model is enacted to measure social accountability of the curriculum to its community. This involves annual student evaluations, and interviews with Māori patients and Māori health workers who have engaged with medical students in clinical settings, non-Māori colleagues who teach the medical students and the wider Māori health community (including administration and clinicians). Stakeholders (clients/

whānau, Māori health workers, learners and clinicians) have reported high levels of satisfaction with clinical engagement opportunities, due to students appropriately; demonstrating their ability to use the process of *whakawhānau* in a clinical interview, confidently using te reo Māori as led by the client/whānau, exploration of all relevant elements of the Meihana Model (including experiences of racism and the impact of colonisation) alongside client/whānau, influencing senior colleagues behaviour and advocating for client/whānau needs within a clinical setting (Pitama, 2012).

The Hui Process and Meihana Model have encouraged students/clinicians to identify how specific elements and components inter-relate and assist a tailored approach to working alongside a Māori client/whānau. The training has provided an evidential framework that assists clinicians to articulate how to integrate and demonstrate both cultural and clinical competencies when working with Māori clients/whānau (Pitama, 2012).

The centrality of Māori cultural processes for psychologists in teaching, research and clinical assessment and treatment is well established (Bennett, 2016, Cargo, Waitoki & Feather, 2016; Valentine, 2016; Waitoki, 2012). The formal and semi-formal structure of the Hui Process (Lacey et al, 2011), that occurs in many situations across Māoridom, blends well in a clinical assessment environment with the addition of the Meihana Model (Pitama et al, 2014)

#### *Development of the Adaptation of the Hauora Maori Clinical Guide for Psychologists: Using The Hui Process And Meihana Model In Clinical Assessment And Formulation*

A joint collective of clinical practice educators from the University of Otago Christchurch, Massey University, Waikato Institute of Technology and the University of Waikato converged with the goal to design and develop a proposed clinical guide to support psychologists to apply the Hui Process and the Meihana Model within applied psychology. For the purposes of this paper applied psychology is inclusive of those scopes of practice that involve direct client/whānau contact with the intent to assess and provide treatment.

At the heart of applied psychological practice is assessment and case formulation which informs decisions regarding diagnosis and treatment. Several terms are used within the literature for formulation, including case, aetiological or causal formulation (Rainforth & Laurenson, 2014; Todd, 2010). The formulation of cases based on individualised assessment was developed in response to limitations of diagnosis driven treatments. Diagnoses alone may provide incomplete information about the person's experience of their issue(s), or the cause of the issue(s) (Macneil, Hasty, Conus & Berk, 2012). Treatment driven by diagnosis has also been argued to be unsatisfactory in accounting for severe and complex cases (Bruch & Prioglio, 2009; Todd, 2010). The purpose of a formulation is to provide a conceptualization, hypothesis and/or narrative of a person's issue(s), how the issue(s) developed, the functional relationship between these, and factors that maintain them (Evans & Fitzgerald, 2007; Nezu, Nezu, Peacock & Girdwood, 2004). Taking a longitudinal and dynamic

approach to understanding and integrating information leads to individualised and responsive treatment goals and planning. (Bruch & Prioglio, 2009; Rainforth & Laurenson, 2014; Todd, 2010). A formulation can contribute to the ability to predict certain relationships and issues in specific situations, and therefore enable clinical experiments and hypothesis testing (Bruch & Prioglio, 2009). Formulation models have dimensions that enable a focus on the cultural and socio-political experiences of clients, but there is little training in psychology on the potential depth of those experiences for Māori (Waitoki, 2012).

The joint collective of clinical practice educators commenced discussion about how the Hui Process and Meihana Model could be used to adapt the case formulation process to inform psychological practice for Māori clients/whānau. At the core of good formulation is a comprehensive assessment. In this regard, it was postulated that the Hui Process and the Meihana Model guides the clinician to consider Māori clients/whānau within systemic and societal influences, ensuring all relevant elements, otherwise unnoticed, are incorporated into case formulation. Integrating the Hui Process and the Meihana Model with elements of the clinical interviewing and hypothesis building approach articulated by Wright (2011) resulted in the development of the proposed Hauora Māori Clinical Guide for Psychologists (HMCGP) (Appendix A). To ensure that all elements of the Meihana Model were included in the HMCGP, to encourage

the gathering of non-deficit theorising information and to align language with that commonly used in New Zealand, some additions and amendments were made to the Wright model (2011). The changes are documented in Table 1.

The intention of the HMCGP is to provide a framework for both Māori and non-Māori clinician's working with Māori clients/whānau to promote appropriate responsiveness and support equitable health outcomes. The HMCGP articulates how the Hui Process and Meihana Model define 'cultural' responsiveness to clearly articulate aspects involved in the assessment, formulation and treatment process. The HMCGP establishes content to inform training, supervision and assessment, and can be used as a tool for the New Zealand Psychology Board's Continuing Competence Programme and Standards and Procedures document. The HMCGP may identify opportunities for individual or collective professional development, as well as illuminating current systemic enablers and barriers to the delivery of services that are responsive to Māori. In this process, it is acknowledged that the HMCGP may also highlight opportunities for clinician/institution engagement with Māori health and/or Māori cultural expertise, tailored educational opportunities, and further refinement of policies and procedures within organisations.

*Implications for Training and Practice*

This work can impact the various sectors in which psychologists' practice including the New Zealand Psychologist's Board who have the significant responsibility for the registration of psychologists and the accreditation of professional psychology training programmes in Aotearoa/New Zealand.

The HMCGP has the potential to support universities and/or professional training programmes with a framework for a Māori health curriculum. The HMCGP outlines the content of a proposed curriculum, and its relevance to clinical practice. Drawing on this pedagogy, the HMCGP encourages the engagement in learning methods that support the practical application of the HMCGP into clinical practice. It also provides a challenge for universities and/or training programmes to integrate Māori health learning outcomes throughout all stages of training and practice. This might include ensuring learners have an opportunity to demonstrate competencies in using the HMCGP prior to clinical placements or ongoing work with Māori clients/whānau. This would require exposure to a number of different case presentations, with a range of severity and complexity using case based and simulated client learning opportunities.

The HMCGP can provide a template by which to design and implement formative and/or summative assessments, in that it provides a clear process for offering critique and guidance on specific aspects of the HMCGP. Such a training and practice environment requires Māori leadership, Māori clinical expertise, Māori and non-Māori faculty/clinician engagement and expertise, appropriate timetabling and teaching resources (aligned to the planned learning opportunities) and opportunities for faculty/institutional professional development.

**Table 1 Adaptations of the A. Jordan Wright's model (2011) for the Hauora Maori Clinical Guide for Psychologists (HMCGP)**

Additional Headings	Amendments of Headings from the Wright model (2011) to the Clinical Guide	
	Wright's model's original language	Changes made in the HMCGP
MHI/Initiating the session	Presenting Problem and Its History	Presenting Issue(s) and History
Whakawhanaungatanga /Building a Therapeutic Relationship	Presenting Problem	Presenting Issue
Kaupapa/Purpose of the Encounter	Alcohol/Substance Use History	Substance Use and Addictive Behaviours History
Under Psychosocial evaluation -Added Identity	Family Medical and Psychiatric History	Family Medical and Mental Health History
Under Psychosocial evaluation -Added Socio-political Determinants of Health	Educational/Vocational History	Educational/Employment History
Under Psychosocial evaluation -Added Interpersonal Relationships History	Mental health status evaluation	Presentation
Under Psychosocial evaluation -Added Intervention History	Prefrontal Functioning	Judgement
Under Psychosocial evaluation -Removed Multicultural Evaluation	Hypothesis Building	Whakatere: Synthesis and Formulation
Porokaki/Mihi Whakamutunga: explanation, Planning & Closing Session		

### *Implications for Practice and Policy*

The majority of practicing psychologists in Aotearoa New Zealand are working in district health boards (hospital), corrections, education or private practice settings (Stewart, Bushnell, Hauraki & Roberts, 2014). Effective implementation of the HMCGP within these sectors would require a level of investment from service leaders and managers to ensure that psychologists receive ongoing organisational support (including supervision aligned to the HMCGP) and encouragement to use the HMCGP in their practice. The HMCGP could act as a catalyst for achieving better clinical outcomes for Māori clients/whānau through improved service provision and more effective treatment. The HMCGP could also act as a conduit for supervision allowing the supervisor to support the supervisee to develop a formulation with the foundation of a comprehensive assessment. Realisation of these sectoral outcomes will facilitate the mobilisation of a psychological workforce that is more responsive to Māori clients/whānau, through their ability to engage in clear processes and procedures in which to undertake assessment, formulation and treatment process.

The New Zealand Psychologists Board may take this opportunity to utilise the HMCGP to set specific Māori health competencies in the current cultural competence requirements of the Continuing Competence Programme. It also provides an opportunity to further align the Standards and Procedures document and its practices to Te Tiriti o Waitangi, by providing a practical approach for psychologists and sites of practice to address Māori mental health inequities.

### *Implementation and Evaluation of the Clinical Guide*

The authors plan to further design and implement psychology curricula based on the Hui Process and Meihana Model using the proposed HMCGP in three institutions over the next two years. The curricula will be evaluated across all three sites and reported back through this journal, and the HMCGP reviewed and further redeveloped as appropriate. Releasing the HMCGP through this publication is an attempt to encourage clinicians to engage with the Hui Process and Meihana Model in their psychological practice as a tool to address current Māori mental health inequities.

### *Limitations*

The strengths of this paper are the collaborative approach between the initial authors from the University of Otago Christchurch in developing the Hui Process and Meihana Model and their colleagues who oversee the training of psychologists within their respective institutions. In addition, the design and development of a clinical guide is a further strength. However this paper does have limitations that need to be considered. Firstly, neither the Hui Process, or the Meihana Model have been evaluated in psychology training or practice, and the HMCGP will require formal evaluation to establish its efficacy. Secondly, further consideration of the logistics to train practicing psychologists to use the HMCGP tailored to their workplace is needed. We recognise that the proposed HMCGP is an adaptation of an effective model for medical school training; however, it presents a theoretical model for the training and practice of applied psychology,

that requires specific training for clinical practice educators, evaluation of the training and practice module development and consideration of its applicability to different psychology sites of practice.

### *Conclusions*

This paper describes the design and development of the HMCGP which outlines how to apply the Hui Process and Meihana Model to applied psychology. It advocates for specific Māori health competencies through a shared language articulated in the HMCGP. It identifies the opportunity to better prepare future and current clinicians through training and practice based on the HMCGP. It identifies the need for more robust training and practice responses to Māori health inequities to be evaluated and disseminated to the wider psychology field to inform ongoing measurement and progress. Fundamentally, the proposed HMCGP offers a responsive structure to consider the multiple influences that impact on the health and wellbeing of Maori clients/whānau, and an opportunity for the profession to demonstrate responsiveness to Te Tiriti o Waitangi obligations.

## APPENDIX A: HAUORA MĀORI CLINICAL GUIDE FOR PSYCHOLOGISTS: USING THE HUI PROCESS AND MEIHANA MODEL IN CLINICAL ASSESSMENT AND FORMULATION

### MIHI/INITIATING THE SESSION

The mihi process provides a platform to establish a safe space for clients/whānau and clinicians and captures one or multiple points of contact/engagement with the client/whānau. The points below are dynamic and the order may change depending on the context and the preferences of the client/whānau.

#### **Waka Hourua**

Client/whānau: Greet client/whānau (clarify correct name pronunciation)

Client/whānau: Introduce yourself and your role to the client/whānau

Client/whānau: Identify whānau present and their relationships/role

Hinengaro: Identify client/whānau goals and/or aspirations for the interaction/assessment

Taiao: Consider how current therapeutic/assessment environment is impacting on the client/whānau e.g. accessibility of parking, room size, timing of sessions.

Clarify the presenting issue/kaupapa of the consultation

#### **Ngā Roma Moana**

Āhua: Consider if ethnicity is recorded correctly, confirm ethnicity where appropriate.

Āhua: Use te reo Māori, as led by client/whānau

Tikanga: Use whakatau protocol as requested by client

Tikanga: Identify client/whānau preference for karakia and facilitate when required

### WHAKAWHĀNAUNGATANGA/BUILDING A THERAPEUTIC RELATIONSHIP

Whakawhānaungatanga involves the enquiry and then sharing of relevant and 'client/whānau-led' information that aligns with the Meihana Model between both the client/whānau and the clinician. It draws on clinically relevant information as a tool to help develop a therapeutic relationship and is used during each time of contact/engagement with the client/whānau.

Whakawhānaungatanga is an ongoing process by both parties which occurs throughout the assessment process.

#### **Ngā Roma Moana**

Āhua: Use of te reo Māori, as led by client/whānau.

Clarify/explore meanings of Māori words/concepts being used

Whenua: Identify relevant whenua connections for client/whānau

Whānau: Identify relevant client roles/relationships within the whānau

Tikanga: Explore client-led discussion about te ao Māori specific activities e.g. waka ama, toi Māori, kapahaka, learning whakapapa, rongōā

#### **Ngā Hau e Whā**

Migration: Explore relevant client/whānau migration. Determine where client/whānau support networks are located

### KAUPAPA/PURPOSE OF THE ENCOUNTER

Establishes the purpose for the interaction, either as an initial engagement or as a follow-up appointment. Draws on appropriate psychological assessment tools and methods to enable appropriate therapeutic care.

Although this is presented in a linear model, it is acknowledged the complexity of assessment will require a more dynamic approach to utilising the clinical guide and relevant psychometric testing. It is also acknowledged the need to establish where this specific kaupapa may sit in the client/whānau overall needs and life outcomes.

### PRESENTING ISSUE(S) AND HISTORY

#### **Presenting issue(s)**

##### **Waka Hourua**

Hinengaro: Identify the presenting issue(s) and consider the possibility of impediments the client is not aware of

Hinengaro: Identify related issues that constitute the reason for the assessment, as well as the history of these issues

Hinengaro: Identify current stressors

Hinengaro: Identify cognitive issues/experiences e.g. attention, memory, language issues, hallucinations, delusions etc

Hinengaro: Identify possibility of self-harm, suicidality, aggressiveness or homicidality, exposure to violence, and suspicion of child abuse where appropriate.

Hinengaro: Explore coping strategies and self-efficacy e.g., help-seeking, self soothing, distraction, finding meaning

#### **History of Presenting Issue(s)**

##### **Waka Hourua**

Hinengaro: Identify onset of presenting issue(s), and any specific triggering event(s) acknowledged by the client/whānau

Hinengaro: Identify the course of the issue(s)

Hinengaro: Consider findings from previous assessments (e.g. client's perspective, clinical)

##### **Ngā Roma Moana**

Wairua: Identify client/whānau spiritual and cultural beliefs about illness, well-being and healing

Whānau: Identify client's perceptions and/or expectations of whānau involvement in their assessment and treatment

Whānau: Identify whānau expectations of the service and therapeutic outcomes

Tikanga: Identify what protocols and practices such as karakia may support the client/whānau within the clinical environment. Identify how these tikanga requests may be responded to



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### SYMPTOMATIC EVALUATION

#### Developmental History

##### Waka Hourua

Whānau: Explore attachment history, whānau system, parenting style(s) and the impact of these on the client's relationship framework

Tinana: Explore pregnancy term (and any issues during pregnancy including prenatal environment) and developmental milestones

Hinengaro: Consider the client's early temperament, and how this developed over time and in the context of the whānau system

Hinengaro: Consider cognitive functioning/impairment e.g., Foetal alcohol syndrome, traumatic brain injury and neurodevelopmental issues

#### Psychiatric History

##### Waka Hourua

Hinengaro: Explore client's mental health history

Hinengaro: Explore and review client's history of psychiatric treatment, medication and outcomes

Ratonga Hauora: Identify experiences with access, availability and quality of health and social services

Ratonga Hauora: Explore client/whānau preferences for hospital and/or community based support services (e.g. religious, social worker, Māori health, illness specific)

Ratonga Hauora: Consider 'gaps' in current services that may have reduced the ability for the client/whānau to be supported with the presenting issue(s)

Ratonga Hauora: Identify what services are available that might further support client/whānau within your area

##### Ngā Hau e Whā

Racism: Consider whether any of the previous health notes allude to previous clinician bias

Racism: Consider your role in ensuring client/whānau have access to appropriate resources/services that will ensure access to best practice

Racism: If the client/whānau response(s) are minimising, or negative towards things Māori it can indicate internalised racism and reflect exposure to institutional and/or interpersonal racism. If so, care needs to be taken to navigate sensitively to avoid further 'othering' of the client/whānau

Racism: Explore client's strategies to navigate institutional, personally mediated and/or internalised racism

#### Substance Use and Addictive Behaviours History

##### Waka Hourua

Tinana: Explore current substance use and addictive behaviours e.g., substance use, gambling, pornography, and online activities

Tinana: Explore history, onset and course of substance use and/or addictive behaviours

Hinengaro: Identify relevant triggers or stressors that maintain substance use and/or addictive behaviours

Hinengaro: Explore use of substances (even if in low doses) including duration, amount used and frequency

Hinengaro: Identify the function of the substance use and/or addictive behaviours (e.g. coping, relief, to socialise etc)

#### Medical History

##### Waka Hourua

Tinana: Explore client's past and present physical well-being e.g., mobility, physical impairment chronic illness, chronic pain, and/or medication, significant injury, etc

Tinana: Explore client/whānau knowledge/ understanding and expectations of the identified medical concerns, treatments and medications (purpose/interactions)

Tinana: Explore client/whānau self care and lifestyle, e.g., sleep, personal hygiene, food security, physical activity and nutrition

Tinana: Explore engagement in physical activities/behaviours that support well-being

Hinengaro: Identify how current physical health is directly impacting on mental health status

Taiao: Identify, where appropriate (clients who are elderly or who have disabilities) any issues about mobility, walking aids, ADLs, home help, recent falls etc

Taiao: Further consider how current therapeutic/assessment environment is impacting on the client/whānau e.g. accessibility of parking, room size, timing of sessions

##### Ngā Roma Moana

Tikanga: Explore if the client/whānau utilises rongoā e.g. rongoā rakau, komiri to address presenting issue(s) and outcome of this when utilised

#### Family Medical and Mental Health History

##### Waka Hourua

Whānau: Explore whānau mental and physical health history and its impact on the client

Whānau: If whānau member has had previous mental health history, identify diagnosis(es), course of illness and treatment

##### Ngā Hau e Whā

Marginalisation: Identify whether presenting issue(s) has prevalence in the whānau, and explore client/whānau health literacy and expectations

Marginalisation: Consider what risk factors this client/whānau have been exposed to that might have led to the presenting issue(s) or influenced assessment/treatment

##### Ngā Roma Moana

Whenua: Explore the client's perceptions of their connection to land (or a safe place)

Whānau: Explore whānau experiences and capacity to care for the client

Whānau: Consider possible support networks that might further support client/whānau

Tikanga: Explore relevant cultural protocols/processes important to the client and their whānau and its role in their care

## APPENDIX A: HAUORA MĀORI CLINICAL GUIDE FOR PSYCHOLOGISTS: USING THE HUI PROCESS AND MEIHANA MODEL IN CLINICAL ASSESSMENT AND FORMULATION

### PSYCHOSOCIAL EVALUATION

#### Identity

##### **Waka Hourua**

Hinengaro: Explore identity and self esteem in relation to self and others

Hinengaro: Consider gender identity and or sexual orientation

Hinengaro: Consider the influence of takatāpui identity

Hinengaro: Identify relevant sexual behaviour and sexual adjustment that may have an impact the client's well being including frequency, level of satisfaction and partner(s)

Tinana: Explore history of sexual development

##### **Ngā Roma Moana**

Ahua: Explore client/whānau Māori identity e.g., sense of self and belonging

Ahua: Identify client led use of Te Reo Māori and explore the concepts and beliefs it communicates during the assessment process

Ahua: Explore relevant taonga and their relationship to identity, relationships and/or connection to Te Ao Māori, including Tā Moko, pounamu etc

Ahua: If client/whānau have an ingoa Māori (Māori name), utilise this to explore relationships to whānau and/or whenua

Ahua: Consider how others socially ascribe the client/whānau's ethnicity, and the impact of this on the client/whānau

Ahua: Consider experiences of challenges to the client/whānau's indigeneity

Whenua: Identify meaningful connection to landmarks and/or other relevant awa/moana/ngāhere/roto/maunga/marae

Whenua: Explore whether the client/whānau has the privilege of access to their ancestral land/haukāinga, explore sensitively as any disconnection does not negate their identity or indigeneity

Tikanga: Explore client/whānau perceptions of breaches to Māori cultural customs/protocols they feel may have contributed to the presenting issue

#### Family History

##### **Waka Hourua**

Whānau: Identify current and past family structure(s), including number of siblings, primary caregiver, ages of children, marital status, romantic relationships etc

Whānau: Explore current state of relationships with support networks: whānau, friends, colleagues and health and social services

Whānau: Identify significant family events that have influenced the client/whānau

##### **Ngā Hau e Whā**

Migration: Explore relocation, dislocation and ability to maintain and/or build connections

##### **Ngā Roma Moana**

Whānau: Explore other client/whānau roles and responsibilities (including in te ao Māori); and the impact the presenting issue has on their ability to fulfill these expectations

#### Socio-political Determinants of Health

##### **Waka Hourua**

Ratonga Hauora: Explore client/whānau experiences within housing services

Taiao: Explore experience of and access to environmental factors e.g., living conditions, neighbourhood safety, neighbourhood cohesiveness

Taiao: Explore access to green spaces and food sources and the influence of environmental degradation

Taiao: Explore housing and living conditions that could affect client/whānau health or their recovery (e.g. stairs, rails, ramps/housing condition: cold, damp/overcrowding, neighbourhood)

##### **Ngā Hau e Whā**

Colonisation: Identify perceptions of job security eg., obtaining a living wage, shift/seasonal/casual employment conditions and their impact on the client/whānau

Colonisation: Explore whether client/whānau are living in poverty, including how they are managing debt or creating wealth

Colonisation: Identify whether client has historically been exposed to adverse housing conditions, impoverished living conditions, inequitable access to educational opportunities

Colonisation: Enquire if cost has ever been a barrier to client/whānau having their health care needs met

Colonisation: Consider current media stories or political commentary that are presenting Māori in a deficit frame increasing experiences of dehumanisation. Consider how this influences clinician bias towards client/whānau

Colonisation: Identify experiences/incidents that highlight the presence of intergenerational trauma

Marginalisation: Identify broader whānau experiences with the mental health services, or justice agencies, Oranga Tamariki, (CYFS) educational institutions, (either for themselves or in trying to advocate for the client)

Marginalisation: Identify what literature will clarify your understanding of the prevalence and risk factors that act as barriers to appropriate diagnosis and treatment

#### Educational/Employment History

##### **Waka Hourua**

Hinengaro: Identify any anti-social behaviors noted in the education or employment sectors

Whānau: Explore client/whānau experiences within education settings including functioning, difficulties, behavioural/emotional issues at school, learning and/or disabilities etc

Whānau: Explore client/whānau experiences within the employment sector including functioning, productivity, difficulties, disabilities etc

Whānau: Identify client work history in relation to length of time, quality of job performance, career aspirations and satisfaction with job



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### **Ngā Hau e Whā**

Colonisation: Explore educational history, experience and outcomes

Racism: Identify/Consider how institutional racism in education and employment influences the client's experiences/reality and explore how these impact their well-being

### **Ngā Roma Moana**

Whānau: Explore what the client does for mahi (e.g. teacher/caregiver/retired) and whether the presenting issue(s) is impacting on this mahi

### **Criminal/Legal History**

#### **Waka Hourua**

Hinengaro: Identify any current and/or historical interaction/experiences within the justice services

### **Ngā Hau e Whā**

Racism: Identify/Consider how institutional racism in the justice system influences the client's experiences/reality and explore how these impact their social and emotional well-being

### **Social History**

#### **Waka Hourua**

Hinengaro: Explore historical and/or current exposure to sexual violence, abuse and neglect

Hinengaro: Explore level of social media engagement and its impact on their health/well-being

Tinana: Identify physical injuries or impairments incurred due to historical and/or current sexual violence, abuse and neglect

Whānau: Identify changes, development or losses in relationships e.g., friends, bereavement, migration, divorce and separation; loneliness, and isolation

Wairua: Explore connections to person/place or taonga that could be of therapeutic relevance to the client/ whānau in their current clinical context

Wairua: Explore if the client/whānau have any spiritual beliefs or values that should be considered in the clinical setting

Wairua: Explore client/whānau connectedness e.g., whenua, whānau, whakapapa; tupuna, taonga, atua and esoteric experiences which could be of therapeutic relevance to the client/whānau

Wairua: Identify if client's spiritual beliefs or values align with whānau and the impact of this

Wairua: Consider if client/whānau perceptions of wairua align with broader Māori health evidence, and whether further Māori health expertise is required to provide relevant information for the assessment/treatment

### **Ngā Hau e Whā**

Racism: Explore whether client has been exposed to personally-mediated racism, and the impacts of this on their perceptions/well-being

Migration: Explore how migration has impacted developmental trajectory, access to support networks and connection to Te Ao Māori

Migration: Explore positive outcomes of migration e.g., to access employment/education aspirations and/or to move away from ongoing risks

Migration: Explore what events and/or activities the client/whānau attend in their haukāinga, and the frequency of this interaction

### **Interpersonal Relationships History**

#### **Waka Hourua**

Whānau: Identify positive relationships with networks that support collective whānau wellbeing

Whānau: Identify interpersonal difficulties including length and quality of relationships

Hinengaro: Explore interpersonal relationship history

Hinengaro: Explore client's historical exposure to abusive relationships (physical, sexual, psychological)

Hinengaro: Explore client's intimate relationships over time (including romantic attachment, sexual behaviours, sexual adjustment etc)

### **Ngā Hau e Whā**

Racism: Explore whether client has been exposed to personally-mediated racism, and the impacts of this on their perceptions/well-being

### **Intervention History**

#### **Ngā Hau e Whā**

Marginalisation: Identify health service contact that may have had a negative impact on the client/whānau

Marginalisation: Consider what assessment/treatment might further support the client/whānau to positive health outcomes

Colonisation: Consider both historical and ongoing processes that may impact on client/whānau experience, health outcomes or contribute to bias in clinical decision-making

Racism: Identify/Consider how institutional racism within the health system has influenced the client's experiences/reality and explore how these have impacted their well-being

## **PRESENTATION**

### **Appearance and Behaviour**

#### **Waka Hourua**

Tinana: Consider client grooming and personal hygiene

Tinana: Identify overall functionality of motor activity and coordination

Tinana: Identify any behaviours that are impacting functioning (e.g. repetitive behaviours, inappropriate physical contact or language in social settings etc)

Tinana: Consider client/whānau relatedness toward you including eye contact, guardedness

Tinana: Consider if any current health conditions are impacting appearance and behaviour

### **Speech and Language**

#### **Waka Hourua**

Tinana: Explore client's use of language including comprehension and vocabulary

Tinana: Evaluate receptive and expressive elements of language including vocabulary level, volume and tone etc

Tinana: Consider if any current health conditions are impacting speech and language processes

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### **Ngā Roma Moana**

Ahua: Consider role of te reo Māori in comprehension, receptive and expressive elements of language

### **Mood and Affect**

#### **Waka Hourua**

Hinengaro: Identify current emotional state of the client/whānau

Hinengaro: Identify affect of client/whānau e.g. facial expression, body language

Hinengaro: Consider congruence between mood and affect

Tinana: Consider if any current health conditions are impacting mood and affect

### **Thought Process and Content**

#### **Waka Hourua**

Hinengaro: Identify cognitive processing that aligns with goal-directed focus and is logical

Hinengaro: Identify cognitive processing that aligns with tangential, circumstantial, magical or concrete thinking

Hinengaro: Explore what the client thinks about identifying abnormal thought and perceptual content e.g. hallucinations and delusions

Hinengaro: Consider whether natural phenomena can explain the reported sensory disturbance

Hinengaro: Consider whether reported sensory disturbance is a triggered memory

Hinengaro: Explore congruence between delusion and evidence

Hinengaro: Consider client/whānau reports of depressive, manic, aggressive, suicidal and homicidal ideation

Tinana: Consider if any current health conditions are impacting thought processes

Wairua: Identify congruence between thought content and client/whānau spiritual beliefs and/or connectedness

Taiao: Identify if any external stimulus is being interpreted as a hallucination and/or delusion

### **Ngā Roma Moana**

Tikanga: Identify congruence between thought process and content and concepts correlated to Te Ao Māori

### **Cognition**

#### **Waka Hourua**

Hinengaro: Consider cognitive functioning/impairment e.g., foetal alcohol syndrome, traumatic brain injury and neurodevelopmental issues

Hinengaro: Undertake cognitive testing when required including alertness, attention, concentration and memory

Hinengaro: Identify any indication of flight of ideas, slow thinking, rapid thinking and loose associations

Hinengaro: Identify the client's ability to follow instructions

Tinana: Identify if any current physical illnesses or impairments may impact on cognition

Wairua: Identify congruence between cognition and spiritual beliefs and/or connectedness

### **Ngā Roma Moana**

Tikanga: Identify congruence between cognition and concepts correlated to Te Ao Māori

### **Judgement and Insight**

#### **Waka Hourua**

Hinengaro: Evaluate how appropriate the client's judgment has been in the past

Hinengaro: Identify the client's capacity to plan e.g. whether they feel in control, impulse control.

Hinengaro: Identify client's ability to demonstrate insight e.g. identify they need support, role they play in their current circumstances etc

Tinana: Identify if any current physical illnesses or impairments may impact on the prefrontal functioning e.g. traumatic brain injury

### **Ngā Roma Moana**

Tikanga: Identify congruence between judgment and planning, and insight that is correlated to Te Ao Māori

## **WHAKATERE: SYNTHESIS AND FORMULATION**

Whakaterere is the integration of complex client/whānau information, best practice guidelines and current evidence (epidemiology) to inform a proposed client/whānau diagnosis and treatment management plan.

### **Critically review ALL information**

- Consider any current impairments that may have greatest influence on the current presentation
- Consider any logical causes that may be the antecedent to the presenting issue(s)
- Consider whether the presenting issue is substance related
- Consider whether presenting issue is caused by general medical condition
- Consider the role of systemic and clinician bias, put in place specific strategies to mitigate or acknowledge these biases including adherence to clinical guidelines, seeking Māori health or cultural expertise when required, consideration of the impacts of Ngā Hau eWhā on the client/whānau etc.

### **Formulation**

Use formulation models that enable:

- A conceptualisation, hypothesis and/or narrative of a client/whānau issue(s) inclusive of the context of Ngā Hau eWhā and Ngā Roma Moana
- How the issue(s) developed, the relationship between these, and maintaining features inclusive of the context of Ngā Hau eWhā and Ngā Roma Moana
- Accommodation of the depth and breadth of the information gathered including Ngā Hau eWhā, Ngā Roma Moana and all aspects of Waka Hourua.
- A consideration of whether formal diagnostic criteria are helpful in guiding treatment
- A natural progression on to treatment approaches that are responsive to the needs of the client/whānau
- Consideration of whether access to, or experience of Ratonga Hauora is perpetuating the difficulties of the client/whānau

## APPENDIX A: HAUORA MĀORI CLINICAL GUIDE FOR PSYCHOLOGISTS: USING THE HUI PROCESS AND MEIHANA MODEL IN CLINICAL ASSESSMENT AND FORMULATION

### **Clarify, navigate and negotiate the next steps of the management care plan with client/whānau.**

- Consider any further relevant investigations, ensure they are justified. If there are inconsistencies in investigations or poor response to management plan revisit diagnosis/management.
- Include ALL aspects of clinical care that have been identified above are addressed, in addition to the client's/whānau presenting issue(s).
- Ensure the care plan incorporates/correlates with best practice recommendations for presentation and other issues identified.

### **POROAKI/MIHI WHAKAMUTUNGA: EXPLANATION, PLANNING & CLOSING SESSION**

#### **Waka Hourua**

Hinengaro: Clearly explain, in a client centered manner; a reflection on the presenting issues and your formulation. Explain any concerns or issues not yet clarified. Check in with them, regarding their understanding of this information and their engagement.

Hinengaro: Clearly explain, in a client centered manner any changes to management or information e.g. regime, purpose, mechanism of action and new treatments. Check client/whānau understanding and engagement.

Hinengaro: Clarify the next steps in the treatment management plan and proposed timing and check client/whānau understanding and engagement

Iwi Katoa: Further identify and address any potential barriers to the on-going care of the client/whānau.

Iwi Katoa: Refer and orientate client/whānau to relevant community support services to promote continuity of care.

Ensure your health literacy skills support the client/whānau to allow informed decisions with regards to quality health care service.

Client/whānau: Offer opportunity for client/whānau to ask questions or seek any further clarification.

Client/whānau: Clarify when to seek help, and where to go if client/whānau have any concerns or questions at a later time, including your supervisor, relevant codes of ethics (Health Disciplinary Commission) etc.

### **Thank client/whānau for their time.**

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### **Corresponding Author**

Suzanne Pitama,  
MIHI,  
University of Otago Christchurch  
PO Box 4345,  
Christchurch 8041.  
Email: [suzanne.pitama@otago.ac.nz](mailto:suzanne.pitama@otago.ac.nz)