Cognitive Behaviour Therapy (CBT) has been shown to be an effective therapeutic intervention for a variety of psychological difficulties for children and youth (Barrett, Healey-Farrell, March, 2004; Stulemeijer, de Jong, Fiselier, Hoogveld, Bleijenberg, 2005; Butler, Chapman, Forman & Beck, 2006). However, there is very little literature on its utility with indigenous children or youth, most of the literature has tended to look at “minority” populations and has focused on psychological outcomes (Weersing & Weisz, 2002; McNeil, Capage, Bennett, 2002).

As a Māori clinical psychologist I was trained in CBT as the preferred model of psychological intervention. However we were only taught how to use CBT with adults and we had no opportunities to explore how children, let alone Māori children and their whānau, would relate to, experience or respond to CBT. Some years later I had the opportunity (sponsored by the Werry Centre), to do more specialist training in CBT through the Beck Institute for Cognitive Therapy and Research (USA) and subsequently I became an Academy of Cognitive Therapy (ACT) certified Cognitive Therapist. In 2006 (as part of my work for the Werry Centre) my colleague (Nikki Coleman) and I, designed a two-day workshop in CBT with New Zealand kids and teens. The workshops were called “Skate Into Skills” and were presented at eight regional workshops to over 250 child and adolescent practitioners in New Zealand.

In the workshops we introduced our “Skateboard Model” (see Figure1) which utilised a skateboard as a metaphor to both explain and work with kiwi kids and teens. The model was based on the Greenberger & Padesky (1995) 5-part model of CBT and on our knowledge and feedback from Kiwi kids/teens. According to Greenberger & Padesky (1995) “Cognitive therapists assess thoughts, feelings, behaviours, biology and environment in understanding the origin of client problems” (p.4). These 5 areas are interconnected, each part influencing the others. A Cognitive Therapist can intervene then in any of these areas to help a client, however CBT places particular emphasis on identifying and evaluating thoughts and their connection to behavioural change (Greenberger & Padesky, 1995).

In our Skateboard Model we simplified the language to more readily fit with kiwi kids/teens (what happened, thoughts, feelings, body, and actions). We included the 5-parts as in Greenberger and Padesky (1995) model but we also placed some emphasis on the systemic and cultural factors, which are located in the area called the Skatepark. This allows us to use the metaphor of riding a skateboard, (which is something you are in control of), alongside riding it in a skatepark (where you don’t necessarily control things). We use this metaphor to socialise kids/teens into the idea of CBT. We discuss how initially you may only skate around the edges of the skatepark, but as your skills increase you will be more able to tackle some of the other obstacles in the park.

With very young tamariki we will use models of skateboards and plastercine to show them what happens when one of the wheels (thinking, feeling, acting, body) is “unbalanced”, out of shape, or too big. They learn through “doing” in an active way, and through experimentation which is also a key CBT strategy. We then extend the metaphor to talk about what kind of ride they would get if they rode this type of skateboard with an unbalanced wheel. This type
of interaction allows us to demonstrate some key CBT principles:
• All parts of the system are interconnected
• Thoughts and feelings are different
• CBT is something that you are in control of (just like riding a skateboard)

There are some things that you can’t change (in the skatepark) but you can ride around them. This model works well with Māori tamariki who are into skateboarding and who aren’t yet ready to explore other cultural issues such as the use of Te Reo or their own sense of what it means to be Māori. With older children we teach them to catch their thoughts and feelings by filling in a paper representation of the skateboard (our thought record). Once they are able to do this for themselves we then extend the metaphor further and include a “cognitive restructuring” exercise. To do this we take the “thinking wheel” to the Skateboard shop to get “a fit and balance”. It is balanced, by finding all the facts that supports the hot thought and those that don’t. Then the new “fitted and balanced” wheel with a balanced thought is put back onto the skateboard. Then the tamariki are encouraged to check what kind of ride this might be with this new “balanced” wheel.

As well as the Skateboard Model, I also developed the “Te Waka” model (see Figure 2). The significance to Māori of waka is an ideal way to start the journey of cultural identity and to teach about CBT. In this model, a Waka with only 4 paddlers is used. The Waka itself represents the “what happened” and each of the paddles represents “thoughts, feelings, actions, and body”, while the river that the waka sits on represents those things that they can’t control. Again it is a similar process to using the skateboard model, in that we experiment using models of waka, building their own out of clay, or what it would be like if the paddles were different sizes.

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Figure 1. Cargo & Coloman Skateboard Model (2006)

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Extracted From:
They also get to talk about their own waka, from their Iwi. If they don’t know this information we are able to problem solve about who they might be able to ask about their waka, or get support from our cultural advisor or Kaumatua. They then present what they found at the next session. This also adds to their ability to use the waka as a symbol that reinforces their own cultural identity with their tribal group. They often make their own waka to remind themselves about the things they are learning.

So What Is CBT?

CBT is a model of therapy that can be used as part of a comprehensive psychological intervention for Māori tamariki/rangatahi and their whānau. It is important that Māori whānau also have access to cultural resources alongside any western models so that they are supported, at all levels, to develop a strong and secure Māori identity which evidence suggests is a culturally unique protective factor (Lawson, 1998; Durie, 2001; Huriwai, 2002).

CBT is a structured, time limited, goal oriented, skills focused, “here and now”, individually tailored treatment model. It teaches skills that tamariki can use to “take control” of how they feel when things happen in their lives. Each session is uniquely designed to suit the tamariki you are working with. A full cultural and clinical assessment ensures that you understand the tamariki and their whānau view of the issues and that they have control over the goals for their work.

The basic premise of CBT is that “dysfunctional thinking (which influences mood and behaviour) is common to all psychological disturbances” (Beck, 1976) and that realistic evaluation and modification of this dysfunctional thinking will produce an improvement in mood and behaviour. There are four basic tenets which the CBT practitioner needs to be able to teach tamariki, rangatahi and whānau. Firstly, the same event can happen to all of us (even at the same time) but how we feel about it can be completely different for each of us (depending on what we tell ourselves about the event). Secondly, what we think and how we feel are inextricably linked. Thirdly, feelings can change really quickly, and finally that “we all have the power to change how we feel”.

So What Is CBT Structure?

I have included what the structure of a CBT session might look like when working with Māori tamariki, with the corresponding CBT terms (see Table 1). Structure is important and containing for Māori tamariki, who may not know what a psychologist is or does.
This kawa that we set for the work we will do is based on the pōwhiri process. Thus tamariki know what to expect each time we do some work (even when the venue changes). Using the pōwhiri process as a guide opens up the avenues to reinforce their own cultural knowledge about what happens on a Marae, then more specifically on their own Marae. I have developed a pōwhiri quiz game where cards have Māori words on one side and English definitions on the other. They answer the quiz or figure out people to ask that might know the answers. It also helps with strengthening whānau relationships. The structure that I use, still holds true to the CBT model but it also allows Māori the opportunity to utilise karakia, waiata and whakatauākii as ways to support the learning that happens in session. This way I feel that CBT is able to support the more holistic view of health that Māori hold (Durie, 2004).

So What About the Homework?

Whilst all the steps that occur in a session are fairly straightforward, the homework section is the most challenging. The number one way to get Māori kids not to do it, is to call it homework. So using sports analogies can be the most useful as lots of Māori tamariki play some kind of sport or are involved in some kind of cultural activity that requires practice. So the image of a coach and team are used - at the start when you are new to the sport you might have more practice to do, but as you get better you’ll have less. Netball, rugby, basketball, league, waka ama and kapa haka are key images that Māori tamariki come up with. In fact many of my most successful ideas have come from the tamariki themselves. For example one of my rangatahi designed a new way to do “cognitive restructuring”. She used a basketball and bounced it to show how much it was annoying her, then she “slam dunked” it. The next session she added a new more balanced thought to it as she “slam dunked it”. It is being creative and finding ways that tamariki can get the skills and keep it fun.

Another way to guarantee homework failure is to set too much, or to make it boring. The best way I have discovered is to have rangatahi text me their homework. Mobile phones are sophisticated and many of the tamariki I work with have them from about 10 years of age. So they are really useful sources of homework. The tasks and skills they can practice using mobile phones is only limited by our lack of creativity. Mobile phones can be used to collect their stink thoughts and feelings. They can change the ring tone to a piece of music they have practiced their relaxation exercises to, or that makes them feel confident, or that reminds them to practice a certain task. They can record themselves giving themselves some strategies on how to keep calm. They can create a picture on the front that also has a coping statement on it, such as "ALL BLACK ON DISPLAY WALK AWAY", which was used with a rangatahi who wanted to be an All Black, but had difficulty walking away from trouble. This reminded him that if he wanted to be an All Black he would need to be able to control himself better. Anything is possible and tamariki and rangatahi are the experts in what motivates them, so use all their ideas. CBT is particularly interested in getting honest feedback from tamariki. Once they trust you really want the feedback, they will give it to you. I have also been amazed at how much more this adds to the sessions when they are able to be more creative and organise what strategies they want to try or what they already know works for them.

So What Qualities Do Māori CBT Practitioners Need?

Māori CBT practitioners need to have all the usual things: a sound therapeutic alliance (if you can’t relate to tamariki, or they aren’t ready to change then
it will not work); an evolving and accurate formulation about why this tamariki is having these difficulties at this time in his/her/their lives; and sessions which are fun, structured, time limited, goal oriented, “here and now” skills focused and individually tailored for them. But you will also need a really good sense of humour. “Don’t say it if you can play it”; “don’t write it, if you can draw it”; an ability to keep whānau on board; and an awareness of what goals the tamariki/rangatahi has. It is also an advantage to be able to korero Māori and have a cultural advisor or kaumatua/kuia on board to provide other expertise that you may lack.

I have also found that creating a questionnaire, helps us to remember that CBT for Māori tamariki/rangatahi is also about strengthening their cultural identity. I created a Questionnaire (see Table 2) called the “Cargo Cultural Identity Questionnaire” (CCIQ). In trialing this questionnaire and it seems to真的 help to remind us of some of the issues we might need to be working on. The tamariki fill it out twice; first in Blue Pen – to show where they feel they are when they first start in the work together; then in Red Pen – where they would like to be at the end of our work together. Tamariki decide when and where they would like to do this work, for example here, with whānau, with our cultural advisors or cultural therapist, or a youth worker etc. But we make sure we come back to it on a regular basis. It is not a comprehensive tool at all, but a place to start the kōrero. This work may take place in session or in association with other cultural therapists.

Table 2. Cargo Cultural Identity Questionnaire (CCIQ)

| Statement | How much you agree with this statement
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue pen - where you are now</td>
<td>(1 not at all ----------------------------- 5 totally)</td>
</tr>
<tr>
<td>Red pen - where you want to be</td>
<td></td>
</tr>
<tr>
<td>WAIRUA</td>
<td></td>
</tr>
<tr>
<td>I feel comfortable when karakia is performed</td>
<td>1---------2--------3--------4--------5</td>
</tr>
<tr>
<td>I feel comfortable when asked to perform a karakia</td>
<td>1---------2--------3--------4--------5</td>
</tr>
<tr>
<td>HINENGARO</td>
<td></td>
</tr>
<tr>
<td>I feel comfortable talking about my thoughts and feelings</td>
<td>1---------2--------3--------4--------5</td>
</tr>
<tr>
<td>I feel comfortable using Te Reo when talking about my thoughts and feelings</td>
<td>1---------2--------3--------4--------5</td>
</tr>
<tr>
<td>TINANA</td>
<td></td>
</tr>
<tr>
<td>I believe that problems can affect my body</td>
<td>1---------2--------3--------4--------5</td>
</tr>
<tr>
<td>I notice my actions are connected with my thoughts and feelings</td>
<td>1---------2--------3--------4--------5</td>
</tr>
<tr>
<td>WHĀNAU</td>
<td></td>
</tr>
<tr>
<td>I feel comfortable talking with [at least 1 member of] my whānau when I have problems</td>
<td>1---------2--------3--------4--------5</td>
</tr>
<tr>
<td>I would like my whānau to be involved in the work</td>
<td>1---------2--------3--------4--------5</td>
</tr>
<tr>
<td>Using Māori images is important for me</td>
<td>1---------2--------3--------4--------5</td>
</tr>
</tbody>
</table>

Extracted From:
Summary

Hopefully I have been able to show that if you are Māori, passionate about working with Māori and really know both the CBT model and Māori models you can create a Māori space within CBT for our Māori tamariki, rangatahi and their whānau. To me it is about knowing the limitations of the model and not expecting that it can deliver all things to all Māori. But it is a model that has been shown to have some good outcomes for some psychological disorders that many of our whānau struggling with. I believe that some of both is possible, with Māori models and interventions, and if needed other models such as CBT which can support other ways of knowing.

References


