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The present paper is intended to stimulate discussion on the development of bicultural psychological services in Aotearoa/New Zealand, focusing primarily on services provided by psychologists trained in tertiary educational institutions. Patterns of biculturalism emerging among human services in New Zealand are briefly described, then topics relevant to the provision of bicultural psychological services, that are appropriate for both Maori and Pakeha, in Aotearoa are discussed.

There appears to have been little discussion in literature written by New Zealand psychologists or mental health service providers about the kinds of psychological or mental health services, which are appropriate for Maori. A noteworthy exception is the work of Mason Durie (1984, 1985). Abbott and Durie (1987) documented the monocultural nature of professional training programmes in psychology using information they gathered during the mid-1980s. James Ritchie's (1992) personal account, *Becoming Bicultural*, also provides useful insights for psychologists.

It is clear that past, and most existing, psychological services in New Zealand have been monocultural - being based on the dominant Pakeha culture - and assimilationist. For many Pakeha psychological practitioners the cultural specificity of the services they provide is invisible because they have no experience, or conception, of how such services might differ from what is already offered. Neither can many appreciate how psychological services which are appropriate for clients from a non-Anglo or non-Western culture might be structured or provided. For example, how many Pakeha psychologists providing services for Maori clients have decided that what Maori clients need is *to become more Maori*, to affirm their identity as a Maori? The dominant assimilationist way of thinking usually goes unchallenged.

A recent example of this blindness regarding culture and ethnicity was provided by a special issue of the *New Zealand Journal of Psychology* (Vol. 21, No. 1, 1992) on the topic of "behavioural family therapy and the wider social context." All four articles (which followed the introduction by the special issue editor) were written by people living outside New Zealand. None of the papers mentioned ethnicity or ethnic culture in relation to the provision of therapeutic services, or as an important part of the wider social context (only the "race" of research participants was mentioned as background information in one paper). Most of the writers were likely to be living in multicultural cities. The complete lack of awareness about, and lack of consideration given to, ethnicity and culture, even as part of the "social context," is indicative of the amount of work that needs to be done to raise awareness among psychologists in general about these issues.

A survey by Sawrey (1991) highlighted the monocultural nature of institutional psychological services in New Zealand. Responses from 163 hospital psychologists and clinical psychologists working in the Justice Department indicated that 97% identified themselves as European/Pakeha; only one person identified as Maori. Over 80% of the respondents estimated that 30% or more of the people on their caseload were Maori.

Over 75% of respondents felt they had an inadequate knowledge of taha Maori to work effectively with Maori clients. While less than half agreed that there should be compulsory courses in taha Maori comprising 20% of the training for clinical psychologists, most agreed that all mental health teams should have a Maori consultant or kaumatau overseeing work with Maori people. The information gathered by Max Abbott and Mason Durie in the mid-1980s suggest that psychology training programmes have been slower to develop a bicultural orientation than other health professions (Abbott & Durie, 1987).

Patterns of bicultural services

The terms "bicultural" and "bicultural services" are given different meaning by different people. It is useful to look at patterns of bicultural service development in other human services, such as education, health, community mental health, and social work. Three main patterns of development of bicultural services seem evident. These patterns are described and elaborated below.

1. Training psychologists who are only familiar with Pakeha cultural patterns in competencies required for providing services for Maori clients (*Add-on pattern*).
2. Employing staff who are familiar with Maori culture (i.e. bicultural) to provide services for Maori clients. Such staff may or may not have training in psychology. (*Partnership pattern*).
3. Supporting the establishment of a parallel Maori organization or group to provide a service which is run by Maori for Maori (*Parallel development pattern*)

The first of these, the "add-on" pattern is a common one. In schools, some "bicultural" classrooms are so labelled because they include a few sessions where some Maori phrases and songs are learnt. Training in "biculturalism" for mental health practitioners may include one or more of the following: a short training programme presented by a Maori consultant, a marae visit, talks on kawa ("etiquette"), and/or Maori worldview, or a "song and dance" routine (with audience participation) provided by Maori consultants who often specialise in the Pakeha training/conference circuit. Such sessions often have little or no relevance to the **delivery** of psychological or mental health services. Relevant learning can only take place over an extended period of time with continuing feedback from a number of Maori people who are familiar with Maori culture.

The second pattern, of partnership, is becoming more common. In some schools, for example, Maori parents or kaumatau hold regular sessions on tikanga Maori. Some schools have specific kaupapa Maori, whanau or language immersion classrooms with Maori teachers who are specifically appointed to teach these classes. In mental health

services there has been some development of partnership patterns where Maori staff are appointed to provide, and advise Pakeha providers about, services for Maori clients. As Sawrey (1991) noted, all mental health teams that have Maori clientele should have a Maori consultant or kaumatua (Maori elder) overseeing work with Maori people.

The partnership pattern has the potential to become a dominant, and appropriate, bicultural option for existing services with both Maori and Pakeha clients. Such a pattern may work especially well where Maori and Pakeha practitioners work in a complementary manner. It can become merely cosmetic when the "inhouse" Maori consultant is used as a facade for continuing business as usual. There is clearly a need to create structures for psychological practice which encourage and facilitate effective partnership in the delivery of psychological services.

The third pattern, referred to as parallel development, can be seen in operation in education (te kohanga reo, kura kaupapa Maori) and other "alternative" services provided by organizations. Alternative services usually develop because standard or "mainstream" services are seen as inaccessible, ineffective, costly, restrictive, punitive, or alienating (Reinharz, 1984). A feature of some alternative services is their openness to alternative structures and forms of operation. In New Zealand, women's refuges provide an example of parallel development with the development of Maori women's caucuses, in addition to non-Maori caucuses. Parallel development is likely to become increasing important with the continuing devolution of government-funded and other services to regional and iwi (tribal) authorities. The development of marae-based health centres and iwi-run radio stations are two examples of the changes which are taking place in the location and control of services. The development of iwi-based psychological services for Maori would be a logical extension of these trends (although such services may not necessarily be labelled as "psychological").

Prospects for the development of bicultural psychological services

Two areas are crucial for the development of bicultural psychological services: Maori people who are trained in psychology and the willingness of individuals, or organizations and institutions providing psychological services to implement changes which will make bicultural services available. University training programmes have a crucial role to play in adapting their curricula and teaching styles to provide opportunities for both Maori and non-Maori students to learn the competencies necessary to work effectively with both Maori and Pakeha clients, and those from other cultural groups.

There are signs of changes. Some university psychology departments have appointed Maori staff to address Maori perspectives in the teaching of psychology. In some universities the number of Maori enrolling in undergraduate psychology courses has been increasing steadily. When these students move into graduate and professional training programmes in sufficient numbers there will undoubtedly be increasing challenges and (gradual?) changes to the teaching practices for both Maori and non-Maori students. Another development, which has began, are university courses in Maori psychology. Such courses can play a key role in challenging underlying cultural assumptions, for

example, self-contained individualism as the preferred mode of coping (cf. Durie, 1984) which permeate the western-derived psychology currently dominant in New Zealand psychology departments.

In terms of registration, further changes are likely to occur in the operation of the Psychologists Board. Discussions need to continue about the core competencies required by practising psychologists in New Zealand. For example, should there be assessment of competency for working with Maori clients? Such assessment might include (as a suggested starting point for discussion):

- the concepts of cultural safety (What should non-Maori psychologists do, and not do, when they are working with Maori clients?).
- discussion of case studies illustrating good and bad practices
- the understanding of Maori family patterns and kinship networks.
- awareness of ethnic status (i.e. being Maori in a Pakeha-dominant society) as a factor affecting life chances, life events, coping strategies and social networks.

The establishment of the *National Standing Committee on Bicultural Issues*, by the New Zealand Psychological Society in 1991, has led to some bicultural initiatives. The Standing Committee's objectives include (among others);

- To facilitate the development of Maori psychology in Aotearoa.
- To initiate changes in the teaching of psychology at universities and other educational institutions in Aotearoa, so that such teaching reflects the cultural and ethnic diversity within Aotearoa.
- To facilitate the recruitment and retention of Maori in training programmes in psychology.
- To assist the regional branches of the New Zealand Psychological Society to acknowledge their obligations to the Treaty of Waitangi and to provide guidance on how they might facilitate appropriate teaching and practice in their region.
- To assist organizations and institutions offering psychological services to develop bicultural objectives and practices.

What can practising psychologists do?

In talking to practitioners, a situation that is sometimes posed runs along the following lines - what about a young Pakeha psychologist who has just been employed to work with prisoners, many of whom are Maori, and no Maori psychologists or consultants are available? Does a psychologist in this situation decline to provide services for Maori, or provide services knowing that such services are likely to be inappropriate? In such situations there is a need to acknowledge psychological skills of Pakeha psychologists - where they are needed and can contribute to well-being - as well as the need for involvement of Maori practitioners.

It seems clear that in the future all psychologists providing services in Aotearoa will need to have a minimum level of understanding of Maori cultural patterns and awareness of

the implications of the Treaty of Waitangi and other principles related to biculturalism. The implementation of bicultural services, based on the patterns of *partnership* and *parallel development* outlined above need to be implemented in all psychological services operating in Aotearoa. A key factor, especially for individual non-Maori psychological practitioners and small non-government practices, will be forming and maintaining links with local and regional iwi networks.

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