Tinia mai: Interventions and Treatment. Moderator - Moana Waitoki

# Te Aka Roa o Te Oranga, the far reaching vines of wellness: The development of a framework to evaluate alcohol and drug treatment for Māori

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## Background to Project

The impact of alcohol and other drug problems for Māori is well documented. Substance use has been implicated in a range of physical and mental health problems, and a variety of negative social statistics such as high rates of imprisonment (Simpson et al, 1999; Te Puni Kōkiri, 1996). While the mechanisms of impact and the exact relationship with substance use have yet to be clearly established, it has been widely suggested that providing culturally relevant treatment is likely to contribute to health gain for Māori (Durie 1999, Huriwai, Robertson, Armstrong, Kingi, & Huata, 2001).

A number of Māori health conceptual frameworks, within which treatment is provided, have been adapted to address alcohol and other drug problems. These include, Te Tapa Wha, Te Wheke, and Poutama Powhiri (summarised in Durie, 1999). Information has also been presented on the preferences of Māori clients (Huriwai, Sellman, Sullivan, & Potiki, 1998, Huriwai, Sellman, Sullivan, & Potiki, 2000) and potentially important constructs in treatment (e.g., Huriwai et al., 2001, Robertson, Huriwai, Potiki, Friend, & Durie, 2002). Additionally, data have been published in relation to the perceived specific needs of Māori undertaking alcohol and other drug treatment (Robertson et al., 2001). However, to date there has been little systematic documentation of treatment practices, and limited operationalisation of Māori health frameworks. The evaluation of the outcomes of alcohol and other drug treatments is an area in which there is a paucity of documentation, in terms of methods and frameworks for evaluation, and actual data. The development of Hua Oranga (Kingi & Durie, 2000) is beginning to address the lack of frameworks, but further work is needed, especially with a specific focus on alcohol and other drugs.

## Initial Development

Te Aka Roa O Te Oranga (TAROTO) was developed from a range of projects undertaken by the National Addiction Centre. Specific work on the framework being supported by an ALAC facilitated consultation hui with key stakeholders in the Māori alcohol and other drug field. Given the dearth of knowledge in this area, a developmental evaluation (Ovretviet, 1998) was identified as the most appropriate initial step for building a programme of research. This approach has the advantage of flexibility, responsiveness to treatment providers' needs, and requiring relatively little additional resource to implement. Further, rather than promoting

a de-contextualised evaluation of narrowly specified treatment modalities, it facilitates a primary focus on individual clients and whānau.

A number of key principles have guided the development and implementation of TAROTO, including:

- The ongoing accountability and input from key Māori stakeholders
- The adherence to kaupapa Māori research principles (e.g., Smith, 1999), in methodological approaches privilege indigenous experiences, and in that it conceptualises mātauranga Māori alongside western knowledge and paradigms
- The maintenance of tino rangatiratanga of the pilot sites
- A focus on contributing to the development of the Māori alcohol and other drug workforce
- An explicit focus on ensuring the research process is of clear benefit to all involved.

**Methodology**

The TARATO evaluation framework embraces a holistic perspective: developed to examine the interaction between the client, whānau, practitioner, and service/organisation. The aim of the framework is to clarify the complex relationships and interactions between stakeholders within the context of treatment. It will also help to elucidate the strengths and weaknesses of individual services. Within this framework, a range of indicators and outcomes of "successful treatment" will be explored.

The five components/questionnaires that make up the framework (Figure 1) consist of 10-13 dimensions, each containing questions that highlight specific characteristics of the component. These have been conceptualised and defined to identify the standard practice within a particular service (Systemic and Tikanga Questionnaires), as well as the experience and expectations of tangata whaiora, whānau, and kai mahi. For example, in terms of a specific dimension, the Tikanga questionnaire aims to clarify how tikanga is promoted, integrated, and supported within a service. It focuses on specific issues related to Kaumātua and Kuia involvement, relationships with mana whenua, a service's involvement with Māori groups, service policies and resourcing for tikanga, models for integration of tikanga within the service, and cultural programming strategies. A key point is that the aim is not to define tikanga, but rather, to identify how it is supported within a service.

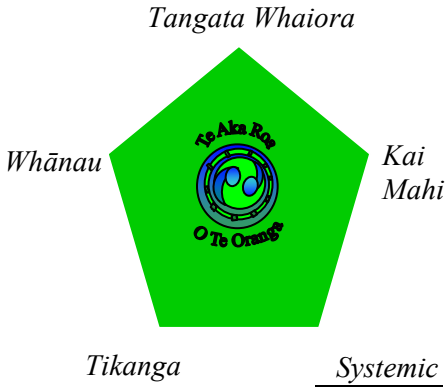


*Figure 1.* The key components of the TAROTO framework.

Dimensions within the other components cover a range of areas, and to allow for comparison, some occur in several, or all, of the questionnaires. The focus is on areas such as beliefs and values, diagnosis, contact with Māori groups, experience of being Māori, treatment history and socio-political context, as well as issues related to the physical environment. The focus of the questionnaires is on the services received by the tangata whaiora. This will allow the TAROTO framework to be applied in both Māori and non-Māori services. A key aim is for the TAROTO framework to facilitate assessment of how, in practical day-to-day terms, culturally responsive interventions are provided (or not provided) for Māori. Among other things, this will contribute to clarification of the operational procedures required for the implementation of effective interventions.

Participants in the TAROTO pilot evaluation process are identified in Figure 2. Tangata whaiora are systematically selected (i.e., consecutive referrals in a given time period) and approached by their case manager to fill out

a questionnaire. Those agreeing to take part nominate whānau to fill out the whānau questionnaire. All staff at the site are requested to participate and complete a questionnaire. The site group and site manager fill out the tikanga and systemic questionnaires, co-opting additional people to assist as appropriate. The administrative person plays a key role in collecting questionnaires, giving out koha for participation and tracking responses.

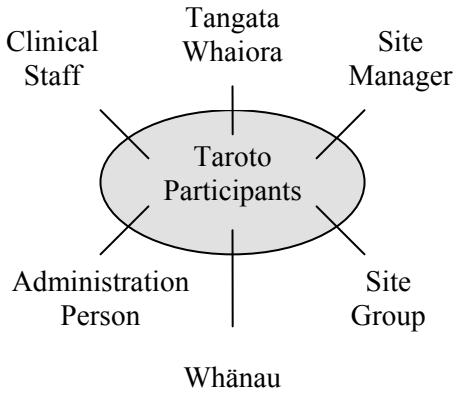


*Figure 2.* Pilot site participants.

**Progress to Date**

Thus far, the five questionnaires making up the TAROTO framework have been developed, and the pilot process has been started. Two sites have been identified, and the individuals involved engaged to assess and provide feedback on the instruments. Initial piloting has confirmed the value of several of the questionnaires, but has also raised issues, that have led to considerable refinement of the whānau and tangata whaiora questionnaires.

A number of lessons were learned in the initial stages of the pilot. These will inform the next phase, for example:

- A short time frame for completion and return of questionnaires appears to be optimal in terms of increased response rate
- A short questionnaire, with tick box options, along with a relatively small space for comment seems to be preferred and most likely to contribute to higher response rate
- Participants were more likely to respond to quantitative questions than qualitatively focused questions that required relatively long, written, answers
- Investigative team members' and participating clinicians' workloads need to be realistically assessed to ensure completion of tasks
- Regular and easily accessed support for pilot sites is optimal
- Randomised selection of participants, while desirable, is not necessarily achievable.

A number of assumptions have also been challenged by the results of the initial pilot, including:

- That all Māori clients, whānau, and staff prefer open-ended questions, which allow significant amounts of writing and reject tick box options.
- That tangata whaiora, whānau, and staff will readily articulate the complex array of factors that affect their functioning.

The next step is to fully implement the pilot at one of the sites and apply the lessons learned. Following the pilot, and further tool and training package refinement, we are aiming to apply the framework nationally at a number of other treatment services. The framework will be applied at a number of sites to ensure coverage of the range of venues and conditions in which Māori access treatment: for example, in terms of geographical location, treatments used (including kaupapa Māori and 'mainstream') and institutional location (e.g., District Health Board versus non-Government organisations).

As well as, multi-site application testing the applicability and usefulness of the framework across a range of venues, it will also contribute significantly to the development of the knowledge base in this area. It will enable more systematic descriptions, and comparisons, of the full range of alcohol and other drug services accessed by Māori in New Zealand. The data gathered from this process will help to identify key areas in need of further focused investigation, and provide a solid basis for such research. It will also contribute to service development through the construction of a self-audit tool for services, and potentially, guidelines for best practice.

**Anticipated Long Term Outcomes**

The current project is the first phase of a broader project that will make a significant contribution to improvements in Māori health via further developing effective treatments of alcohol and other drug related problems. This contribution will occur through several pathways (see Figure 3):

- The documentation of practices and processes of Māori responsive alcohol and other drug treatment
- Providing guidelines for operationalising Māori health frameworks
- Establishing a validated tool for the self-evaluation of services that provide treatment for Māori with alcohol and other drug related problems
- Contributing to the development of the Māori alcohol and other drug treatment and research workforce
- Contributing to the development of guidelines for training
- Contributing to the knowledge base relating to alcohol and other drug treatment for Māori, including treatment outcome data
- The substantiation of core elements of treatment for Māori, and a basis for research that identifies individual treatment needs as well as more controlled experimental evaluation of Māori focused alcohol and other drug treatment
- Guidance for policy development related to alcohol and other drug problems in the Māori community
- Building upon the knowledge base required to increase the participation of our whānau and community in research and treatment development.

In summary, TAROTO represents a crucial step in the construction of a solid foundation, for Māori alcohol and other drug treatment and research development, which simultaneously maintains the integrity of Māori kaupapa, and the requirements of systematic scientific investigation.

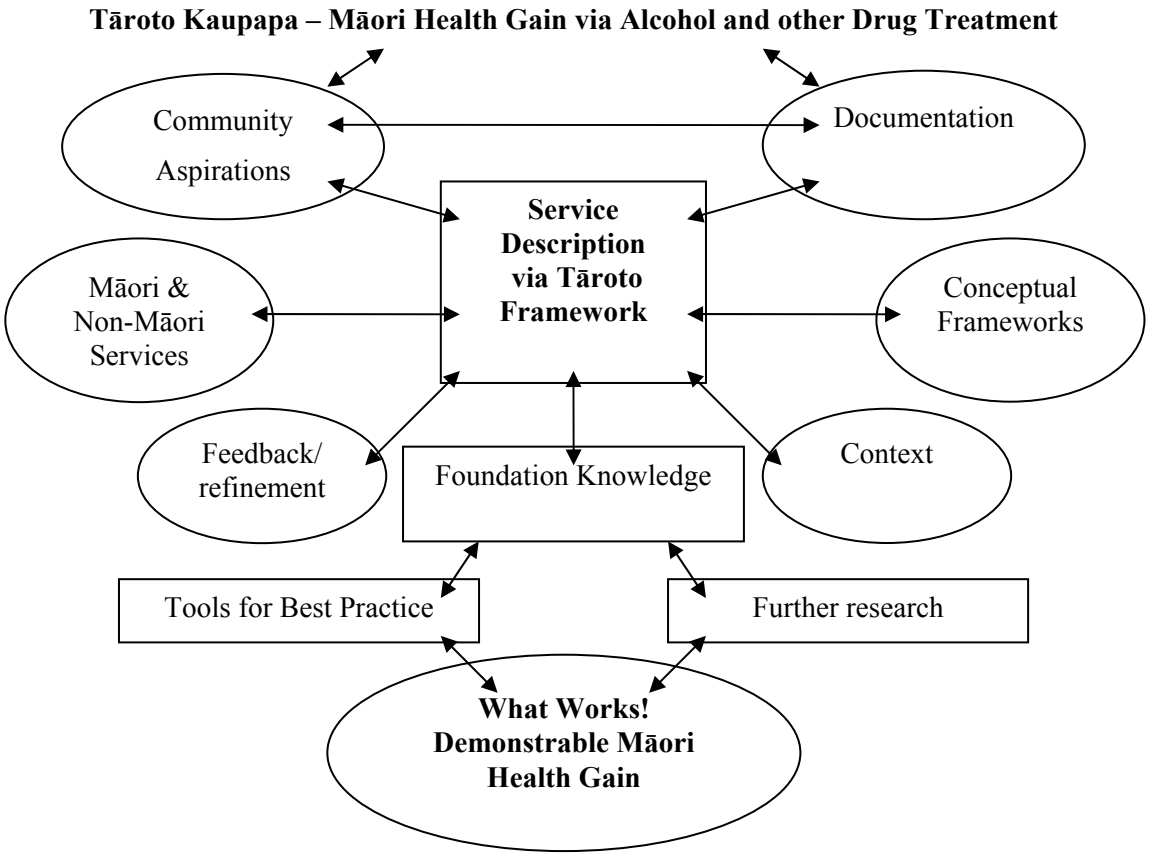


*Figure 3.* The big picture: Project context.

**References**

Durie, M. (1999). *Mauri Ora The Dynamics of Māori Health.* Oxford: Oxford University

Huriwai, T. T., Robertson, P., Armstrong, D., Kingi, T., & Huata, P. (2001). Whakawhānau ngatanga: A process in the treatment of Māori with alcohol and other drug use related problems. *Substance Use and Misuse, 36*, 1033 –1052.

Huriwai, T. T, Sellman, J. D., Sullivan, P., Potiki, T. (1998). A clinical sample of Māori being treated for alcohol and other drug related problems in New Zealand. *New Zealand Medical Journal, 111,* 145-147.

Huriwai, T., Sellman, J. D., Sullivan, P., Potiki, T. (2000). Optimal Treatment for Māori with alcohol and other drug problems: An investigation of the importance of cultural factors in treatment. *Substance Use and Misuse, 35,* 281-300.

Kingi, T. K., & Durie, M. H. (2000). Hua *Oranga: A Māori measure of mental health outcome.* Report to the Ministry of Health. School of Māori Studies, Massey University. Palmerston North

Ovretviet, J. (1998). *Evaluating health interventions.* Buckingham: Open University Press.

Robertson, P. J., Futterman-Collier, A., Sellman, J. D., Adamson, S. J., Todd, F. C., Deering, D. E., & Huriwai, T. T. (2001). Clinician Beliefs and Practices Related to Increasing Responsivity to the Needs of Māori with Alcohol and other drug Problems. *Substance Use and Misuse, 36*, 1015-1032.

Robertson, P., Huriwai, T., Potiki, T., Friend, R., & Durie, M. (2002). Working with Māori with alcohol and other drug related problems. In G. Hulse, G. Cape, & J. White, (Eds.), *The management of alcohol and other drug problems (pp328-344).* Melbourne: Oxford University Press.

Simpson, A. I. F., Brinded, P. M., Laidlaw, T. M., Fairley, N., & Malcolm, F. (1999). *The National Study of Psychiatric Morbidity in New Zealand Prisons*. Wellington: Department of Corrections, New Zealand.

Smith, L. T. (1999). *Decolonizing Methodologies: Research and Indigenous Peoples.* Dunedin: University of Otago Press.

Te Puni Kōkiri. (1996). Trends *in Māori Mental Health 1984-1993*. Wellington: Te Puni Kōkiri.