Talanoa with Pasifika youth and their families

Julia Ioane
Auckland University of Technology, New Zealand

The Pasifika community in Aotearoa and abroad pride themselves on their relationships to their family, village and community. One's ability to engage genuinely with Pasifika people will provide a pathway for meaningful relationships to be established and positive outcomes achieved. When meeting with Pasifika youth and their families for an assessment/interview, there is more to the clinical and practical implementation of this process. From a Samoan perspective, this article will discuss the cultural elements crucial to engagement for Pasifika youth by providing an understanding of the Pasifika worldview, and drawing on the Seitapu framework of cultural and clinical competency. A clinical interviewing model is presented and adapted for Pasifika youth and their families and will conclude with practical examples to guide engagement with this population. The purpose of this article is likely to provide professionals and agencies with an understanding of Pasifika youth and their families and how to engage with them clinically, yet more genuinely within a cultural framework of practice.

Introduction

The Pasifika population currently account for 7.4% of the population in Aotearoa with the highest proportion of children (35.7%) compared to other ethnic groups (Statistics New Zealand, 2014). They are a heterogenous population that have generally migrated from the sea of islands in the Pasifika Ocean. The Samoan community in Aotearoa has the largest Pasifika population representing almost 50% of this heterogenous group (Statistics New Zealand, 2014). Samoa is typically founded on principles relating to (though not limited to) God and Christianity; and the fa'asamoa (known as the Samoan way or the Samoan worldview). The fa'asamoa has been defined by researchers previously (Tamasese, Peteru, Waldegrave & Bush, 2005) though the consistent theme that runs across that of the fa'asamoa is the importance of the relationship and the concept of va. Literally, va is translated as space, however when referred to in a relationship, it can be defined as "not empty or separate, but space that relates" (Wendt, 1999). The va highlights the importance of relationship building and engagement among Pasifika people. Regardless of the purpose for engagement with Pasifika youth and their families, the va is a determinant for a successful outcome as it effectively governs the relationship between people, land and environment (Mo'a, 2015).

This article purports to explore and understand the talanoa[1] that is needed when meeting with Pasifika youth and families for an assessment or interview that is beyond westernised clinical assessment and engagement skills. It is well known that the Pasifika population are a heterogenous group despite its collective label, and that caution is advised when the view of one pacific island is generalised to all islands in the Pacific. However, while Psychology research of the Pasifika worldview and population is arguably increasing, ethnic specific research remains limited (Ioane & Lambie, 2016). Despite the current dearth in the literature, there are more similarities than differences in the worldview and practices among the Pasifika nations that has been illustrated in the development of the Fonofale model (Pulotu-Endemann, 2001) and the Seitapu Pacific Mental Health and Addiction

Cultural and Clinical Competencies Framework (Pulotu-Endemann, Suaali'i-Sauni, Lui, McNicholas, Milne & Gibbs, 2007) which will be explored further in this article. Based on this premise, the talanoa with Pasifika youth is drawn from a Samoan perspective that may be generalised (with some caution) to other Pasifika youth groups. The article draws on the author's experiences as a first generation New Zealand born Samoan with strong connections to the island of Samoa; and professional experience as a clinical psychologist working among non-Pasifika colleagues with our Pasifika youth and their families. It is important to note that the view of Pasifika youth and their families is sourced from the author's work primarily with Pasifika children and youth in the offending population and is not intended to represent all Pasifika youth in Aotearoa. The terms youth and young person are used interchangeably throughout this article.

From a Samoan perspective, this article will discuss the cultural elements crucial to engagement for Pasifika youth by providing an understanding of the Pasifika worldview followed by a brief discussion regarding Pasifika youth in Aotearoa. Cultural competence will be explored drawing on the Seitapu framework of cultural and clinical competency for working with Pasifika populations. As the focus of this article is on talanoa with Pasifika youth and families, a review and critique of Shea's (1998) model of clinical interviewing will be undertaken and adapted for working with Pasifika youth and their families. Finally, practical tips are suggested that can be implemented when meeting with Pasifika youth and their families for the first time.

A Samoan worldview

> *"I am not an individual; I am an integral part of the cosmos. I share divinity with my ancestors, the land, the seas and the skies. I am not an individual, because I share my tofi (an inheritance) with my family, my village and my nation. I belong to my family and my family belongs to me. I belong to my village and my village belongs to me. I belong to my nation and my nation belongs to me. This is the essence of my belonging".*
> *(Tui Atua Tamasese Efi, 2009)*

Efi (2009) highlights the collective worldview of Samoan

---

1 Loosely translated as conversation. For this article, talanoa is defined as the conversation or dialogue that takes place during an assessment or interview.

people where individuality lies within a system of family and community. He eloquently explains that as Samoans, each person comes with their tofi (inheritance), their own gifts and talents bestowed upon them from God. These gifts are developed and fostered within their families; and shared within their communities. Given the essence of spirituality among Samoans, it is seen as all people having a divine designation or role to play in society that can benefit and enhance the community they live in. These roles are premised on a number of principles by which they live by that includes, but is not limited to alofa (love), fa'aaloalo (respect) and loto maualalo (humility) (Agnew et al., 2004).

Within the Samoan collective worldview, is the concept of va. The va is a relational space that includes physical, mental, spiritual, genealogy and historical elements. It is how Samoan people generally understand and define the social, spiritual, cultural, economic and religious system to which they belong (Mo'a, 2015). It is noted that Pasifika models of health include and recognise relational values, spirituality and the social and economic environment that exist among Pasifika people and families (Samu & Suaali'i-Sauni, 2009), and it is the va that connects people with each other including all other living things, the cosmos and the higher being of Gods (Samu et al., 2011). Therefore, it is important to accept and acknowledge that Pasifika people in Aotearoa and across the globe originate themselves from a collective world view and as such, western methods of teaching, learning and engagement need to be adapted accordingly.

Pasifika Youth

Pasifika youth are a dynamic and ever-changing population group in Aotearoa so it is important to constantly review the way in which one engages and build relationships with them (Suaalii-Sauni et al., 2009). They are generally taught to respect their elders and those in authority, with an expectation to prioritise the needs of the community over their own individual need. An initial reluctance by Pasifika youth to engage can be interpreted incorrectly as non-compliance. However culturally, Pasifika youth can be reluctant to genuinely engage unless appropriate processes that include acknowledgement of their families and elders is prioritised. This is generally due to Pasifika youth showing their respect and maintaining the va towards their parent or elder. Expectedly, this can be a challenge for many non-Pasifika practitioners/clinicians as this can place constraints on resource and timing. However, once a genuine relationship is established, participation and maintaining engagement will be less challenging. At this point, it is important to comprehensively explore the role of the young person within their family, among friends and in social settings that may include the church.

In general, the needs of youth among any ethnic group is complex given what we know about adolescent development that includes, but is not limited to a lack of maturity and consequential thinking, impulsivity, sensation seeking behaviour and challenging behaviour (Steinberg et al., 2008). Firstly, the issue of identity for Pasifika youth is an area that has been explored by Pasifika researchers in Aotearoa and continues to impact on the psychosocial outcomes of young Pasifika communities (Macpherson, 1984; Mailei, 1999;

Macpherson, 1999). The increasing number of New Zealand born Pasifika people has led to a growing disconnection between New Zealand born Pasifika communities; and island communities (Bedford, 1994). For young Pasifika people born in Aotearoa, the development of their identity in Aotearoa can be challenging (Tiatia, 1998). Many are living in diasporic communities where traditional Pasifika thoughts, values and behaviours can often be in conflict with that of the dominant Pālagi[2] culture in Aotearoa. In traditional Pasifika circles, they may be seen as having a desire to be Pālagi as their views may often reflect the dominant culture they live in. As a result they may remain ambivalent and confused in defining their identity as Pasifika youth born and/or raised in Aotearoa.

Therefore when working with Pasifika youth, it is important to take note of the different categories of Pasifika people in New Zealand (Gray, 2001). It can be those who are born in the islands though raised in Aotearoa, and those born and raised in Aotearoa. For example, Macpherson (1984) showed three different categories that included those raised traditionally within Samoan values; those raised bi-culturally with the Samoan and non-Samoan culture where the child will move between the two worldviews; and thirdly those raised by non-Samoan values. The age of migration can also have an impact as from a developmental perspective, a child migrating from the islands to Aotearoa will have different physical, psychological and psychosocial needs in comparison to a young person migrating from the islands. Secondly, given the increase of Pasifika and non-Pasifika marriages, identity becomes even more complex for Pasifika youth as they try to fit within their own Pasifika community in Aotearoa, alongside their other non-Pasifika ethnic identity. Current statistics show that over 60% of the Pasifika population are now born in New Zealand (Pasifika Futures, 2017). Despite the identity challenges faced by our Pasifika communities in Aotearoa, the Youth 2000 survey series undertaken in 2012 showed very high percentages of Pasifika students reported being proud of their Pasifika heritage and the importance of being recognised by their ethnic specific Pasifika group (Clark et al., 2013). However, there were much lower percentages of these Pasifika students who reported satisfaction with their knowledge of their ethnic specific Pasifika group. Hence, potentially adding further to the growing disconnection between traditional Pasifika communities and New Zealand born Pasifika communities.

Due to the evolving nature of our Pasifika people in Aotearoa there is a modern Pasifika group, born and/or raised in Aotearoa that is continuing to emerge and influence our Pasifika culture. Traditional values, protocols, beliefs and attitudes need to acknowledge and accommodate this increasing population group. For example, while family is often assumed as being supportive amongst Pasifika people, it must be considered in context to the current environment and time (Pulotu-Endemann, 2001). Arguably for many of our young Pasifika people in Aotearoa, family continues to play an integral part in one's development; however, it may be more nuclear than extended, and therefore requires further exploration (Samu & Suaali'i-Sauni, 2009).

---

2 Also known as a person of European descent, or Pākehā in Māori.

For the survival of Pasifika youth and their identity, it is proposed that they still need to understand fundamental traditional values and culture that are historically and theologically bound. Pasifika youth are proud of their ethnic identity, however a more comprehensive understanding is needed that will still allow them to advance and progress positively in a Pālagi and western dominated society. If this is the challenge being faced by our Pasifika youth in Aotearoa, how do we as practitioners, clinicians and researchers work for, and undertake research with such an evolving and diverse population group?

Cultural Competence

Tiatia (2008) provides us with a comprehensive literature review of Pasifika cultural competencies. She defined cultural competency as the role and capacity of a health system to improve the physical and mental health and wellbeing of its communities by weaving cultural practices, values and beliefs in its service delivery. Tiatia has moved beyond the initial definition of cultural competency as a behaviour. Rather, and perhaps more appropriately, she acknowledged that behaviour change can only be made by changes in attitude. Herein lies the challenge. Whilst cultural competence may arguably be seen as being practiced in the workforce, Tiatia makes the stance that Pasifika cultural competence should be imbedded in our quality of care. That is, it should be included in our accreditation, regulating bodies and surveys and, more importantly, evaluated to ensure that outcomes achieved are improving the wellbeing of communities.

The New Zealand Psychologists Board expect registered psychologists to meet the standards of cultural competence defined as "having the awareness, knowledge and skill necessary to perform a myriad of psychological tasks that recognises the diverse worldviews and practices of oneself and of clients from different ethnic/cultural backgrounds" (New Zealand Psychologists Board, 2011). These standards are part of the requirement for registered psychologists under the Health Practitioners Competence Assurance Act 2003. Therefore as practitioners, clinicians and researchers in psychology, one must ensure that practice is culturally and clinically competent, and safety is prioritised when caring for our communities that include Pasifika young people and their families (Kingi-'Ulu'ave, Faleafa, Brown & Daniela-Wong; 2016).

To expand further from Tiatia's work, it is proposed that a similar stance should be undertaken with one's own individual competence. There needs to be a conscious shift among non-Pasifika colleagues that cultural competence should not only apply to one's professional practice. If you draw on your personal and social experiences or seek opportunities to engage with Pasifika communities outside of your professional experience, your work with Pasifika communities is likely to be more effective and genuine. If there is ongoing exposure to Pasifika youth, families and communities in your non-professional environments, this is more likely to assist you in your engagement and interaction in a professional capacity. In the next section, an exploration of how you may undertake this task to submerse yourself within Pasifika communities is discussed.

Seitapu

The Seitapu is a framework of Pasifika cultural and clinical competencies that was developed to support Pasifika and non-Pasifika staff working with Pasifika clients in mental health and addiction (see Figure 1.). It has woven into its framework key themes that are crucial to the Pasifika worldview. This includes (but is not limited to) family, language, tapu such as culture, spirituality, and relationships; and the knowledge and responsibility of an organisation to work effectively with Pasifika clients, their family and community.
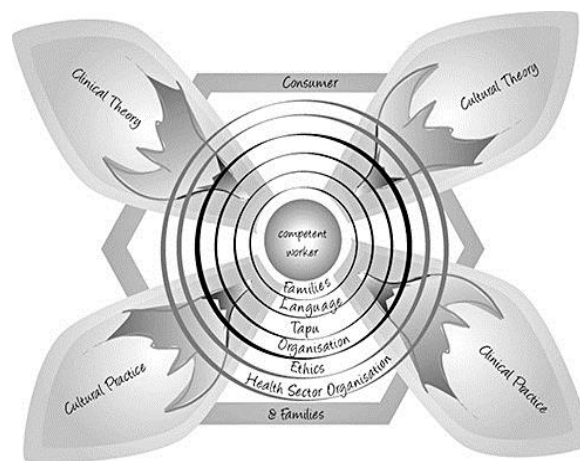

Figure 1. Seitapu framework of clinical and cultural competency

(Pulotu-Endemann et al., 2007)

Briefly, these themes highlight the need to work with the client and their *families* to assist in a successful recovery; access to working among staff with *language* competency to assist with translation and effective community; a genuine and in-depth understanding of how *culture, spirituality and relationships* are crucial when working with Pasifika people; and the *commitment and knowledge* of an organisation to work responsibly with its Pasifika clients and their families.

The central focus of the framework is the competent worker, the practitioner or clinician. It is the understanding that this role and the competence of the person in this role will impact significantly on the client and their family. It also emphasises the equal importance of competency in cultural theory and practice; alongside competency in clinical theory and practice. An issue for a non-Pasifika competent worker may be integrating their clinical theory and practice, with education and learning within the cultural realms of theory and practice. Anecdotally, there are many who continue to seek cultural competency workshops and training courses to enhance their practice with Pasifika people. While this continues to be important, the author agrees with Tiatia (2008) in that cultural competence is only partially met with behaviour change. A genuine shift in attitude alongside an acceptance that there is an alternative worldview will assist to maintain behaviour change and work with the principles of the Seitapu framework.

Attending a cultural competence workshop is a first step to genuine engagement with this community. Working with Pasifika youth and their families requires insight

to your expectations and biases that includes your own lived experiences with this group. Given that many of our practitioners are non-Pasifika, exposure and experiences in services and settings that are predominantly Pasifika is recommended. Pasifika festivals and events are encouraged however this only shows one side of Pasifika culture. Experiential visits to shopping malls and townships that are predominantly Pasifika can provide opportunities to notice your own response(s) and the response(s) of Pasifika people towards you, outside of a formal setting or engagement. Experience what it is like to be a minority among a dominant ethnic setting other than your own. Engage with Pasifika friends and colleagues, and seek out opportunities to observe in natural settings, such as church or home life environments. It is important not to expect or aim to have the same impact as a Pasifika practitioner or researcher among the Pasifika community. The reality is a non-Pasifika person will never look or talk like a Pasifika person, however one can still personally and professionally engage successfully with Pasifika communities.

However and unfortunately, there has been numerous occasions when professionals such as clinicians and researchers inadvertently or purposely overlook or minimise cultural principles, values and protocols in settings. For clinicians, this can be as simple as not removing shoes, speaking to the young person without acknowledging the parent and/or elder; or outlining the purpose of your agenda without acknowledgement of the home you are entering. For researchers, it can be using western models of engagement and questionnaires without any consideration of the cultural context of their participant. Sometimes, a common error is prioritising clinical or research protocols by delving first into confidentiality and consent; rather than prioritising engagement as a central focus among Pasifika youth and their families. Avoiding eye contact can be seen as a lack of engagement when on many occasions, it is a sign of respect towards the other person particularly if they are an elder or in an authoritative role. Building the va between a psychologist and their client, or a researcher and their participant can provide a platform for genuine sharing of information, learning and engagement to occur. Paying attention to the va and understanding the meaning and importance of respect, humility and love (from a Pasifika worldview), are fundamental principles among Pasifika families and community.

Pasifika people are relational beings from a collective worldview, yet living in an individualistic society where these principles can be compromised. Therefore, practitioners and researchers need to adapt their framework of practice to ensure authenticity from their client or participant. In the next section we will look at Shea's (1998) model of clinical interviewing and how one can adapt this, drawing on the principles of Seitapu framework and the authors' own clinical and cultural experiences of working with this population group.

Shea's (1998) model of interviewing

Shea (1998) identifies five phases of clinical interviewing that can be applicable to all interviewing situations. A broad summary of this is provided:

Introduction

This generally involves telephone contact, initial face to face meeting that includes shaking hands, offering something to drink, chatting about a neutral subject, establishing rapport, putting client at ease; educating clients and their expectations; and explaining the purpose of the interview. In his work, Shea (1998) states that an introduction begins when a clinician and their client see each other and ends when the clinician is comfortable to explore the reasons why a client has come in to see them. Discussion is held regarding the environment to start building rapport and providing them with something to drink. Following this, efforts are made to put the client at ease by alleviating any fears they may have regarding the interview, encouraging clients to be interactive and ask questions; and explaining confidentiality. Throughout this part of the process, small talk and chatter during the introduction stage is seen as a positive method to help put clients at ease. Finally, evaluating the expectations of the client will provide a pathway to the opening.

Opening

This includes identifying the purpose of the client's attendance, focussing on the client's view of the problem, non-directive listening, providing structure and support; and evaluating how the interview is proceeding. Shea (1998) suggests the use of opening statements such as *"What brings you here today?"* to encourage the client to share what has led them to seeking professional support. Based on the level of disclosure by the client, the clinician may need to prompt, encourage and guide the client in order to get an overall sense of what has been asked of them. Attention is drawn towards the client's behaviour during the opening phase and whether closed or open questions are needed pending on the clients' response. During this phase, Shea (1998) encourages clinicians to evaluate the process and consider how they will proceed to the next stage of the interview.

Body

This involves directive listening and gathering of information. Shea (1998) primarily refers to this phase as information gathering. The purpose of the interview is explored during this part of the process and may change as information is shared by the client. Certain processes that include clinical judgment and exploration in relation to the presenting issue is used during this period. This is generally where the clinician begins to 'paint a picture' of the client in relation to the referral question or brief; unless this has changed due to the information shared. If the interview has changed, for example if the client discloses risk then the interview will undertake a different direction.

Closing

As one heads to the conclusion of a session, it is timely to begin to reassure and support the client. It is time to summarise the themes discussed, acknowledge the clients' attendance and to discuss whether client may have any questions or thoughts about the interview/assessment. It is also important for the clinician to raise with the client feelings of hope and how therapy may help them. Shea (1998) acknowledges the issue of clinicians rushing through this part

of the process and therefore the gathering of information in the Body process needs to end with an appropriate timeframe to close (Sommers-Flanagan & Sommers-Flanagan, 2003).

Termination

Timely session ending and guiding termination.

A proposed model for clinical interviewing/talanoa with Pasifika youth and their families.

Shea's (1998) clinical interviewing model does not consider the culture of the client. Therefore an adaption of the model is proposed for working with Pasifika youth and their families. This model can be applied among Pasifika youth and their families involved in services that includes (but is not limited to) mental health, justice and educational settings. The fundamental principles of this revised model draws on the core beliefs, values and practices of the fa'asamoa that may be used when interviewing or conducting an assessment with other Pasifika youth populations

Faafeiloa'i - Introduction

O lau amio o lau lauga sili lea – Your behaviour and body language (including the environment) is your most influential form of communication

If families bring an elder, chief or minister, they should be the first person to acknowledge and welcome and it is probable that they will have speaking rights for the family. This is perhaps the most crucial part for engaging a Pasifika youth and their family. First impression is a lasting impression. If available, draw on the resources in your organisation such as cultural advisors. Pasifika cultural advisors can act as a bridge to connect between the two worldviews of the Pasifika young person, their family and the clinician. Pasifika people are more likely to engage in conversations with those who are similar to them and understand their identity and sense of belonging. If they are meeting in your environment, consideration should be made as to whether the environment promotes familiarity and comfort such as displaying Pasifika artwork and furniture.

In general, the names of Pasifika people are linked to their identity with family and may include ancestors, genealogy, land and/or environment. It is important and respectful that attempts are made to correctly pronounce and spell the name of your client and their family. Furthermore, greeting in their native language shows genuine effort to engage with the young person and their family. In addition, good hospitality is crucial for engagement and will generally comprise of refreshments provided at the beginning of the assessment or interview.

When everyone is seated, a brief moment of pause is suggested before asking the family if they would like to start the meeting in a certain way. A general introduction can be to request from the elder or parent if there is any particular way they would like to begin the process. You can suggest that in your work with Pasifika families, you notice the importance of starting with a prayer, and that you would be open to this formality. However, be prepared to have an alternative method of opening in the event that the family return the responsibility to you to begin the session as a show of respect. Once this has concluded, the relationship begins to form as introductions begin. Identity is important as the identity

of Samoans is relational (Mo'a, 2015). Pasifika people will introduce themselves on the basis of their ancestral links to land and people. It would be helpful for you to do the same alongside your professional disclosure. Shea (1998) does not include any personal disclosure or sharing of self in clinical interviewing. However, Pasifika people engage with one another on the basis of who they are and what they mean to each other. Therefore, sharing your own identity to what you are comfortable with, is likely to provide greater engagement and reciprocity from your client. This can include a brief dialogue of where you were born and raised and who is in your family. If you have migrated to Aotearoa, this is a key opportunity to draw on the potential of similar experiences to migration.

If you are visiting a home, it is important to acknowledge your awareness that you are in their home and to be respectful of their environment. Your smile, your mannerism, your tone of voice are all important aspects of relationship building with Pasifika youth and their families. It is suggested that a conscious effort is made to engage with the elder and parent(s) in the room in the first instance. It is important to understand where they come from and their stories of migration to Aotearoa, including their history with the western culture. As you observe Pasifika youth and their families, look for signs of engagement that can be seen with a relaxed body language and ongoing conversation flow. Be aware of your own experiences and biases that may misinterpret what is being observed. For example, when a Pasifika parent speaks on behalf of the young person, this can be culturally appropriate and respectful rather than the Pasifika parent seen to be controlling. Notice your biases and explore these with the Pasifika parent and with the young person when seen on their own.

When a Pasifika youth begins to speak and there are smiles or acknowledgement from the elder or parent, this can often be a sign that the "formal" assessment can begin. However, it is important to note that you are likely to have already obtained crucial information to your assessment through the conversations and observations made. If this has not eventuated, a suggestion could be to acknowledge and normalise the process in the room. A statement such as *"I notice that people might be feeling uncomfortable with our meeting today. It is not uncommon for this to happen as it is something new and unknown; and we do not know each other. However, let's try to get to know each other more as this can help all of us as we go through this process"* can be useful. How you deliver such a statement and your mannerism and approach such as whether you are smiling, exuding warmth with a non-judgmental tone will have more weight than the content of your statement to Pasifika youth and their families. This can often be a timely process, however for genuine and honest conversations to take place, the outcome of your assessment will be dependent on this part of the interview. Some assessments and interviews necessitate a need for the young person to be seen on their own. This can respectfully be undertaken by asking parents/elders for permission to do this while the young person is present. It also helps the parent/elder to know that often there are things young people will say when they are on their own as it may be disrespectful when said in front of them.

As a clinician or researcher, your ability to relate that includes your relational skills, will determine the authenticity of engagement by Pasifika youth and their families. It is important to understand that for Pasifika people, it is not what you say to them that is remembered, it is *how you make them feel*. Once everyone has shared their own personal background, confidentiality and consent should now be discussed. The reason why confidentiality and consent is not the first piece of information to share is that the relationship building is prioritised as is expected among Pasifika communities. The reality of confidentiality is, in the author's opinion, to protect the clinician. If the young person and their family wants to disclose their information then that is ultimately their choice.

The introduction plays a significant role in the first assessment/interview. This determines the outcome of the process and whether engagement is likely to be genuine. Therefore, while the timeframe for this process can be significant, a genuine outcome(s) will far outweigh the time invested in this process.

Talanoa - Body

The talanoa is a research methodology used to gather information for research purposes with Pasifika people and communities (Vaioletti, 2009). We believe that this can be adapted to allow the young person and their family to talanoa and share the story. Sharing of stories is a traditional method among Pasifika communities to explain and talk about life situations. Drawing on the principles of talanoa can allow for an unstructured interview with opportunity for the clinician or researcher to carefully guide the interview as it unfolds. In some cases, it may be useful to ask the young person and their family closed questions, or short open-ended questions, such as: *"who lives at home? What school do you go to? Do you like going to school? Who's the boss at home?* These type of questions can assist in the relationship building. These are questions that you know the young person and their family can answer so that they warm up to the process of talanoa in a clinical or research setting. As rapport continues, one can begin to gradually transition to more directed open-ended questions to allow for talanoa to take place. As talanoa happens, the clinician is actively listening and drawing on the information to inform their assessment. If talanoa appears to move away from the brief, you can re-direct the conversation such as *"can I just ask you again about your talanoa on _____ or, what did you mean when you talked about _____?"* As stories are being shared, look for stories that contribute to your brief, or research topic, to expand or discuss further during the talanoa.

Fa'aiuga - Closing

Similar to Shea (1998), appropriate time is needed to close off the session. Time needs to be given for the elder/parent to provide a few comments including the young person. You will also summarise and bring things to close, including a where to from here for the family. It is important that the family are aware of the next step in the process. As you are closing, it is important to continue to observe body language and relationships within the family. If you started with prayer, make a suggestion to end with a prayer for a formal close to the meeting. As Shea's (1998) model of clinical interviewing has been contextualised to the Pasifika population, there are key application tools that are practical and considered useful for this group.

Application tools for engaging Pasifika youth and families

By having a comprehensive understanding of the way in which Pasifika people view the world, one can move towards implementation of a practice that draws on Seitapu and their own experiences as a non-Pasifika practitioner/clinician or researcher working with Pasifika people. The following provides a brief snapshot of practical tips and strategies when engaging with Pasifika youth and their families.

• Appropriate dress wear that is respectful of Pasifika cultures is important. This typically includes covering shoulders and midriff and avoiding short skirts and shorts. If conducting a home visit, don't forget to take your shoes off even if they tell you not to, however health and safety reasons should be prioritised.

• Take something with you visiting their home. Food is always a good way to break down a barrier. You can always take a packet of biscuits or snacks as a goodwill gesture to them for taking the time out to meet with you. If they offer you a cup of coffee or meal at their home it is respectful to accept their gesture of goodwill. Therefore, make sure you have given enough time to your appointment. Sometimes the appointment will be put on hold to have the coffee or meal, follow through with this as your clinical observation skills are in place that can inform your interview while a break is being observed.

• If they are meeting in your environment, provide them with biscuits and tea.

• Is there a Minister or elder that will attend the first interview? They must be acknowledged first and interaction with them should be prioritised. Ask them how they would like the meeting to proceed, for example *"Mr _____ (or Ms _____) can I ask you to open our meeting today?"* If they are unsure, ask if they would like to start with a prayer as that has been a common practice you observe, or understand, among Pasifika families that you work with.

• Learn to pronounce their names correctly rather than attempting to pronounce the name in the first instance. Ask colleagues of the same ethnicity to assist with pronunciation, or ask the young person and their family. You could say something like *"it's really important that I pronounce your name correctly, how do I say your first name?"*

• Acknowledge that there may be some cultural differences in practices and share a bit about where you are from. Normalise and acknowledge the fact that you might not know much about their culture and ask brief questions about their culture. If you are in their family home, acknowledge photos or ornaments in the home and ask about them. This can provide them with a sense of mastery to share with you things that you do not know or have experience in.

• Use of language. Most Pasifika youth seen in various services may arrive with parents where English is the primary language for the young person, though it is a second language

for parents and elders. You need to be aware of the level of language competence across all members of the family. For the elder and parents, consult and include cultural advisors. If this is not available, simple language spoken slowly will be useful. Be mindful that often nodding does not mean that they understand or agree. It is often a behaviour that is practiced by Pasifika people to allow for the process to continue so that they do not hinder the process. Always paraphrase and ask questions back to the young person and their families to ensure their understanding is appropriate.

• If you are a bit nervous seeing a client with a culture different to your own, imagine what is it like for the client and their family who are seeing you, and yet you are in a position of authority? Be mindful of this as it is common to focus on the purpose of the assessment, rather than on *who* is attending. Be curious with Pasifika youth and their families, engage with them and respectfully ask questions when you are unsure about why processes or protocols are practiced. This contributes to a more respectful, transparent and collaborative relationship.

Conclusion

Similar to many indigenous and ethnic minorities in Aotearoa and globally, working with Pasifika youth and their families can be challenging for practitioners, clinicians and researchers. However, drawing on Pasifika resources such as the Seitapu framework of cultural and clinical competency will build one's awareness, knowledge and skill necessary when working with this population group. Working with Pasifika communities requires the relationship to be prioritised across all areas of engagement to ensure that the va continues to be nurtured and protected. Therefore, having an understanding of the Pasifika worldview, its principles, values and beliefs, and implementing the suggestions raised in this article is likely to better prepare clinicians, practitioners and researchers in their talanoa with Pasifika youth and their families.

Acknowledgement:

References

Agnew, F., Pulotu-Endemann, F. K., Robinson, G., Suaali'i-Sauni, T., Warren, H., Wheeler, A., Erick, M., Hingano, T., & Schmidt-Sopoaga, H. (2004). Pacific models of mental health service delivery in New Zealand. Auckland NZ: Health Research Council.

Bedford, R. (1994-2). Pacific Islanders in New Zealand. I*n Espace, populations, sociétés,12*(2), 187-200.

Clark, T. C., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., Fortune, S., Lucassen, M., Peiris-Joh, R., Robinson, E., Rossen, F., Sheridan, J., Teevale, T., & Utter, J. (2013). Youth'12 Overview: *The health and wellbeing of New Zealand secondary school students in 2012*. Auckland, New Zealand: The University of Auckland.

Efi, T. A. T. T (2009, November 3). *Keynote address*. New Zealand Families Commission Pasifika Families' Fono. Retrieved from http://www.head-of-state-samoa.ws/speeches_pdf/Tupua%20 Family%20Commission%20FINAL4%20(2).pdf

Gray, A. (2001). *The Definition and Measurement of Ethnicity*. A

Pacific Perspective. A discussion paper prepared for Statistics New Zealand.

Ioane, J., & Lambie, I. (2016). Pacific youth and violent offending in Aotearoa New Zealand. *New Zealand Journal of Psychology, 43(3)*, 23-29.

Kingi-'Ulu'ave, D., Faleafa, M., Brown, T., & Daniela-Wong, E. (2016). Connecting culture and care: clinical practice with Pasifika people. In W. W. Waitoki, J. S. Feather, N. R. Robertson, & J. J. Rucklidge (Eds). *Professional Practice of Psychology in Aotearoa New Zealand* (3rd ed.). Wellington: New Zealand Psychological Society. 67-79.

MacPherson, C. (1984). On the future of Samoan ethnicity in New Zealand. In P. Spoonley, C. Macpherson, D. Pearson, and C. Sedgewick (Eds). *Tauiwi: Racism and Identity in New Zealand*. Palmerston North: The Dunmore Press. 107-127.

MacPherson, C. (1999). Will the 'real' Samoans please stand up? Issues in diasporic Samoan identity. *New Zealand Geographer, 55*(2), 50-59.

Mailei, F (1999). Identity as a concept: A New Zealand-born Samoan's perspective. *In Pasifika Vision Conference Proceedings (July)*, Auckland: Pasifika Vision conference.

Mo'a, V. (2015, July). *Fa'asinomaga (Identity) and Va (Relational Space)*. Paper presented at the 2015 Australian Association of Bioethics and Health Law Conference, Wellington, New Zealand.

New Zealand Psychologists Board. (2011). *Cultural competencies: for psychologists registered under the HPCA Act and those seeking to become registered*. Wellington, New Zealand: New Zealand Psychologists Board.

Pasifika Futures (2017). *Pasifika People in New Zealand – How are we doing?* Ellerslie: Pasifika Futures.

Pulotu-Endemann, F. K. (2001) *Fonofale Model of Health*. Downloaded from http://www.hauora.co.nz/resources/ Fonofalemodelexplanation.pdf.

Pulotu-Endemann, F. K., Suaali'i-Sauni, T., Lui, D., McNicholas, T., Milne, M., & Gibbs, T. (2007). *Seitapu Pacific Mental Health and Addiction Cultural and Clinical Competencies Framework.* Auckland: National Centre of Mental Health Research and Workforce Development.

Samu, K., & Suaali'i-Sauni, S. (2009). Exploring the 'cultural' in cultural competencies in Pacific mental health. *Pacific Health Dialog, 15*(1), 120-126.

Samu, K. S., Wheeler, A., Asiasiga, L., Dash, S., Robinson, G., Dunbar, L. & Suaali'i-Sauni, T. (2011). Towards quality Pacific services: The development of a service self-evaluation tool for Pacific addiction services in New Zealand. *Journal of Evaluation in Clinical Practice, 17*(6), 1036-1044.

Shea, S. C. (1998). *Psychiatric interview: The art of understanding* (2nd ed.). Philadelphia: Saunders.

Sommers-Flanagan, J., & Sommers-Flanagan, R. (2003). *Clinical Interviewing* (3rd ed.). Hoboken, New Jersey: John Wiley & Sons.

Statistics New Zealand (2014). 2013 Census QuickStats about culture and identity. Downloaded from www.stats.govt.nz.

Steinberg, L., Dustin, A., Cauffman, E., Banich, M., Graham, S., & Woolard, J. (2008). Age differences in sensation seeking and impulsivity as indexed by behavior and self-report. Evidence for a dual systems model. *Developmental Psychology, 44*(6), 1764-1778.

Suaali'i-Sauni, T., Wheeler, A., Saafi, E., Robinson, G., Agnew, F., Warren, H., Erick, M., & Hingano, T. (2009). Exploration of Pacific perspectives of Pacific models of mental health service delivery in New Zealand. *Pacific Health Dialog, 15*(1), 18-27.

Tamasese, K., Peteru, C., Waldegrave, C., & Bush, A. (2005). O le taeao afua, the new morning: a qualitative investigation into Samoan perspectives on mental health and culturally appropriate services. *Australian and New Zealand Journal of Psychiatry, 39*, 300-309.

Tiatia, J. (1998). *Caught Between Two Cultures*. Auckland: Christian Research Centre.

Tiatia, J. (2008). Pasifika Cultural Competencies: A literature review. Wellington: Ministry of Health.

Vaioletti, T. M. (2006). Talanoa research methodology: a developing position on Pasifika research. *Waikato Journal of Education, 12*, 21-35.

Wendt, A. (1999). Afterword: Tatauing the post-colonial body. In V. Hereniko & R. Wilson (Eds.). *Inside Out: Literature, cultural politics and identity in the New Pacific*. (pp. 399-412). Maryland: Rowman & Littlefield.

Corresponding Author

Julia Ioane
Psychology Department
Auckland University of Technology
Private Bag 92019
Auckland, New Zealand
Email: julia.ioane@aut.ac.nz