

Māori Men's Experiences of Rehabilitation in the Moana House Therapeutic Community in Aotearoa/New Zealand: A Qualitative Enquiry

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Abstract

In Aotearoa/New Zealand, culturally embedded rehabilitation programmes have been developed to reduce criminal offending among the indigenous Māori population. Currently, there is a lack of research investigating the experiences of these programmes from clients' perspectives. This study aimed to enhance understandings of the lived experiences of Māori men who were participating in a residential therapeutic community (TC) programme in Aotearoa/New Zealand. Semistructured interviews were conducted one-on-one by a psychology master's student who was a staff member at the TC and also of Māori descent. Seven Māori TC residents aged 22 to 48 were interviewed about life in a TC. Thematic analysis of the interview data yielded three themes: (a) "The importance of healing family relationships"; (b) "The relevance of Māori culture in rehabilitation"; (c) "Increased self-awareness." The findings highlight the significance of holistic approaches that emphasize culturally relevant approaches and the involvement of family members in the treatment of substance-use disorders and offending behaviour among indigenous populations.

Keywords

addiction, offending, community rehabilitation, therapeutic community, ethnicity, family relationships, self-control, qualitative

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Introduction

Residential therapeutic communities (TCs) for the treatment of drug addiction were developed in the mid-20th century and are well established in the United Kingdom, Western Europe, and the United States (Glaser, 1981). Each TC differs in its treatment goals and how it operates (Glaser, 1981; see also Adamson, Deering, Hinerangi, Huriwai, & Noller, 2010; Chen, Elisha, Timor, & Ronel, 2013; Munro, Allan, Shakeshaft, & Breen, 2017; New Zealand Department of Corrections, 2009; Smiley-McDonald & Leukfeld, 2005). Some TCs have a short duration of treatment (e.g., three months) and others are longer in duration (e.g., 3 years; Gowing, Cooke, Biven, & Watts, 2002). TCs can be outpatient or residential and some residential TCs are prison-based (Gowing et al., 2002). TCs provide services to individuals with histories of criminal offending, psychiatric illnesses, drug addiction, and mental health disorders (Broekaert, Vandeveld, Soye, Yates, & Slater, 2006; Melnick & De Leon, 1999). A common feature shared by most TCs is that therapeutic interactions are mainly group-based and involve collaboration between staff and clients (Glaser, 1981; Gowing et al., 2002). Attrition rates can be higher in some addiction services than in others (Simpson et al., 1997). One of the most consistent findings in TC literature is that longer duration of treatment is associated with better outcomes (e.g., reduced offending, reduced drug use).

The embedding of culturally relevant practices in TCs is a potential way of reducing attrition and enhancing success of the specific treatment approach (Gowing et al., 2002). The aim of the present study was to provide an in-depth exploration of the experiences of male residents of a TC in Aotearoa/New Zealand called Moana House. The Moana House programme was established in 1984 and is embedded in Māori culture (Adamson et al., 2010; Ashdown et al., 2018; Treharne & Nicolson, 2014). Māori are the broad conglomeration of indigenous peoples throughout Aotearoa/New Zealand (Smith, 2012). Māori culture is highly collectivist and is organised around *iwi* (tribes), *hapū* (subtribes), and *whānau* (broad family units; Smith, 2012). Māori culture has been eroded under colonialism (Smith, 2012), and Māori men and women are overrepresented in prison statistics (see Nadesu, 2009; C. Nakhid & Shorter, 2014; New Zealand Department of Corrections, 2009). Moana House and other Māori-focused services work to overcome these inequities, and this research sought to provide insight into how residents experience the Moana House TC.

In the past 20 years, addiction associated with criminal offending has become an increasingly global issue for indigenous populations who have been alienated from their culture through the process of colonisation (Adamson et al., 2010). There have been attempts to improve the availability and quality of mental health interventions for historically disadvantaged cultural groups. Griner and Smith (2006) conducted a meta-analytic review and found that mental health interventions that target a specific cultural group were 4 times more effective than interventions provided to clients from a variety of different cultural groups. They also found that interventions conducted in the client's native language were twice as effective and that interventions adapted to be culturally responsive to many cultural groups were more effective than interventions that were not culturally adapted to the needs of clients.

People of African-Caribbean origins are overrepresented in Britain's criminal justice system (Cheliotis & Liebling, 2006; Wilson, 2004). These Black prisoners experience less positive experiences than White prisoners in relation to safety, respect, purposeful activity, and resettlement (HM Inspectorate of Prisons, 2005). Furthermore, when examining the experiences of prisoners in prison treatment programmes, Black prisoners reported being subjected to discrimination by being marginalized and stereotyped (Cowburn & Lavis, 2009). It has been suggested that this discrimination could be due to a lack of understanding of White treatment facilitators about the importance of cultural values when addressing offending behaviours of Black prisoners (Wakama, 2005).

Sullivan (2007), Newberry (2008), and Brookes, Glynn, and Wilson (2012) identified several reasons why Black prisoners were reluctant to participate in the Grendon Prison TC in England. These reasons included impairments in communication (e.g., not being fluent in English), cultural stereotyping, and differences in cultural values (Sullivan, 2007). Black prisoners reported that they felt as if they were treated differently to White residents and that staff sometimes "mocked" their culture and were subtly racist (Newberry, 2008). Black prisoners reported experiencing difficulties with identity due to being the minority of the prison TC (Newberry, 2008). These prisoners also reported feelings of isolation, powerlessness, and expressed the view that their cultural identity was inadequately recognized (Brookes et al., 2012). Sullivan (2007) concluded that to increase the number of Black prisoners seeking treatment, TC services need to respond to the cultural needs of clients, and this argument applies to other marginalised cultural groups such as Māori.

Substance abuse has been reported as a primary factor in reincarceration (Belenko et al., 2002; Chen et al., 2013; Nelson, Deess, & Allen, 2011; Phillips, 2010). In Aotearoa/New Zealand, indigenous Māori are currently more likely to abuse substances and become incarcerated than any other ethnic group (Nadesu, 2009). Various rehabilitation programmes have been developed to reduce criminal offending and substance use among the Māori population in Aotearoa/New Zealand such as Māori Focus Units and the Māori Therapeutic Community Programme (New Zealand Department of Corrections, 2009). The Māori Focus Units are TCs designed to enhance knowledge and understanding of Māori culture. The Māori Therapeutic Community Programme is a group-based rehabilitation programme designed to reduce offending by promoting Māori cultural concepts such as *whānaungatanga* (relationships), *aroha* (love and empathy), and *whakapapa* (genealogy). An evaluation of these services was carried out in 2008 by the New Zealand Department of Corrections (2009) to determine the extent to which learning and positive change had occurred. The findings of the evaluation suggested that the Māori Focus Units promoted a prosocial environment and the Māori Therapeutic Community Programme achieved positive changes in participants' attitudes and criminal beliefs. Both programmes resulted in small reductions in reconviction and reimprisonment rates (New Zealand Department of Corrections, 2009).

Past qualitative research has explored the experiences of TC residents (Byers, 2002; Janeiro, Ribeiro, & Lopez Miguel, 2017; Munro et al., 2017) and their family members (Chen et al., 2013). Janeiro et al. (2017) analysed residents' therapy worksheets from a

TC in Spain and discovered distinct processes of change at each stage of the TC's programme moving through self-observation, self-valuing, and self-understanding. Research involving interviews with parents who had a son in a TC in Israel demonstrates the benefits of TCs for family members and the role of family members in the process of recovery (Chen et al., 2013). Munro et al.'s (2017) research involving interviews with indigenous residents of a TC in Australia revealed the importance of reconnecting with culture.

Past qualitative research has provided some preliminary insight into the importance of culturally embedded rehabilitation programmes specifically for Māori. Byers (2002) reported that Māori inmates had an increased sense of pride and identity after participating in Māori Focus Units. C. Nakhid and Shorter (2014) explored experiences of rehabilitation in an interview study with four Māori men. The men acknowledged they had little knowledge of Māori cultural beliefs and practices. They reported that in the past their cultural beliefs and values were based around gang culture and identified gang connections and lack of financial resources as the main contributors to reoffending. The men reported that they valued rehabilitation programmes that incorporated *Kaupapa Māori* (Māori traditions, methods, approaches) principles and practices that helped them to understand their cultural heritage and that this was important for helping them to communicate with society in more prosocial ways. Treharne and Nicolson (2014) evaluated a nonresidential TC day programme for people with a history of substance abuse and criminal offending. The three participants involved in the evaluation of the day programme who identified as Māori reported a desire to learn more about their cultural heritage and they wanted to pass this knowledge on to their children.

The overall aim of the present study was to enhance understandings of the lived experiences of residents in a TC for men that primarily provides for Māori men. Moana House applies a men-only TC approach that is culturally tailored to meet the Treaty of Waitangi and serve the majority Māori residents (see Adamson et al., 2010). The men reside in a house in a suburb close to the centre of Dunedin, a small city in the South Island of Aotearoa/New Zealand. The Moana House programme is grounded in the Māori model of health and well-being, *Te Whare Tapa Whā*, which translates to mean The House with Four Sides that represents the relevance to Māori of bodily well-being, mental well-being, social well-being, and spiritual well-being (Durie, 1985, 2001). The Moana House programme involves an emphasis on *tikanaga Māori* (Māori protocol) in its four stages of treatment which are *Whakaohoho* (awakening/assessment), *Āhuatanga* (the "shape" of recovery), *Mōhiotanga* (understanding), and *Mana Motuhake* (autonomy and self-determination; see Adamson et al., 2010). Moana House incorporates *kaupapa Māori* (Māori principles and methods) in the treatment of residents due to the high percentage of Māori who engage in the programme (Adamson et al., 2010). The research explored specific research questions that were developed to address gaps in the past literature, which has included limited attention to the cultural identities and journeys of change experienced by members of marginalised cultural groups like Māori when undergoing rehabilitation in a TC environment. The research questions were as follows:

- **Research Question 1:** How do Māori TC residents describe their past identity and personal change?
- **Research Question 2:** How do Māori TC residents understand personal identity and culture in recovery?
- **Research Question 3:** What motivates Māori TC residents to change and what has been beneficial and challenging in their journey of wellness?

Method

Design

A phenomenological qualitative approach using semistructured interviews was adopted in this study. By taking an inductive approach, current theories were set aside when gathering the data to gain an understanding of the participants' world (Dew, 2007). Given that there is only a small existing body of qualitative research with TC residents from indigenous populations, a qualitative phenomenological approach is advantageous as it allows for the revelation of subjective perceptions and lived experiences that have not yet been documented in the literature (Dew, 2007).

This research was conducted within a *Kaupapa Māori* framework and aimed to consider and preserve Māori values, beliefs, and knowledge within the context of this study. In the context of research, *Kaupapa Māori* translates to mean Māori practices or methods and is a process of reclaiming "research," which has historically been conducted from an ethnocentric Western perspective (Smith, 2012). *Kaupapa Māori* research does not follow a prescribed set of methodological steps; however, *Kaupapa Māori* approaches share a core principle of requiring the research to be conducted by Māori researchers, with Māori participants and for the benefit of Māori people (Smith, 2012). We also applied the principles of *whakapapa* and *tino rangatiratanga* (self-determination; Delany, Ratima, & Morgaine, 2015; Smith, 2012). The principle of *whakapapa* was applied by the researcher commencing each interview by introducing himself with his *pepeha* (tribal saying) in *Te Reo* (the Māori language) and then inviting each participant to do the same. In addition, the analysis was attentive to the place of *whakapapa* in relation to *iwi* and *whānau* in participants narratives. The principle of *tino rangatiratanga* was applied through the use of qualitative methods that allow participants to tell their narrative and by sharing the narratives in this article with the emancipatory aim of informing service delivery from the perspectives of participants. The primary researcher who conducted the interviews and led the analysis in this project is of Māori descent and has an awareness and understanding of Māori cultural values, knowledge, beliefs and the Māori language. This ensured the findings were interpreted from a Māori worldview when representing the narratives of the men who participated. The coauthors supervised the primary researcher and provided support with cultural, clinical, and methodological issues throughout the project in reflection of the principle of partnership between Māori and non-Māori in *Te Tiriti o Waitangi* (The Treaty of Waitangi), which is a founding document of New Zealand as a nation (Delany et al., 2015; Smith, 2012).

Participants

Interviews were conducted with seven men aged 22 to 48 who were residents in the Moana House TC in Dunedin, Aotearoa/New Zealand. The sample size was determined based on the depth of data being obtained. Data collection stopped when the researcher judged that data collection was not producing any additional contributions. Thus, theoretical data saturation was achieved once seven interviews had been conducted. All participants identified as Māori. Four out of the seven participants were fathers. Two participants had achieved Level 2 of the Aotearoa/New Zealand National Certificate of Achievement (NCEA), which is 1 year before the equivalent to high school diploma or A levels, and none had achieved higher than Level 2. Only one participant had a formal trade qualification and none of the participants had a tertiary qualification at the time of the study, although one was enrolled in a tertiary course. All participants indicated that they had a basic ability to both understand and speak *Te Reo*. Length of time in prison ranged from 6 months to 35 years. The participant who reported 35 years of incarceration may have misinterpreted the question and instead indicated the overall time that he had been in and out of prison.

Procedure

The foundation that oversees Moana House gave approval for the research and to be named in reports on the findings. Ethics approval was granted by the University of Otago Human Ethics Committee. Participants were recruited and interviewed over a 22-month period from February 2014 up until October 2015. An on-going series of *hui* (meetings or gatherings) were held at Moana House during recruitment. These *hui* informed Moana House residents and staff of the purposes of the research, what would be required of each participant, and ensured they understood that the research project was distinct from the primary researcher's role as a staff member of Moana House. Volunteers' names were drawn from a hat in the presence of all residents and staff. Written informed consent was gained from participants before attending an interview.

Interviews took place within the Department of Psychology at the University of Otago in Dunedin, Aotearoa/New Zealand, and were approximately 30 to 105 min in duration. Participants were reimbursed with a US\$20 grocery voucher to cover expenses for their contribution to the study. During the interview sessions, participants were first asked to complete a short background questionnaire. After introductions, participants were next asked a series of open-ended questions following an interview guide developed by the researchers and approved by the ethics committee. Participants were reminded that they did not have to respond to any question they did not want to answer but were forthcoming in their responses. The primary researcher did not have a direct supervisory role in the care of any participants but was available to attend a follow-up meeting with the participant and their key worker following the interview in keeping with Moana House's processes of transparency and no ethical difficulties were experienced in relation to this process (see also Ashdown, 2016; Ashdown et al., 2018).

Data Analysis

Transcripts of the audio recordings were analysed using Braun and Clarke's (2006) approach to thematic analyses to systematically identify common patterns across the data set into organized themes. An inductive method was used to allow for the emergence of novel themes and patterns that have not been identified in previous research (Braun & Clarke, 2006). A realist epistemological position allowed for participants' perceptions, experiences, and reality to be presented as semantic themes that address the surface meaning of the experiences participants describe (Braun & Clarke, 2006). Therefore, the present method of analysis allowed for the relay of direct experiences of participants' accounts of rehabilitation in the TC environment.

Reflexivity

To conduct qualitative research in a manner that is critically aware of power dynamics, it was important the primary researcher (JA) remained conscious of how his beliefs, values, and experiences may have influenced the data collection and data analysis. This conscious effort of self-scrutiny is known as reflexivity (Gair, 2011; Hellowell, 2006). Given that the researcher is a staff member at Moana House, and of Māori descent, the researcher's position is that of a partial "insider." This is because of his experiences and knowledge in certain areas such as how the TC operates, his knowledge of Māori culture, and his knowledge of participants' backgrounds. The researcher engaged in various reflexive activities to ensure that the trustworthiness of the research was maintained. This included discussing notes and thought processes with supervisors throughout the research.

Three themes were identified from the interview data that relate to participants' rehabilitative experiences in the Moana House TC. Within quotes presented to support the themes, ellipses (. . .) are used to indicate pauses and ellipses within square brackets are used to indicate where short sections of what was said have been removed to enhance readability without changing the meaning. Clarifications are made within round brackets. Square brackets are used to indicate words that have been masked to ensure confidentiality.

Results

Theme 1: The Importance of Healing Family Relationships

Subtheme 1.1: The importance of reconnecting with family. Reunification with family was emphasized as being an important aspect of participants' rehabilitative experience. Participants perceived that they benefited from having contact with family members while in the TC:

P02: A few times I've thought, "fuck I should just go", you know, go back to doing what I do best and sorta just leaving but, you know I'm just thinking I can't put my daughter

back through that again coz I've been away for heaps of years of her life, and don't want do that again. It's yeah, it's what keeps me grounded anyway.

P06: [. . .] the talks that I've had with my mum here have been um . . . well the gap was like that and now it's like this [uses hand gesture to show a gap distance from long to short].

Subtheme 1.2: Difficulty reconnecting with family. Participants experienced difficulties reconnecting with their families because they perceived that family members were still active in gangs, abusing drugs, or involved in criminal or anti-social activities that could contribute to relapsing:

P05: Um, it's a lonely journey if you wanna go clean and sober [. . .] it's actually really really hard aye ah coz a lot of, all of my family and friends, they're all users

Participants who had been affiliated to a gang described being associated to a gang through family or perceiving the gang as a form of family:

P07: My life with [name of gang], the whole family, you know just, they were my family, [name of gang] was my family, that was my take on life, I was gonna die a member of [name of gang] and that was it.

Some participants expressed a desire to disassociate from the gang but noted that it would be difficult as they had family who remained active within the gang. Participants expressed that it would be (or has been) difficult to reconnect with family who were still active within the gang as they perceived that those family members did have (or might have) expectations for them to remain active within the gang:

R: Is there like a plan to reconnect with your whānau (family)?.

P04: I don't wanna get in contact with them for heaps of reasons, the main reason will be coz they're still doing the things I did . . . if I go back there now, one way or another, I wouldn't be able to say no.

Subtheme 1.3: TC becomes family. Other TC members (residents, staff) were perceived as family. Two participants explicitly described TC members as members of a family construct (e.g., using comparator words such as “brothers,” “mum,” and “dad”). However, all participants referred to TC members as “whānau” (family) throughout their narratives:

P01: [. . .] you are here you are safe and you are, you're supported and you're loved and you know like it offers, it offers an older brother, it offers younger brothers, it offers a mum, it offers a dad, it offers, you know, opportunity.

Theme 2: The Relevance of Māori Culture in Rehabilitation

Subtheme 2.1: Lack of cultural identity prior to entering the TC. All participants described having had little knowledge of their *whakapapa* and Māori culture before

coming to the TC. Although participants knew that they were of Māori decent, they did not identify strongly as Māori and described having little knowledge of *tikanga*, *Te Reo* and *whakapapa*:

P06: I knew I was a Māori but I didn't you know, it was just another name, just another word.

Participants who had been gang members described being raised in and around a gang culture. The following quote illustrates how participants perceived that being raised in and around gang culture instead of around Māori culture meant they identified more strongly with a gang than as Māori.

P03: Coz I didn't grow up with that, you know? Like in my mentality, the only culture was [name of gang].

Participants also explained that gang membership had a negative influence on identity as Māori. They perceived that gang members disapproved of people speaking *Te Reo* and felt that Māori culture was “*irrelevant*” within the gang culture:

P07: In the gang, Māori didn't mean nothing, if you talk Māori in the gang, they'll tell you to fuck off coz I wasn't emerged in Māori, I wasn't brought up in Māori, I didn't know what Māori was [. . .] when you enter a dream world like a gang, all that shit goes out the door, it's irrelevant

Subtheme 2.2: A cultural awakening. Participants described being able to learn more about their cultural heritage, language, and identity as Māori while in the TC:

P03: [. . .] when I first got to Moana House I didn't even know my mihi (speech of greeting) [. . .] I didn't even know the karakia (ritual chant) before kai (food). You know, and learning about tikanga (customs) on why things were done, why things were passed on and living as a whole culturally, not just in a family environment, but in a cultural environment.

Some participants described being attracted to the programme initially because they had heard about how Māori culture was ingrained into the TC. Learning more about Māori culture was a part of motivation for entering the programme:

P01: [. . .] she talked about it and described it as a place that sorta had a, had a bit of a Māori sorta kaupapa and, and there was definitely a tikanga in place and I, you know, I've always been interested in that stuff aye. I've always been able to connect to it. So, that's how I found out about Moana House, and what sort of idea to come here.

Some participants had a desire to learn more about Māori culture in the future:

P07: If I ever get an opportunity to do something in the future that's, and a bit of Māori, a bit of Te Reo, I'm keen on doing some Māori, learning some Māori.

Theme 3: Increased Self-Awareness

Subtheme 3.1: Contemplating change. Participants described being unaware of how to live a positive “*lifestyle*” prior to coming to the TC. With time in the programme, participants described becoming more aware of “*lifestyle*” changes that they had to make if they wanted to stay out of prison and remain abstinent from illicit drugs. Participants perceived that they would have to distance themselves from past associates (e.g., co-offenders, peers who use drugs), certain groups (e.g., gangs), and certain areas and environments (e.g., hometowns, home/family environments, clubs, pubs):

P03: I knew I had a patch (a gang symbol that represents membership in a particular gang) as soon as I got out and went to the pad and I knew I had one there for me. So it was pretty hard to let go knowing that that was there.

All but one of the participants described being motivated to enter the TC programme to get out of prison before their sentence end date:

P03: Um. At first it was a “get out of jail” card. I even tried to skip jail and come straight to Moana House, come straight here.

As participants progressed through the programme, they described how this motivation changed to continuing with the programme to improve their quality of life for themselves and their family. Fathers described their children as their main motivator for change:

P02: Yeah it’s mainly my daughter, my motivation, coz I’ve gotten pretty much nothing else.

Subtheme 3.2: Learning about the self from others. Participants learned about themselves (e.g., their thought patterns, emotions, behaviours, identity) through their interactions with others (e.g., group therapy, house meetings) during their time in the TC. The group-based approach in the TC was valued for helping to increase self-awareness. The formal process of “challenges” was discussed as part of the approach in the TC that allowed participants to learn about themselves when other residents or staff challenged them about their behaviour:

P07: [. . .] challenges made me aware of this because I thought that’s just me, that’s who I am, get off my fucking back, leave me alone but then when I started thinking about so what am [. . .] I doing that these people are seeing that, you know and once I started identifying some of the behaviours, then it was engaging the brain to think well if I stop doing this, then maybe I’ll stop getting challenged so I stopped a few things

Subtheme 3.3: Behavioural changes. Participants perceived that they were able to make positive modifications in their behaviour. They described positive changes in (a) communication and (b) self-control. In regard to improvements in communication,

participants perceived that they were able to learn how to communicate more prosocially with others:

P03: Prior to coming to Moana House it was you know, “let’s have a fight” if there was any disagreements and then after that, sorted. But learning to cope and talk, communicate with another person about issues, it’s pretty hard to get around at first.

Participants perceived that they had improved their ability to control the impulse to act out when experiencing negative emotions. The house meetings, specifically the “challenge” processes, were interventions that participants perceived as helpful for facilitating behavioural changes. Being challenged by others during house meetings was accompanied by negative emotions (e.g., anger, embarrassment) and unpleasant physical reactions (increased heart rate, sweaty palms, changes in breathing). Repeated exposure to negative emotions and learning how to cope with these emotions helped participants to learn how to control impulsive behaviours.

P04: My behaviours changed quite a lot from then to now, um getting challenged then was really hard coz I was like jumping, basically wanting to jump off the seat and do the haka (Māori war dance) . . . now I can sit here and say that when I get challenged, I don’t do any of these hand gestures and heavy breathing, you know my mind might go, for a split second to thinking fuck you know, what’s he talking about but then I’ll quickly get to actually you know he’s quite right

Discussion

The findings of this study build upon the past research by providing novel insights into the difficulties that Māori men participating in rehabilitation face when reconnecting with family. In addition, the research provides information that relates to perceptions of personal motivations and how people were able to benefit from the TC’s group-based approach to rehabilitation. Some of the similarities found between the present study and international research were related to providing culturally relevant services that are specific to indigenous populations and ethnic minorities (Gowing et al., 2002). There are also commonalities between the present study and research regarding the rehabilitation of people from the indigenous Māori population of Aotearoa/New Zealand (Kapuaahiwalani-Fitzsimmons, 2015; Kupenga-Wanoa, 2004; C. Nakhid & Shorter, 2014; Singh & White, 2000; Terrill & Robertson, 2014; Treharne & Nicolson, 2014). These commonalities relate to the importance of including family in the rehabilitative process and the relevance of Māori culture in rehabilitation (Hanna et al., 2009; Kupenga-Wanoa, 2004; Moriarty, Stubbe, Bradford, Tapper, & Lim, 2011).

The participants in this study expressed that having family involved in their rehabilitation and strengthening family relationships was important for their recovery but there were also some common difficulties that participants experienced when reconnecting with some family members. The importance of including family in rehabilitation has been reported in a number of qualitative studies (Hanna et al.,

2009; Kupenga-Wanoa, 2004; Moriarty et al., 2011). Kupenga-Wanoa (2004) found that it was important to include family in interventions for Māori. Participants in Kupenga-Wanoa's (2004) study expressed that they were motivated to change because they wanted to provide a better lifestyle for their children. Likewise, participants in the present study who were fathers shared these views.

The present study provides novel insights into the perceptions of Māori men who have been involved in gangs in Aotearoa/New Zealand in relation to gang membership and gang culture. As found by M. Nakhid (2009), participants in the present study had previously viewed their gang as an extension of their family. Furthermore, participants emphasised that they had immediate family who they believed were active gang members. Participants viewed this complex relationship between gang membership and family as problematic as they wanted to disassociate from the gang but felt that their family who were active gang members would not support their decision to disassociate from the gang. Moreover, they believed that other gang members would still be using drugs or engaging in antisocial behaviours that would be detrimental to their recovery. These experiences are similar to those reported in the qualitative study by C. Nakhid and Shorter (2014) who found that Māori men with histories of criminal offending and drug abuse perceived that gang connections contributed to reoffending in previous recovery attempts.

For Māori, including family in the process of rehabilitation from addictions and criminal offending is key to successful recovery (Hanna et al., 2009; Kupenga-Wanoa, 2004; Moriarty et al., 2011). During reintegration from prison back into society, family members' support can ensure the maintenance of prosocial behaviours in the community (Kupenga-Wanoa, 2004). These findings highlight the importance of a holistic approach that recognises the importance of family in overall health and well-being for Māori. Past phenomenological research with parents whose adolescent sons are in a TC in Israel by Chen et al. (2013) has demonstrated the importance of family in TCs more widely and future research involving whānau members of Māori residents of TCs could provide additional insights into the process of change found in the present study and Chen et al.'s research.

Participants in the present study valued the Māori cultural practices and processes that were ingrained in the daily operation of the Moana House TC programme because they were able to learn about their culture. The importance of providing culturally relevant services in the rehabilitation of Māori with histories of criminal offending has been reported in a number of qualitative studies (Kapuaahiwalani-Fitzsimmons, 2015; Kupenga-Wanoa, 2004; C. Nakhid & Shorter, 2014; Singh & White, 2000; Terrill & Robertson, 2014; Treharne & Nicolson, 2014). Participants in C. Nakhid and Shorter's (2014) study valued rehabilitation programmes that incorporated *Kaupapa Māori* principles and practices in rehabilitation programmes as they were able to learn more about their cultural heritage. Likewise, participants in Kupenga-Wanoa's (2004) aforementioned study perceived that rehabilitation programmes for Māori with histories of criminal offending must be developed in ways that reconnect individuals with *Te Reo* and *tikanga Māori*. Participants who had been involved in the Māori Focus Units operating in prisons perceived that *tikanga*

Māori and Māori values and traditions strengthened their identity and promoted respect and value for others.

In the present study, participants' narratives suggest that prior to entering the TC they did not strongly identify as Māori and had little knowledge of Māori cultural practices. These findings are similar to those reported by Kupenga-Wanoa (2004) where participants expressed feeling separated from their culture before they participated in a rehabilitative programme for Māori. Our findings are also similar to Munro et al.'s (2017) findings where indigenous residents of a TC in Australia described becoming closer to their traditional lands and ancestors. In C. Nakhid and Shorter's (2014) study, the four male Māori participants described how their past cultural beliefs and values were based around gang culture. Participants in the present study who were involved in gangs also expressed this idea. For example, one participant described how he was not raised in Māori culture but instead was raised in the culture of his gang as his father was a gang member. Furthermore, participants described how being involved with gangs had a negative impact on their cultural knowledge and identity as Māori by discouraging the use of *Te Reo*. Interestingly, one participant described how prior to coming to the Moana House TC, he favoured gang facial tattoos over traditional Māori facial tattoos. Traditionally, Māori facial tattoos represent an individual's identity within a certain tribe and gang facial tattoos represent identification with a specific gang. Favouring a gang tattoo that represents identification with a specific gang over a traditional Māori facial tattoo that represents an individual's *whakapapa* (genealogy) illustrates how Māori with histories of addiction and criminal offending may identify more strongly with anti-social gang culture than with their Māori culture.

Cultural adaptations in TC service delivery that meet the specific needs of individuals have been suggested to be an important strategy that may increase willingness of clients to enter and remain in treatment (Gowing et al., 2002). Indeed, some participants in the present study described how they were initially attracted to the Moana House TC as they were aware the TC incorporated Māori beliefs, values, and practices in its treatment and everyday running of the programme. These cultural adaptations may have facilitated the development of secure cultural identity and de-identification with antisocial groups.

Participants described being initially motivated enter the TC programme to get out of prison. However, with time and progression through the programme, this motivation changed. For fathers, relationships with children appear to be influential in making the decision to make positive behavioural changes. These points of psychological change are referred to in literature as "turning points" or "transition points." The concept of turning points helps us to understand the process of change and desistance from crime. Hughes (1998) interviewed 20 young inner-city African American and Latino American men who had a history of criminal behaviours including violence and drug dealing. Respect and concern for children was identified as the most important motive in participants' decision to change their lifestyle and desist from criminal behaviour. Fathers in the present study also described their children as their motivation for remaining in treatment. In terms of service delivery, the findings of the present study

suggest that strengthening relationships between fathers and their children may be helpful for increasing retention and facilitating behavioural change.

African American and Latino American participants in Hughes's (1998) qualitative study identified contemplation time as an important factor in their decision to change destructive behaviours. The participants who were involved in an intensive residential programme perceived that the strict regime gave them time away from their usual unstable environment and gave them time to contemplate decisions to change. Participants in the present study also described thoughts and emotions that they experienced when they began to contemplate the decision to change. During this time of contemplation, they described feelings of apprehension due to having to leave their old life behind and being unsure of what their future would be. Participants in Hughes's (1998) study also observed that having a consistently dedicated support person was beneficial for helping them to make positive changes and described how having consistent support gave them a feeling of "family." Parents in Chen et al.'s (2013) study also reported the importance of family for their sons in a TC programme. Likewise, participants in the present study reported that having the support of their family was important for them during their time in the TC. Participants in the present study also valued the support of other TC residents and staff who they referred to as "*whānau*" (family). Similar findings were reported by Munro et al. (2017) in their research with indigenous residents of a TC in Australia who felt staff with lived experience of addiction are particular capable of providing empathic care.

Group-based therapy has been found to be one of the most beneficial components of a prison-based TC programme in the United States (Smiley-McDonald & Leukfeld, 2005). Likewise, participants in the present study also perceived that group-based therapy was an important aspect of treatment. Participants in the present study valued feedback from other residents as they felt that other residents' perspectives were important for helping to raise self-awareness in relation to maladaptive behaviour. In particular, participants felt that they benefited most from "challenges" (being confronted about their behaviour) in house meetings. Being confronted by others about problematic behaviours helped participants to become aware of behaviours that they were previously unaware of. Although participants found being confronted about problematic behaviour in a group setting helpful for increasing self-awareness, they experienced negative emotions (e.g., shame, anger) and also described a range of physical reactions (e.g., increased heart rate, sweaty palms) in response to challenges. While being confronted about one's behaviour was often accompanied by negative emotions and aversive physical reactions, participants said that repeatedly managing these reactions without responding with physical or verbal violence enhanced their self-control. These findings build on the findings of Munro et al. (2017) who found that indigenous residents of an Australian TC valued rules and routines in facilitating recovery and connection with their traditional culture.

The present study has a number of strengths and limitations. The qualitative methodology allowed for the emergence of novel insights into the experiences of indigenous Māori men who are participating in a TC treatment programme. This method allowed for participants to express their experiences in a way that would not be

possible using quantitative methods. Applying the process of reflexivity following the guidance of Treharne and Riggs (2015) allowed the primary researcher to account for his dual role as staff member and researcher while also enhancing the rapport between interviewer and interviewees, who were very open in sharing their personal stories in this study (see also Ashdown, 2016; Ashdown et al., 2018). Reflexivity is a challenging process to maintain but is in keeping with Kaupapa Māori research and the processes of transparency applied in the Moana House programme. It is important to note that the qualitative methodology provides conclusions about the experiences of the Māori men who participated that may or may not transfer to other residents of TCs in different contexts. Future research could aim to quantify the themes developed in this study or develop a wider model of the relevance of family, cultural identity, and the development of personal insights across a wider range of TCs and contexts. Some of the ongoing research questions raised by this study are as follows: (a) Does family connectedness increase in TC treatment and what are the impacts of treatment on the family members? (b) Is cultural identity strengthened in treatment and is identification with antisocial groups (e.g., gangs) reduced? (c) Does self-control increase during the course of treatment? (d) Are these changes maintained posttreatment? and (e) Are these changes associated with improved health and well-being in the long term as well as reductions in criminal offending and substance abuse?

The research adds to the existing evidence surrounding the processes that may lead to positive outcomes of Māori Focus Units and the Māori Therapeutic Community Programme, both of which have been found to help Māori men reintegrate into society and reduce reoffending and imprisonment (New Zealand Department of Corrections, 2009). Overall, the research supports a modified TC model that includes the Te Whare Tapa Whā model of health and well-being (Durie, 1985, 2001) as an appropriate treatment approach for Māori with histories of criminal offending and substance use. Treatment approaches for indigenous populations with histories of criminal offending and substance abuse should be holistic and incorporate family or social support in the treatment process (te taha whānau, the family side), facilitate the development of secure cultural identity (te taha wairua, the spiritual side), include psychological therapies (e.g., group therapy) (te taha hinengaro, the psychological side), and enhance physical health and wellbeing (te taha tinana, the bodily side). The novel results of the present study may be used to inform and develop rehabilitation programmes in Aotearoa/New Zealand that are relevant to the needs of Māori men with histories of addiction and criminal offending.

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