Weaving Indigenous and Western worldviews within neuropsychological assessment for fetal alcohol spectrum disorder.

SARAH J. GOLDSBURY¹,²

¹Māori/Indigenous Health Institute, University of Otago Christchurch, Christchurch, New Zealand, ²The FASD Centre Aotearoa, Auckland, New Zealand.

Presenter’s email: sarahgoldsburypsychology@gmail.com

**Background:** This talk explores the integration of traditional Māori knowledge with neuropsychological assessment in the diagnosis of fetal alcohol spectrum disorder (FASD). Māori do not see themselves as individuals, but as part of the whole that incorporates everyone in their community and the physical world around us. Conversely, neuropsychology has developed from a Western individualistic viewpoint, encompassing how an individual’s cognition and behaviour are impacted by their brain and central nervous system. Therefore, when working with Māori their culture is an integral consideration if we are to meaningfully administer and interpret neuropsychological assessments. This is particularly important in a field such as FASD where Māori are disproportionately affected, and differential diagnosis can be challenging.

**Description of Model of Care/Intervention:** In my practice as a Clinical Neuropsychologist of Māori descent (Ngāti Porou rāua Te Aitanga-a-Haui), I use Māori models of wellbeing as a basis for clinical interview to compliment the neuropsychological tools available. This enables formulation from the holistic lens of a Māori worldview. I have also adapted my process (including language, environment, customs) around assessment to maximise engagement with Māori.

**Effectiveness:** This process encourages Māori to be more relaxed, engaged and invested in assessments for FASD. Therefore, when a diagnosis is given, it is more meaningful and family are more likely to connect with recommendations for FASD-Informed care.

**Conclusion and Next Steps:** We must make every effort to approach those who identify as Māori from a holistic perspective. Understanding their wellbeing requires placing them within their community and culture to consider their individual characteristics.

**Disclosure of Interest Statement:**
SJG has received funding from the Health Research Council of New Zealand (HRC) Clinical Research Training Fellowship (21/109). No pharmaceutical grants have been received.