

PURPOSE

This tip sheet outlines some key issues for consideration when working with clients from culturally and linguistically diverse (CALD) communities attending AOD counselling. It draws on information obtained from five different communities across Victoria¹ as well as consultations with key AOD and allied health service providers as part of the Victorian Alcohol and Drug Association (VAADA) CALD AOD Project, and builds on existing resources currently available to workers within and outside of the AOD sector.

WHO IS THIS TIP SHEET FOR?

This tip sheet has been developed for use by staff providing AOD counselling services across Victoria.

Note - Be aware that for many people from CALD backgrounds discussing AOD issues with a stranger is not culturally acceptable. Establishing a therapeutic relationship can therefore be a slow and incremental process, for many reasons, some of which are covered below.

TAKING ACCOUNT OF THE PERSON'S ETHNICITY AND CULTURAL IDENTITY

- There are various ways to make sense of a person's CALD background (such as country of birth and/or preferred language spoken). It is important to recognise the heterogeneity within CALD communities and avoid assumptions based on such indicators. Enquire about how the person defines for themselves their ethnicity and cultural identity
- Ask your client how they would like to be addressed, including their name, how it is pronounced and word order

MIGRATION EXPERIENCE AND RESPONDING TO TRAUMA

- Take note of your client's migration experience, including year of arrival, reasons for migrating and who they migrated with
- Proceed with care, especially for clients who arrived here as asylum seekers/refugees. Be mindful of the high prevalence of trauma exposure and the impact this may have in terms of the client's mental health. As you engage the client in counselling draw on your knowledge of trauma informed models of practice

- Understanding when to refer is crucial. If your client's symptoms are severe, with high levels of prolonged distress or a significant impact on their social and cognitive functioning, you will need to refer to a specialist trauma service (preferably one which is CALD specific)

ENGAGEMENT: BUILDING RAPPORT AND TRUST

- Explain and emphasise client-worker confidentiality, client consent, choice and control. In a counselling context this is something you are likely to return to throughout the treatment episode
- Be mindful of gender considerations, including where necessary gender matching, eye contact and appropriate physical contact between worker and client
- Consider your communication style and adapt where appropriate – the typical Western style of enquiry through direct questioning is not compatible with many cultures
- Where possible and if appropriate accept gestures of hospitality (e.g. sharing food or attending a community celebration). These can be important aspects of building trust

PREFERRED LANGUAGE AND HEALTH LITERACY

- For many people from CALD backgrounds concepts such as counselling or harm reduction are entirely unfamiliar. It's therefore important you avoid jargon and attempt to explain AOD terms and concepts in a clear and concise manner. For more information on this issue, including the use of interpreters refer to another tip sheet in VAADA's Cultural Cues series – *Working with cultural diversity in AOD intake and assessment settings*

CULTURALLY SENSITIVE AOD COUNSELLING

- As a matter of priority ensure your client understands that you view AOD use as a health issue, not a moral or legal problem
- Explain that no community is immune. While religious or social customs prohibiting AOD use dissuade some people from drinking and/or engaging in other forms of substance use, there are other factors at play. Here you may wish to apply a 'cultural lens' to their individual risk and protective factors for problematic AOD use
- As you engage the client in counselling explore with them how their migration experience has contributed to their AOD use. In your discussion you may wish to cover these points:
 - » Migrating to a new country places considerable pressure on both the individual and their family. In response many people are overwhelmed by feelings of

¹ Including the Afghan Hazara, African, Arabic speaking Muslim, Pacific Islander and Maori and Vietnamese communities

isolation, grief and loss, especially when both internal and external resources are scarce. These effects are not time limited, potentially affecting later generations who are born and raised here

- » In light of these stressors it is not surprising that people resort to AOD use as a means of coping. This is part of the human condition
- As you work through strategies such as controlling one's use, planning and goal setting and challenging unhelpful thoughts regularly check in with the client as to their worldview and belief systems, while openly and respectfully acknowledging any differences

FAMILY SENSITIVE PRACTICE

- Wherever possible and with your client's consent, seek out opportunities to involve family members and/or bi-cultural workers. Be aware that in collectivist cultures confidentiality may be viewed in more communal/familial terms (where treatment providers are expected to share information with family, elders or others). In these situations you will need to manage expectations on information sharing and treatment planning
- Where available, inform the client that support is also offered to family members – in the form of 1-to-1 counselling, group counselling or the provision of information and education

- The 'loss of face' associated with AOD use can be overwhelming on families as they attempt to keep things hidden from view. These and other pressures can lead to marital discord and inter-generational conflict, as children typically adjust to new environments more quickly than their parents. It is therefore critical that in your work with the client you pay special attention to family dynamics and strategies for improving communication
- If given the opportunity to work with family members on these issues discuss practical strategies they can use to support the client, checking in with them as to the cultural implications of each strategy

FLEXIBLE SERVICE DELIVERY

- Where possible offer to meet with the client and/or their family in a location of their choosing
- Consider making reminder calls before client appointments, and where possible, offer drop-in appointments
- Offer practical support – people from CALD backgrounds (most notably newly arrived migrants) will often need assistance with income support and material goods. Where possible, assist the client by linking them into the relevant support services

FURTHER READINGS

Australian Drug Foundation (ADF) – factsheet series on working with CALD communities from an AOD perspective. Available from: www.druginfo.adf.org.au

Centre for Culture, Ethnicity and Health (CEH) – information sheets on enhancing health literacy, culturally appropriate health assessment and providing language service support. Available from: www.ceh.org.au

Centre for Multicultural Youth (CMY) – factsheets and other information on working with CALD youth. Available from: www.cmy.net.au

Drug and Alcohol Multicultural Education Centre (DAMEC) – resources on culturally appropriate AOD treatment and responding to access issues for CALD communities. Available from: www.damec.org.au

Queensland Network of Alcohol and other Drug Agencies (QNADA) – 2015 resource developed in collaboration with DAMEC – *Helping asylum seeker and refugee background communities with problematic alcohol and other drug use*. Available from: www.qnada.org.au

UnitingCare ReGen – 2012 resource on responding to trauma and substance use – Putting together the pieces. Available from: www.regen.org.au



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