



# CULTURAL CUES

## WORKING WITH CULTURAL DIVERSITY IN AOD RESIDENTIAL WITHDRAWAL SETTINGS

### PURPOSE

This tip sheet outlines some key issues for consideration when working with clients from culturally and linguistically diverse (CALD) communities in AOD residential withdrawal settings. It draws on information obtained from five different communities across Victoria<sup>1</sup> 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 in AOD residential withdrawal services across Victoria.

**Note** - Accommodating clients from CALD backgrounds in residential withdrawal settings can be challenging. The extent to which it is a positive experience for the client largely depends on how welcoming and culturally safe the environment is and how well prepared all those involved are prior to admission and throughout the treatment episode.

### 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

- Be mindful of the person's migration experience, including year of arrival, reasons for migrating and who they migrated with

- Proceed with care, especially for clients who arrived as asylum seekers/refugees. Steer away from undue disclosures of past trauma. This is especially important in a residential setting given the time-limited nature of the stay

### PRE- ADMISSION PLANNING

- Prior to admission, and with consent from your client, seek guidance and advice from bi-cultural workers or other CALD community representatives who may have assisted with referring the client to your service, as they will be able to inform you of any cultural issues which you need to be aware of
- Be mindful of gender considerations, including where necessary gender matching, eye contact and appropriate physical contact. In a residential setting, where it is often a mixed gender environment, these issues may take on added significance

### ENGAGEMENT: BUILDING RAPPORT AND TRUST

- Building trust and rapport is especially important when working with people from CALD backgrounds, given the shame and stigma associated with AOD use and often what is a reluctance to come forward due to concerns about being identified in the community
- Explain and emphasise client-worker confidentiality, client consent, choice and control

### BELIEFS AND UNDERSTANDING OF AOD USE, DEPENDENCE AND TREATMENT

- Remember we all bring our own 'cultural lens' based on our own cultural background, beliefs and experiences. How does your cultural background inform your views as a worker?
- For clients undertaking a medicated withdrawal clearly explain what has been prescribed and why. Where your client is scheduled to continue taking medications post admission pay special attention to medication safety

### CUSTOMISING THE PHYSICAL ENVIRONMENT

- Does the physical environment reflect a culturally diverse community? Is there signage and reading materials in multiple languages? Is the artwork or imagery on the wall representative of diverse cultures?
- Where possible, provide a dedicated space for prayer and/or other traditional cultural/religious practices

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

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### COMMUNICATION AND PARTICIPATION IN THE RESIDENTIAL WITHDRAWAL ENVIRONMENT

- For many people from CALD backgrounds AOD treatment and concepts such as withdrawal or harm reduction are entirely unfamiliar. Therefore it is important you avoid jargon and attempt to explain AOD terms and concepts in a clear and concise manner
- For clients with low English proficiency it is unlikely you will be able to provide language service support throughout the period of admission. In these circumstances seek out support from bi-cultural workers who could assist with communication. Consider using interpreters where possible, particularly to discuss important medical issues associated with their withdrawal and for the purposes of discharge planning and referrals
- Regularly check-in with your client as to their understanding of what has been discussed. Consider using the 'teach-back' technique. For more information on this technique refer to CALD Prompt Cards. Available from VAADA at [www.vaada.org.au](http://www.vaada.org.au)

### VISITORS AND INVOLVING FAMILY AND /OR OTHER SUPPORTS

- Enquire about your client's family and other support networks – understand that in many CALD communities there is a divide between those whose views on AOD contradict traditional cultural values and norms, resulting in some people feeling torn between two cultures as they keep things hidden from their family, elders and others in the community
- What are your client's expectations regarding visitors while staying in the residential unit?
- Wherever possible and with consent from your client, seek out opportunities to involve family members, bi-cultural workers and other community representatives in the treatment episode

### RELIGIOUS BELIEFS AND OTHER CULTURAL PRACTICES

- Does your client need a space for religious observance and/or prayer?
- Are there particular times of day that your client will be engaged in prayer? If these conflict with the schedule within the residential withdrawal service, how will this be managed?

### FOOD AND DIETARY REQUIREMENTS

- Does your client have any dietary requirements (e.g. eating Halal food or a strong preference for a particular cuisine)? If so, how will your service accommodate their dietary needs?

### EXIT PLANNING

- As part of the exit planning process work with your client, bi-cultural workers and family (where possible) to develop a post-admission support plan
- Be aware of any cultural practices or norms that may challenge the client's decision to cease or control their AOD use (post admission). Tailor your relapse prevention messages accordingly

### FURTHER READINGS

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

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



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