

Cultural Recommendations for Practice with Aboriginal Clients



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Statewide Gambling
Therapy Service



Acknowledgement of Country

We acknowledge and respect the traditional custodians whose ancestral lands we are meeting upon. We acknowledge the deep feelings of attachment and relationship of Aboriginal people to country. We also pay respects to the cultural authority of Aboriginal people visiting from other areas of Australia.

Cultural Recommendations for Practice with Aboriginal Clients for the Statewide Gambling Therapy Service (SGTS)

As a service we recognise the disadvantage that many Aboriginal people have experienced and accept the need to adapt our practices to accommodate the cultural needs of Aboriginal clients. It is assumed that an Aboriginal person may be more apprehensive about attending the service initially than a non-Aboriginal person and more reticent about engaging in therapy delivered within a mainstream service.

The purpose of these recommendations is to provide suggested changes to practice that can be accommodated by all therapists within SGTS as a means for improving the retention and treatment outcomes for Aboriginal people registering with our program.

Subject to funding provision, we will continue to provide community education to encourage more Aboriginal people experiencing gambling problems to seek help, while providing a more intensive, outreach therapy service for Aboriginal clients with more complex needs.



Recommendation One

All clients should be asked about their cultural background at the time that they book their first appointment.

Q: Are you of Aboriginal and/or Torres Strait Islander descent? Yes/No

This allows our program to identify Aboriginal clients at the time of registration. The question has been re-introduced as part of the administrative process as previous data indicated that Aboriginal people were less likely to attend their first treatment session after registering than non-Aboriginal clients. This was a major contributor to poorer outcomes being achieved by Aboriginal clients accessing our service, necessitating changes to our practice and monitoring.

At the time of registering, all people will be asked about both Aboriginal and Torres Strait Islander heritage.

Nearly 60% of Aboriginal people registering with our program fail to attend the first treatment session or withdraw after the first session. Therefore if we are to improve the treatment outcomes for Aboriginal people accessing our service, we need to do something about how we initially engage with them.

Using the correct terminology

Since the 1980's, the definition of Aboriginality is routinely based on the person's own identity and the perceptions of their community; it is not dependent on degree of Aboriginal descent defined by the person's genealogy, on where or how they live their life. *It is offensive to ask someone if they are part-Aboriginal.*

In 1981 the Commonwealth Government determined a three-part definition of Aboriginality which is now commonly applied across jurisdictions. Within this an Aboriginal or Torres Strait Islander is a person

- of Aboriginal or Torres Strait Islander descent
- who identifies as an Aboriginal or Torres Strait Islander, and
- is accepted as such by the community in which they live.

Commonly used nomenclature

- It is customary across South Australian health services to refer to Aboriginal people only, due to the small numbers of people from Torres Strait Islander background residing here. Unless the context necessitates, we will refer to Aboriginal people only in this document.
- Although there is now a tendency within South Australia to refer to Aboriginal people only, when discussing people on a national or international basis the more inclusive term of 'indigenous' is usually applied. Academic and research publications usually also refer to 'indigenous', current practice is to not capitalise the first letter.
- People from the APY (Anangu-Pitjantjatjara-Yankunytjatjara) Lands in the far north-west of South Australia refer to themselves as Anangu and if you are certain this is where the person originates from, this is an appropriate term for non-Aboriginal workers to use. They commonly refer to non-Aboriginal people as "walypala", or "whitefella", and isn't intended as offensive.
- Aboriginal people based in metropolitan and other rural areas in South Australia commonly use the collective term of 'Nunga' – as a non-Aboriginal worker, be hesitant about using this term unless the person you are talking to makes common use of it and you are confident that when you apply the term it will be well-received.



Recommendation Two

Therapists should be responsible for following up Aboriginal clients who fail to attend their first or other treatment sessions.

Some of cultural obstacles

Encouraging initial attendance from Aboriginal clients is a usual problem for any health service. Common reasons for initial non-attendance may be:

- **Unfamiliarity or negative prior experiences with health or government bodies** - generally the processes and practices adopted within mainstream services fail to accommodate the specific needs of Aboriginal people; choosing to access help for an Aboriginal person usually means coming into an environment which demonstrates little or no understanding of the world in which they live.
- **'Shame'** – there is no doubt that a sense of shame serves as an obstacle to accessing support for many people experiencing problems with gambling, however 'shame' is a more expansive concept within Aboriginal culture and it is difficult to translate its relevance into non-Aboriginal culture. The Pitjantjatjara term for this is "kuntangka" and could be provided as a reason for non-attendance requiring no further explanation. Explicitly 'shame' will prevent Aboriginal people from accessing even the most basic or essential assistance.
- **Concerns with confidentiality** – relationships and networks across Aboriginal families and communities are highly developed. A service may be able to convince the person that any information imparted by them will remain private, however, the person may still be concerned about who else they could encounter on their way in and out of the clinic.
- **Stigma** - Aboriginal people are also likely to encounter others who regard problem gambling as a sign of 'personal failure' and not a health issue. This can prevent them from admitting that they cannot control their gambling or accessing professional assistance.
- **Obligations** – Many Aboriginal people socialise predominately with family members and have few friendships outside of this. There is a strong sense of obligation to members of their family and it may be very difficult for your client to give priority to their own needs.
- **Transport** – an Aboriginal person may have little access to transport or dependable support to come to appointments.

- **Time** – the Aboriginal concept of “time” often runs contrary to the needs of mainstream services. Most services are not able to provide the flexibility with appointments suited to many Aboriginal people, however, willingness to accommodate as much as possible is desirable. Therapists can expect the duration of the treatment period to be longer than usual, to accommodate for missed appointments or therapy being placed “on hold” at times.

Points of practice

- Failure to attend a first appointment is not an accurate predictor of whether an Aboriginal client will engage in treatment. Therapists should be responsible for following up Aboriginal clients who have failed to attend.
- Dialogue over the phone between the therapist and a potential client can assist with removing some of the barriers that prevented them from attending. The person will get a sense of who you are, what it would be like to talk to you, making them more comfortable about coming into an unfamiliar service.
- An offer of a personal phone or text reminder from the therapist on the day of the rescheduled appointment may be welcomed.
- Once the client has attended and seems comfortable with coming into the service, there may still be a need for ongoing appointment reminders. This is in recognition that extensive obligations to others can make it difficult for an Aboriginal person to maintain and keep to a routine – important “things” can be forgotten in the chaos.
- Ongoing reminders could be provided by the receptionist but early in therapy discussing missed appointments with your client may help identify factors that are likely to prevent treatment from proceeding routinely, and provides an opportunity to develop a plan to overcome this.
- For clients using public transport, once the person has managed to attend their first appointment, a limited offer of two free tickets may encourage further attendance. Once the person recognises the value of attending treatment sessions, they may become more creative with finding transport solutions.
- Be open to how many other people the client may wish to accompany them to treatment sessions. This can be an effective way of engaging others to support and motivate the person, and reduce the likelihood of significant others undermining the treatment process back at home.

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Recommendation Three

Don't try to achieve it all in the first session. Stop and listen.

The first appointment can prove to be very confronting for many Aboriginal clients and therefore more time may need to be devoted early in treatment to establishing rapport with the client. Not a lot will be achieved on the treatment front until the client has felt listened to and feels more comfortable with sharing information with you.

Specific ways in which the first appointment may differ from your usual approach may be:

- It is not recommended that questionnaires be issued to Aboriginal clients prior to meeting with the therapist.
- Avoid asking many questions at the first meeting. Allow the person to 'tell their gambling situation' in their own way.
- Respect the person's wishes to not divulge information readily before they have made up their mind to proceed with the therapy.
- Be prepared to share some information about yourself, to help the client get a sense of the type of person you are and why you wish to help them.
- Expect to cover much less ground. You need to achieve a balance between taking the time to establish the relationship while ensuring that the client leaves confident that you have some understanding of their problems with gambling and you have the skills and knowledge to treat them.

Sitting in the waiting area with an Aboriginal client he became very agitated at being made to fill in a series of questionnaires. Upon asking why, he pointed at some of the questions and responded with "how can they ask such personal questions when I haven't even met the therapist yet".

The Aboriginal learning style is chiefly based upon observational or narrative learning, rather than a 'question and answer' approach. It is at odds with their culture to ask many questions; an Aboriginal person will often 'wait and see' rather than ask. This has implications for our assessment process as asking a series of questions can be interpreted as being too directive and failing to listen properly.

Points of practice

To minimise the impact of the question process as part of assessment, it is recommended that the therapist:

- records onto a notepad instead of using the standard assessment form. Much of information can be transferred onto the form after they have left. Any gaps can be followed up at next appointment.
- encourages the person to describe their gambling in their own way, as allowing for more personal recounts will provide more accurate information.
- makes use of minimal prompts to direct the narrative.
- excuses themselves before asking more direct questions. For example, proceed the question with “Do you mind if I ask you about ...?” or “I’m sorry but I need to ask you about ...”.

To help complete measures:

- You may provide these at the end of the session if the person has decided to proceed with treatment and has the time to fill them in.
- Do not assume that the person will be able to fill them in independently. Literacy levels among Aboriginal people are comparatively low, and this may be a source of embarrassment for them. With the initial set of measures provide them with the option of you reading the questions for them.
- It seems to be a better practice to arrange for the person to complete the questionnaires in the room with you, even if they do so independently. This still leaves it possible for them to ask assistance from someone they have developed trust in.
- Most Aboriginal people who have been asked to fill in questionnaires between sessions have failed to return them. Potentially then, unfilled questionnaires may act as a further source of embarrassment, preventing them from returning to the next treatment session.
- The initial set of measures may be delayed until the second appointment; you may forewarn the client that you will complete a more formal part of the registration process when you next meet with them.

Listen deeply:

- Aboriginal people will often take a while to respond to questions, they tend to be more careful with how they respond. It may feel uncomfortable to wait in silence, but your prompts will only interrupt the process.
- Always ask at the end of the session if there is something else they would like to know and wait

- Don't assume that their use of words is always consistent with your own meaning. Some Aboriginal people may report English as their second language, however many others make use of "Aboriginal English" and may mostly speak this with family and friends.
- Watch for people shutting down in anyway; stop and think about why this might be happening and make some changes. It might be worthwhile voicing your concerns with the client, but not in a way that makes it more uncomfortable for them.

An example of the first meeting

- The therapist introduces themselves, discusses confidentiality and then encourages the client to tell a little about themselves.
- Next proceed to ask them to describe their gambling, what's happening now, how it started, what they have tried to do, always allowing the person to explain their situation in their own way and at their own pace.
- Conduct an analysis of a recent gambling episode. For example I would introduce this by saying:

"I would like to ask you about a time recently when you played. I will be asking you lots of questions along the way, some of them might seem a little daft – be patient with me. This will help give me a clearer picture of what happens to you when you are gambling and that way I will know whether the type of help we offer here is likely to work for you. Is this OK?"

- Where the person is able to identify the sense of "urge" reassure them that this is what our treatment is designed to help people with.
- In most cases I do not introduce the treatment rationale at this session but instead express how therapy may help, for example:

"This strong urge can happen to anyone who has gambled for a while, or sometimes the person had some good wins. Just as if there is a process whereby this "urge" hooks you in, there can also be a process for "unhooking" you again. This is what we try to do in therapy. Once through you will have a greater sense of control over whether you gamble or not – we would hope that you will be able to [stand at a machine, be cashed up, drop some coins in and not give a rats whether you play or not]".

- Let the person know what therapy will involve such as coming in weekly, and doing tasks by themselves outside of the session. Defer advising on cash restriction strategies until the client has gained an appreciation of the treatment rationale.
- If the client expresses interest in accepting therapy you can complete the first two parts of the registration process before finishing up. Measures can be deferred or completed at the end of session.
- If the person is unsure about registering give them a time to think it over, but arrange a date to get back in touch with them.



Recommendation Four

Be aware of your 'self' from the perspective of an Aboriginal person.

Although Aboriginal clients, as do any other clients, appreciate a professional quality service, there may be aspects of how we have set up the service or how clients perceive the people working with them, which may discourage some Aboriginal clients from attending our program. There are ways in which we can make many Aboriginal clients feel more at ease.

Points of practice

- If you are regularly meeting with Aboriginal clients, consider how the style of your clothes may impact on them. Most Aboriginal clients will feel more comfortable meeting with a therapist who adopts neat, casual dress.
- The language that Aboriginal people use is often informal and colloquial. In return, use everyday language and avoid the use of jargon.
- Sit more alongside the person rather than directly across and minimise direct eye contact if the person seems uncomfortable with this.
- Share ideas on paper in front of you rather than use the whiteboard. If someone wasn't very good at school, standing up at the whiteboard can be very intimidating.
- Avoid the use of graphs and diagrams – use anecdotes to convey the key principles underlying the treatment rationale, and return to the same examples at later sessions.
- Only invite other professionals into the session with the permission of the client prior to the session.
- Be careful about appearing as judgemental. Being too directive can be interpreted as such. If you think it is important for a client to make changes in order to benefit from treatment, take care with how you raise this with them. For example you may say, "I am concerned with how this might affect what you will get from this therapy, let's have another look at this and see what we might be able to come up with".
- Always use language that emphasises the collaborative nature of the therapeutic relationship; allow for exploration of ambivalence or an open discussion around possible consequences of choices.
- Be prepared to work less systematically and vary your approach to suit the client.



Recommendation Five

Work at the client's pace.

Points of Practice

- The pace may feel frustrating at times for the therapist but trying to push ahead may cause you to overlook any difficulties or complications the client is experiencing with the process.
- Expect interruptions to the course of therapy. Aboriginal people often have many other obligations to work around. Where possible the therapist may maintain phone contact with the client during deferred treatment periods, to check on the client's readiness to return to therapy and as a means of building or maintaining the client-therapist relationship.
- Do not press ahead with treatment when a client arrives distressed by a situation that may not have any relevance to their gambling problem. Be prepared to 'lend an ear', make the session briefer and if necessary put gambling treatment sessions on hold. Failing to stop and listen to the cause of their distress is very likely to jeopardise the relationship you have established.
- Aboriginal clients accessing our service may have other complex needs that need attending to. For advice on appropriate referral pathways speak to the Indigenous Project Officer.
- Let people find things out for themselves; allow more time for people to experiment with different ways of doing things. Through this, they become an active partner to the therapy process.
- Cash restriction strategies may be achieved in stages. This component of the treatment can be particularly challenging for Aboriginal clients to accept; take the time to discuss how adopting changes in money practice will affect them and work through this.



Recommendation Six

Do not assume homogeneity across Aboriginal people.

Groups of Aboriginal people have experienced varied histories, both before and after European contact. There can even be considerable differences between family groups coming from the same region.

It is worth noting that a small number of Aboriginal clients have completed the standard SGTS treatment program. It is highly likely that there are many more whose cultural needs were not identified and this may have contributed to them not achieving optimum treatment outcomes.

Points of Practice

- Familiarise yourself with aspects of Aboriginal culture, historical and contemporary societal issues confronting Aboriginal people to gain a better appreciation of Aboriginal perspectives. This can help you identify the cultural needs of clients and facilitate change to personal praxis.
- Noting points of resistance in therapy is the most useful basis for discerning when the service you are offering is meeting the needs of the person you are treating and when it is not.
- The therapist has prime responsibility for adapting the treatment process to suit the cultural needs of clients within the boundaries of the service; most Aboriginal clients have already demonstrated their willingness to adapt when they made the decision to register for treatment with a mainstream service.
- Take the time to educate an Aboriginal client about the collaborative nature of the therapeutic process and invite them to comment if there is something you are doing which makes the process harder for them.
- Develop an understanding of how the person views their Aboriginality. The standard questions used in developing a personal history can shed light on the perceptions and experiences as an Aboriginal person in terms of their relationship with family or connection with places outside of Adelaide. People who were removed from family as children may express cultural identity issues around their Aboriginality.
- Over time Aboriginal people have contended with racist policies that divided groups and separated families. There are extensive grief and loss issues associated with this history that continue to impact on the lives of Aboriginal people today, and Aboriginal people may show resentment towards non-Aboriginal people around this. An empathetic response by non-Aboriginal people to the pain expressed is appropriate.