

WORKING WITH THE DIVERSITY OF NEW ZEALAND FAMILIES

When working with couples, families, whanau or significant others, be open minded about family arrangements, and welcome and respect diversity. Treatment sessions will be more flexible and appropriate expectations will promote more effective outcomes.

Here is some interesting reading on multicultural mental health in New Zealand: <http://www.auseinet.com/journal/vol5iss2/desouza.pdf>

Families reflect culture. Typically a Pakeha family is nuclear, whereas a whanau could include up to four generations. New immigrant families may well be maintaining traditional gender roles, with the man as the head of the family. Increasingly, blended families are presenting to services.

FAMILIES OF YOUNG PEOPLE

Involvement of family in treatment does need to take into account critical factors such as the stage of development of the adolescent (for instance, are they moving away from family?) and any safety concerns.

'Where the client is a young person, the family is critical in both prevention and successful treatment' (Miller & Rollnick 2002, Howard 1997).

Young people often use alcohol and drugs as part of a coping strategy, when dealing with stressors such as:

- Environmental stressors, especially school, work demands
- Internal processes, including depression and anxiety
- Early exposure to alcohol and drug use
- A means of gaining attention from the people surrounding them
- Difficulties when engaging with peers
- Family tension and conflict
- Sexual identity issues

If the client is an adolescent, family or support people are included:

- To increase the support system for the client
- To rebuild the relationship
- To improve communication patterns
- To change patterns of interaction between the client and their parents and siblings

Family problems have been linked to the initiation and maintenance of adolescent drug use (NIDA, 2005). Improving the conditions in the young person's most enduring and influential environment, the family or whanau, is the key to successful outcome.

MAORI FAMILIES AND WHANAU

There are various resources published on working with Maori families. Where possible treatment should be 'for Maori by Maori'.

- [Click here to see Whanau Session Example](#)
- [Click here for Te Whare Tapa Wha Example](#)

PACIFIC PEOPLES

Although generalisations can be made, Pacific Island cultures are diverse. The Practitioner Competencies for Pacific Island Workers published by ALAC (2002) is a useful resource. Working with Pacific Peoples requires the acknowledgement of the 'whole' person. Click here to read -

http://www.mhc.govt.nz/documents/0000/0000/0037/RECOVERY_COMPETE_NCIES.PDF

This work is under review. Le Va is the Pacific Mental Health Workforce Development Unit within Te Pou to www.leva.co.nz to read about Pasifika Initiatives in Te Pou.

IMMIGRANTS

Using family as a support system may not always be possible when the client is an immigrant, as most immigrants leave their family in the country of origin. Depending on the time they have been in New Zealand, they may have built up a support system of people that they want to invite to the sessions. The use of interpreters may be necessary where English is not fluent.

'The Pacific world does not separate aspects of life, but sees life as an integrated whole. Definition of a holistic approach and how it applies will differ between different Pacific groups' (ALAC, 2000).

ASIAN PEOPLES

People born into an Asian culture tend to seek professional help as a last resort due to strong family values and to avoid family shame. Having limited knowledge about the services available to them is another issue that stops them from accessing help (ALAC, 2004). This poses particular issues in engaging the client and their family. The availability of Asian counsellors will improve the attendance of this group.

GAY AND LESBIAN CLIENTS

'It is important to acknowledge sexual orientation when changing problematic alcohol and drug using behaviours' (MacEwan & Kinder 1991, MacEwan 1994).

The following issues influence treatment approaches:

- 80% of gay and lesbian clients report severe social isolation
- Typically gay and lesbian clients hear anti-gay slurs 12 times a day
- One in five will attempt suicide
- 67-72% will withhold information about their orientation until satisfied they won't meet homophobic or uninformed attitudes
- 42% of homeless youth identify as lesbian/gay

Treatment needs to recognise and utilise different support structures because many gay and lesbian people identify close friends as family (MacEwan, 2005). These clients often lack the guidance of manuals, social culture, and inter-generation expectations around relationships: their conduct, their pathways or their ending.

Clients may be in multi-gendered relationships and life patterns (hetero-, homo-, bi-, trans-gendered). Successful treatment outcomes depend on how well these multi-layered experiences are integrated into the intervention. Some lesbian and gay social settings have a heavy drug using culture..

Lesbian and gay clients should be encouraged to bring their partner, or close friends who are likely to be supportive of any treatment plan. The client, partner, and friends will assist the empathic practitioner with setting the context for any intervention and the practitioner should not be shy in asking for this help.

Possible issues of low self-esteem, shame, family rupture, trauma, current communication problems and role expectations all need to be assessed. Some clients will have hidden their sexuality, others will, for varied reasons, be socially isolated, and a good treatment outcome will rely upon improvement in these areas of functioning.