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Cultural Implications in Occupational Therapy Assessment and Intervention

Presented by:
Sean M. Getty, MS, OTR/L

Objectives

- Describe how an individual's cultural context, including perceived roles, values, and beliefs, influences their occupations.
- Assess an individual's cultural context and how this context impacts occupations.
- Formulate intervention plans that are culturally relevant to the client(s) for whom they are providing services.
- Identify strategies to develop cultural competence.
“...culture is at the core of occupational therapy and should compel all occupational therapists to consider its integral nature and place within all facets of this great profession.”
(Iwama, 2007, p. 184)

What is Culture?
General Definition

• “The totality of socially transmitted behavioral patterns, arts, beliefs, values, customs, lifeways, and all other products of human work and thought characteristics of a population or people that guide their world view and decision making” (Purnell & Paulanka, 1998, p.2)

Characteristics

• Common ideology
• Designates insiders from outsiders (Bonder & Martin, 2013)
• Trans-generational
Occupational Therapy Practice Framework Definition

“Customs, beliefs, activity patterns, behavior standards, and expectations accepted by the society of which the client is a member. The cultural context influences the client’s identity and activity choices.”

Culture can have an influence on a:
• Person Level
  • Example: A grandmother baking cookies for her grandchildren
• Group Level
  • Example: An OT class organizing a SOTA event
• Population Level
  • Example: Engaging in a Veteran’s Day parade
(American Occupational Therapy Association, 2014)
<table>
<thead>
<tr>
<th>OTPF Definition of Cultural Context</th>
<th>Aligned Areas of OTPF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customs</td>
<td>Performance Patterns- Rituals</td>
</tr>
<tr>
<td>Beliefs</td>
<td>Client Factors- Beliefs, Values, Spirituality</td>
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<tr>
<td>Activity Patterns</td>
<td>Performance Patterns</td>
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<tr>
<td>Behavior Standards</td>
<td>Context- Social Performance Patterns- Roles</td>
</tr>
<tr>
<td>Expectations</td>
<td>Contexts- Social Client Factors</td>
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<tr>
<td>Society</td>
<td>Contexts- Social</td>
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<tr>
<td>Identity</td>
<td>Performance Patterns- Rituals, Roles</td>
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<tr>
<td>Activity Choice</td>
<td>Occupations</td>
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</tbody>
</table>

“Customs, beliefs, activity patterns, behavior standards, and expectations accepted by the society of which the client is a member. The cultural context influences the client’s identity and activity choices.” (American Occupational Therapy Association, 2014, p. 528)

- Culture can even effect Performance Skills
  - Social Interaction Skills

- What areas of domains are not affected?
  - Body Functions
  - Body Structures
Based on the OTPF definition, what are your cultural contexts.

Did you recognize cultural contexts based upon:
- Age groups
- Occupations
- Religious beliefs...or non-religious beliefs
- Sexuality
- Hobbies/Interests
- Disabilities
- Etc.

Culture extends beyond ethnicity and/or race!!!
Culture and Subculture

• There are cultures to which we are born [family, community and society]

• There are subcultures to which we choose to belong [school, gyms, religious groups, sororities, etc.]

• Cultures & subcultures hold values and expectations for behaviors, thus they influence our occupational choices

Cultural Context’s Impact on Occupation

• Culture affects the daily life of all individuals
• Culture influences occupational choices
• Culture influences occupational performance
• Culture influences use of time
The Kawa Model

• Theoretical approach that recognizes the dynamics between individuals and their contexts
• Culturally specific approach
• Looks at disability and health states in relation to an individual’s culture
• Recognizes culture extends beyond race and/or ethnicity

(Iwama, Thomson, & Macdonald, 2014)

Cultural Assessment
Typical Cultural Assessments

• Ethnic-driven
• Difficult relating to occupation
• Often one or two questions on an initial evaluation

Cultural Assessment Guidelines

• Patients have their own unique cultural beliefs, values, and practices
• The therapist must understand, respect, and consider these throughout the therapeutic process
• The therapist must understand the meaning of illness within the individual’s cultures
• The therapist must gather data regarding the medical practices within the individual’s culture
• Understand the culture’s views on disclosure
Recognize the Culture’s:

- Personal Space
- Eye Contact
- Time Awareness
- Touch
- Communication
- Holidays
- Diet

Assessing Culture in the OT Process

- Occupational Profile
  - “Summary of the client’s occupational history and experiences, patterns of daily living, interests, values, and needs” (American Occupational Therapy Association, 2014, p. S44)

- Types of Clinical Reasoning
  - Procedural
  - Interactive
  - Conditional
  - *Narrative*
    (Mattingly, 1991a; Mattingly, 1991b; Fleming, 1991)

- The Assessment of Motor and Process Skills
  - Culturally sensitive measurement of occupational performance
# Assessment of Culture’s Influence on Occupation

<table>
<thead>
<tr>
<th>Culture</th>
<th>Activities Influenced By This Culture</th>
<th>How Often</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Orthodox Jewish Beliefs/Values:</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Kosher Diet</td>
<td>D W M Y</td>
<td>10</td>
<td>5</td>
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<td></td>
<td>Daily Prayer</td>
<td>D W M Y</td>
<td>8</td>
<td>3</td>
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<tr>
<td></td>
<td>Shabbat</td>
<td>D W M Y</td>
<td>9</td>
<td>2</td>
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<td></td>
<td>Family Values</td>
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<td></td>
<td>Dress</td>
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<tr>
<td></td>
<td>Intersections amongst males and females</td>
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</tbody>
</table>

# Example

<table>
<thead>
<tr>
<th>Culture</th>
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<tr>
<td>1. Orthodox Jewish Beliefs/Values:</td>
<td>Shabbat observance</td>
<td>D W M Y</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Preparing Kosher meals for family</td>
<td>D W M Y</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Attending Yom Kippur services in synagogue</td>
<td>D W M Y</td>
<td>9</td>
<td>2</td>
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<tbody>
<tr>
<td>1: Occupational Therapy Culture</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beliefs/Values: Helping Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Moral</td>
<td></td>
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<tr>
<td>Learning</td>
<td></td>
<td></td>
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<tr>
<td>Independence</td>
<td></td>
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</tr>
<tr>
<td>Creativity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Work on an inpatient psychiatric unit</td>
<td>D W M Y</td>
<td>9</td>
<td>9</td>
<td></td>
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<tr>
<td>b. Attending AOTA conference</td>
<td>D W M Y</td>
<td>7</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>c. Having discussions about treatment with my colleagues</td>
<td>D W M Y</td>
<td>7</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>d. Staying informed about practice through reading journal articles</td>
<td>D W M Y</td>
<td>6</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

### Culture and Intervention
Linking Culture to Intervention

- Use an interpreter- this is not only a culturally competent strategy
- Work with the interpreter- they are more than a communication tool
- Avoid culturally unacceptable treatment and technology; recognize the importance of technology with certain groups
- Recognize communication patterns
- Family involvement
- Recognize that the individual’s cultural roles and practices may lead treatment down a path that differs from your therapeutic viewpoint
- Utilize treatments that highlight cultural occupational values and beliefs

Utilize the Assessment

- Prioritize treatments based upon importance to the client
- Engage the client in culturally relevant occupations
  - Preparing a Kosher meal
  - Identifying culturally acceptable means to attend Shabbat
- Respect cultural values within treatment
Example 1: North Fork Spanish Apostolate

Program assisting immigrants on the north fork of Long Island

Mission

“To build integrated communities by empowering those we serve to become self sufficient active members of the community. NFSA educates, develops grass root leadership advocates, and provides basic services to all low income people, including diverse immigrant communities, while forming deep relationships between diverse communities on Long Island.”

Pre-OT Established Program

- Employment assistance
- Inadequate housing
- Education
- Unpaid wages
- Health issues
- Abuse in the workplace
- Guidance with applications and school forms

Problem Statement

- Although the established program was successful in assisting both documented and undocumented immigrants with a variety of problems, the staff was not trained in assisting individuals with mental health issues. The culture and lack of insurance inhibited engagement in typical mental health services.

Identified Needs for Occupational Therapy

1. Significant population of persons with MH issues that are not being addressed with a primary problem of not being able to obtain or maintain employment
2. Stigma and lack of understanding of mental illness associated with cultural characteristics of the community
3. Importance of employment within the culture

Occupational Therapy Program

- 1:1 community-based intervention focused on skills necessary for employment
- Utilization of Integrated Placement and Support fundamentals
- Use of Consumer Centered Family Consultation for family education
- Use of group model of family psychoeducation to address cultural beliefs as a community
Case Study: Jose

- 22 y/o Mexican male
- Born in the United States to immigrant parents
- Currently resides with his uncle after his mother removed him from the house as she felt that he was a threat to his young siblings
- Diagnosed with Schizophrenia
- History of substance abuse

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<tbody>
<tr>
<td>1. Mexican Beliefs/Values: Work Family</td>
<td>a. Work</td>
<td>D W M Y</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>b. Spending time with family</td>
<td>D W M Y</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>1. Young adult male Beliefs/Values: Girls Hanging out</td>
<td>a. Having a girlfriend</td>
<td>D W M Y</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>b. Playing video games</td>
<td>D W M Y</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>c. Hanging out with friends</td>
<td>D W M Y</td>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>
• Problem
  • Cultural clash
  • “My mother doesn’t understand me.”
  • Friends use drugs
  • “If I had a girlfriend and a job life would be good.”
  • Stress and substance use exacerbate symptoms

• Intervention
  • 1:1 sessions
    • Social interaction skills
    • Identifying interests and jobs that align with them
    • Self reflection on cultural differences
    • Transtheoretical and motivational interviewing approach (IDDT components) to substance use
  • Family sessions- both with and without Jose

• Outcomes
Example 2: Plan for OT & the Shinnecock Indian Nation

A federally recognized Indian Nation, located on the East End of Long Island adjacent to the Town of Southampton.

Proposed Plan

- A collaborative approach including occupational therapy, families, and elder members of the Shinnecock Nation in order to decrease adolescent substance abuse and suicide through the development of coping skills and increasing self-identity. This after-school program incorporates protective factors related to mental health specific to the Native American population and focuses on traditional tribal values and beliefs, while recognizing conflicts between culture and the external society.

Strengths and protective factors:
- A strong identification with culture
- Family and elders
- Connection with the past
- Traditional health practices (e.g., ceremonies)
- Adaptability

Challenges to health and well-being:
- Alcohol misuse
- Enduring spirit (stubborn, hard to accept change)
- Clashes between Indian and non-Indian views of mental health (Walls, 2006)

Occupational Therapy Interventions

- Coping Skills Training: Traditional healing within Native American groups relates to balancing the mind, body, and spirit. Utilizing coping skills techniques, such as guided meditation and imagery, that are developed with the tribal elders, allows for fusion of culturally traditional practices to be utilized with occupational therapy treatment.

- Family Psychoeducation/Consumer Centered Family Consultation: Used to provide family with knowledge of the risk and protective factors related to mental health and substance abuse issues.

- Creating Personal Websites: Adolescents in the program will develop a website that allows them to explore and display their identity. Development of self-identify for this population is critical to decreasing substance use and suicide rates and is a way to resolve conflict between the culture in which they live and the society to which they are also a part of. With the occupational therapist as a digital curator, this intervention assists the participant to focus on values, interests, preferences, personal qualities, skill strengths, and accomplishments, (Cavanaugh et al., 2014) while highlighting the importance of culture in their life.
Significant Themes

• Collaboration is imperative. Participants must see that the therapist is not an outsider imposing treatment, but rather working with trusted members of that society in order to assist them.

• Appreciate the culture’s view of illness. Cultural competence starts with the therapist putting their own views on illness and treatment aside.

• Learn the traditional approaches to healing and incorporate these into treatment. The participant, family, and/or community is more likely to engage in treatment when it aligns with what they are accustomed to.

• Understand the participant’s goals and how these relate to the culture’s values.

• Family education can play an important role in treatment. Many cultures stress family values and cultures can influence how a family views illness. Including the family in treatment enables an approach that educates family as to how to assist their loved one and also enables the therapist to understand more about the participants’ culture.

• There is a difference between learning about culture in books versus immersion in culture

Cultural Competency

• A strategy to address differences between cultures in order to improve healthcare delivery

• Includes:
  • Considering the social and cultural impact on clients’ health beliefs and behaviors;
  • Understanding how these beliefs and behaviors impact the delivery of healthcare
  • Implementing interventions that take into consideration the cultural beliefs and values (Betancourt et al, 2003)
Why?

Code of Ethics
• Justice
• “Principle 4. Occupational therapy personnel shall promote fairness and objectivity in the provision of occupational therapy services.” (American Occupational Therapy Association, 2015, p. 5)

National Standards on Culturally and Linguistically Appropriate Services (CLAS)
• Standard 1. Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
• Standard 2. Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
• Standard 3. Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.
CLAS Continued

• Standard 4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

• Standard 5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

• Standard 6. Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

CLAS Continued

• Standard 7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

• Standard 8. Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

• Standard 9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.
• Standard 10. Health care organizations should ensure that data on the individual patient’s/consumer’s race, ethnicity, and spoken and written language are collected in health records, integrated into the organization’s management information systems, and periodically updated.

• Standard 11. Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

• Standard 12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

• Standard 13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

• Standard 14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

(United States Department of Health and Human Services, 2001)
Cultural Competency Model

- Assumptions:
  - “All people have experienced a variety of multicultural influences”
  - “Everyone is affected and molded by more than one culture, and, therefore, is a multicultural being”
  - “Becoming culturally competent is a lifelong process”
  - “Cultural competence is a professional and ethical obligation”
  - “Cultural competence enhances the quality of health care delivery”
    (Black & Wells, 2007)

Model of Care (Campinha-Bacote, 2002)

- Cultural competence- a process that consists of five constructs
  1. Cultural Awareness
  2. Cultural Knowledge
  3. Cultural Skill
  4. Cultural Encounter
  5. Cultural Desire
Strategies to Improve Cultural Competence

• Inquiry-centered approach
• Self Reflection
  • Journaling
  • Identifying stereotypes
  • Removing your own values
• Recognize and gain understanding from “rich points” (Agar, 1994)

Questions

???
References