

## Frequently Asked Questions (FAQ)

# How Can Occupational Therapy Strive Towards Culturally Sensitive Practices?



### 1. What is cultural sensitivity and other terms that I should know?

Culture is the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group (U. S. Department of Health and Human Services [DHHS], 2001). Cultural sensitivity is the ability to understand the needs and emotions of your own culture and the culture of others (Goode, Sockalingam, Bronheim, Brown, & Jones, 2000). It is the ability to be appropriately responsive to the attitudes, feelings, or circumstances of groups of people that share a common and distinctive racial, national, religious, linguistic or cultural heritage (DHHS, 2001). Other terms that are sometimes referenced are cultural awareness, cultural responsiveness, and cultural competency. For the sake of consistency, the term *cultural sensitivity* will be used throughout this document. It is important to highlight that cultural sensitivity is an ongoing, contextual and developmental process, not an end point (Suarez-Balcazar & Rodakowski, 2007).

Culture affects all aspects of occupational therapy service and cultural context is defined within the *Occupational Therapy Practice Framework: Domain and Process, 2nd Edition* (American Occupational Therapy Association [AOTA], 2008) as “customs, beliefs, activity patterns, behavior standards, and expectations accepted by the society of which the client is a member” including ethnicity and values, political aspects, personal rights, and opportunities for education, employment, and economic support (AOTA, 2008, p. 645).

### 2. What is the unique contribution of occupational therapy in addressing culture?

Occupational therapy practitioners support the health and participation of clients through engagement in occupation, which is inextricably linked with culture. Occupation is

meaningful, reflects cultural values, and is viewed through the lens of an individual’s culture (Bonder, Martin, & Miracle, 2004; Clark, 1993; Zemke & Clark, 1996). It is a central tenet of occupational therapy to consider the culture of individual clients and their families as culture shapes an individual’s identity, roles, and perception of independence.

At times, a family’s cultural belief may interfere with best clinical practice. During these situations it is important to consider the *Occupational Therapy Code of Ethics and Ethics Standards* (AOTA, 2010). These standards guide our moral practice so that “where a conflict exists, occupational therapy personnel will pursue responsible efforts for resolution” (p. S18). This code gives practitioners seven principles to follow: beneficence, nonmaleficence, autonomy/confidentiality, social justice, procedural justice, veracity, and fidelity. While following these standards and respecting a client’s values and culture, occupational therapy practitioners should collaborate with the client and/or family to determine the best plan of care.

### 3. What are some basic concepts and how do they translate to practice?

In order to support health and participation, occupational therapy practitioners should integrate cultural awareness, sensitivity, and competency throughout the entire occupational therapy process (evaluation, intervention, and outcomes). Suarez-Balcazar and Rodakowski (2007) state that “becoming culturally competent is an on-going contextual, developmental, and experiential process of personal growth that results in professional understanding and improved ability to adequately serve individuals who look, think, and behave differently from us” (p. 15). Suarez-Balcazar et al. (2011) developed and empirically validated a model of cultural sensitivity with occupational therapists. The model incorporates three key components:

- Cognitive (awareness/knowledge)

- Behavioral (developing appropriate skills)
- Organizational (support for cultural competence).

Cultural sensitivity is an ongoing, fluid process. During the process, occupational therapy practitioners can consider the following steps:

**1. Self-Reflection:** An initial step toward cultural sensitivity begins by developing a desire to engage other cultures, knowledge and appreciation of diversity, and a critical understanding of personal perspectives and biases (Balcazar, Suarez-Balcazar, & Taylor-Ritzler, 2009; Spence Cagle, 2006). As part of the self-reflection process, the practitioner needs to develop awareness and then gain knowledge.

**2. Develop Skills to Integrate Culture throughout the Occupational Therapy Process:** Culture impacts how clients and occupational therapy practitioners talk, listen, act, and react. It is important that when conducting assessments and developing treatment plans that a partnership is formed between the practitioner and the client or family in order to achieve the best outcomes (Nochajski & Matteliano, 2008). Occupational therapy practitioners should consider their own ability to adjust professional practice to address the needs of diverse populations (Balcazar et al., 2009). Some examples include (Nochajski & Matteliano, 2008, Wells & Black, 2000):

- Adding culturally related questions during the evaluation process (Wells & Black, 2000)
- Involving the extended family in the screening/evaluation, intervention and follow-up process (Wells & Black, 2000)
- Being cautious about the use of touch and personal space (Wells & Black, 2000)
- Conducting the therapy session in the preferred language of the client or arranging for a professional interpreter (Wells & Black, 2000)
- Becoming familiar with available resources, trainings and conferences that focus on aspects of culture and practice (Nochajski & Matteliano, 2008)
- Sharing experiences working with clients from diverse backgrounds and information related to culturally sensitive practices with colleagues at work, local and state associations, and so forth (Nochajski & Matteliano, 2008)

**3. Develop organizational support for change:** Consider organizational and systemic change to support cultural sensitivity. Occupational therapy practitioners should understand the policies and guidelines regarding culturally sensitive practice at their place of work (Suarez-Balcazar et al., 2011). For example, considerations could include:

- What opportunities for training are available in my organization to promote culturally sensitive practice?

- What policies affect my ability to change my work schedule to be more accessible to the needs of a diverse population?
- What organizational resources such as interpreters or translators are available?
- Is appreciation for diversity included in the mission and vision of my organization?

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#### 4. What are some considerations when dialoguing with clients or families of varying cultural backgrounds?

When starting a conversation with clients or families of varying cultures, the occupational therapy practitioner can use health literacy strategies to facilitate optimal communication. Health literacy is the ability of an individual to understand and apply health information in a way that promotes engagement and decision making related to health care activities (Institute of Medicine, 2004). Three types of health literacy have been identified in the literature: functional, interactive/communicative, and critical (Nutbeam, 2000). Functional health literacy is the ability to read and understand written information (Nutbeam, 2000). For example, in pediatric settings a parent or caregiver uses functional health literacy to read program information related to their child. When families are able to remember appointments and apply the information to their daily routines, or when they organize information about the occupational therapy services, they are using interactive and communicative health literacy (Pizur-Barnekow, Darragh & Johnston, 2011). Finally when families are empowered and advocate on behalf of their child, they are using critical health literacy (Nutbeam, 2000).

**Health literacy strategies that promote or facilitate communication include:**

- Using plain language and pictures on written documentation (Centers for Disease Control and Prevention [CDC], 2009) to explain the importance of engagement in occupational or co-occupational routines
- Evaluating written documents for reading grade level and use of print or white space on documents
- Incorporating teach-back strategies when coaching parents, caregivers or clients and confirming that they understand information (Osborne, 2005). For example, “I want to make sure I’ve communicated clearly...can you tell me the purpose of autism-specific screening?”
- Observing and responding effectively to verbal and nonverbal communication patterns that are appropriate in the culture of the family such as eye contact, physical touch, role of authority, space, and so forth

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## 5. How can I effectively work with others, such as cultural brokers, interpreters and translators?

A cultural broker is a person who acts as a bridge or mediator between cultural groups in contact. A cultural broker could be from one of the cultures or from a third group. Cultural brokers include foreign language interpreters and translators as well as advisors/gatekeepers for the family. Interpreters are often used for oral communication and translators for written communication. Effective interpreters and translators facilitate communication between occupational therapy practitioners and clients or families in their native language. Developing and maintaining positive relationships with cultural brokers can help occupational therapy practitioners work with clients to develop meaningful goals and experiences within the client's values and beliefs. Effective communication can occur if the cultural broker understands the purpose of the interaction with the client or family, specific content to be communicated, and the general context of the interaction.

**Strategies for the occupational therapy practitioner when working with an interpreter and cultural broker include** (Lynch & Hanson, 2004):

- Establish a good relationship with the interpreter.
- Discuss what your role is as the provider and the expected role of the interpreter.
- Collaborate with the interpreter in order to communicate respectfully with regard to pacing, verbal and nonverbal cues, and to understand any cultural patterns or behaviors.
- Provide and explain relevant information including:
  - Purpose of the interaction (e.g. meeting, evaluation, family support)
  - Important points to communicate and any sensitive information (e.g. test scores, parent concerns)
  - Specific terminology to be used during the interaction
  - Any written documents to be shared with the client or family

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## 6. What does the research about cultural sensitivity tell us?

A recent AOTA/CDC study examined practices related to the early identification of signs of autism. Survey responses were reviewed from more than 1,300 occupational therapy practitioners working with children from birth to 6 years old (Wilson, Pizur-Barnekow, & Schefkind, 2012). The practitioners had an average work experience of 10 years or more. The results indicated that 52% of occupational therapy practitioners were interested in obtaining knowledge and training related to cultural sensitivity and diversity to better support the early identification of children from culturally

and linguistically diverse populations with developmental delay and autism. Professional development should focus on cultural sensitivity and strategies to incorporate family perspectives into evaluations and assessments. Resources such as the CDC's Learn the Signs: Act Early Campaign provide occupational therapy practitioners with quality resources such as parent handouts reviewing developmental milestones and early signs of autism in multiple languages.

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## 7. How can I learn more? What tools or resources can be accessed?

**Building Culturally & Linguistically Competent Services to Support Young Children, Their Families and School Readiness**, by Kathy Seitzinger Hepburn. This "toolkit" provides resources and strategies on how to build culturally and linguistically competent services, specifically for young children and their families and is available through the Annie E. Casey Foundation. <http://www.aecf.org/upload/publicationfiles/hs3622h325.pdf>

**The Center for International Rehabilitation Research Information and Exchange [CIRRE]:** The CIRRE develops resources aimed to strengthen the cultural sensitivity of rehabilitation service practitioners who work with immigrants. For example, see *The Rehabilitation Provider's Guide to Cultures of the Foreign-Born*. <http://cirrie.buffalo.edu/culture/monographs/>

**The Child Welfare League of America:** The following link provides an annotated bibliography of cultural sensitivity suggested reading/reference material. <http://www.cwla.org/programs/culturalcompetence/bibliography.htm>

**Cultural Sensitivity Assessments:** The following assessments could help occupational therapy practitioners explore their own level of cultural sensitivity.

- **Cultural Competence Assessment Instrument (CCAI)** (Suarez-Balcazar et al., 2011): A survey of cultural competence that has been empirically validated with occupational therapy practitioners. <http://www.excellenceforchildandyouth.ca/support-tools/measure-profile?id=362>
- **Cultural Competence Health Practitioner Assessment:** <https://www4.georgetown.edu/uis/keybridge/keyform/form.cfm?formID=277>
- **Quality and Culture Quiz:** <http://erc.msh.org/mainpage.cfm?file=3.0.htm&module=provider&language=English>
- **A Self-Reflection Cultural Sensitivity Scale:** <http://cirrie.buffalo.edu/culture/curriculum/activities/scale.php>

**Developing Cultural Sensitivity Guide:** A guide from Pike Community Hospital of Ohio explains why cultural sensitivity is important in the health care field; it also gives a brief description of various cultures and provides readers



with some tools that may assist in dealing with the needs of patients and families from multiple cultures. <http://www.pikecommunityhospital.org/in-service/DEVELOPING%20CULTURAL%20SENSITIVITY%20STUDY%20GUIDE%2011-10.pdf>

**The National Center for Cultural Competence:** Practitioners can find self-assessments to measure their own cultural competence, distance learning opportunities and resources and publications. <http://www11.georgetown.edu/research/gucchd/nccc/index.html>

### **Occupational Therapy International's Special Issue on Culture:**

Iwama, M. (Ed.). (2007). Special issue on culture and occupational therapy. *Occupational Therapy International*, 14, 183–296. <http://onlinelibrary.wiley.com/doi/10.1002/oti.v14:4/issuetoc>

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