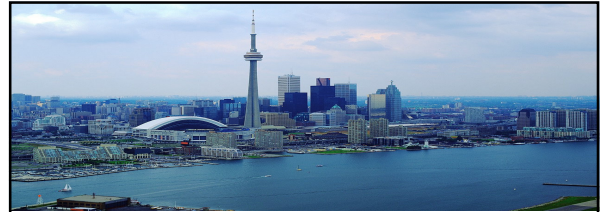


Ethno Cultural Framework for Culturally Competent Rehabilitation Practice

Caron Gan, RN, MScN, RMFT, AAMFT Approved Supervisor



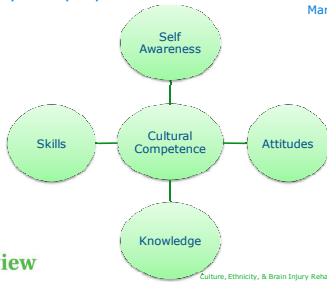
TORONTO, Ontario

- Population of 5.1 million
- Highest share of visible minorities across Canada
- 45% are immigrants
- 43% are visible minorities
- More than 50% speak a foreign language at home

What is Cultural Competence?

Ability to understand, communicate with, and interact effectively with people of different cultures

Martin & Vaughn, 2007



Assumptions Underlying Culturally Competent Practice

- **Everyone** has a culture
- Intracultural variations - depend on SES, age, place of birth, degree of acculturation, etc.
- Unreasonable to expect that all members of any one group will behave in the same way
- Culture is dynamic and changes over time
- Reactions to cultural differences are automatic and influence dynamics of the client-therapist relationship
- Professional providers are influenced by beliefs of one's own culture, as well as the culture of the profession

ETHNO CULTURAL FRAMEWORK




Health & Illness Beliefs



- Scientific or biological model
 - Rational/empirical
- Harmony with nature
 - Hot/cold, yin/yang, wind, imbalances
- Self attribution
 - Genetics, negligence, carelessness
- Supernatural causes
 - Punishment, vengeful God, sins of ancestors


Help Seeking Practices




- Scientific**
 - Health care professionals, western medicine
- Harmony with Nature**
 - Extended family, herbalists, elders, folk practitioners
- Self Attribution**
 - Self, therapists, health care professionals, prayer
- Supernatural**
 - Prayer, priests, spiritualists, tribal practitioners

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Family Structure and Processes



- Key members of family system
- Hierarchical roles, power, authority
 - Joining with family members
- Decision making – individual or group?
- Gender roles
 - Mothers and fathers
 - Sons and daughters



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Family Responses to Disability

- Customs and family values
 - family duty, obligation, honour
- Cultural norms around sick role
 - independence and self care versus interdependence and being cared for by others
- Degree of communication that is allowed about the TBI

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Common Family Beliefs and Practices – Case Study

Rehab Culture	Asian Family
Individual as primary unit	Family as primary unit
Individual pursuit of happiness	Family solidarity, responsibility
Early independence encouraged	Dependence on family fostered
Marital bond is stressed	Parent-child bond is stressed
Encourage critical thinking	Unquestioning obedience
Children are individuals	Children – extension of parent
Children given choices	Family makes decisions
Each child responsible for self	Older children responsible for siblings' actions

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Self Reflection on Values

- Rank the top three values in order of importance to you:
 - work
 - cooperation
 - tradition
 - achievement
 - independence
 - honour



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Value Orientation



Modalities	Value Orientation Preferences		
Activity	Doing	Being	Being-in Becoming
Relational	Individualism	Collaterality	Lineality
Time	Future	Present	Past
Man-Nature	Mastery	Subjugation	Harmony

PapaJohn & Speigel, 1975

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Comparison of Common Values

Anglo-American	Other Ethno Cultural Groups
Mastery over nature	Harmony over nature, fate
Doing	Being
Time dominates	Personal interaction dominates
Formal supports	Informal supports
Individualism & independence	Interdependence, collectivism
Youth	Elders
Competition, assertiveness	Cooperation, conformity
Future orientation	Past or present orientation
Informality	Formality
Directness, openness, honesty	Indirectness/saving face

Communication and Language



- Language barriers - use of interpreters versus family
- Use of formalities
- Voice quality, tone, speed, and volume
- Non-verbal communication (e.g. gestures, eye contact)
- Expression of emotion
- Personal space and touch
- Direct vs indirect
- Colloquialisms



Self Reflection

- What does your body language say about you?
- How might a client from another culture interpret your posture, eye contact and the way that you speak?
- Could your body language be communicating something different from your words?
- Does your communication style engage or distance clients from another culture?



Multiple Meanings of YES

- “Yes I heard what you said (but I may or may not agree with you)”
- “Yes I heard what you said (but I may or may not do what you say)”
- “Yes I can see this is important for you (but I may not agree with you)”
- “Yes I agree (and will do what you say)”

(Lisa Aronson Fontes, 2008. *Interviewing Clients Across Cultures.*)

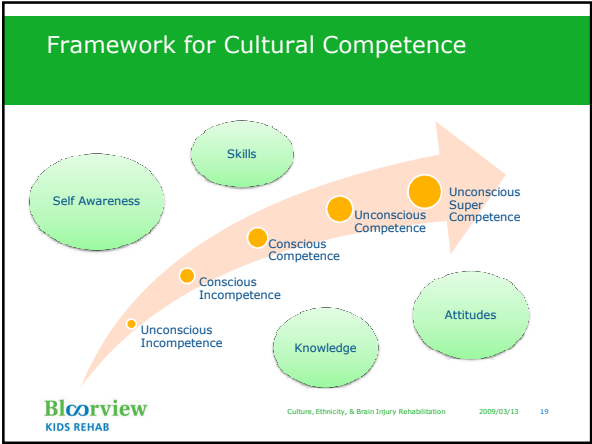
Tips to Users of Interpretation Services

- Consider benefits of consecutive versus simultaneous interpretation
- Talk directly to your client, not the interpreter
- Speak clearly, loudly, and at a moderate pace
- Don't ask interpreter for his/her opinion
- Avoid long, complex sentences and avoid slang or idiomatic expressions
- Chunk information and pause frequently
- Encourage interpreter to clarify terms (some words or phrases don't have an exact translation)

Developmental Model of Cultural Competence

Level of Competence	Behaviours
Unconscious incompetence	No insight about the influence of culture
Conscious incompetence	Minimal emphasis on culture in practice
Conscious competence	Acceptance of the roles of cultural beliefs, values, and behaviours
Unconscious competence	Incorporation of cultural awareness into daily practice
Unconscious super competence	Integration of culture into all areas of practice

RNAO Best Practice Guidelines, 2007



- ### Strategies to Enhance Cultural Competence
-
- Engage in ongoing self reflection and learning about different cultures
 - Elicit family narratives and perceptions of TBI
 - Assess help seeking practices and views of rehabilitation
 - Tailor communication and interventions to fit with the family's customs, values, and beliefs
 - Recognize the need to involve non traditional members
 - Develop links with cultural resources
 - Be open to learning new ways of being and interacting with others
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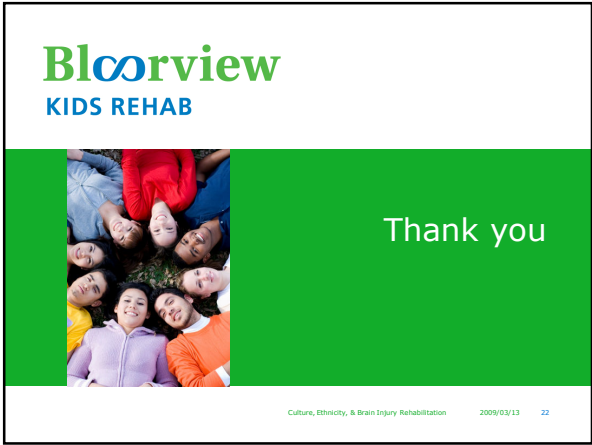
To care for someone, I must know who I am.

To care for someone, I must know who the other is.

To care for someone, I must be able to bridge the gap between myself and the other.

Jean Watson (Cited by J. Anderson, RN, PhD, 1987)

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