

Cultural Competency in Rehabilitation

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Today's Topics

1. Defining cultural competency,
2. Teaching cultural competency in rehabilitation,
3. Cultural competency in rehabilitation service delivery,
4. Cultural competency in rehabilitation research, and
5. Cultural competency and knowledge translation in rehabilitation.

Format

- Each topic will have several presenters who will provide the lead commentary of 7 - 15 minutes, followed by a reaction segment that will include several discussants providing brief supplemental points of view and comments of 3 - 10 minutes.

DEFINING CULTURAL COMPETENCY

Allen Lewis, PhD

Defining Cultural Competency

- Requires us to first define culture and then define cultural diversity.

First Step = What is Culture?

- Clearly defining culture is no easy proposition, as cultural experts, i.e., anthropologists, have studied it for decades, and these days many other academics have their ideas about culture as well, including philosophers, psychologists, sociologists, linguists, historians, political scientists, and economists (Atkinson, 2004).

First Step = What is Culture?

- However, many definitions are consistent with the view of culture by Lefley (2002); it constitutes a sharing of values, beliefs, practices, and behavioral norms within a specific group of people, giving them a common identity.

What Do We Mean by Cultural Diversity? (Lewis, 2000)

- Diversity includes those dimensions of an individual that speak to a qualitative difference in worldview or subjective reality.
- Common diversity dimensions are race, ethnicity, gender, sexual orientation, spiritual orientation, disability, SES, educational background, political affiliation, etc.

What Do We Mean by Cultural Diversity? (Lewis, 2000)

- Cultural diversity then = those individual-level factors that mark differences in worldview that are shared in groups and that typically provide a group identity.

Definition of Cultural Competency

- Cultural competency, according to Sue, Arredondo, & McDavis (1992), consists of 3 skill sets for counselor:
 1. an awareness of own assumptions about human behavior, values, preconceived notions, limitations, & biases;
 2. understanding of the worldview of clients who are culturally different without imposing negative judgments; and
 3. the ability to develop & practice appropriately with culturally different clients.

Definition of Cultural Competency

- Sue (2001), in Multidimensional Facets of Cultural Competency outlines 3 broad strategies:
 - a) acquiring specific race, ethnic, & cultural group information;
 - b) improving awareness, knowledge, & skill as per Sue's seminal work of 1982; and
 - c) multicultural organizational development to ensure that broad factors beyond the individual are addressed.
- More simply, cultural competency is effective use of many cultural lenses (Sue and Sue, 1990).

Definition of Cultural Efficacy

- There is a distinction between cultural competency and the concept of cultural efficacy as coined by Ana Nunez (2000).
- Nunez maintains that while striving for cultural competency is an admirable goal, it still is inherently ethnocentric because it assumes that the provider's cultural perspective is the norm and the client's point of view deviates from the norm.

Definition of Cultural Efficacy

- Instead, Nunez offers that cultural efficacy is more evolved because it operates from a perspective of ethno-relativism, i.e., neither the provider's nor service recipient's cultural orientation is preferred, and both are merely two perspectives among a myriad of other varied points of view. Also, efficacy conveys continued striving and not ever reaching a destination as competency implies.

TEACHING CULTURAL COMPETENCY

Pamela Lewis, PhD
Jenelle Pitt, PhD



Pamela Lewis, Ph.D., Virginia Commonwealth University, Department of Medical Assistance Services (Virginia Medicaid). Adjunct assistant professor at Virginia Union University and John Tyler Community College.



Jenelle Pitt, PhD., California State University, Fresno, Counseling, Special Education and Rehabilitation (CSER) Department

Why should we teach it?

- Changing Landscape -- The diversity of today's student
- Impact quality overall service provision
- CORE/CRCC (standards in rehab counseling)

Building blocks for learning

- I. Developing perceptual flexibility
- II. Valuing diversity
- III. Knowing the culture of the student
- IV. Recognizing students different entry points
- V. Gauging learner readiness
- VI. Cultivate a general atmosphere of awareness in the classroom setting

How Should We Teach It?

- I. Engaging students in active & hands-on learning
- II. Developing a climate of cooperation & community in the classroom
- III. Maintain high expectations for all students
- IV. Viewing Culture as an Asset to Academic Learning
- V. Knowing students & differentiating instruction to meet their needs

Curriculum Development

- A. Reshaping the curriculum
- B. Does your curriculum have an additive approach?
- C. Does your curriculum have a transformational approach?
- D. Does your curriculum provoke social action?

Evaluating Students in cultural competency education

- A. Focusing on Knowledge
- B. Focusing on Attitudes
- C. Focusing on Skills

Take Aways

Teaching Cultural Competency

Several curricula approaches to teaching cultural competency:

1. Stand alone course. It must have:
 - A. Understanding importance of addressing cultural issues,
 - B. becoming self aware of own cultural biases,
 - C. learning about other worldviews & exposure to culturally specific information,
 - D. learning how to manage interface between own and other worldviews (keys are optimum relationships & not offending clients' cultures), and
 - E. learning how to assess each individual's unique culture and worldview.

Teaching Cultural Competency

2. Immersion: an in-depth experiential exposure to a different culture within 1 or 2 courses or a field experience that places the student within a culturally different milieu where the cultural interaction is constant & pervasive.
3. Infusion: integration of cultural competency content into many or all courses within a curriculum.



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CULTURAL COMPETENCY IN REHABILITATION SERVICE PROVISION

Keith Wilson, PhD
Reginald Alston, PHD



Keith Wilson, PhD, CRC, LPC, NC, ABDA
Professor of Education at The
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Do We Need To Be Culturally Competent?

- Disability disproportionately impacts racial & ethnic minority groups.
- Racial & ethnic minorities are more likely to be underserved, receive fewer services and less likely to be successfully closed than European Americans with disabilities.
- Racial and ethnic minorities are more likely to earn less when they are successfully closed than European Americans with disabilities.

The Beginning: Multicultural Competencies

- First, proponents in the MC movement have argued that human service professionals have been (and often continue to be) insensitive to the unique needs of persons from different cultural backgrounds.

The Beginning:
Multicultural Competencies

- Second, proponents of MC indicated that many traditional counseling approaches and interventions are often ineffective at best and sometimes even harmful when utilized among persons from diverse cultural, ethnic, and racial populations.

Definition of Competence

- Having the capacity to function or develop in a particular way.
- Proper or rightly pertinent



Reginald Alston, Ph.D., Professor and Associate Department Head of the Dept. of Kinesiology, College of Applied Health Sciences, at University of Illinois at Urbana-Champaign

Counseling –
Hello my name is

- Shadow boxing
- Three facts
- Face in the picture

Evaluation - Test-taking
reflects culture

- Are we clear on the directions?
- Practice makes perfect
- Not everyone values paper and pencil

Placement - Would I want
to work here?

- Who's who in the zoo?
- Career to nowhere

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Cultural Competency in Rehabilitation Service Delivery

1. Understand the demographic forces of higher birth rates & immigration patterns of culturally diverse groups that render America more culturally diverse everyday.
2. Understand that cognitive schemas and subjective reality combine to make all humans prone to stereotyping and jumping to conclusions..... remember that "what you see is not always what you get."

Cultural Competency in Rehabilitation Service Delivery

3. Understand from self awareness, introspection, & proactive planning how to manage personal biases related to culture.
4. Assume that the service recipient has a different culture and worldview than your own.
5. Work hard to practice unconditional positive regard & acceptance of all service recipients. Remember meet service recipients where they are.

Cultural Competency in Rehabilitation Service Delivery

6. Work diligently to establish a positive working alliance with the service recipient.
7. Look, listen, and learn who the service recipient truly is in terms of cultural identity.
8. Evaluate the fit between you the service provider and the service recipient.

Cultural Competency in Rehabilitation Service Delivery

9. Do that which suits service recipients best interests, i.e. refer if you cannot offer optimally effective services OR work with service recipient if you can.
10. If you decide to work with a particular service recipient, do not be afraid to "go back to zero," which is to learn anew within the situation what will work in terms of culturally competent services for the individual.



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CULTURAL COMPETENCY IN REHABILITATION RESEARCH

Phil Rumrill, PhD
Allen Lewis, PhD



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Cultural Competency in Rehabilitation Research

- Ethical obligation to have diverse & culturally representative samples
- Importance of diversity on the research team
- Need to study issues of culture and diversity more systematically: Not just a grouping variable

Cultural Competency in Rehabilitation Research

- Importance of cultural competency among data collectors, interviewers, & intervention administrators
- Consideration of how research constructs vary in meaning across cultures
- Research disabling conditions that occur more commonly among certain cultural groups

Why is Cultural Competency in -Rehabilitation Research Important?

- Just like service delivery within rehabilitation can be biased culturally because humans are involved in the provision & receipt of services, research is also a uniquely human endeavor, and therefore biased.
- In Philosophical Aspects of Cultural Difference, Edwin Nichols argues that the key philosophical processes such as axiology (that which has value), epistemology (the nature of knowledge), logic (approaches to reasoning), process (actions that produce a result), pedagogy (approaches to teaching), & methodology (practices, rules & methods for working in a discipline or engaging in inquiry) all differ based on worldview differences.

Why is Cultural Competency in -Rehabilitation Research Important?

- Therefore, there is really no such thing as truly objective or bias-free research.
- Though often conducted under the guise of objectivity and neutrality, all research involves exploring hunches under the auspices of attempting to advance the state of knowledge and/or science within a particular discipline.
- Implicit in such a process is the idea of making a choice among options (options about questions, hypotheses, research designs, sampling, study implementation and procedures, instrumentation, analytic techniques, etc.).

Why is Cultural Competency in -Rehabilitation Research Important?

- Whenever an individual makes a choice, there were available options not selected & therein is inherent bias.
- Selecting one option among several or many indicates that one approach is favored over others.
- Bias is the process of not being objective by favoring one point of view over another.
- Therefore, bias can surface in simple act of making a choice.
- The traditional process of research is replete with choices.

Is All Rehabilitation Research Equally Biased?

- In the field of anthropology there are 2 vantage point considerations related to culture.
- The etic perspective is a view of culture from outside of the culture.
- The emic perspective is an insider's view of culture.

Is All Rehabilitation Research Equally Biased?

- Qualitative research is more likely to be culturally competent by definition because it aligns with the emic perspective. Qualitative approaches to research tend to be more immersed in the phenomenon and milieu being examined.
- Quantitative research is more likely to exhibit bias because it aligns with the etic perspective and prides itself on being detached and distant.

What is Culturally Competent Rehabilitation Research?

- I think it is an intentional process of systematically thinking about how culture informs both the worldview that the researcher and research process align with and the context within which the research results find meaning.

What is Culturally Competent Rehabilitation Research?

- In other words, the extent to which there can be congruence between the worldview that the researcher and research process subscribe to and the milieu that the results have meaning in, will be the extent to which the research enterprise will be viewed as culturally competent.

Strategies for Conducting Culturally Competent Rehabilitation Research

- **Key Principles** (Modified from U.S. OSAP Cultural Competence Series, 1992):
 1. Demystification – make link between culture and research clear.
 2. Build consensus around common terms – speak the same language.
 3. Different worldviews = different value systems – understand this challenge.
 4. Involve persons from all cultural perspectives in the research activity.
 5. Build research capacity in communities—minimize need for outside expertise.

Strategies for Conducting Culturally Competent Rehabilitation Research

- The researcher must become aware of his/her assumptions, values, preconceived notions, stereotypes, and biases.
- The researcher must understand the differing worldviews of research subjects without imposing negative judgments.

Strategies for Conducting Culturally Competent Rehabilitation Research

- The researcher must exhibit the ability to make adjustments in the conduct of research in a manner that has integrity with traditional research standards, & that appropriately embraces cultural differences in research implementation and ultimately in the interpretation of findings.
- Bottom-line: researchers must become more effective at using many cultural lenses in the conduct of rigorous inquiry.



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CULTURAL COMPETENCY IN KNOWLEDGE TRANSLATION

Allen Lewis, PhD

Cultural Competency of Knowledge Translation in Rehabilitation

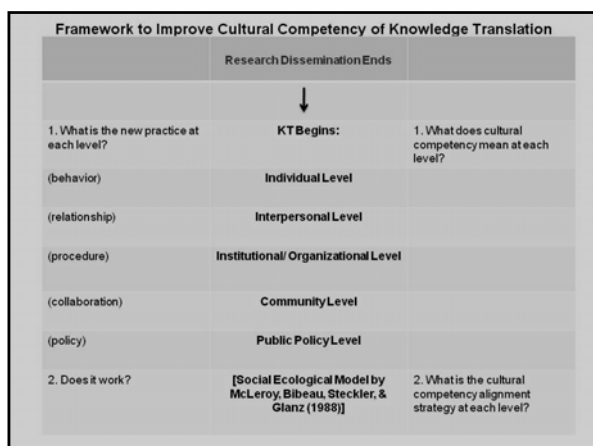
- The Canadian Institutes of Health and Research define Knowledge Translation (KT) as (paraphrased):
 - the appropriate integration & implementation of knowledge in a context where researchers and end users of research engage in a constant interplay in order to minimize the time from new innovation to everyday evidenced based practice (2004).

Cultural Competency of Knowledge Translation in Rehabilitation

- This definition of KT is consistent in concept with the one used by NIDRR.
- We know that it takes a long time for new knowledge to become common everyday practice, e.g., 17 years according to Hennessy (2004).

The Goal of Cultural Competency in KT

- It is not enough to merely disseminate the results of new research.
- There must be a systematic and intentional process to ensure full integration and timely usage of new research findings among end-users, as well as evidence through formal evaluation that the use of findings improves practice.
- Moreover, when new research findings reach end users quickly and afford positive benefit to practice, they must also be culturally competent, i.e., be efficacious in the face of cultural nuances.



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WRAP UP

Cultural Competency in Rehabilitation

- Our topic has been Cultural Competency in Rehabilitation, and we have attempted to cover defining CC, teaching CC, CC in service delivery, CC in research, and CC in KT.
- Esteemed panelists: Dr. Jenelle Pitt, Dr. Pamela Lewis, Attorney Andrew Imparato, Dr. Reginald Alston, Dr. Philip Rumrill, and Dr. Keith Wilson.
- Our next webcast will be in April.